



**Tithe an  
Oireachtais  
Houses of the  
Oireachtas**

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**An Comhchoiste um Oideachas agus Scileanna**

**Tuarascáil maidir le hOideachas Caidrimh agus  
Gnéasachta**

**Eanáir**

**2019**

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**Houses of the Oireachtas**

**Joint Committee on Education and Skills Report on  
Relationships and Sexuality Education**

**January**

**2019**

**32/ES/20**





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# 1.Chairman’s Foreword

The Joint Committee on Education and Skills undertook, as part of its Work Programme, a review of the sexual health and relationship education curriculum including matters relating to the areas of contraception and consent. The Committee reviewed how this is delivered in primary and post-primary schools, colleges, youth clubs and other organisations who play an important role through their interactions with young people. The Committee sought written submissions from interested groups and individuals in relation to this matter and subsequently held a number of meetings where invited stakeholders provided evidence.

It is the view of the Committee that the RSE and SPHE curriculum needs updating, in many areas, and is no longer reflective of society today.

The Committee heard from organisations and individuals working and interacting with young people to get their views and perspectives on what measures should be put in place to ensure that they are properly equipped to teach young people about wellbeing, identity and respectful sexual behaviours. It is also important that young people are able to access information that is relevant to them and that takes their unique needs into consideration.

The Committee acknowledges the dedication and hard work currently being carried out by teachers in schools across the State in the delivery of a comprehensive RSE/SPHE programme to students. However, while the current curriculum was, when introduced in 1999, viewed as progressive at that time, the Committee feels it is now appropriate for this to be updated to take account of the significant societal changes which have taken place.

The Committee wants improvements made to the curriculum to give our young people the skills they need, particularly in the areas of consent and contraception. The Committee believes strongly that the SPHE and RSE curriculum needs to be inclusive of all students and to give a voice to LGBTQI+ students and those with special intellectual needs who are often overlooked in this area. To achieve this, the curriculum must be reviewed, to reflect today's society and must be delivered in a consistent manner to all students and from an earlier age so that it becomes embedded in our children's social development.

I thank the delegates, individually and collectively, for giving of their time, their motivation and their passion in dealing with this sensitive issue. It has been incredibly useful for us as members to listen to their contributions and to have had the opportunity to read the written submissions. They have certainly helped us in forming our ideas for inclusion in this report, which will be presented to the Minister and the Department of Education and Skills.

*Fiona O'Loughlin*

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Fiona O'Loughlin T.D.

Chairman

January 2019



## **2.Executive Summary**

The aim of the Committee's review of Relationships and Sexual Education (RSE), including matters relating to contraception and consent, was to examine how best this curriculum could be delivered to primary and post-primary schools, third-level institutions, youth clubs and other organisations involved in the education of and interactions with young people. The Committee examined the content and delivery of information related to the wider issues of healthy/positive sexual expression of relationships and LGBTQI+ issues. It also assessed what information is available to young people across many platforms and its impact on relationships and self-esteem.

The Committee decided to undertake its examination using a modular approach with regards to its public hearings. The first module investigated the effectiveness of current models of sexual health and relationship education and heard evidence from users and policy makers; parents, teacher and student representative bodies, the National Council for Curriculum and Assessment (NCCA) and the Department of Education and Skills (DES).

The second module investigated the elements to be considered in a future model of sexual health and relationship education and heard evidence from representatives in the areas of cyber security, consent training, disability and LGBTQI+. The Committee undertook to examine the implementation of sexual health and relationship education, best practice and potential solutions.

The third module heard evidence from academics and those in the field of delivering sexual health and relationship education. The purpose of this module was to examine the area of sexual health and relationship policy and its implementation in schools.

The fourth and final module focused on the role of management boards, including any challenges they may encounter in the development and implementation of programmes and, in particular, any impact that ethos may cause.

Overall, the evidence highlighted a need for change in the national mindset with regards to sex education in Ireland. It identified that in order to deliver an effective RSE curriculum, a mindset of inclusivity which is centred on competence, wellbeing and the development of mutually satisfying relationships needs to be fostered.

The Committee notes that there is a comprehensive curriculum on RSE available for schools, as set down by the NCCA and the DES, who deliver this along with external agencies. The Committee recognises that there are particular issues at implementation level, which can impede effective delivery.

### 3.Engagement with Stakeholders

The Committee invited written submissions from a large number of stakeholders reflecting a wide range of perspectives on this topic and while some chose not to participate in this process the Committee received 54 submissions.

Based on the submissions, public hearings of the Joint Committee on Education and Skills were held on the 1st May, 15th May, 12th June and 5th July 2018, and the following stakeholders took part in public hearings:

<b>Module 1 -1st May 2018</b>	
<b>Name/Title</b>	<b>Organisation</b>
Rita Sexton, Assistant Principal Officer	Dept. of Education and Skills
John Hammond, Chief Executive Officer,	National Council for Curriculum and Assessment
Suzanne Dillon, Assistant Chief Inspector	DES of Education and Skills
Ger Halbert, Education Officer	National Council for Curriculum and Assessment
Áine Lynch, CEO	National Parents' Council Primary
Geoff Browne, President,	National Parents' Council Post-Primary
Eboni Burke, Welfare and Equality Officer	Irish Second-Level Students' Union
Maeve McCafferty	Irish National Teachers' Organisation
Moira Leydon, Assistant General Secretary	Association of Secondary Teachers Ireland
David Duffy, Education/Research Officer	Teachers' Union of Ireland
Valerie Lewis, Second Level Support Officer	Education and Training Boards Ireland

<b>Module 2 – 15<sup>th</sup> May, 2018</b>	
<b>Name/Title</b>	<b>Organisation</b>
Sarah Lennon, Communications and Information Manager	Inclusion Ireland
Moninne Griffith, Executive Director	BeLonG To
Anna Keogh	Academic
Rachael Treanor , Health Promotion Officer	National Youth Council of Ireland)
Alex Cooney, CEO	CyberSafe Ireland

<b>Module 3 – 12<sup>th</sup> June 2018</b>	
<b>Name/Title</b>	<b>Organisation</b>
Orla McGowan, Programme Manager for Education	Health Service Executive
Dr. Clíona Saidléar, Executive Director	Rape Crisis Network Ireland
Niall Behan, Chief Executive	Irish Family Planning Association
Jane Donnelly, Human Rights Officer	Atheist Ireland
Dr. Aoife Neary, Lecturer in Sociology of Education	University of Limerick
Dr. Debbie Ging, Associate Professor of Media Studies	Dublin City University
Dr. Aidan Seery, Senior Tutor	Trinity College Dublin
Sarah Haslam, Training, Learning & Development Manager	Foróige

<b>Module 4 – 5<sup>th</sup> July, 2018</b>	
<b>Name/Title</b>	<b>Organisation</b>
Dr. Martin Gormley, Director of Schools	Donegal Education and Training Board
John Curtis, General Secretary	Joint Managerial Body/Association of Management of Catholic Secondary Schools



## 4. Social Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) Curriculums

### i. Social Personal and Health Education (SPHE)

The primary SPHE Curriculum, which is currently used in schools, was published in 1999. Its purpose is to foster the personal development, health and well-being of the individual child to help him or her to create and maintain supportive relationships and to enable children make safe and healthy decisions now and in the future.

The Committee was advised that primary schools are also required to fully implement the Stay Safe programme as part of the SPHE curriculum, which addresses physical, emotional and sexual abuse.

The Committee views the Stay Safe programme as a useful tool to safeguard the wellbeing of children, however the Committee was informed that this is not taught in all primary schools and that only 30 minutes per week<sup>1</sup> is allocated to the teaching of SPHE in primary schools. The Committee believes that this needs to be addressed by the DES as it does not adequately equip students for the significant changes that have taken place in Ireland in recent times.

### ii. Relationships and Sexuality Education (RSE)

The Committee heard that RSE is one of five strands that make up the SPHE curriculum. It is considered a vital part of the well-being aspect of the five strands including areas of learning on mental

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<sup>1</sup>Available at [https://www.education.ie/en/Publications/Inspection-Reports-Publications/Evaluation-Reports-Guidelines/insp\\_sphe\\_in\\_the\\_primary\\_school\\_09\\_pdf.pdf](https://www.education.ie/en/Publications/Inspection-Reports-Publications/Evaluation-Reports-Guidelines/insp_sphe_in_the_primary_school_09_pdf.pdf). Last accessed 19 November, 2018

health, substance use, gender studies and physical activity/nutrition. The Committee was informed by witnesses that whilst schools have discretion regarding the delivery of SPHE and RSE, a significant number of schools regardless of ethos, are teaching the full RSE programme.

In evidence, the Committee was told that there are significant resources available to schools for the effective delivery of the RSE programme. It was also informed that resources to support teaching have been developed in partnership with the DES and other Government Departments and agencies, including the HSE, the Gay and Lesbian Equality Network (GLEN) and the HSE Crisis Pregnancy Programme.

It is a requirement of post-primary schools to teach all aspects of the RSE programme, including family planning, sexually transmitted infections (STIs) and sexual orientation and the Committee acknowledged the need for all elements of this curriculum to be delivered.

The Committee believes that RSE and SPHE should be taught at primary level in an age and developmentally appropriate manner, with due regard for the integrated nature of RSE in the methodologies chosen. Consideration must also be given at post-primary to the methodologies chosen that will be most supportive and inclusive for students.

## **5. Relationships and Sexuality Education-Implementation**

The Committee heard that RSE is required to be taught at all levels in Irish schools, from primary through to post-primary, senior cycle. RSE is not taught as a distinct subject at primary level or at junior cycle, however it forms an integral part of the SPHE curriculum. The DES sets out the content for each of these programmes under the SPHE syllabuses and guidelines. At senior cycle, the school's RSE programme may be taught as a distinct programme or may be delivered in the context of an SPHE programme. All schools are required by the DES to have an RSE policy which is developed in consultation with a number of stakeholders including school management; parents; teachers and students. The quality assurance aspect of the RSE programme is the responsibility of the DES through its inspectorate and is also addressed within the management, leadership and learning (MLL) aspect of the whole-school evaluation.

Witnesses advised that although RSE is taught within the context of SPHE from primary level to junior cycle, SPHE is optional at senior cycle. Schools are required to teach six classes of RSE per year at senior cycle, but are not required to teach it within the context of SPHE. The Committee heard that this results in difficulties surrounding the timetabling of RSE and that there may be a difficulty in teaching because teachers may not have had the opportunity to build up a relationship with the class on other health education topics before addressing RSE. The Committee was also advised that some teachers may not be comfortable with teaching RSE as a subject.

The Committee noted that there are Guidelines<sup>2</sup> issued by the DES for developing, monitoring and implementing an RSE policy in schools with a number of protocols.

However, the Committee was informed that these do not seem to be happening or adhered to in all cases.

The Committee recommends that the way in which the RSE curriculum is taught in school, and by whom, should be reviewed with input from all stakeholders and special attention and effort should be put into getting the opinions of both the parents and students at a national policy and school implementation level to ensure buy-in from all parties.

The Committee, whilst recognising the possible benefits which outside providers of sex education can bring, recommends that all outside providers be regulated to ensure consistency and accuracy of information provided to students while recognising the primacy of the qualified teacher in the classroom.

#### **i. Mental Health and Well-being**

The Committee heard that there is a disparity between experiences of mental health education in post-primary schools, possibly due to the fact that SPHE is not compulsory at senior cycle. The Members were advised that this disparity should be considered in any reform of the RSE programme to ensure comprehensive well-being of students and that it is paramount that students are provided with the information and support to develop coping mechanisms to prevent and deal with mental health problems relating to RSE, including how to deal with the breakup of a relationship; how to support a peer

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<sup>2</sup> Relationships and Sexual Education Policy Guidelines [https://www.education.ie/en/Schools-Colleges/Information/Post-Primary-School-Policies/rse\\_policy\\_guidelines.pdf](https://www.education.ie/en/Schools-Colleges/Information/Post-Primary-School-Policies/rse_policy_guidelines.pdf)

during a crisis situation and how to identify abuse in a relationship. In this regard, the Committee heard that an effective RSE programme would include mental health education on conditions such as anxiety, body image, body dysmorphia, confidence, eating disorders and addiction along with a list of services/facilities for young people struggling with maintaining positive mental health.

The Committee is aware that RSE is delivered within the SPHE curriculum framework but witnesses expressed concern with regards to whether the opt-out provided for in *Circular 13/2018*<sup>3</sup> could jeopardise the ability of schools to provide the well-being programme.

The then Minister for Education and Skills, Mr. Richard Bruton T.D., requested that the NCCA undertake a major review, encompassing the curriculum for RSE, the support materials and the delivery of the curriculum to students. The Committee welcomes this review and was told that under the scope of this review, the question of ethos will be taken into consideration.

The Committee understands that this review is due to be published in the first half of 2019. On completion of the review, it is requested that a copy of the review is forwarded to the Committee for information and consideration.

## **ii. Whole School Approach to RSE**

The Committee was advised that parental support is critical to the success of any curricular area, particularly RSE. As parents are the primary educators of their children, their partnership with schools cannot be underestimated and this collaboration will enhance the

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<sup>3</sup> Circular 13/2018 [https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0013\\_2018.pdf](https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0013_2018.pdf)

RSE review. This partnership approach by schools and parents is crucial to provide children with a consistent experience in RSE, enabling them to make connections between their lives at home, in the school and in the community. This is the initial driver for use of a whole-of-school approach for effective RSE delivery. It is essential that any concerns which may exist are fully addressed. The Committee was told that communication with parents needs to be enhanced, to ensure that clarity is provided so that the parents are fully informed regarding the process and the curriculum.

The aspect of oversight as to how the curriculum is delivered was raised as a matter of concern by the Committee.

### **iii. RSE Training**

The Professional Development Service for Teachers in Ireland (PDST) is an agency funded by the DES, and undertakes RSE training for several hundred teachers each year at primary and post-primary level. It is reported that there is no substitution provided for training and that this impedes teachers accessing this training. The Committee was told that due to inability to attend training, teaching of this subject may be inconsistent. On a positive note, the Committee heard that teachers have reported that the quality of continuous professional development (CPD) provided by the PDST is of a high standard and has positively impacted on their delivery of the subject.

The Committee was advised that the problem in delivery arises from a revolving door of teachers attending training because the teachers are moved. It was further informed that teachers are not being given the opportunity to build on professional experience and develop professionally in this area as they may teach SPHE one year, but not the next. The Committee was told that ideally, teachers would

undertake training and that there would be accreditation. This, in turn, would build up professional expertise and that teacher would then be a resource within the school. Furthermore, it was noted that SPHE is the only subject at post-primary level where there is no accredited professional qualification and this contributes to the lack of status of the subject.

The HSE recommended that an accredited SPHE and RSE programme be put in place for teachers and the Committee fully supports and agrees with this recommendation.

The Committee believes that providing an accredited SPHE and RSE programme may also have a positive impact on the consistency of teaching of the programme.

#### **iv. Consent**

The Committee, as part of its Work Programme, has been examining the area of consent and has a particular interest in highlighting it as an area requiring more detailed consideration. The general consensus amongst witnesses is that, while the area of consent is touched upon, it is not covered sufficiently under the SPHE and RSE curriculum. The Committee was advised that "The programme [SPHE and RSE] does not deal sufficiently with consent, although the senior cycle materials do contain a very good section on consent that was certainly progressive for its time. The programme does not explicitly acknowledge sexism and inequality. The programme does not deal with the role of the Internet, social media, mobile phones or pornography. The programme does not start with young people's lived experiences."<sup>4</sup>

The Committee acknowledges from evidence heard that the way in

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<sup>4</sup> Transcript 12 June, 2018

which the area of consent is taught lacks consistency, as does the RSE and SPHE curriculum as a whole. The Committee recommends that a full review of the RSE and SPHE curriculum be undertaken with a view to giving greater emphasis on the area of consent and that delivery of a programme is taught consistently throughout the State by teachers who have been given training which is accredited. The Committee also recommends that RSE and SPHE be taught at primary level in an age and developmentally appropriate manner.

The Committee has undertaken an examination of consent and will publish a report on this topic separately.

## **6. Inclusivity in RSE**

The Committee is cognisant of the fact that the SPHE and RSE programme must be inclusive of all students and heard that LGBTQI+ students, students with intellectual disabilities and those in schools with inadequate RSE/SPHE programmes are not appropriately catered for under the current curriculum. The theme of inclusivity became apparent over the course of the hearings and the Committee is anxious that these gaps should be addressed.

### **i. LGBTQI+**

The Committee was told that the RSE programme constructs heterosexual intercourse as the primary definition of sex and is not inclusive of the experiences and sexual practices of those identifying as LGBTQI+.

The general consensus by witnesses seems to be that high-quality, comprehensive sexuality education facilitates the development of accurate and age-appropriate knowledge and attitudes and promotes positive values. It respects human rights, gender equality and diversity, and provides an important opportunity to reach young



people with accurate information before they become sexually active, as well as offering a structured environment in which to learn. They believe the content of the RSE curriculum must be revised to reflect international best practice, particularly in terms of contraceptive use, sexually transmitted infections, information around abortion, sexual orientation, gender identity, pornography, consent, psycho-sexual issues and gender equality. The Committee heard that sexuality education should emphasise the importance of supporting young people to understand themselves and develop healthy relationships with others.

The Committee was informed by DCU that “the programme focuses largely on the avoidance of pregnancy and STIs. The programme constructs heterosexual intercourse as the primary definition of sex. The programme is not inclusive of LGBTQ students’ experiences and sexual practices. The programme does not deal sufficiently with consent, although the senior cycle materials do contain a very good section on consent that was certainly progressive for its time. The programme does not explicitly acknowledge sexism and inequality. The programme does not deal with the role of the Internet, social media, mobile phones or pornography. The programme does not start with young people’s lived experiences”<sup>5</sup>

Foróige advised the Committee that it had developed “The REAL U programme” which had been evaluated by UNESCO Child and Family Research Centre and that one of its key findings from the evaluation was that the programme was effective in engaging young people, responding to their needs and impacting on their knowledge and attitudes in the area of RSE. It was informed that young people have said they would recommend this programme to other young people

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<sup>5</sup> Transcript 12 June, available at:

[https://www.oireachtas.ie/en/debates/debate/joint\\_committee\\_on\\_education\\_and\\_skills/2018-06-12/](https://www.oireachtas.ie/en/debates/debate/joint_committee_on_education_and_skills/2018-06-12/)

because they felt the programme was relevant, insightful and they felt better informed and more aware of the consequences of their actions. The research also identified statistically significant effects in young people's attitude to members of the LGBTQI+ community, and 100% of those who trained in facilitating the programme said it was effective in meeting its outcomes.

The Committee also heard that schools are required to address homophobic and transphobic bullying as part of the *National Action Plan on Bullying*<sup>6</sup> but, that as this is not part of the incidental inspection or whole-school evaluation, this could lead to non-compliance. Schools are also required to keep record of homophobic and transphobic bullying, but the Committee was told that these figures are not requested by the DES, meaning there is no mechanism to monitor whether this data is collected by schools. This is of significant concern to the Committee because if the *Growing Up LGBT* programme is not taught in all schools instances of homophobic and transphobic bullying are not monitored, then this could create environments, not only where bullying prevails, but where the DES has no ongoing oversight mechanism to monitor progress and ensure the safety of students. In this regard, the Committee notes the importance of including the LGBTQI+ programme in whole-school inspections.

The Committee was also made aware that an age appropriate LGBTQI+ programme for primary schools called *All Together Now*<sup>7</sup> was commissioned by BeLonG To Youth Services with funding from the DES. The Committee noted that 12 years of age is the most

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<sup>6</sup> *National Action Plan on Bullying* <https://www.education.ie/en/Publications/Education-Reports/Action-Plan-On-Bullying-2013.pdf>

<sup>7</sup> *All Together Now* <http://archive.belongto.org/campaign.aspx?contentid=13586>

common age for young people to realise that they might identify as LGBTQI+ and therefore there is significant need for appropriate supports to be in place from this point. Also of note, is that while society has developed to include the *Marriage Equality* and the *Gender Recognition Acts*, the gender studies strand under SPHE has not been updated to reflect this and uses only the language of both genders rather than refer to the spectrum of gender identities. The Committee heard that students from different school backgrounds and rural and urban areas across the country, are becoming increasingly aware of these issues and their main concern is that their peers in the LGBTQI+ space were not getting the support they needed. This put them at increased risk of being bullied and possibly a lack of respect and understanding.

The Committee recommends that the SPHE curriculum is updated to give consideration to the significant and welcome changes that have taken place in Ireland in order to produce a gender equality-based, inclusive, holistic, creative, empowering and protective RSE curriculum.

The Committee recommends that instances of homophobic and transphobic bullying are requested by the DES and that a mechanism to monitor the collection of this data in schools be put in place.

## **ii. Children and Young People with Intellectual Disabilities**

The Committee was advised by Inclusion Ireland that sexuality and intellectual disability is an area that is constantly surrounded by taboo, and the tendency is to focus on how to protect people. It said that people with intellectual disabilities are often seen as eternal children, devoid of sexuality. It believes this to be a very damaging preconception, and it can have a very serious impact on the quality of the sexual education that people receive.

In addition to this, the Committee was informed that many people with intellectual disabilities attend special schools which teach at a primary level until students are 18 years of age. Like all other parts of the curriculum, RSE and SPHE are pitched at that primary level, so young adults of 17, 18 or 19 in these particular schools, may not receive adequate RSE.

The Committee was concerned to hear that people with an intellectual disability who have sexual relationships are at a high risk of sexually transmitted infections (STIs). They often have limited access to care if they contract an STI, are much more likely to experience violence, including sexual violence, than their non-disabled peers and that women and girls with disabilities have limited access to abortion as it currently stands.

The Committee recommends that a specific curriculum for people with an intellectual disability that is accessible and appropriate, and deals with sexuality and contraception, be developed at the earliest possible date and that funding for specific education programmes for school leavers and older adults who, over the past 25 or 30 years, may have missed out on sexual education or who may need reinforced education be made available.

### **iii. Ethos**

Section 9(d) of the *Education Act 1998* (the Act), includes in its definition on the functions of a school to “promote the moral, spiritual, social, and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school”<sup>8</sup>. This is key in

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<sup>8</sup> Section 9(d) of the *Education Act 1998*

<http://www.irishstatutebook.ie/eli/1998/act/51/section/9/enacted/en/html>

relation to the discussion on whether ethos acts as a barrier to effective RSE implementation. The Committee was advised that, under the Act, the ethos should not affect the content of what is taught but that it may affect the resources that are used, the approach that is taken and that this may affect the consistency of delivery to schools.

The evidence provided to the Committee indicated inconsistency between content and method which could be attributed to a lack of direction as to how to deal with the ethical and moral issues that arise when teaching RSE in an ethos led school. The Committee also heard that as RSE has a moral, ethical and spiritual dimension, its development is influenced by the ethos of the school. This is a key point to note because, if this is the case, then moving to a completely objective programme could lead to loss in value and lessen learning outcomes. *Circular 0023/2010*<sup>9</sup> published by the DES, provides that 'programmes which are based on information alone are very limited in the learning outcomes they can achieve and can in fact be counter productive in influencing values, attitudes and behaviour'. *Circular 0037/2010*<sup>10</sup> on the other hand recognises the obligation of schools to have an RSE programme that is 'objective, based on contemporary scientific evidence and does not involve censoring, withholding or intentionally misrepresenting information, for example as regards contraception or different means on maintaining sexual and reproductive health'.

The Committee was advised that the Education Act 1998 will need to be amended because the NCCA has no legal power over how the

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<sup>9</sup> *Circular 0023/2010* <http://www.sphe.ie/downloads/Circulars/DES%20CIRCULAR-0023%20APRIL%202010.pdf>

<sup>10</sup> *Circular 0037/2010* [https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0037\\_2010.pdf](https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0037_2010.pdf)

curriculum is delivered by school patron bodies with their own religious ethos. The Committee recommends that clarity is given by the DES regarding how schools and colleges, under religious patronage, should implement a comprehensive RSE programme so that all children and young people are treated equally. The Committee also recommends that the Education Act 1998 be reviewed so that ethos can no longer be used as a barrier to the effective teaching of the RSE and SPHE curriculum.

## **7. Findings and Recommendations of the Joint Committee on Education and Skills**

1. The Committee noted that the curriculum for SPHE was published in 1999 and believes that this needs to be updated. Additionally the curriculum needs to be delivered to students from an earlier age.
2. The Committee understands that the review currently being undertaken by the NCCA of the curriculum is to be published in the first half of 2019. It is recommended that, on completion of this review, a copy of the review and its findings be forwarded to the Committee for information and consideration.
3. The Committee recommends that the SPHE/RSE curriculum is updated to give consideration to the significant and welcome changes that have taken place in Ireland in order to produce a gender equality-based, inclusive, holistic, creative, empowering and protective curriculum.
4. The Committee recommends that RSE and SPHE be taught at primary level in an age and developmentally appropriate manner, with due regard for the integrated nature of RSE in the

methodologies chosen. Consideration must also be given at post-primary to the methodologies chosen that will be most supportive and inclusive for students.

5. The Committee recommends that outside providers of RSE be regulated by the DES or HSE to ensure consistency and accuracy of information provided to students.
6. The Committee recommends that an accredited SPHE and RSE programme be put in place at the earliest possible date for teachers delivering the programme.
7. The Committee recommends that the Department of Education and Skills examine the development of qualification criteria and accreditation to teach SPHE at post-primary. The Committee recommends that the Department examine the possibility of specialism in the area of SPHE for teachers at primary level to enhance the capacity of leadership in the area.
8. The Committee recommends that any updated SPHE and RSE programme be fully inclusive of LGBTQI+ relationships and experiences including sexual orientation, gender identity and the spectrums thereof. Consideration should be given to the inclusion within curriculums of LGBTQI+ specific sexual health issues and the presentation of LGBT relationships without distinction as to their heterosexual counterparts.
9. The Committee recommends that instances of homophobic and transphobic bullying are requested by the DES and that a mechanism to monitor the collection of this data in schools be put in place.  
The Committee recommends that a specific curriculum for people with an intellectual disability that is accessible and appropriate, and deals with sexuality and contraception, be developed at the earliest possible date and that funding for specific education programmes for

school leavers and older adults who, over the past 25 or 30 years, may have missed out on sexual education or who may need reinforced education be made available.

10.The Committee recommends that sexual consent forms an integral and fundamental part of all discussions on and reforms of SPHE and RSE and it is delivered in an affirming context where positively framed sexual experiences are the focus.

11.The Committee recommends that the negative impact of pornography forms an integral and fundamental part of all discussions on and reforms of SPHE and RSE reinforcing positively framed sexual experiences.

12.The Committee recommends that reproductive health care forms an integral and fundamental part of all discussions on and reforms of SPHE and RSE.

13.The Committee recommends that clarity and direction is given by the DES regarding how schools and colleges, under religious patronage, should implement a comprehensive RSE programme so that all children and young people are treated equally.

14.The Committee recommends that the Education Act 1998 be amended or at least reviewed, so that ethos can no longer be used as a barrier to the effective, objective and factual teaching of the RSE and SPHE curriculum to which every student is entitled.

15.The Committee recommends that the necessary legislative amendments required to remove the role of ethos as a barrier to the objective and factual delivery of the RSE and SPHE curriculums be made as soon as possible and at the latest by the end of 2019.

16.The Committee recommends that DES examine and develop



qualification criteria to teach SPHE at post-primary level and to examine feasibility of allowing teachers to specialise in SPHE at primary level.

17.The Committee recommends that the specific policy issues raised in the report should be integrated to all curriculums where appropriate and form part of a whole school approach.

18.The Committee recommends that additional resources to be made available to boards of management and principals to support the whole school approach to RSE.

19.The Committee recommends, in light of the NCCA's support of external funders to deliver RSE and SPHE, that the Health Service Executive should allocate more resources to schools as a result.

20.The Committee recommends that, in light of the envisaged continuing role of external funders in delivering RSE and SPHE, the DES and, insofar as it has a role, the HSE allocate sufficient resources to all schools to ensure the delivery of the curriculum in an effective and consistent manner.

21.The Committee recommends that the Minister gives consideration to the full spectrum of views put forward by Stakeholders in their submissions to the Committee.

22.The Committee recommends that an interdepartmental approach to Sexuality Education and Health is taken in the form of a strategy for young people and children from 0-18. All opportunities available should be taken to improve RSE for children and young people both in and outside of school. This includes specific health promotion in by relevant state agencies to support parents and students.

23.The Committee recommends that sufficient and practical supports are offered to Boards of Management, principals and in-school

management teams because of their integral role in support of Whole School Approaches to RSE and their key role in ensuring that programmes are taught adequately and their schools are welcoming and inclusive places.

24. The Committee recommends that all efforts should be made to provide barrier-free training and Continual Professional Development for teachers in RSE and SPHE and all teachers about RSE and SPHE to improve practice in schools because of the integrated nature of RSE across subjects and the school day. The Committee recommends a guaranteed and ring-fenced fund for this area annually.

## 8. Appendices

### Appendix 1

#### Submissions from Stakeholders

ACT UP
Action Against Sexual Violence Ireland (AASVI)
Adam Shanley, Director, Gay Switchboard Ireland
AIDS West
Alliance for the Defence of the Family and Marriage (AFDAM)
Anna Keogh, Academic
Association of Secondary Teachers Ireland (ASTI)
Atheist Ireland
BeLonG To
Brigid Teevan
Children's Rights Alliance
CyberSafe Ireland
Department of Education and Skills
Dr. Aoife Neary, Lecturer, Sociology of Education, University of Limerick
Dr. Debbie Ging, Associate Professor of Media Studies, School of Communications, Dublin City University (DCU)
Dr. Louise Crowley, University College Cork (UCC)
Dr. Pádraig MacNeela and Dr. Siobhán O'Higgins, School of Psychology, National University of Ireland Galway (NUIG)
Dublin Rape Crisis Centre
Education and Training Boards Ireland (ETBI)
Elaine Byrnes and Richie Sadlier

Elphin Diocese
Fianna Fáil
Foróige
Frank O'Shea
The Green Party
Health Service Executive (HSE), Health and Wellbeing Division
Health Service Executive (HSE), Sexual Health and Crisis Pregnancy Programme
Inclusion Ireland
Iona Institute
Irish Family Planning Association (IFPA)
Irish National Teachers' Organisation (INTO)
INTO LGBT
Irish Second-Level Students' Union (ISSU)
Joint Managerial Body (JMB)
LGBT Ireland
Mary O'Donnell
Michael O'Shea
National Council for Curriculum and Assessment (NCCA)
National Parents' Council, Post Primary (NPCpp)
National Parents' Council Primary
National Youth Council of Ireland (NYCI)
One Family
Patrick McCrystal
Paul F. Dubsky
Rape Crisis Network Ireland (RCNI)
ShoutOut
Solidarity
SpunOut.ie

Stratford College
Teachers' Union of Ireland (TUI)
The Sexual Health Centre
Transgender Equality Network Ireland (TENI)
Trish Murphy, Trinity College Dublin
Union of Students in Ireland (USI)

# **ACT UP Dublin Submission to Joint Committee on Education and Skills**

## **20 April 2018**

Re: Committee's review of sexual health and relationship education

### **HIV in Ireland**

New HIV diagnoses in Ireland are at historic highs. There is a new diagnosis reported in Ireland about every 18 hours ("HIV in Ireland: Latest trends" (slide set) from HPSC, November 2017). While diagnoses overall have increased, they have increased particularly dramatically among men who have sex with men, more than quadrupling since 2006 ("HIV in Ireland 2016" HPSC, October 2017).

Although the highest proportion of new diagnoses is among people aged 30-39 (43% in 2016), a significant number of HIV diagnoses are late, meaning that the person may have contracted HIV years before being diagnosed. In addition,

Current levels of public knowledge about HIV in Ireland are worryingly low. HIV Ireland's National HIV Knowledge and Attitudes Survey 2017 revealed disturbing levels of incorrect beliefs about how HIV can be transmitted, especially among young people:

Younger people had higher levels of misinformation than other age groups:

- 18-34-year olds (18%) were three times more likely to think that HIV could be transmitted by sitting on a toilet seat than 35+ year olds (6%).
- 18-34-year olds (14%) were more than one and a half times more likely to think that HIV can be transmitted by sharing a glass compared to 35+ year olds (8%)
- Almost double the proportion of 18-24 year olds (19%,) think that HIV can be transmitted through a cough or sneeze compared with those aged 25+ (10%,).
- 18-24 year olds are the most likely age group to believe that HIV can be passed to another person through a blood transfusion in Ireland, kissing someone and sharing a toilet seat.

### **Sexual Health Education**

It's critical that students in Irish schools receive accurate, affirming, and relevant education about sexual health. This must include information about HIV that reflects the reality of the excellent treatments that are available today, incorporates the medical consensus that effective treatment also prevents the transmission of HIV, and addresses the growing range of tools available to reduce the risk of acquiring HIV including condoms, PrEP and PEP.

Ireland's National Sexual Health Strategy 2015-2020 sets out a vision where "everyone in Ireland experiences positive sexual health and wellbeing." The first goal to address that vision is:

"Sexual health promotion, education and prevention: Everyone living in Ireland will receive comprehensive and age-appropriate sexual health education and/or information and will have access to appropriate prevention and promotion services." (page 17)

This education must “address a range of issues such as challenging stigma and discrimination, promoting healthy attitudes and values, and challenging perceptions of risk.” (page 19)

## **Current Prevention Strategies**

There's no denying that condoms alone have not been enough to stop HIV entirely. Access to condoms for sexually active people is a key component of STI prevention. However, condoms are effective only with correct and consistent usage. Sexual health education needs to include additional prevention strategies that reflect the real world experience of sexual active people.

Educating young people about the importance of regular sexual health testing in additional HIV prevention strategies are essential: Prevention tools like: PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis) and Treatment as Prevention (TasP) are underused or absent in sexual health education.

## **Sexual Health Screening**

In addition to clear information about sexually transmitted infections including HIV, there needs to be information about the importance of regular testing among sexual active people regardless of sexuality or gender identity. People who have multiple concurrent partners should be encouraged to test every 3 or 6 months. There are many outdated misconceptions about the process involved in a full STI screening and providing young people with step by step information about how samples are collected for analysis is vital to myth busting prevailing horror stories that circulate in schools.

## **PrEP**

Pre-Exposure Prophylaxis for HIV (PrEP) is a safe and effective way for HIV-negative people to prevent HIV by taking medication before and after sex.

Currently only one medication has been researched and proven to be effective as PrEP. That medication—marketed under the brand name Truvada—is a combination of the antiretroviral drugs emtricitabine and tenofovir. Many people in Europe are using generic versions of PrEP which are sold under different names but contains the same active ingredients. Generic PrEP is just as safe and effective as brand-name Truvada.

Generic PrEP is currently available through community pharmacies in Ireland. In order to access PrEP, a person must get a prescription and a few tests from their GP or sexual health clinic before they start and while they continue to use PrEP..

## **PEP**

Post-Exposure Prophylaxis for HIV (PEP) is a 28-day course of antiretroviral medication which can be prescribed after a potential exposure to HIV to prevent someone from contracting HIV. PEP must be started within 72 hours after a recent possible exposure to HIV.

There is a low level of awareness of PEP in Ireland particularly among at risk groups, in particular in younger (<25 years) and older (≥50 years) men. In addition, those who had

never tested for HIV had the largest knowledge gaps regarding PEP. (MSM Internet Survey 2015)

### **Treatment as prevention (TasP)**

Treatment as prevention (TasP) refers to HIV prevention methods and programmes that use antiretroviral treatment (ART) to decrease the risk of HIV transmission.

When adhered to consistently, ART can reduce the level of HIV in an individual's blood (known as "viral load") to such a low level that blood tests can't detect it. This is described as an 'undetectable' viral load or as effective viral suppression. As long as a person continues to take their treatment and maintains viral suppression, their health will not be affected by HIV and they cannot transmit HIV to others. Viral suppression can only be confirmed if a person is accessing regular treatment support, monitoring and viral load testing from a healthcare professional.

The effectiveness of ART as a prevention tool is now undisputed – and it is now being used as a public health intervention, as well as a patient-specific strategy.

In educational terms, teaching young people that HIV is not only preventable but treatable reduces the stigma around getting tested. Understanding that a person living with HIV with an undetectable viral load cannot pass on HIV during sex is essential to breaking down stigma and discrimination against people living with HIV.

### **Common STIs and HIV**

There has been a dramatic rise in three of the most common sexually transmitted infections (STIs)—chlamydia, gonorrhoea and syphilis—in Ireland in the past decade.

Younger people (ages 15-24) bear a disproportionate burden of STIs. Provisional figures from the HPSC show that in 2017:

- Chlamydia in young people make up 50% of all cases reported

- Gonorrhoea in young people make up 39% of all cases reported

- Genital herpes in young people make up 38% of all cases reported

According to World Health Organisation, infection with chlamydia, gonorrhoea or syphilis can also increase a person's risk of being infected with HIV two to three fold. (WHO: Global Health Sector Strategy for STIs (2016-2021))



# **Submission to the Committee on Education and Skills**

Sexual Health and Relationship  
Education including contraception  
consent and related matters

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## Introduction

Action Against Sexual Violence Ireland (AASVI) was established to tackle the issue of sexual violence in Ireland and work to ensure adequate supports are available for survivors of sexual violence. Our aim is to do this through education and legislation, working with independent organisations, support groups, public representatives, medical professionals, legislators, researchers and survivors of sexual violence to achieve this. Sexual violence can impact any community and is experienced by people of all backgrounds and in all life circumstances. We support and amplify voices from all aspects of Irish society and advocate for all, without discrimination.

We believe that an important aspect to addressing the serious issue of sexual violence in Ireland involves an evidence based, best practice model of Relationship and Sex education (RSE) with a strong emphasis on Consent programmes. These programmes should include all levels of formal education, sports clubs, youth clubs, and training for any adults that interact with Children to reinforce these values.

Due to the fact that there is simply not enough choice for parents in terms of what school they send their children to, we do not believe that a religious ethos should prevent children

receiving an adequate education on relationships, sex, contraception and consent. A nuanced, thorough knowledge in these areas will have far reaching positive implications in a person's life. Research has shown that it will lead to increased self-esteem, confidence, less chance of a crisis pregnancy or contracting an STI, and be at less risk of perpetrating or becoming a victim of sexual violence (6)(7). We have allowed shame and secrecy to negatively impact the people of Ireland for far too long and we cannot allow our history to be repeated with another generation of children and young people.

The Union of Students in Ireland (USI) Say Something study (2013) found that of 2,750 Irish students had experienced harassment, stalking, violence or sexual assault, while 16% of student participants reported having an unwanted sexual experience. When asked why they did not report to the Gardaí 44% did not believe what they had experienced was a crime, and 57 % did not think the incidents were serious enough to report. These statistics show the importance of educating young people on the rights they have to bodily autonomy and that any unwanted sexual experience is a crime. The grey area that people believe is present in relation to consent does not exist and it is lack of education that results in situations where one party believes they have had consensual sexual interactions and the other party feels that they have been violated. This is not a situation we can allow to continue.

The consensus of a focus group (2017) of those in their 20s convened for an Irish Times publication was that sex education in Irish schools is inadequate. (1) It was agreed that it focused on the biology of sexual intercourse and very little emphasis placed on relationships and the emotional aspect of sexual interaction. They felt very strongly that we are allowing young people to finish second level schooling with an inadequate amount of knowledge on the subject.

## Toddlerhood

When parents are uncomfortable talking about or naming body parts, children pick this up and assume that there is something shameful or wrong about those parts of the body or in speaking about them. When children are embarrassed or awkward speaking about particular body parts, they are less likely to ask questions about them. Research has shown that children that understand the correct names for their body parts are more likely to report instances of abuse. Open dialogue and self-care for our bodies from a young age prevents feelings of shame around our bodies and parents, medical professionals and educators need to communicate accurately so as not to create a stigma. (2,3)

## Recommendations

Mandatory Training for medical professionals around asking for consent when interacting with children. GP's, Public Health Nurses, Dentists etc. This could be provided as an online CPD similar to Children's First Guidelines and is to reinforce the idea that a child has control over their own body and has the ability give or refuse consent. This in turn lays the foundation for children learning to respect another person's bodily autonomy and right to privacy

Information on the research in this area should be included in antenatal classes for parents and information booklets provided by the Department of Health and public health nurses.

All teachers should receive online training in consent and fielding questions that children may have, with different language used at different lifecycle stages.

## Formal Education

We must acknowledge that our culture has evolved from within a patriarchal society and this has created a type of macho, toxic masculinity that is damaging to both men and women. The onset of puberty can be more overtly linked to sexual feelings in a positive way in relation to boys, whereas the current messages girls are receiving and our lack of adequate education to tackle this means that for girl's puberty can signify the beginning of conflicting messages about sexuality, virginity and what it means to be a woman. Boys receive positive reinforcement from society, peers and media when behaving in ways that are deemed masculine. Boys are congratulated on more sexual experiences, which can result in negative feelings of self-worth if they are not interested in entering sexual relationships or have not had sexual experiences. Conversely, girls are judged on their "purity", with value being placed on abstinence and negative traits being attributed if a girl is deemed to have had sexual encounters. For multiple reasons, mainly that it is often not believed to be a problem, toxic masculinity is not addressed within RSE. As discussed in further detail below, puberty can be an extremely challenging time for intersex adolescents or those questioning their gender or sexual identity (6).

Early pregnancy and childbirth can have serious medical and social implications for an adolescent girl. Less likely to seek healthcare because of a fear of societal judgement and lack of awareness of potential complications, they are also at a higher risk of discontinuing education, further restricting access to opportunities. Adolescent girls and young women from the poorest households are also more likely than girls and young women from wealthier households to become pregnant by the age of 18 (6)

## Recommendations

A one-day workshop including Relationship and sex education, consent education, LGBTQI+. Respect, confidence, self-esteem, mindfulness, good mental health practices and self-care. Workshops would be operated by a separate entity including fully trained staff members who can engage with the students in a different way than teachers may be able to. These workshops could be provided at similar stages as the information booklets and therefore address specific information aimed at different age groups.

The publication of cartoon style information booklets specifically around consent aimed at primary (6<sup>th</sup> class), secondary students (2<sup>nd</sup> & 4<sup>th</sup> year) and third level. Each stage will have age appropriate subject matter ensuring that they themes are

There should be a national Relationship and Sex Education programme that is rolled out to all schools. Children should not be at an educational disadvantage because of the school they go to. Schools should not be able to bring in unregulated, uninspected groups to provide sex education classes whether this be secular, or religion based.

A national programme aimed at promoting respectful relationships, consent in all aspects of life, and the negative repercussions of toxic masculinity should be rolled out, with attention

aimed at sports and youth club coordinators to encourage and facilitate open dialogue with young people. Often, volunteers have been

Philip O Connors submission in relation to Sweden's "Locker Room Talk" goes into further detail of this and has been submitted separately.

## Gender and Sexuality

Ireland is one of the most progressive countries in the world regarding legal gender recognition. Our legal system supports gender by self-declaration which allows all non-binary genders to be afforded the same legal rights as cisgender.

Yet in 2018 we have a sex education system that excludes all genders other than cis. Sex Ed. being provided to 6th class children do not educate about gender or sexuality and as there is no nationwide curriculum it is up to an individual school if it decides to include any information on gender or sexuality at second level education. Statistics show that LGBTQ youth are three times more likely to be bullied than cis children. In a HSE funded survey of LGBTQ youth, 56% of the 14-18 yr. old demographic engaged in self harm while 70% considered ending their own lives. Yet, at 12, in school's sexual education system, Ireland currently has no place for them.

## Recommendations

Normalisation of all genders, sexualities and family types would be an important step towards lowering this statistic and protecting children. Gender and sexuality is commonly accepted as a spectrum and gender to be a social construct. Educating children from a young



age and normalising this would be the strongest preventative approach Ireland could have to bullying, self-harm and suicide amongst our young people. Parents alone cannot be expected to educate their children on these matters efficiently as understanding and research on these issues is only becoming widely known.

### Psychiatric Inpatient Education in Ireland

Ireland psychiatric inpatient services currently have no RSE available to its patients. Nearly all mental health therapies include the goal of agency and self-esteem/self-autonomy. Yet, no education is given on bodily autonomy or consent in inpatient services. For example, St Patrick's University Hospital offers lectures on a most varied range of topics. From stigma to medications to therapies to acceptance to loss but there is no offering of education around sex, consent, sexuality, birth control or gender. This hospital has a young adolescent unit for children aged 14-18. The main hospital it facilitates a specialised program for young adults 18-25. The hospital identifies that this is the age group that 75% of mental health problems start. Yet there is no sex positive education or education regarding Call consent, birth control, gender or sexuality.

If The department of education created a modern true sex ed curriculum reflective of today's society mandatory in school across Ireland and its Third Level Institutions, mental health rates would improve, crisis pregnancies would reduce. Lower, sexual violence would decrease, and the children of Ireland would be safer and happier. It is imperative that the

department abolish the culture of shame around sex, sexuality, gender, contraception, family types.

### Disabled Persons in Residential Care/Day Services

Presently, there is no formal sex ed available to those in this country with disabilities adapted to their requirements. Adults are living together and at risk because of the lack of framework to provide them with sex education.

Consent amongst people with disabilities is an issue in many ways for those with disabilities. It is not a one rule fits all suitability. The department of education needs to provide mandatory sex ed training appropriately adapted to protect and inform the service users of these facilities. All staff who assist disabled people must be trained in Sex Ed. They are the people who residential service users ask questions of, the same way people living with their families may ask parents or other house hold members.

The department of education simply must provide for this demographic of people in Ireland. Currently, one of our most vulnerable communities are exposed to great harm and threat by doing them the disservice of depriving them of accurate and accessible sex education.

### Conclusion

We cannot allow the current system to continue as the well documented implications include a higher risk of sexual violence, crisis pregnancy, contracting an STI, low self-esteem,

Training around language and showing respect for a child's bodily autonomy should be rolled out to all professionals interacting with children.

A national mandatory curriculum for RSE needs to be introduced. If the state will not allow a curriculum that is not approved by the Catholic Church, a separate secular organisation, specifically trained to conduct this training should be established and every child in the country should be given the opportunity to attend.

Those outside of education, who are already further marginalised and at an increased risk of the consequences of inadequate RSE education, should be given the opportunity to attend RSE training within a youth club setting and cognisant to their specific needs. It is vital that those currently left behind in this area are made a priority going forward. Socioeconomic, accessibility, disability and LGBTQI+ marginalisation cannot continue to further compound social exclusion.

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- 8.

# Submission to the Committee on Education and Skills on its review of sexual health and relationship education including contraception, consent and related matters.

## 1. Introduction

I am director of Gay Switchboard Ireland, Ireland's longest running LGBT+ support organisation. I am also the National Sexual Health Outreach Worker for Men who have sex with Men at the Gay Men's Health Service, I manage the KnowNow Rapid HIV Testing Service, a peer led, community based HIV testing service for men who have sex with men and I manage the Man2Man Programme, the national sexual health information campaign for men who have sex with men in Ireland, a joint programme of the HSE and Gay Health Network.

Within the roles outlined above I feel that I can identify many of the needs for young MSM in terms of sexual health education. I work with colleagues in the project outlined above to develop a programme of work and initiatives to address emerging needs and trends that are arising from the current increase in HIV & STI's among MSM. I monitor and evaluate the work at regular intervals and complete reports on interventions as required. These interventions should help to meet gaps in current sexual health education and service provision and in addition the delivery of training, workshops and sexual health interventions to this group should ultimately result in an increase in awareness of STI's, available testing interventions and ultimately reduce transmission of preventable infections. I link with all appropriate organisations and relevant bodies in order to deliver a programme of work with accurate, accessible information targeting this population that will ultimately improve health and wellbeing. This being said, I believe so much of this should be embedded in the RSE programme from a young age and with input of professionals in the field and parents.

## 2. Context

As noted in the National Sexual Health Strategy,<sup>1</sup> there is concern over the upward trend in STI and HIV notifications, and the Health Protection Surveillance Centre (HPSC) reports that the greatest burden of STIs and HIV falls among men who have sex with men (MSM).

In Ireland HIV and STI diagnoses have continued to increase among MSM, in particular among younger men aged 20-29 years. In 2016 as in recent years, sex between men was the predominant route of HIV transmission in Ireland and accounted for just over half of diagnoses (51%).<sup>2</sup>

STI notifications in Ireland have been on an upward trend since 1995. The HPSC report<sup>3</sup> that the greatest burden of STIs falls among those aged under 25 years and among MSM. Emerging trends have included marked increases in Gonorrhoea infections, particularly amongst men, and increases in LGV and Shigella notifications amongst MSM living with HIV.

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<sup>1</sup> <http://www.crisispregnancy.ie/wp-content/uploads/2015/10/National-Sexual-Health-Strategy.pdf>

<sup>2</sup> [http://www.hpsc.ie/a-z/hivstis/hivandaids/hivdataandreports/HIVireland\\_2016.pdf](http://www.hpsc.ie/a-z/hivstis/hivandaids/hivdataandreports/HIVireland_2016.pdf)

<sup>3</sup> <http://www.hpsc.ie/a-z/hivstis/sexuallytransmittedinfections/publications/stireports/2016reports/>

In 2016 the burden of STIs remains greatest among those aged 15-24 years and MSM. Young people aged 15-24 years accounted for 38% or more of chlamydia, gonorrhoea and herpes simplex (genital) cases. All LGV cases were among MSM and MSM account for 55% of gonorrhoea, and 87% of syphilis cases where mode of transmission was known.<sup>4</sup>

The National HIV Knowledge and Attitudes Survey carried out by HIV Ireland also showed a worrying level of misinformation about HIV where 18 – 34 year olds were three times more likely to incorrectly identify HIV transmission routes than those 35 years and older.<sup>5</sup>

The Men Who Have Sex With Men Internet Survey was research launched in 2016 in partnership with the Gay Health Network, HPSC and SHCPP. It found that almost four in 10 men had never tested for HIV or STIs. Those least likely to have ever had a HIV or STI test were young, living outside Dublin, did not identify as gay, were out to few or no one or had a lower level of education. Of those who had ever tested for HIV, 8% were HIV positive. One in five men who had tested for an STI in the previous 12 months was diagnosed with an STI.<sup>6</sup>

### 3. Recommendations

- Ensure young people are equipped with the knowledge of how to identify common sexually transmitted infections (STIs) and describe their symptoms.
- Ensure young people are equipped with the knowledge of how to prevent STIs, including HIV – with particular reference to PrEP, PEP and TasP.
- Ensure that all young people have access, and knowledge of how to access, age-appropriate sexual health services for testing, treatment and support as well as sources of trustworthy and accurate information.
- Ensure that all young people gain an understating of gender identity, gender expression and sexual orientation, and how to identify factors that can help all young people to develop positive personal identities and how different things like acceptance, stigma, stereotypes, self-awareness, culture, religion, and media can influence a person's understanding of themselves and how these factors may impact sexual health and wellbeing.
- Ensure all young people have confidence to think in advance and to apply their knowledge of sexual health and safety, including consent and sexual limits

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<sup>4</sup><http://www.hpsc.ie/AZ/HIVSTIs/SexuallyTransmittedInfections/Publications/STIReports/LatestSTIReports/File,15865,en.pdf>

<sup>5</sup> <http://www.hivireland.ie/wp-content/uploads/Full-Report-HIV-Stigma-2nd-October-2017.pdf>

<sup>6</sup> <https://www.hpsc.ie/a-z/specificpopulations/menwhohavesexwithmenmsm/msminternetsurvey2015/File,15696,en.pdf>

## **Summary of AIDS West WISER Programmes**

**WISER: West Ireland Sex Education Resource at [www.bewiser.ie](http://www.bewiser.ie)**

### **WISER Junior & Senior Cycle Relationships and Sexuality Programme**

The two overarching aims of the programme are: to give young people the knowledge and skills they need to make informed choices about their non involvement or involvement in sexual activity that will support their happiness, health and well being; to build responsible and respectful attitudes towards gender and sexuality. The programme is based on evidence of best practice as developed by UNESCO (2009), the WHO (2015) and data gathered from Irish young people as to their sexual health education needs (O'Higgins, 2010). The workshops are interactive and participatory with discussions, quizzes as well as practical activities. This creates varied sessions which hold the interest of the young participants and increase their ability to integrate the learning. Towards the end of each session we ask the students to write down any questions they have and put them in a hat. Providing a question hat is a good way to complete the learning in each session. Often students are embarrassed to ask a question in front of the class. Using the hat allows students to be anonymous. It also has the added benefit of allowing the facilitator time to reflect on how to answer the students' questions which will be answered during the following session.

The workshop topics are similar for both Junior and Senior Cycles and are age appropriate with materials and exercises being adjusted in order to meet the developmental stage, educational ability and needs of the participants. It also compliments the RSE component of SPHE already provided in schools.

Topics covered include:

- Relationships
- Sexuality including LGBT+ issues
- Consent
- Reproduction
- Contraception
- Sexually Transmitted Infections

- Exploring gender and gender roles
- Pornography

Please see our website [www.bewiser.ie](http://www.bewiser.ie) for full content details and learning outcomes

### **WISER provides stand alone / complimentary workshops on:**

- Consent
- Pornography
- Sexting/Nudes
- Exploring Gender and Sex
- Body Image

### **Consent**

#### **Overview:**

This workshop will explore what consent to sexual intimacy might look like and encourage critical thinking regarding engagement in sexual intimacy. It will ensure that participants leave the workshop with an awareness of the necessity for clear and effective communication, either in the negative or affirmative, before engaging in sexual intimacy of any kind with another person. Participants will be directed to services and supports if they feel that they have been sexually assaulted, or pushed into sexual intimacy without consent.

#### **Objectives:**

- Explore definitions of sexual consent and see how these definitions fit into real life scenarios/stories
- Gain an understanding of the legal aspects of non-consensual sexual intimacy
- Challenge the peer pressure associated with sexual intimacy
- Challenge gender sexual script pressures
- Look at how one could effectively communicate prior to any level of sexual intimacy (kissing etc.)



## **Pornography**

### **Overview:**

This workshop is based on evidence-based research conducted at NUI, Galway, the findings suggest that in order to effectively tackle the negative outcomes from pornography, a harm reduction approach which encourages critical thinking and provides a space for adolescents to explore the following concepts should be employed: (1) Shame and acceptability (2) Sexual communication and consent, (3) body image (4) the realities of sex (5) normal sexual functioning, (6) physical safety and sex and (7) porn as education and (8) The sexualisation, objectification and fetishising of women and LGBT+ people.

### **Objectives:**

The primary goal of the pornography workshop is to challenge the messages within internet porn so that:

- Negative messages from pornography are not learned and applied in real life relationships
- Young people will anticipate sexual outcomes that are realistic for their lives.

## **Sexting/Nudes**

### **Overview:**

This workshop will make participants aware of the risks associated with sexting (the sending and receiving of sexual images). The workshop also addresses the dangers of being a bystander to sexting, and the harm associated with dissemination of private images. Participants will be directed to services and supports in the event they have sent/received images.

### **Objectives:**

- Encourage critical thinking regarding sexual images (be able to recognise sexual images)

- Offer harm reduction strategies ranging from total harm reduction (not sending images) to reducing harm once images have been sent (supports, services, tackling the bystander effect)
- Challenge the peer pressure associated with sending images
- Challenge body image pressure
- The objective is not to further vilify the 'sender' or further stigmatize or shame them; the aim is to understand **why** people send images and how to get help. Furthermore, the workshop to make participants aware of online grooming associated with image sharing, how to recognise it and seek help.

## **Exploring Gender**

### **Overview:**

Good practice suggests that a school's Social, Personal and Health Education (SPHE)/RSE policy should state that all aspects of RSE are taught with the understanding that it is likely that there are students who identify as LGBT+ in the classroom, or students who have LGBT people in their families, as parents/guardians, siblings or other relatives. (Dept of Skills and Education 2016). This should afford young people the opportunity to discuss gender identity, expression and sexuality or at least be given comprehensive information that is inclusive and relevant to transgender experiences, which is the main focus of WISER's 'Exploring Gender Workshop'.

### **Objectives:**

- Distinguish the difference between 'sex' and 'gender'
- Raise awareness of people's attitudes concerning gender-atypical appearance or behaviour
- Challenge stereotypes
- Have an understanding of transgender issues and experiences
- Explore ways to make the school and community environment more inclusive

## **Body Image**

### **Overview:**

Research by Littleton & Ollendick (2003) shows that individuals make dysfunctional evaluations of their bodies during adolescence more than at any other point in their lives. It can be argued that young people today are under more pressure than ever before to monitor and make changes to their bodies and their appearance, due in part to the increasing power and influence of social media.

### **Objectives**

- Enhance understanding of the concept of body image (what is it, what influences it, how it might affect one's life)
- Encourage young people to think critically about the bodies that are promoted on mass media (film, magazines) and social media (Instagram, Snapchat) etc., and to challenge these norms and ideals
- Empower young people to think more positively about their own bodies/appearance and that of others.

## **A Little WISER RSE for 6<sup>th</sup> Class Primary Schools**

The most valuable learning about relationships and sexuality come from the home. Families are in the best position to teach their children values and attitudes towards relationships and sexuality. Although most parents want to be the primary educators for their children, many express concern about saying the wrong thing and doing some damage to their child's healthy sexual development. When families talk openly with children, it contributes to greater openness about sex and sexuality and improves sexual health among young people (Ingham & Van Zessen, 1998). Schools often share the same anxieties as parents, but they also have an essential role to play. As well as facilitating this aspect of students' learning, school programs have been found to increase parent-child communication about this topic.

## **Overview:**

### **Session 1 – Growing, Changing and Relationships**

The most common questions asked during relationships and sexuality education in primary schools are often not about sex but about their changing bodies. Students appreciate knowing the range of ages changes may occur. If they can privately place themselves somewhere on the continuum of growth and development, they feel assured and less anxious about the stage they are currently at. In this session we also discuss friendships and what they value in relationships. We look at friendships in the virtual world and internet safety. Each session closes by giving each student a piece of paper where they get to write a question and place it in the hat. All questions are answered the following week which gives the facilitators the chance to forward the questions and answers onto the parent.

### **Session 2 – About Bodies, the Amazing Story of Conception, and Sexuality**

Questions from the previous week are answered. The students learn about body parts and what the proper names are, we also discuss the slang terms to demystify all aspects of the body and equip students with an understanding of appropriate and inappropriate language. How babies are conceived through sexual intercourse, we discuss the different ways in which families are made and emphasise that there are many different family types (households headed by one parent, step-families, adopted families, foster families etc). Students will also learn about the different aspects of sexuality including; orientation, identity, and behaviour and the importance of consent in any future sexual relationships they may have.

### **Session 3 – Gendered Roles and Finding Reliable Information**

Questions from the previous week are answered. The students brainstorm all the good things, and the less good things, about growing older. Gender roles are critically discussed making sure to emphasise the importance of 'being yourself' and not having to conform to unrealistic body types or gender stereotypes (especially those portrayed through media and social media). Students participate in a table quiz to recap on all that was discussed in the previous sessions.

## **AIDS West WISER Education Guidelines**

Where the AIDS West WISER programme is invited to a school to contribute to the Relationships and Sexuality Education workshops, the organisation compliments and supports an established RSE programme. The organisation adheres to the guidelines of good practice as set out in the SPHE Handbook Section 7 by ensuring:

- That the organisation is aware of the relevant school policies, and also making schools aware of AIDS West's organisational policy regarding delivery of the WISER programme and Child Protection procedures. The organisation also ensures that students are aware of the limits to confidentiality.
- The school's RSE/SPHE coordinator may also help in the process of whole-school planning and coordination to support effective implementation of SPHE/RSE. AIDS West WISER educational staff meet with school personnel prior to and throughout the delivery of the WISER programme. This ensures sustainability, keeps school staff informed and offers opportunities to collaborate.
- The Dept of Education strongly recommends that parents should be consulted and made aware of any outside agencies visiting the school. AIDS West WISER education programme provides a parenting seminar to provide details of the WISER workshops and address any questions or anxieties they may have. Parents are the primary educators of their young people in the area of relationships and sexuality and therefore consultation with parents is key to the ongoing personal and social development of students.
- The organisations teaching methods are concerned with the acquisition of knowledge, attitudes and skills. The approach is an open and facilitative teaching style, using participative and experiential methodologies. WISER workshops have clear educational outcomes outlined in the programme content; please refer to [www.bewiser.ie](http://www.bewiser.ie) for more details. The workshops are age appropriate with materials

and exercises being adjusted in order to meet the developmental stage, educational ability and needs of the participants.

- Where a classroom teacher is present, they can ensure that the school follows appropriate procedures for dealing with any issue(s) that may arise as the result of the external input(s). It is very important that the classroom teacher agrees to the contract/ground rules established by the external facilitator at the beginning of the programme. This is to ensure a supportive environment which is essential for RSE to be effective.
- The WISER workshops are evaluated by students during the last session of the programme. This provides the education team with ongoing information on how to improve the content if required. The WISER programme is constantly evolving as we keep up-to-date with relevant sexual health research to enhance the quality of methodology, materials and delivery.
- Evidence and evaluations from students and teachers strongly supports the role of experienced external input for sexual health and relationship education within the RSE programmes

## SUBMISSION DOCUMENT

from

ADFAM — Alliance for the Defence of the Family and Marriage  
to the Oireachtas Committee on Education and Skills  
re call by the Committee on Education and Skills  
for Submissions from interested groups and individuals on its Review of Sexual Health and  
Relationships Education including Contraception, Consent and Related Matters

ADFAM — Alliance for the Defence of the Family and Marriage

Business Name Reg. No. 593257; Business Name Owner, Séamas de Barra.

Dear Clerk, and Members of the Oireachtas Committee on Education and Skills,

I am a retired Civil Servant. My professional background is in education and in the Oireachtas. I worked the last 6 years of my professional life in Rannóg an Aistriúcháin of the Oireachtas, as Translator, Grade 3. Before that, I spent almost 33 years, 1974–2007, as Assistant Editor in An Gúm, originally Publications Branch of the Department of Education, but latterly part of Foras na Gaeilge. Through my years in Rannóg an Aistriúcháin I came to learn at first hand how legislation is prepared.

I refer to your call for for Submissions from interested groups and individuals on the Review by the Joint Committee on Education and Skills of Sexual Health and Relationships Education including Contraception, Consent and Related Matters.

In the Report of the Joint Committee on the Eighth Amendment of the Constitution there was support for free access to contraceptives, and abortifacients, as a way to reduce the number of unwanted pregnancies [Chapter 3 – Ancillary Recommendations, pp. 12–15]. The Netherlands was held up as an example to the Republic of Ireland of how to approach the problem. This approach involves downright deception [Transcripts of meeting of the Joint Committee on the Eighth Amendment of the Constitution, November 23, 2017]. The Netherlands actually don't count abortions in the first several weeks of pregnancy. The pro-liberalization speakers admitted, as have prominent pro-abortion advocates for decades, that contraceptives and abortifacients have a significant 'failure' rate, and later medical abortion, or surgical abortion, are 'necessary' in order to deal with these 'failures'.

Economics Professor David Patton of Nottingham University, England, for years has been disputing the claim that wider access to contraceptives and abortifacients is the answer. For a good summary of his ideas, and of those who agree with him, see the version of March 14, 2017, of <http://www.washingtonpost.com/news/the-fix/wp/2016/05/14/abortion-rates-are>. In the Ancillary Recommendations in the Report of the Joint Committee on the Eighth Amendment of the Constitution, it was argued that sex education should be made even more compulsory than it is at present. That would ignore totally the rights of the Family as the primary educator of their children, the rights of schools to follow their own ethos, and would ignore freedom of religion — see Articles 42, and Articles 44.4, 44.5 of the Constitution of Ireland. The Joint Committee's approach is one that wouldn't be out of place in Soviet Russia.

There is a determinist view, a very pessimistic view of human nature, that human behaviour is totally predictable. Human nature undoubtedly has serious flaws, but it isn't totally predictable. There actually has been a reduction in sexual activity among high school students in the U.S., 2005–2015, and a reduction in pregnancy among high school girls also ['Sexual Intercourse Among High School Students — 29 States and U.S. Overall, 2005–2015', Center for Disease Control and Prevention, January 5, 2018.] The Government of the Republic are just ignoring all contrary evidence, and intend to apply the above-mentioned part of the Ancillary Recommendations, if voters vote to Repeal the 8th Amendment [see Fiach Kelly, 'Proposals to widen access to birth control', *The Irish Times*, Saturday, March 24, 2018, p. 6]. Breathtaking cynicism is at work here. Amoral pharmacists and wannabe abortionists will be laughing all the way to the bank, if the Government proceed with this policy.

The topics to be covered in the Review seem to indicate a worldview that is largely de-Christianized. But as an Oireachtas Joint Committee, you must have regard to the Constitution of Ireland, and its Preamble, that runs as follows:

*In the Name of the Most Holy Trinity, from Whom is all authority and to Whom, as our final end, all actions both of men and States must be referred,*

*We, the people of Éire,*

*Humbly acknowledging all our obligations to our Divine Lord, Jesus Christ, Who sustained our fathers through centuries of trial,*

*Gratefully remembering their heroic and unremitting struggle to regain the rightful independence of our Nation,*

*And seeking to promote the common good, with due observance of Prudence, Justice and Charity, so that the dignity and freedom of the individual may be assured, true social order attained, the unity of our country restored, and concord established with other nations,*

*Do hereby adopt, enact, and give to ourselves this Constitution.*

Unless, and until, that Preamble is rejected by the citizens of the Republic, bodies such as Oireachtas Joint Committees can't act as if it no longer applied. It is becoming painfully obvious that much too much is being read into such recent events as the passing of the Marriage Equality Referendum of 2015. That Referendum refers only to the definition of marriage, a definition that has produced at least one bizarre result so far, to the benefit of two old men trying to avoid inheritance tax. The Amendment doesn't express or imply support for far-reaching changes in other areas of life. The Constitution is for all the citizens, and not just for the few. The YES vote in that Referendum represented 37% of registered voters. More voted NO in that Referendum than voted for Fine Gael in 2011. Our Referendum system doesn't require that a successful proposal be supported by a clear majority of registered voters, but rather by a majority of voters voting on the day. Our Referendum system is actually oligarchic, rather than democratic, in the strict sense. See ADFAM's Submission on this matter on the website of the Citizens' Assembly, 'Manner in which referenda are held', [citizensassembly.ie](http://citizensassembly.ie), meeting of the weekend 13–14 January, 2018.



It is important to respect the old principle of *audi alteram partem*, or 'hear the other side'. The other side on the issues of homosexuality and gender theory in relation to teenagers is that these feelings of same-sex attraction and transgender, for the most part, do not survive teenage. You should call before you as expert witnesses in this regard the U.S. psychiatrist, Dr Richard Fitzgibbons, an acknowledged expert on anger management, and various sexual issues, and also Dr Gerard van den Aardweg, the Dutch psychologist. A boss of mine, Lord rest him, often resorted to the cynical maxim, 'don't confuse me with the facts; my mind is made up.'

ADFAM urges the Oireachtas Committee on Education and Skills, in advising on Sexual Health and Relationships Education, to reject the deterministic and pessimistic view of human nature that human nature is totally predictable. We urge you to respect the human rights of children and teenagers, the rights of the Family as the primary educator of children, the rights of schools to follow their own ethos, and we urge you also to respect religious freedom. All these rights mentioned are Constitutional rights.

Yours sincerely,

Séamas de Barra,

Treasurer/Secretary,

ADFAM — Alliance for the Defence of the Family and Marriage.

Wednesday, April 18, 2018.

## Submission to the Joint Committee on Education and Skills



**Anna Keogh**

**Relationships and Sexuality Educator**

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**0873336771**

### **Introduction:**

Anna Keogh graduated with an MA in Sexuality Studies from Dublin City University in November 2016. Her main research interest was relationships and sexuality education in schools in Ireland which formed the topic of her thesis. Following this, Anna gained a full-time post as a research assistant on a national project investigating stakeholder experience of the Relationships and Sexuality Education (RSE) programme in secondary schools in Ireland. Anna has completed training with *Foroige* and the Irish Family Planning Association which has allowed her to facilitate a range of workshops with parents, in second level schools and at university events on a variety of topics related to relationships and sexuality. She has presented at Pink Training, a national LGBTQ+ event organized by the Union of Students in Ireland, for two years running and continues to run queer sex education workshops across the country. Anna volunteers with a youth club in Dublin and runs the Relationships Explored and Life Uncovered (REAL U) programme there on a weekly basis. In 2016, Anna was invited to work with a sexuality education company in rural Ireland and successfully consulted with them on updating and facilitating their healthy sexuality workshop for post primary students and in 2017 she was one of the main stage speakers at *Zeminar – a life changing day for Generation Z*. She sits on the board of directors for *ShoutOut*, a charity that runs school-based programmes aimed at combating homophobic and transphobic bullying nationwide. Her role there includes facilitating workshops, training volunteers and fundraising. She is also the relationships and sexuality advisor for *The Shona Project*, a survival kit for girls. Anna has also developed lectures as a guest speaker for both Nursing and Psychology students in DCU.

### **Factual Information and Recommendations:**

Using the findings from my MA thesis titled “*WHO defines sex for secondary school students? An analysis of the resources materials used for Relationships and Sexuality Education in post primary schools in Ireland*” I can provide the following recommendations:

#### **1. Increased teacher support**

Teachers need to be empowered with proper resources, adequate training and support to allow them to deliver comprehensive RSE lessons. Teaching RSE needs to be optional and professionally trained outside facilitators should be utilised where needed.

#### **2. The inclusion of information on sexual activity outside of vaginal intercourse.**

Young people have reported in previous studies that they are engaging in sexual activity that is not intercourse. This needs to be addressed for many reasons. Namely, it is more relevant to young persons experience, it helps them to identify sexual abuse, assault and harassment that can take

many forms and it is representative of sexual activity that is more common place in LGBTQIA relationships, thus making the programme more inclusive.

### **3. Integrate RSE with lessons on media literacy**

Young people are bombarded by media influences today, many of them sexualised. Media literacy lessons could help them to critically analyse the messages they are being exposed to and allow them to develop skills that they could apply to other areas of life.

### **4. The inclusion of pleasure.**

Pleasure needs to be cited as a perfectly healthy reason for people to engage in sexual activity. Also, pleasure can be used as a measure of consent. Put simply, if it doesn't feel good, then something's not right. Consent can be a difficult topic for people to discuss but if we use different tactics, such as presenting it as a discussion on pleasure, then we can help these lessons to be delivered.

### **5. Inclusion of lessons on pornography**

Pornography has never been easier to access, and we need to start having open conversations with young people around this.

### **6. Increased visibility of LGBTQIA identities**

Improve the Growing Up LGBT resource to reflect marriage equality, gender recognition and other ways that our society has developed to acknowledge non-heteronormative identities as equal.

### **7. Review of lessons on consent**

Young people face many different situations today where understanding consent is valuable. Consent needs to be interweaved in to all lessons to showcase that although it is particularly relevant in relationships and sexual situations, it can be learned from day to day exchanges.

## 1. Introduction

The ASTI welcomes this opportunity to engage in dialogue with the Joint Oireachtas Committee on Education and Skills on the crucial issue of student wellbeing, especially as regards the development of healthy and respectful sexual behaviours. Student wellbeing is increasingly to the forefront in education policy as our society responds to deeply concerning issues such as high youth suicide rates; the impact of the ‘always online’ culture on our children’s lives; and the pervasive sexualisation and commercialisation of young people – as highlighted in the similarly-titled 2015 study by the Department of Children and Youth Affairs. (1) It is also of note that, in their final report, your colleagues on the Joint Oireachtas Committee on the 8<sup>th</sup> Amendment endorsed the Recommendation of the Citizens’ Assembly that *“improvements be made in sexual health and relationship education, including the areas of contraception and consent, in primary and post-primary schools”*. Wellbeing is now a central programme in the new Junior Cycle curriculum while the imminent review of senior cycle education will also invariably address this area of student learning.

## 2. What is the current situation?

Relationships and Sexuality Education – RSE – was introduced in schools as part of a package of measures in the wake of the Report of the Kilkenny Incest Case (1993). RSE is part of the broader Social Personal and Health Education – SPHE – which became a compulsory programme at junior cycle in 2003. While a draft curriculum framework for SPHE for senior cycle was developed in 2005, to date there is no requirement on schools to provide the SPHE programme at this level though they are required to provide RSE. The aims of the RESE programme are:

- to help young people understand and develop friendships and relationships
- to promote an understanding of sexuality
- to promote a positive attitude to one’s own sexuality and in one’s relationships with others
- to promote knowledge of and respect for reproduction
- to enable young people to develop attitudes and values towards their sexuality in a moral, spiritual and social framework

The recommended time period is one-class period, or 40-minutes, per week. Professional support for both RSE and SPHE is provided through the PDST. The RSE guidelines state that the values inherent in the programme should be consistent with the core values and ethos of the school. In addition to SPHE, since the 1990s, second-level schools are required to implement the *“Schools for Health in Ireland: Framework for Developing a Health Promoting School”*. The latter framework was subsequently incorporated into the 2013 Guidelines for Youth Mental Health – *“Wellbeing in Post-Primary Schools”*.

In summary, there is no dearth of guidance or policy on how schools can support the holistic wellbeing of young people, including the provision of guidance and support on relationships and sexuality. However, as several Departmental and other evaluations have consistently demonstrated, students’ access to quality RSE in post-primary is variable both across schools and within schools. (2)

### **3. Students' access to quality RSE**

The 2013 Departmental Inspectorate report is the most recent evaluation of SPHE and RSE in schools. It provides evidence of good practice and of areas where practice can be improved. Key findings include:

- most schools had good policies and whole-school supports in place for junior cycle but less so for senior cycle
- deployment of staff to teach SPHE is good in most schools: however, need for more effective deployment of staff for RSE at senior cycle
- planning for SPHE generally good at junior cycle but less so at senior cycle
- teachers' expertise in facilitative methodologies to support experiential learning was good in majority of schools: however, there was room for improvement in 20% of schools
- assessment of student learning in SPHE/RSE requires more consideration

The Inspectorate's report confirms some trends in previous research on the implementation of RSE, namely, an over-crowded curriculum; gender issues - single-sex boys' schools having lower levels of implementation and low male teacher participation in RSE inservice training; deployment of teachers to teach RSE classes without consultation or having completed the necessary inservice training.

ESRI research confirms that students want schools to provide RSE: moreover, schools are considered a 'neutral' zone where they could explore issues relating to relationships and sexuality, underlining the importance of teachers' expertise in facilitative methodologies. (3)

### **4. Quality RSE for all students: ASTI concerns**

Societal changes require that the RSE and SPHE programme are of the highest quality in our schools. Evaluations to date have indicated that, broadly speaking, schools already have put in place good policies and practices. What is clear is that that senior cycle students are not as well served as junior cycle students. This deficiency needs to be addressed in the review of senior cycle.

There is also need for more qualitative research on the experience of students of RSE in different school types. The 2013 Inspectorate report did not differentiate between school type or examine the impact of school ethos on the nature and range of the RSE programme. There is some anecdotal evidence that some denominational schools have a circumscribed curriculum wherein some aspects of sexuality, especially in relation to LGBTI+ sexual identities and crisis pregnancy, are not addressed. However, anecdotal evidence is just that: we need more qualitative research on what is actually happening in schools today in order to ensure that policy is based on evidence so that all students, irrespective of their school type, are provided with comprehensive, non-judgemental learning experiences.

The ASTI believes that the following systemic issues are negatively impacting on the implementation of RSE and SPHE in schools:

- Promotional posts: The number of teachers holding promotional posts is at its lowest in decades. Whole-school curriculum planning is totally dependent on effective in-school management. Successive ASTI MillwardBrown and Red C surveys have demonstrated that the moratorium has negatively impacted on this vital area of school as well as significantly increasing the workload of individual teachers. The national and international evidence is

unequivocal on the importance of whole-school approaches for viable and sustainable SPHE and RSE implementation.

- Teacher workload has now become a major source of dissatisfaction across the profession and is negatively impacting on teachers' wellbeing. The Wellbeing Guidelines for the Junior Cycle have underlined the importance of teacher wellbeing: *Wellbeing in school starts with the staff. They are in the front line of the work and it is hard for them to be genuinely motivated to promote emotional and social wellbeing of others if they feel uncared for and burnt out themselves. (NCCA, Wellbeing Guidelines, p. 29)*
- The DES Circulars and Guidelines on RSE underline that all teachers are responsible for RSE. However, initial teacher education does not provide a foundation course in this area. This is a matter of concern because exposure to health education, including RSE, is critical to ensure that all newly qualified teachers have a strong understanding of their professional role. A study by UL Education Department academics in 2012 found that over three-quarters of final year students surveyed stated that they do not intend to teach SPHE or RSE. (4)
- Notwithstanding the findings in the 2013 Inspectorate report on the general effective deployment of teachers to teach SPHE and RSE, there is strong anecdotal evidence that, in the majority of cases, principals chose teachers to teach the programmes rather than teachers volunteering for same. The latter underlines the point above re better preparation for teaching health education in initial teacher education.
- Another aspect of teacher deployment to teach SPHE and RSE is that frequently the most recently qualified teachers, who do not have full-time contracts, are allocated to teach the programmes. Principals resort to this measure in a genuine desire to "bump up" the new teachers' hours so that they have not only more experience of classroom teaching but also to improve their salary. This is not an optimum situation. Arguably, the most suitable teachers to teach SPHE and RSE are those who are familiar with the school, its culture and its students and, of great significance, are sufficiently experienced in the facilitative methodologies which are the best way to promote learning in these areas.
- Some teachers are reluctant to teach SPHE or RSE. This is sometimes the result of a genuine belief that they are an expert in their own subject area and therefore are not comfortable to teach an area in which they do not have expertise. This underlines the need for consistent, high quality CPD for teachers across their career.

## 5. Conclusion

The ASTI would caution against adopting an alarmist approach to the state of RSE education in our schools in light of current and international issues in relation to sexual violence, consent and online culture. Schools would appear to be complying with Departmental requirements to a broadly satisfactory level. However, there is a need to review the range of issues included in the RSE programme. There is also a need to address the implementation challenges which schools face in providing quality RSE programmes to all students. A debate is also required on ensuring that all schools, irrespective of their denominational or other status, meet their obligations to provide comprehensive, non-judgemental RSE education to students.

1. Department of Children and Youth Affairs (2015) *The Sexualisation and Commercialisation of Children in Ireland: An Exploratory Study*

2. Department of Education and Skills (2013) *Looking at Social, Personal and Health Education* (Report of Inspectorate)

Department of Education and Science (2007) *RSE in the Context of SPHE: An Assessment of the Challenges to Full Implementation of the Programme in Post-Primary Schools*

3. ESRI (2006) *Pathways through the Junior Cycle: The Experiences of Second-Year Students*

4. Mannix Mc Namara et al. (2012) *Pre-service teachers' experience of, and attitudes towards to, teaching SPHE in Ireland*, in *Health Education*, Vol. 112, No. 3

# **Atheist Ireland**

## **Submission to Oireachtas Committee on Education & Skills**

### **On the Content and Delivery of Sexual Health and Relationship Education and Related Issues**



20 April 2018

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## **1. Introduction to Atheist Ireland**

Atheist Ireland is an advocacy group. We promote atheism and reason over superstition and supernaturalism, and we promote an ethical, secular society where the State does not support or finance or give special treatment to any religion.

Since being formed in late 2008, we have campaigned for a secular Irish Constitution, parliament, laws, government, and education and healthcare systems. We are partners in the dialogue process between the Government and religious and nonreligious bodies.

We have addressed various Oireachtas Committees, the Constitutional Convention, Citizens Assembly, United Nations Committees, the OSCE, Council of Europe bodies, and the Presidents of the European Union.

## **2. Overview of the Problem**

As the vast majority of schools in Ireland operate under a Catholic ethos, children cannot access sexual and reproductive education that is free from the influence of the Catholic Church. Even some Education & Training Board schools have Catholic sex education.

The Constitution and Ireland's international obligations oblige the state to ensure access to objective sex education for all children. But instead the state absolves itself of this responsibility, and delegates it to private bodies whose mission it is to evangelise.

The Committee on Education can seek to balance the rights of all involved.

- Publicly funded schools with a religious ethos (almost all of them Catholic) could still be able to provide Catholic sex education in the Religion class, for those students whose parents want to opt them in to such Religion classes.
- Publicly funded schools would also have to provide objective sex education that would respect the convictions of parents who do not want their children's sex education to be influenced by the Catholic religion.

## **3. Recommendations**

- Atheist Ireland supports: (a) the mandatory provision in Irish schools of sexual and reproductive health education targeted at adolescent girls and boys, as recommended by the UN Committee on the Rights of the Child in 2016; (b) a single consistent curriculum for relationships and sexuality education across all schools, as recommended by the Ombudsman for Children in 2016; and (c) scientifically objective, standardised, age-appropriate education on sexual and reproductive health and rights, as recommended by the UN Committee on Elimination of Discrimination against Women in 2017. In the Dail debate on Solidarity's Objective Sex Education Bill in 2018, the Minister for Education acknowledged that young people have the right to get such factual information about sexual matters.
- Having factual content is not enough, if that content is delivered through the religious ethos of a school patron body. As well as the content being factual: (a) the content must be delivered in an objective, critical and pluralistic manner that avoids

indoctrination, as part of the curriculum outside of optional religion classes, as recommended by the Irish Human Rights and Equality Commission in 2015; while (b) ensuring a neutral studying environment, including in denominational schools, outside the confines of optional religious instruction classes, as raised with Ireland by the UN Human Rights Committee in 2014.

- In order for the content to be delivered objectively without religious influence, the law will have to be amended, because the NCCA has no legal power over how the curriculum is delivered. Instead the school patron bodies can choose to deliver the curriculum according to their own religious ethos. The legal changes required include amending Sections 9(d), 15(2)(b) and 30(2)(b) of the Education Act, which have been identified as problems by the NCCA in 2017, and which are referred to in Solidarity's Objective Sex Education Bill in 2018.
- Atheist Ireland supports Solidarity's Objective Sex Education Bill, which broadly proposes the approach that we recommend. It provides a solid framework for any improvements that members of the Committee might suggest.

#### **4. Catholic Church Guidelines on curriculum RSE**

The Catholic Church has issued Guidelines on how their religious ethos should be integrated into curriculum RSE, and in practice these Guidelines take priority over the rights of parents and their children. These Guidelines include: <sup>1</sup>

- Everyone who is involved in the task of Relationships and Sexuality Education in a Catholic school should be guided by a number of basic principles.
- The human body is sacred – the visible image of God.
- Children should be taught from the beginning to recognise, at their own level, that sexuality is a gift of God.
- Any attempt to communicate 'the facts of life' as mere facts without reference to the religious and moral dimensions of human sexuality and without reference to the pupil's need to grow in maturity would be a distortion.
- The Catholic school will be careful to give a positive attitude towards the gift of sexuality by showing its important place in God's plan for human happiness.
- Married love – the only context which 'aims at a deeply personal unity, a unity that, beyond union in one flesh, leads to forming one heart and soul' – is essentially oriented both to the loving unity of the couple and to cooperation with God in bringing new human life into the world.
- In Christian marriage, sexual union reflects the great mystery of the union of Christ and the Church. It becomes 'an image of the absolute and unfailing love with which God loves us'.
- The presence of sin in ourselves and in the world makes these truths less easy to discern.

It is simply not reasonable to assume that parents want this type of Catholic sex education for their children, just because the only local publicly funded school that they can in practice send their child to happens to have a Catholic ethos.

## **5. Catholic Preschool and Primary RE Curriculum**

The Catholic Preschool and Primary Religious Education Curriculum for Ireland (Irish Episcopal Conference) integrate religion into the RSE curriculum in publicly funded primary schools. This is what all parents and their children can expect if they want to access curriculum RSE education. It states that: <sup>2</sup>

- Our bodies are good because God created them and will raise them up on the last day.
- The human body is sacred — the visible image of God.
- God created male and female in God's plan for creation.
- The male and female body are, each in their characteristic way, made in the image and likeness of God.
- Life is precious and God-given from the moment of conception to natural death.
- Sex is a great gift of God who placed the ability to generate life in the human body, thereby sharing his creative power with us.
- Chastity is a spiritual power which frees love from selfishness and aggression for the sake of true self-giving realised in each person's specific vocation.
- A Christian practises the virtue of chastity by cultivating decency and modesty in behaviour dress and speech.
- Conjugal love makes married couples capable of the greatest possible gift, the gift by which they become co-operators with God for giving life to a new human person
- Sexual intercourse is an act of love within marriage
- Christian respect life because life comes from God and every person has a right to life. Therefore, abortion is forbidden.

## **6. Catholic Influence on State-run ETB schools**

Atheist Ireland has published several reports, based on documents obtained under the Freedom of Information Act, that show that ETB schools be just as Catholic as schools under Catholic Church patronage. The following are extracts from the RSE policy of Coachford College, Cork.

This is not seen as a separate element within the RSE programme, but is integrated throughout the whole school ethos.

- The human body is sacred.
- The human body, since it is sexual, expresses the call of men and women to reciprocal love which is a mutual gift of self.
- Marriage is the natural context in which this self-giving love in its entirety is possible – because essentially it is orientated both to the loving unity of the couple and to cooperation with God in bringing new human life into the world.
- Young people thus will be encouraged to value the gift of chastity, and human sexuality which is also gift.

It is simply not in the common good to continue to deny children access to objective sex education, whether they are in Catholic-run or State-run schools. We cannot continue to say to parents and children that they can have Catholic sex education or no sex education at all.

## **7. Balancing the Constitutional Rights Involved**

All of this is happening because of the deference the State has shown towards the Catholic Church. When balancing Constitutional rights, the right of religious institutions to evangelise has always trumped the rights of parents and their children.

In most cases the State ‘provides for’ the education of children in schools with a religious ethos. But parents and their children do not leave their Constitutional and human rights at the school gate just because the State is discharging its obligation to educate through mainly religious bodies.

It is not correct to say that just because families have sent their children to the local publicly funded school, that they agree with all the religious teachings of the patron body. This is not just in relation to minorities, but also to families who refer to themselves as Catholic. We know from the Marriage referendum that Catholic families do not necessarily live their lives according to the teachings of the Catholic Church.

And, even if the majority of parents in a particular area seek Catholic sex education in the only local publicly funded school, that is still not a reason to deny the rest of the school community access to objective sex education.

## **8. The Right to Freedom of Conscience**

Individuals have a conscience, not institutions. Balancing the right of religious institutions with the rights of parents and their children is not an issue here. Parents have the right for their children to access objective sex education if that is what they wish.

Parents who object can opt their children out of Objective Sex Education classes. Some parents may continue to send their children to Religion classes where Catholic sex education is available and also Objective Sex Education classes.

This is not an issue for the conscience of teachers. Teachers cannot argue that they will not teach objective sex education if that is what parents and their children want. Teachers already deliver the State RSE curriculum but through the ethos of the Catholic Church. Many are legally obliged to do this because of Section 37 of our equality laws.

## **9. Irish Human Rights & Equality Commission 2015**

The Irish Human Rights & Equality Commission does not believe that obliging schools to deliver the curriculum in an objective manner is unconstitutional. In 2015, in its Observations on the Education (Admission to Schools) Bill 2015, The Irish Human Rights & Equality Commission recommended: <sup>3</sup>

*“The Commission recommends that the new section 62(6) to be inserted into the Education Act should be amended to the effect that, in setting out the characteristic spirit and general objectives of the school, outside the specific context of faith formation and religious instruction which parents wish to avail of and where exemptions apply, regard shall*

*be had to providing information in relation to religion in an objective, critical and pluralistic manner that avoids indoctrination.”*

## **10. Ombudsman for Children 2016**

In its Submission to the Department of Education Statement of Strategy 2016-2018, referring to the Schools Admission Bill, the Ombudsman for Children stated that: <sup>4</sup>

*“Although in theory Relationships and Sexuality Education (RSE) has been mandatory since 1996, in practice each school has the discretion to develop its own RSE policy in accordance with its own ethos. In addition to this, the policy is subject to the approval of the board of management.*

*This leads to a significant inconsistency in the delivery of the RSE programmes throughout the country’s schools. It would be useful to consult with children and young people around their experiences of the RSE curriculum and in relation to what they would consider helpful in terms of curriculum content and delivery. Parents should also be consulted in this regard.”*

The Ombudsman for Children recommended that:

*“A single consistent curriculum for relationships and sexuality education should be developed and introduced across all schools. The standard curriculum should include sexual and reproductive health education at post-primary level. This curriculum and its delivery should be regularly evaluated.”*

## **11. United Nations Rights on Sex Education**

Our International obligations recognise that the right to health encompasses access to education and information on sexual and reproductive health. The UN has said that: <sup>5</sup>

*“Access to information includes “the right to seek, receive and impart information and ideas concerning health issues... The Committee on the Rights of the Child has recognised that “State parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs).”*

*“Similarly, the Committee on the Elimination of Discrimination Against Women has underscored the need to pay particular attention “to the health education of adolescents, including information and counselling on all methods of family planning. The Committee has further specified that health education for adolescents should address “gender equality, violence, prevention of sexually transmitted diseases and reproductive and sexual health rights.”*

## **12. UN Committee on the Rights of the Child 2016**

In 2016, the Committee on the Rights of the Child concluded that Ireland should: <sup>6</sup>

*“(c) Adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and sexually transmitted infections.”*

## **13. Atheist Ireland and UN CEDAW 2017**

In 2017, responding to a submission by Atheist Ireland, the UN Committee on Elimination of Discrimination against Women made this Recommendation to the Irish State. <sup>7</sup>

*“...the narrow approach towards the provision of sexuality education, owing to the fact the content of the relationship and sexuality education curriculum is left to institutions to deliver according to their individual ethos and values and as a result it is often taught together with courses on biology and religion.*

*[Ireland should] Integrate compulsory and standardised age-appropriate education on sexual and reproductive health and rights into school curricula, including comprehensive sex education for adolescent girls and boys covering responsible sexual behaviours and focused on preventing early pregnancies, and ensure that sex education is scientifically objective and its delivery by schools is closely monitored and evaluated.”*

## **14. UN Human Rights Committee 2014**

In July 2014 when Ireland appeared before the UN Human Rights Committee under the International Covenant on Civil & Political Rights they were asked:

*“How does the Delegation explain the compatibility with the Covenant of a state of affairs that allows private schools, which have a near monopoly in Ireland on a vital public service, to openly discriminate in admission policies between children on the basis of their parents’ religious convictions? I would appreciate, whether orally or in writing, the Delegation’s theory on this point, on this legal point. And whether the State believes or not that it is required to ensure a neutral studying environment in those schools, in denominational schools, outside the confines of religious instruction classes that can be opted out from?”*

The Irish State has never responded to this question. There is no neutral studying environment for sex education in Irish Schools, as the State does not oblige schools to deliver the State curriculum in an objective, critical and pluralistic manner.

## 15. Circular 0037/2010 and the European Social Charter

Circular Letter 0037/2010 issued by the Department of Education recognises the obligation of schools to have Relationship and Sexuality education. It states: <sup>8</sup>

*“access to sexual and health education is an important right for students under Article 11.2 of the European Social Charter. The Council of Europe European Committee of Social Rights, which examines complaints regarding breaches of the Charter, has indicated it regards this Article as requiring that health education “be provided throughout the entire period of schooling” and that sexual and reproductive health education is “objective, based on contemporary scientific evidence and does not involve censoring, withholding or intentionally misrepresenting information, for example as regards contraception or different means on maintaining sexual and reproductive health.”*

However, this Circular does not oblige schools to ensure that all children have access to objective sex education without religious influence. Instead it states:

*“The RSE policy should reflect the core values and ethos of the school as outlined in the school’s mission statement. Spiritual, moral and ethical issues may arise when teaching RSE. The school’s RSE policy should guide teachers in the treatment of such issues, in accordance with the ethos of the school.”*

In practice, it is impossible to access the right to objective sex education under the European Social Charter through the ethos of the vast majority of schools in Ireland.

## 16. Circular 0037/2010 and the Need to Consult with Parents

Circular Letter 0037/2010 also refers to the right of parents to opt their children out of sex education. But in many schools, parents are not even informed that they can opt their children out of Catholic sex education classes. It is made compulsory. It is Catholic sex education or no sex education at all.

The Irish State has never consulted parents and their children in relation to sex education in schools. Successive governments have promoted the right of religious institutions (Article 44.2.5) over the right of parents to respect for their convictions in relation to the education of their children (Article 42.1).

Circular Letter 0037/2010 reminds schools that they have a responsibility to consult parents in relation to the social and health education of their children.

*“Schools have a responsibility under Section 9 (e) of the Education Act 1998 to promote the moral, spiritual, social and personal development of students and promote health education for them, in consultation with their parents, having regard to the characteristic spirit of the school.”*

But this simply never happens. Parents are not even aware that they can opt their children out of Catholic sex education. The Objective Sex Education Bill would change this.

## 17. Legal Limitations of the NCCA on Objective Delivery

In the Dail debate on the Solidarity Objective Education Bill, both the Government and Fianna Fail referred to the role of the NCCA in designing a solution to this problem.

But without the change in the law that Atheist Ireland recommends (and that are included in the Solidarity Bill), it does not matter what the NCCA decides, because the NCCA has no legal power over how the curriculum is delivered.

The NCCA recently addressed an issue with the exact same conflict, when it was asked to design a new course on Education about Religions, Beliefs, and Ethics. It identified, as problems to the objective delivery of the curriculum, the specific sections of the Education Act that Atheist Ireland recommends changing.<sup>9</sup>

*“The consultation brought to light many issues and systemic features that, while external to the development of curriculum and beyond the remit of the NCCA, have a significant impact on curriculum implementation in primary schools.*

*The legislation underpinning our education system is one such feature. The Education Act (1998), while recognising the rights of the patron body, has the unintended effect of limiting what is achievable through a State curriculum in Education about Religions and Beliefs and Ethics.*

*This challenge arises not from the patron bodies which have a legislative right to teach the primary curriculum in accordance with the ethos of their schools, but rather by the structure of the primary school system which is predominantly faith-based.*

*The provision of Sections 9(d), 15(2)(b) and 30(2)(b), among others, are potential barriers to the type of ‘objective, critical and pluralist’ approaches advocated in the proposals for a curriculum in ERB and Ethics.”*

## 18. The Catholic Church opposes Objective Delivery

The Catholic Bishops and the Catholic Primary Schools Management Association both made written submissions to the NCCA consultation on Education about Religions, Beliefs and Ethics.<sup>10</sup>

These submissions make clear that the Education Act needs to be changed, as is proposed in the Solidarity Bill, if there is to be any chance of objective sex education happening in practice.

The Catholic Bishops said:

*“In the area of Relationships and Sexuality Education... it is explicitly acknowledged that the curriculum must be interpreted in the context of the characteristic spirit of the school. Similarly, NCCA proposals in areas such as religion and ethics should accord with the characteristic spirit of the school. The determination of the ethos or characteristic spirit of a*



*school is not the function of the NCCA or the Minister but rests with the Patron.”*

The Catholic Primary Schools Management Association said:

*“Based on this, the development of NCCA proposals in areas impinging on religious education and the characteristic spirit of the school are of a different nature than other NCCA proposals. This is already acknowledged in the area of Relationships and Sexuality Education as part of the NCCA SPHE curriculum where it is explicitly acknowledged that the curriculum must be interpreted in the context of the characteristic spirit of the school. Education about Religious Beliefs and Ethics is another such area.”*

## **19. The Department of Education and Religious Ethos**

The Department of Education has made clear, in a 2015 research paper titled ‘Advancing School Autonomy in the Irish School System’ that the existing legal position places the power in the hands of the patron bodies.<sup>11</sup>

*“In all primary and post-primary schools, the school’s stated ethos (or characteristic spirit as it is termed in the legislation) is decided by the owners or patrons/trustees of the school and not by central government. Autonomy over ethos does not exist at the level of the school board, principal or teachers.*

*Indeed, one of the specific duties of a board is to uphold, and be accountable to the patron for so upholding, the characteristic spirit of the school. Thus, depending on the unit of analysis, schools may be viewed as fully autonomous in respect of ethos, or partly autonomous if the unit of analysis is an individual school operating within a specific ethos.”*

## **20. Religious Ethos and the Primary School Curriculum**

In the Introduction to the Primary School Curriculum it states: (page 57)<sup>12</sup>

*“The approach to the SPHE curriculum is determined in the first instance by the school ethos and will be mediated to the child in three contexts: through a positive school climate and atmosphere, through integration with other subjects, and in specifically allocated curriculum time.”*

One of the specific aims of the Primary School Curriculum is

*“to enable children to develop spiritual, moral and religious values”.*

The General Objective is to

*“develop the capacity to make ethical judgements informed by the tradition and ethos of the school”.*

## 21. Conclusion and Repeat of Recommendations

The Irish State has failed to protect the rights of parents and their children in Irish schools because of the deference it has shown over the years to the Catholic Church.

The positive duty of the State to protect the rights of parents and their children has always taken second place to the right of religious institution to manage its own affairs and maintain institutions for religious or charitable purposes (Article 44.2.5).

We have seen nothing from the Office of the Attorney General or the Supreme Court that states that, in balancing rights, Article 44.2.5 must always take precedence over the rights of parents and their children under the Constitution.

- Atheist Ireland supports: (a) the mandatory provision in Irish schools of sexual and reproductive health education targeted at adolescent girls and boys, as recommended by the UN Committee on the Rights of the Child in 2016; (b) a single consistent curriculum for relationships and sexuality education across all schools, as recommended by the Ombudsman for Children in 2016; and (c) scientifically objective, standardised, age-appropriate education on sexual and reproductive health and rights, as recommended by the UN Committee on Elimination of Discrimination against Women in 2017. In the Dail debate on Solidarity's Objective Sex Education Bill in 2018, the Minister for Education acknowledged that young people have the right to get such factual information about sexual matters.
- Having factual content is not enough, if that content is delivered through the religious ethos of a school patron body. As well as the content being factual: (a) the content must be delivered in an objective, critical and pluralistic manner that avoids indoctrination, as part of the curriculum outside of optional religion classes, as recommended by the Irish Human Rights and Equality Commission in 2015; while (b) ensuring a neutral studying environment, including in denominational schools, outside the confines of optional religious instruction classes, as raised with Ireland by the UN Human Rights Committee in 2014.
- In order for the content to be delivered objectively without religious influence, the law will have to be amended, because the NCCA has no legal power over how the curriculum is delivered. Instead the school patron bodies can choose to deliver the curriculum according to their own religious ethos. The legal changes required include amending Sections 9(d), 15(2)(b) and 30(2)(b) of the Education Act, which have been identified as problems by the NCCA in 2017, and which are referred to in Solidarity's Objective Sex Education Bill in 2018.
- Atheist Ireland supports Solidarity's Objective Sex Education Bill, which broadly proposes the approach that we recommend. It provides a solid framework for any improvements that members of the Committee might suggest.

Yours sincerely,

Michael Nugent  
Chairperson  
Atheist Ireland

Jane Donnelly  
Human Rights Officer  
Atheist Ireland

- <sup>1</sup> <https://www.religiouseducation.ie/wp-content/uploads/2016/05/RSE-Guidelines-Rofl-for-web.pdf>
- <sup>2</sup> <http://www.veritasbooksonline.com/media/wysiwyg/9781847306241.pdf>
- <sup>3</sup> [https://www.ihrec.ie/download/pdf/ihrec\\_observations\\_on\\_education\\_admission\\_to\\_schools\\_bill\\_2015.pdf](https://www.ihrec.ie/download/pdf/ihrec_observations_on_education_admission_to_schools_bill_2015.pdf)
- <sup>4</sup> <https://www.oco.ie/app/uploads/2018/01/Final-OCO-Submission-to-DES-Consultation-Paper-for-website.pdf>
- <sup>5</sup> <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>
- <sup>6</sup> <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsvOufvUWRUJILHiLHKqpXZxUGOtzQF0l%2b37QzAKosbh7yc40d4J3lynFaWf0Egu6J99RK6Y%2fTHjpged5r1H3f3LRo8YLqQDqUXOKO5uvru3V>
- <sup>7</sup> [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=1071&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=1071&Lang=en)
- <sup>8</sup> [https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0037\\_2010.pdf](https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0037_2010.pdf)
- <sup>9</sup> [https://www.ncca.ie/media/1898/consultation\\_report\\_erbe\\_february2017.pdf](https://www.ncca.ie/media/1898/consultation_report_erbe_february2017.pdf)
- <sup>10</sup> [https://www.ncca.ie/media/2827/erb\\_ethics\\_submissions.pdf](https://www.ncca.ie/media/2827/erb_ethics_submissions.pdf)
- <sup>11</sup> <https://www.education.ie/en/Schools-Colleges/Information/Advancing-School-Autonomy-in-Ireland/School-Autonomy-Research-Paper.pdf>
- <sup>12</sup> [https://www.curriculumonline.ie/getmedia/c4a88a62-7818-4bb2-bb18-4c4ad37bc255/PSEC\\_Introduction-to-Primary-Curriculum\\_Eng.pdf](https://www.curriculumonline.ie/getmedia/c4a88a62-7818-4bb2-bb18-4c4ad37bc255/PSEC_Introduction-to-Primary-Curriculum_Eng.pdf)



**Submission to**  
**Committee on Education and Skills on its review of sexual health and**  
**relationship education including contraception, consent and related matters**  
**19 April 2018**

**Background Information**

BeLong To is Ireland's national organisation for Lesbian, Gay, Bisexual, Trans and Non-Binary (LGBT+) young people. BeLong To's youth services in Dublin and around Ireland provide vital supports to LGBT+ young people. BeLong To also works with government and other partners so that Ireland will be safe, equal and welcoming for LGBT+ young people. Our work is cited internationally by UNESCO as 'good practice', commended by Council of Europe's Human Rights Commissioner and cited by the UN Office for the High Commissioner for Human Rights in their first global report on LGBT rights. We work with young LGBT+ people aged 14 to 24.

BeLong To is pleased to make a submission to the Committee on Education and Skills on its review of sexual health and relationship education including contraception, consent and related matters.

**LGBTI+ young people in Ireland**

Ireland changed what it means to grow up LGBTI+ in Ireland in 2015 with a resounding Yes in the marriage equality referendum and with the Gender Recognition Act. However, recent Irish research confirms BeLong To's experience from our frontline work with young people that anti- LGBTI+ stigma results in significantly higher mental health challenges for young LGBTI+ people. We have seen a **doubling in the numbers of young people in crisis who have come to our services, especially those who are under-18**. Our dedicated youth workers and our resilience programmes are working all-out to meet the need.

In March 2016, former President of Ireland, Dr Mary McAleese, launched a large groundbreaking report on the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people in Ireland. *The LGBTIreland Report*<sup>i</sup> was funded by the HSE's National Office for Suicide Prevention. It was conducted by Dr Agnes Higgins and colleagues in the School of Nursing, Trinity College, and had a special focus on LGBTI young people.

*The LGBTIreland Report found that:*

1. 56% of LGBTI who were aged 14 to 18 years had self-harmed, 70% had suicidal thoughts and one in three had attempted suicide.
2. In comparison, UCD/Headstrong's research found 21% of 17–25-year-olds overall engaged in self-harm<sup>ii</sup>.
3. The **LGBTIreland** report showed a link between a young person having experienced LGBTI-based bullying and serious mental health difficulties.
4. 67% (of those in school now or in past 5 years) **witnessed** anti-LGBTI bullying. And, 50% of LGBTI students **experienced** bullying.
5. Those who had experienced anti-LGBTI bullying had much higher levels of depression, anxiety, stress and alcohol use. They were also more likely to self-harm or have suicidal thoughts.

In summary, compared to the wider population of young people in Ireland, LGBTI young people had:

- **Two times** the level of self-harm.
- **Three times** the level of attempted suicide.
- **Four times** the level of severe or extremely severe stress, anxiety and depression.

We know from the young people we work with that shame, mixed messaging, and too often silence surrounds the areas of gender, sexuality and relationships in many classrooms across Ireland. Irish young people receive inadequate information relating to sexuality, safe sex, STI's, consent, and reproduction. In many schools young people receive incomplete or no information on being LGBTI+ despite 'Growing up LGBT' being part of the SPHE (Social Personal Health Education) and RSE (Relationships and Sex

Education) curriculum. Growing Up LGBT: A Resource for SPHE and RSE<sup>1</sup> was developed by the Department of Education and Skills and the Health Service Executive through the Social, Personal and Health Education Support Service, in conjunction with BeLonG To Youth Services and GLEN (Gay and Lesbian Equality Network) in 2013.

The young LGBTI+ people we work with, in our Dublin groups and throughout our National Network of LGBTI+ youth groups, have been calling for improvements to sex education for many years now. The issue has been raised in BeLonG To's regular surveys of young people who attend our services and most recently in the Department of Children and Youth Affairs consultations for the upcoming LGBTI+ Youth Strategy in 2017. Gay Community News (GCN) published their Budding Burning Issues survey in August 2017. The Budding Burning Issues was a survey of 565 young LGBT+ people nationwide and the second biggest issue identified by young people was the need to overhaul the way our education system approaches sexuality and relationships education to ensure it is inclusive of LGBTI+ people and issues.

### **Gay Community News (GCN) Budding Burning Issues<sup>2</sup>**

70% of the respondents disagreed with the statement: "Schools in Ireland today are safe places and are fully inclusive of LGBT+ students." 39% highlighted a serious lack of inclusive sex education, and 25% said bullying and homophobia continues to be a problem.

### **Direct Quotes from young people re Sexual Health**

#### **What do you think is the most important issue for young LGBT people in Ireland?**

- *Practically speaking sex education for lesbian and gay people is completely non-existent in most schools, Poor sex education, lack of education around gender and sexuality in school.*
- *Little support from schools, teachers are misinformed and have absolutely no idea how to deal with and talk about LGBT+ issues and how to address people within the LGBT+ community.*

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<sup>1</sup> <http://www.pdst.ie/sites/default/files/LGBT%20English%20Print.pdf>

<sup>2</sup> <https://gcn.ie/70-percent-of-lgbt-young-people-say-that-schools-in-ireland-are-not-safe-places/>

- *In all my school years there was no same-sex sex talk, no information on coping with realising you're LGBT+, no representation in school literature whatsoever. That struck me as a major issue because in a school of over 700 students there's absolutely no way all of them are straight!*
- *LGBTQI inclusive Sex Ed should be taught in schools And there should be less heteronormativity in school books in both primary and secondary schools.*
- *In school there is NO sex education for gay students or about STIs and using protection where it concerns gay people all u get is a two-minute notice in religion class and even then they don't really care about LGBT students*

## **BeLonG To Recommendations**

BeLonG To welcomes the Committee on Education and Skills review of sexual health and relationship education including contraception, consent and related matters. BeLonG To is committed to an education system that supports young people to make healthy and respectful choices about their bodies and relationships. RSE and SPHE can help equip our young people with knowledge around sexual orientation, gender identity, safe sex and remove the stigma shrouding LGBTI+ topics in a classroom setting, but schools and teachers need to be supported to ensure it is taught.

BeLonG To submits that updating RSE resources is only one part of what needs to happen so that comprehensive information on sexual orientation, gender identity, and coming out can be provided to young people. In the absence of a staff member or management leadership committed to LGBTI+ issues in a school, it is our experience that the Growing Up LGBT curriculum is not taught to young people. We would submit that engagement with sexuality education must not be optional or determined by the ethos of a school board. We propose that teachers and other staff in schools need training, and that class time for RSE covering LGBTI+ issues must be timetabled for both junior and senior cycles in every school. Moreover, as confirmed in the LGBTIreland report, 12 is the most common age for a young person to realise that they may be LGBT (however many begin to discover this much younger) we propose that 5<sup>th</sup> & 6<sup>th</sup> classes in Primary schools should also be introduced to diversity, inclusion and equality around gender and sexual orientation. Alltogether Now<sup>3</sup> is a project that was developed by St Patrick's college DCU with the support of BeLonG To and the

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<sup>3</sup> <https://gcn.ie/new-primary-school-resource-all-together-now-tackles-homophobia/>

Department of Education which can be implemented as part of the SPHE. The resources, lesson plans and full report for All Together Now were developed by Dr Bernie Collins, Dr Seline Keating and Prof Morgan from St Patrick's College (DCU) and are [now available to download](#) for primary school teachers.

For secondary schools BeLonG To has also produced resources such as Safe and Supportive Schools with the HSE<sup>4</sup>. This is a Whole School Community Model approach - a model that involved working with teachers, parents, students and the broader community to build a safe, supportive and inclusive environment for LGBT young people. We also run Stand Up Anti Bullying<sup>5</sup> campaign annually. In 2017 42% of secondary schools participated. All of this work aims to ensure young people feel safe in school, to protect their well-being, make sure they feel they belong in school.

According to 2016 UNESCO research<sup>6</sup>, comprehensive sexuality education has positive effects including increasing knowledge about different aspects of sexuality, behaviours and risks of pregnancy or HIV and other STIs. Sex education results in reduced risk-taking behaviour and increased use of condoms and contraception.

BeLonG To strongly advocates that we need to transform how schools view and engage with sex education and LGBTI+ issues. We would recommend the inclusion of Growing up LGBTI+ issues in the core RSE curriculum, TRUST. Moreover, we believe that young people's sexual and mental health and well-being could be significantly improved through the integration of LGBTI+ issues and identities across all relevant subjects. In order to address stigma, social exclusion and bullying (major causes of mental health problems) as well as educate **all** our young people about their health and well-being, LGBTI+ identities should not be confined to one book and one subject. The research already outlined shows that 70% of LGBTI+ young people feel unsafe at school. The LGBTIreland report found that feelings of isolation and not belonging can have serious impacts on the mental health of LGBTI young people. Protecting young people's mental health and well-being should not be optional. It is too important.

Back in 2015, Ireland said yes to marriage equality. BeLonG To is now calling for our education system to say yes to the inclusion of LGBTI+ identities in a real and

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<sup>4</sup> <https://www.hse.ie/eng/services/news/media/pressrel/lgbtsafesupportiveschoolsproject.html>

<sup>5</sup> <http://belongto.org/professionals/stand-up-awareness-week/>

<sup>6</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>



meaningful way. On behalf of all the young people, parents and teachers that we work with, we are advocating for a school system where every young person has access to scientifically factual, up-to-date information about sexuality, sexual orientation, gender identity, STI's, safe sex, and consent. Learning about these topics is an essential life skill, and vital to realise young people's right to health and well-being.

**In summary our recommendations are as follows:**

1. Update Growing up LGBT RSE resources
2. Integrate Growing Up LGBT into main SPHE/RSE curriculum
3. Provide teachers with further training on how to teach Growing up LGBT to build on their confidence and capacity to cover these issues
4. Include LGBTI+ identities across subjects to create visibility and highlight role-models for young LGBTI people
5. Timetable RSE lessons in every school inclusive of Growing Up LGBT
6. Resource Safe and Supportive Schools programme developed by HSE and BeLonG To so that it can be rolled out in second level schools nationally
7. Increases resources to reach more schools as part of Stand Up Anti Bullying campaign and provide sub cover to enable all teachers to attend the training
8. Resource Alltogether Now developed by St Patrick's (DCU) and BeLonG To so that it can be rolled out in 5<sup>th</sup> & 6<sup>th</sup> classes in primary schools nationally
9. Include Growing Up LGBT and anti-bullying programme in the whole school inspections

BeLonG To would be happy to provide an in-person briefing to the Committee on Education and Skills as part of its review of sexual health and relationship education including contraception, consent and related matters with a particular focus on LGBTI+ young people in Ireland.

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## **BeLonG To's Sexual Health Work**

BeLonG To runs sexual health workshops with the young people who attend our youth groups. We also run 'In the Know' a 6-week personal development course aimed at young MSM (including trans people) aged 17-24, four times a year. Our young women's group, the Ladybirds are currently working on a sexual health campaign.

We run a weekly 'Monday Chats' service, which provides information, support and integration into peer support groups and external referral services for young LGBT+ people between 14-23 years old.

We are currently collaborating with Pieta House to provide young LGBT+ people at risk of self-harm or suicide with access to a LGBT+ youth friendly and experienced counsellor two days' a week within BeLonG To Youth Service Dublin.

We also provide young LGBT+ people with access onsite to the only designated LGBT+ drugs outreach/education worker in Ireland. This worker delivers an outreach service to many 'hard to reach' young LGBT+ people on the streets in Dublin, providing information on drugs and alcohol harm reduction, sexual health as well as mental health and well-being.

BeLonG To Youth Service has long established positive history of collaborating with Gay Men's Health Service (GMHS) to target MSM (men who have sex with men), 16yrs – 24yrs of age. This work included a dual-way referral system of young men and our joint project at Dublin Pride 2016, where we distributed over 5,000 Sexual Health and Wellbeing resource packs (condoms, lube, GMHS Services Information Cards, HIV Testing Information, LGBT Helpline information, Mental Health and Drug and Alcohol harm reduction information and messaging) to target 'hard to reach' young people attending Pride. We plan to run this project again at Dublin Pride in June 2018.

In August 2016, BeLonG To conducted an online survey of young people in relation to our youth services to help us make decisions about how best to meet young peoples' needs following a 100% increase in the number of young LGBT+ people using our services post the historic Marriage Equality referendum win in May 2015.

261 LGBT+ young people participated in the survey. The findings identified a clear gap within the area of sexual health. Sexual Health support was named as the number one

**new** service, LGBT+ young people want BeLonG To provide.<sup>7</sup> This clearly highlights the importance of the need for BeLonG To and stakeholders in the sexual health field to collaborate and provide LGBTI+ youth friendly clinics, as identified by this vulnerable cohort.

We know that STI infections amongst the general population of young people has increased steadily. We do not have access to data in relation to LGBTI+ young people in particular, however based on our 15 years of frontline experience and international research we believe that they may be at an increased risk.

International research has also found that young Lesbian and Bisexual women are at an increased risk of unplanned pregnancies<sup>8</sup>.

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<sup>i</sup> **Higgins, Agnes**, Doyle, L, Downes, C; Murphy, R; Sharek, D; DeVries, J; Begley, T; McCann, E; Sheerin, F & Smyth, S (2016). *The LGBTIreland report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender & intersex people in Ireland*. Dublin: [www.glen.ie](http://www.glen.ie) , [www.belongto.org](http://www.belongto.org)

<sup>ii</sup> Dooley & Fitzgerald, 2012, *My World Survey. National Study of Youth Mental Health*.

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<sup>7</sup> Suicide prevention support and mental health support were named as the top two existing services needed.

<sup>8</sup> Julie Mooney-Somers Rachel M. Deacon Jude Comfort, Women in contact with the Perth gay and lesbian community: Report of the Women's Western Australian Sexual Health (WWASH) Survey 2010, WA Centre for Health Promotion Research at Curtin University, 2012

'Australian research suggests that unplanned pregnancy among younger same-sex attracted women is much higher than among their heterosexual peers, (20, 21) a disparity echoed by international research. (22, 23) The nature of LBQ women's sexual relationships with men is not well understood, and high rates of unprotected sex may suggest sex is unplanned and that LBQ women may not have the necessary negotiation skills to protect themselves against STIs in these situations. — Those designing STI prevention programs need to be aware that a significant proportion of women who do not identify as heterosexual are having sex with men and consider the reach of their programs; LBQ women may not respond to health promotion campaigns directed at assumed heterosexual audiences. — STI prevention programs need to address skill development among LBQ women to support successful negotiation of safe and satisfying sexual relationships with all sexual partners.' P.38.

*Relationships and Sexuality Educational Resources for parents (and school community).*

*A Mixed Method Participatory Research Proposal*

*Brigid Teevan*

*Doctorate Student of Childhood Studies*

*Queens University Belfast*

*The goals of this proposal*

- (1) To explore young people's views and feeling on the proposed educational resources for parental and family use, regarding: sexual media and online pornography; and abuse in intimate relationships and communication of consent.*
- (2) To explore parents' views on the educational resources: content (language, images, design etc.); effectiveness in assist parent-child communication; and usefulness in the process of knowledge transfer; while also, respecting the diversity of communities and wider society.*
- (3) To explore educators' (principals and teachers) views on the resources as a tool for addressing sexual related critical incidents that school communities may face: in the process of supporting, informing and as a tool for capacity building with regard to - staff, parents and families (students and other family members). And to ascertain any barrier to staff and the school community in addressing 'critical' incidents of a sexual nature*

*While this participatory model would be adult-initiated, the aim is for shared decisions with children and young people (Treseder, 1997). Adults have the initial idea, but young people would be involved in every step of the planning and implementation. Not only would their views be considered, but also children with also be involved in taking the decisions i.e. content, designs, presentation, and communication of the outcome (New education and learning resources addressing online pornography).*

*Schools: Engage with four post-primary schools, participatory session with staff, students and parents in each school.*

- 1. Transition students (15-16-year olds) and parents. Examining the “Parenting, Adolescents and Pornography” and “Parenting, Adolescents and Consent” resource sheet – Incorporated into RSE programme (such as, 3 x 2 hrs programme – students’ assessment of information leaflet to use with potentially younger pre-and early adolescents) Have small groups of students work on critiquing the leaflet – then feeding back to the main group/class for further discussion). What is the opinion of students? Issues addressed or not addressed? Language used? The layout, colour, images etc.*
- 2. Also, provide a workshop with staff – Brief introduction session, providing background information, before an experiential learning exercise of critical incident – concluding with a critiquing of the educational resource sheet – similar to students.*
- 3. A parents’ information session, with an experiential exercise (using vignette of critical incident) and critiquing of the educational worksheet.*

Quick example of reasoning as to why address pornography: In 2014, the Institute of Public Policy Research (IPPR) surveyed 500 18-year-olds to find out their attitudes to sex and relationships. Nearly 75% of the young women surveyed said that ‘pornography has led to pressure on girls and young women to act a certain way’ (IPPR, 2014: 4). The Founder of the NSPCC’s ChildLine service, which launched the ChildLine FAPZ Campaign to raise awareness and provide advice to young people about the potentially harmful implications of overexposure to pornography, stated (Childnet International, 2015). Pornography is an area that needs to be addressed both in the home and school. A collaborative approach, that includes young people’s views, experiences and feeling – taking them into account and involved in the process for helping the greater community of young people and their families address the issue in a sensitive and informed manner.

This my idea in rough, of how I would use the ‘Resource sheets’ as the focus of three levels of investigation. Therefore, allowing for the assessment on three levels, (or four levels in you

count the community impact of the school environment), students and parents. Depending on the success of the resource the investigation could be extended into investigating how parents used the resource for example; just to inform themselves; or for information and as a prompt for conversation; or just handed the resource sheet to the child – with or without follow up conversation – Also, follow-up; what was the impact/view on/of the child; did it impact on how parents' behaviour in the months afterwards; were they more aware of sexualized media, the usage of technology, did parent-child communication occur more often, is so, what format did it take – age of adolescents, was the conversation sparked because parent became aware of adolescents use of sexual media or incident of peers usage?

**Parents:** (this area links back to the findings of my masters and backed up by the recommendation [ie parents need support, language, understanding timing of conversation – stated in concluding remarks in so many research studies that I'm not noting down here just now])

Barriers to parents engaging in effective sexuality education in the home, includes:

1. Poor communication skills and lack of age appropriate language with regard to sensitive subject matter.
2. Gaps in parents own sex education and sexual knowledge
3. Some parents may struggle with their own emotions with regard to the subject matter

**Schools and Teachers:** (I could write up a case for using within a critical incident situation or as a training programme – again I know there is literature that would backup this idea which I am not at present taking the time to write up)

Challenges to full implementation of RSE curriculum (no figures on pornography being addressed with school curriculum) (Mayock et al., 2007)

1. Little or no consultation with parents on the content of RSE
2. RSE is not a valued subject – resulting in an atmosphere of ambivalence to the subject
3. The overcrowded curriculum

4. Poor teacher training
5. Teacher discomfort on subject matter – fear of parental attitudes
6. Teachers are extremely nervous about the topics they can ‘safely’ address and consequently avoid certain or all aspects of RSE teaching

Students: (listening to young people’s views, for example: Is there anything they find offence, irrelevant or what’s most relevant in their opinion? What about the language used? The layout? At what age in their opinion would/could parents use the sheet to open up a conversation? What is their opinion about a parent engaging in this conversation? Whom would they consider best placed to have this conversation? Explore male / female reactions, Etc)

Young people are not passive consumers - but they do need support to develop their critical understanding of the things they might be exposed to or are seeking out. In an absence of high quality sex and relationships education, young people who want to know more about sex may turn to pornography.

Incidences of sexting (transmitting sexual images and messages via mobile phones and other devices) – whether created consensually, coercively, or non-consensually – are becoming more frequent. The young people involved have no idea that, even if they are under 18, ‘sexting’ could be classed as making, using, or distributing child pornography (see Appendix One for the law relating to pornography). Such “sexts” are also often used as a tool to bully or harass the person featured.

1. provide opportunities for children and young people to develop personal and interpersonal skills that will enable them to make and maintain appropriate relationships within the family, with friends and within the wider community;
2. enable children and young people to develop and reflect upon their beliefs, attitudes and values in relation to themselves and others within a moral, ethical and multi-cultural framework;
3. foster self-awareness and self-esteem and a sense of responsibility and respect for themselves and for others;

4. provide opportunities for young people to consider and reflect upon the range of attitudes to gender, sexuality and sexual orientation, relationships and family life;
5. develop an appreciation of, and respect for, diversity and of the need to avoid prejudice and discrimination;
6. provide information about and skills to access, where appropriate, agencies and service providing support and advice to young people.
7. **provide accurate and relevant information**
8. enable young people to engage in the process of developing resources, to inform policymakers of their needs, concern and opinions

*Participatory research, in creating new spaces for engagement beyond the academy 'where researchers and participants can reshape our understandings' (McIntyre, 2000: 3), responses to recent calls for more relevant, morally aware and non-hierarchical practice of social geography which engages with inequality to a greater degree (Cloke, 2002; Gregson, 2003; Kitchin and Hubbard, 1999; Pain, 2003a; Proctor and Smith, 1999). Indeed, Fuller and Kitchin (2004) argue it's the most promising chapter in radical geography's 35-year history. The key aspect of participatory research is it involves those conventionally 'researched' in some or all stages of research, from problem definition through to dissemination and action. Participants have shared of the research and negotiate the processes with the academic researcher. Education and knowledge building are viewed as important outcomes. This participatory research will then involve a collaborative and non-hierarchical approach which overturns the usual ways in which academics work outside universities. What is more, Moser and McIlwaine (1999) outline three further benefits – conceptually, particular tools, in the research, are effective for exploring interrelationships (such as, parent-child or peer-to-peer); operationally, participatory research can contribute to community projects and help to join up those with differing aims (e.g., mainstreaming the issue of exposure or use of online pornography and sexual learning); and in terms of capacity-building it often involves training local researchers, students, parents and teachers.*



## Submission to the JOC on Education and Skills on its review of sexual health and relationship education

April 2018



Founded in 1995, the Children's Rights Alliance unites over 100 members working together to make Ireland one of the best places in the world to be a child. We change the lives of all children in Ireland by making sure that their rights are respected and protected in our laws, policies and services.

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Ag Eisteacht  
Alcohol Action Ireland  
Amnesty International Ireland  
An Cosán  
ASH Ireland  
Assoc. for Criminal Justice Research and Development (ACJRD)  
Association of Secondary Teachers Ireland (ASTI)  
ATD Fourth World – Ireland Ltd  
Atheist Ireland  
Autism Network Ireland  
Barnardos  
Barretstown Camp  
Bedford Row Family Project  
BeLonG To Youth Services  
Care Leavers' Network  
Catholic Guides of Ireland  
Child Care Law Reporting Project  
Childhood Development Initiative  
Children in Hospital Ireland  
COPE Galway  
Cork Life Centre  
Crosscare  
Cybersafe  
Dental Health Foundation of Ireland  
Department of Occupational Science and Occupational Therapy, UCC  
Disability Federation of Ireland  
Down Syndrome Ireland  
Dublin Rape Crisis Centre  
Early Childhood Ireland  
Educate Together  
EPIC  
EQUATE  
Extern Ireland  
Focus Ireland  
Foróige  
Future Voices Ireland  
Gaelscoileanna Teo  
GLEN- the LGBTI equality network  
Immigrant Council of Ireland  
Inclusion Ireland  
Independent Hospitals Association of Ireland  
Institute of Guidance Counsellors  
Irish Association for Infant Mental Health  
Irish Association of Social Workers  
Irish Centre for Human Rights, NUI Galway  
Irish Congress of Trade Unions (ICTU)  
Irish Council for Civil Liberties (ICCL)  
Irish Foster Care Association  
Irish Girl Guides  
Irish Heart Foundation  
Irish National Teachers Organisation (INTO)  
Irish Penal Reform Trust  
Irish Primary Principals Network  
Irish Refugee Council

Irish Second Level Students' Union (ISSU)  
Irish Society for the Prevention of Cruelty to Children  
Irish Traveller Movement  
Irish Youth Foundation (IYF)  
Jack & Jill Children's Foundation  
Jesuit Centre for Faith and Justice  
Jigsaw  
Kids' Own Publishing Partnership  
Law Centre for Children and Young People  
Lifestart National Office  
Mental Health Reform  
Mercy Law Resource Centre  
Migrant Rights Centre Ireland  
Mounttown Neighbourhood Youth and Family Project  
MyMind  
National Childhood Network  
National Museum of Childhood  
National Organisation for the Treatment of Abusers (NOTA)  
National Parents Council Post Primary  
National Parents Council Primary  
National Youth Council of Ireland  
One Family  
One in Four  
Parentstop  
Pavee Point  
Peter McVerry Trust  
Rape Crisis Network Ireland (RCNI)  
Realt Beag  
SAFE Ireland  
Saoirse Housing Association  
SAOL Beag Children's Centre  
Scouting Ireland  
School of Education UCD  
Sexual Violence Centre Cork  
Simon Communities of Ireland  
Social Care Ireland  
Society of St. Vincent de Paul  
Sonas Domestic Violence Charity  
Special Needs Parents Association  
SpunOut.ie  
St. Nicholas Montessori College  
St. Nicholas Montessori Teachers' Association  
St. Patrick's Mental Health Services  
Step by Step Child & Family Project  
Suas Educational Development  
Teachers' Union of Ireland  
Terenure Rugby Football Club  
The Ark, A Cultural Centre for Children  
The Prevention and Early Intervention Network  
The UNESCO Child and Family Research Centre, NUI Galway  
Traveller Visibility Group Ltd  
Treoir  
UNICEF Ireland  
youngballymun  
Youth Advocate Programme Ireland (YAP)  
Youth Work Ireland

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## Introduction

**The Children's Rights Alliance unites over 100 organisations working together to make Ireland one of the best places in the world to be a child. We improve the lives of all children and young people by ensuring Ireland's laws, policies and services comply with the standards set out in the UN Convention on the Rights of the Child.**

The Alliance welcomes the opportunity to make a submission to the Committee on Education and Skills on its review of sexual health and relationship education including contraception, consent and related matters. This is an issue we examined in our flagship publication *Report Card 2018*.

## Child's Rights to Health and Sexual Health Education

All children have the right to the highest attainable standard of health, including sexual health.<sup>1</sup> States have an obligation to take measures to ensure that children and young people have access to education that provides them with a basic knowledge of health in order for them to make informed choices.<sup>2</sup> The education should be age-appropriate and accessible.<sup>3</sup> The UN Committee on the Rights of the Child has set out specific guidance on the provision of sexual health education, stating that this should be 'based on scientific evidence and human rights standards'.<sup>4</sup> Such education, the Committee says, should be 'designed in a manner through which children are able to gain knowledge regarding reproductive health and the prevention of gender-based violence, and adopt responsible sexual behaviour'.<sup>5</sup> In 2016, the UN Committee expressed concern at the 'lack of access to sexual and reproductive health education and emergency contraception'<sup>6</sup> for young people in Ireland. It recommended that sexual and reproductive health be made a mandatory part of the school curriculum and that a sexual and reproductive health policy for young people be adopted.<sup>7</sup>

*The National Sexual Health Strategy 2015–2020*, issued by the Department of Health, aims to improve sexual health and wellbeing and reduce negative sexual health outcomes.<sup>8</sup> *Report Card 2018* focuses on the child-specific commitments in the Strategy which relate to information and education. The Strategy acknowledges the responsibility of the State to ensure that children and young people receive comprehensive sex education and it recognises the need for a 'partnership approach between parents, statutory and non-statutory organisations'.<sup>9</sup> It commits to ensuring that children and young people will have access to 'age-appropriate sources of trustworthy and accurate information and support on relationships and sexual health'<sup>10</sup> as well as to undertaking an evaluation of the State-funded Relationships and Sexuality Education (RSE) programmes.<sup>11</sup> The Health Service Executive (HSE) is prioritising sexual health training under the Sexual Health Strategy.<sup>12</sup>

Currently, sex and relationship education in schools is conducted as part of the RSE programmes.<sup>13</sup> While the HSE Sexual Health and Crisis Pregnancy Programme has developed materials and

1 UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24 (1).

2 *ibid* Art 24 (2) (e).

3 UNCRC 'General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Art 24)' (2013) UN Doc CRC/C/GC/15 para 58.

4 UNCRC 'General Comment No. 20 on the Rights of the Child During Adolescence' (2016) UN Doc CRC/C/GC/20 para 61.

5 UNCRC (n3) para 60.

6 UNCRC 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4 para 58.

7 *ibid*.

8 Department of Health, *The National Sexual Health Strategy 2015–2020 and Action Plan for 2015–2016* (Department of Health 2015)17.

9 *ibid* 36.

10 *ibid* action 3.4.

11 *ibid* action 3.8.

12 Communication received by the Children's Rights Alliance from the Department of Health, 23 January 2017.

13 Section 4 of the Rules and Programme for Secondary Schools requires schools to have an agreed policy for RSE and a suitable RSE programme in place for all students at both junior and senior cycle. Department of Education and Skills, 'Relationships and Sexuality

programmes (such as b4uDecide.ie),<sup>14</sup> a school's Board of Management ultimately determines the content of the programme.<sup>15</sup> This has led to reports of 'patchy' and 'misinformed' sex education in schools.<sup>16</sup>

Article 42.1 of the Irish Constitution sets out that:

...the state acknowledges that the primary and natural educator of the child is the family and guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children.<sup>17</sup>

While the Constitution recognises parental choice in terms of how a child is educated and the type of school to which they send their child,<sup>18</sup> it also recognises the State as the 'guardian of the common good' and requires it to ensure that children receive 'a certain minimum education, moral, intellectual and social'.<sup>19</sup> Sex education, and education around consent in particular, is necessary for public health and in the public interest.

Article 9 of the European Convention on Human Rights (ECHR) provides freedom of religion and conscience. The First Protocol to the ECHR also provides for the right to education and that 'the State shall respect the right of parents to ensure such education and teaching in conformity with their own religious and philosophical convictions'.<sup>20</sup> However, the right to freedom of religion is not absolute. Article 9(2) of the ECHR provides for limitations in certain circumstances:

Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.<sup>21</sup>

The European Court of Human Rights has also considered the application and scope of Article 9 on freedom of religion and conscience in subsequent cases. In *Eweida and Others v. The United Kingdom* the Court considered the right of a number of individuals to manifest their religion or belief in the workplace.<sup>22</sup> It held that while there was an absolute right to hold a religious belief or conviction, Article 9 is qualified in terms of how a person manifests that religion where it may interfere with the right of others and where there is a legitimate aim for the limitation:

Since the manifestation by one person of his or her religious belief may have an impact on others, the drafters of the Convention qualified this aspect of freedom of religion in the manner set out in Article 9 § 2. This second paragraph provides that any limitation placed on a person's freedom to manifest religion or belief must be prescribed by law and necessary in a democratic society in pursuit of one or more of the legitimate aims set out therein.<sup>23</sup>

The issue of sex education came before the European Court of Human Rights in *Kjeldsen, Busk Madsen and Pedersen v. Denmark*.<sup>24</sup> In that case the Danish Government had legislated to introduce

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Education (RSE)' < <http://www.education.ie/en/Schools-Colleges/Information/Post-Primary-School-Policies/Policies/Relationships-and-Sexuality-Education-RSE-.html#sthash.gKpqa92X.dpuf> > accessed 30 January 2017.

14 B4udecide 'HSE Crisis Pregnancy Programme' <B4udecide.ie> accessed 30 January 2017.

15 Department of Education and Skills, 'Relationships and Sexuality Education' < <http://www.education.ie/en/Schools-Colleges/Information/Post-Primary-School-Policies/Policies/Relationships-and-Sexuality-Education-RSE-.html#sthash.gKpqa92X.dpuf> > accessed 30 January 2017.

16 Peter McGuire, 'Sex ed in Ireland: 'It's all disease, risk and crisis pregnancy' *The Irish Times*, 18 May 2015; Ellen Coyle, 'Catholic group gave sex advice in 400 schools' *The Times* (Ireland Edition), 2 December 2017.

17 Irish Constitution, Article 42.1.

18 *ibid*, Article 42.3.1° provides the state shall not oblige parents in violation of their conscience and lawful preference to send their children to schools established by the state, or to any particular type of school designated by the state

19 *ibid*, Article 42.3.2°.

20 Article 2, First Protocol to the European Convention on Human Rights.

21 Article 9(2), European Convention on Human Rights.

22 *Eweida and Others v. the United Kingdom*, nos. 48420/10, 59842/10, 51671/10 and 36516/10, ECHR 2013.

23 *ibid*, para 80.

24 *Kjeldsen, Busk Madsen and Pedersen v. Denmark*, 7 December 1976 (Series A No. 23).

compulsory sex education into the primary school curriculum. A number of parents objected as they believed that it did not conform to their Christian faith and sought an exemption for their children which was not granted. The European Court of Human Rights held that compulsory sex education in public schools did not violate the parents' freedom of religion or conscience.

The second sentence of Article 2 (P1-2) implies on the other hand that the State, in fulfilling the functions assumed by it in regard to education and teaching, must take care that information or knowledge included in the curriculum is conveyed in an objective, critical and pluralistic manner. The State is forbidden to pursue an aim of indoctrination that might be considered as not respecting parents' religious and philosophical convictions. That is the limit that must not be exceeded.<sup>25</sup>

The Court also found that sex education in this case was in the public interest and did not constitute indoctrination or advocating certain behaviour.<sup>26</sup> In more recent cases the Court has reiterated its position that sex education falls within the scope of Article 2 of Protocol No. 1 to the ECHR<sup>27</sup> and that States are afforded a margin of appreciation under this provision.<sup>28</sup> The Committee should look at any potential conflict between the ethos of the school and the child's right to accurate information.

## Conclusion and Recommendations

In the absence of adequate information and education on sexual health and relationships, children and young people are leaving school without the understanding, awareness and the skills they will need to navigate adult sexual life.<sup>29</sup> In addition, there are many vulnerable children and young people who leave school early and consequently do not receive the education that they need on these topics. To implement the *Sexual Health Strategy*, the current deficits in school-based sex education need to be addressed while the profile and role of the programmes should be raised.

Education and awareness programmes that are properly designed and implemented should incorporate the issue of sexual consent. Educating young people on this issue is vital and should be complemented by education on respectful, safe and healthy relationships, including developing awareness of the unacceptability of verbal, emotional and all other forms of relationship abuse.<sup>30</sup> A 2013 Study of Students' Experiences of Harassment, Stalking, Violence and Sexual Assault found that 'the largest proportion of victims of unwanted sexual experiences identified the perpetrators as being 'acquaintances'.<sup>31</sup>

It is welcome that *The National Sexual Health Strategy* commits to an evaluation of the implementation of RSE in post-primary schools.<sup>32</sup> The review should consider making sexual health education, based on scientific evidence, a mandatory part of the school curriculum in line with the recommendations of the UN Committee.<sup>33</sup> Young people should be consulted as part of this evaluation and in the design of any proposed new programme.

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25 *ibid*, para.53.

26 *ibid*, para. 54.

27 *Jiménez Alonso and Jiménez Merino v. Spain* (dec.), no. 51188/99, ECHR 2000-VI; *Dojan and Others v. Germany* (dec.), nos. 319/08 and 4 others, 13 September 2011..

28 'Broadly speaking [the margin of appreciation] refers to the room for manoeuvre the Strasbourg institutions are prepared to accord national authorities in fulfilling their obligations under the European Convention on Human Rights'. *Steven Greer, The Margin of Appreciation: Interpretation and Discretion Under the European Convention on Human Rights* (Council of Europe 2000) 5.

29 Communication received by the Children's Rights Alliance from the Dublin Rape Crisis Centre, 20 January 2017.

30 *ibid*.

31 Union of Students of Ireland, *Say Something: A Study of Students' Experiences of Harassment, Stalking, Violence & Sexual Assault* (USI 2013) 6.

32 Department of Health, *The National Sexual Health Strategy 2015–2020 and Action Plan for 2015–2016* (Department of Health 2015) 14.

33 UNCRC (n6) para 58.

### Recommendations:

- As part of the review of RSE in post-primary schools, consideration should be given to making sexual health education, based on scientific evidence, a mandatory part of the school curriculum in line with the recommendations of the UN Committee on the Rights of the Child.<sup>34</sup> The review should include consultation with young people.
- The Joint Oireachtas Committee on Education and Skills should examine whether the religious ethos of schools interferes with the provision of informative and fact-based sex education and make recommendations to address this issue if it arises.

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34    *ibid*; UNCRC 'General Comment No. 20 on the Rights of the Child During Adolescence' (2016) UN Doc CRC/C/GC/20 para 61.

6    Children's Rights Alliance (2018) *Submission to the JOC on Education and Skills on its review of sexual health and relationship education*



Ms. Fiona O'Loughlin, T.D.,  
Chairperson of the Joint Committee  
Joint Committee on Education and Skills  
Leinster House  
Dublin 2

19<sup>th</sup> April 2018

Dear Deputy O'Loughlin,

**Ref: JCES4/C/1/C/10 response to invitation to make a Written Submission to the Joint Committee on Education and Skills**

Thank you for the invitation to prepare a brief written submission in relation to the proposed review of sexual health and relationship education, including matters relating to contraception and consent.

Please find our brief submission in the pages below.

Please do not hesitate to contact us should you require any further information.

Yours sincerely,

Alex Cooney  
CEO



## Introduction

CyberSafelreland is the Irish children's charity for online safety. Our focus is on equipping children aged between 8 and 13 with the skills to manage their online experiences in a safe, positive and successful manner. We do this primarily through the delivery of educational programmes in primary schools, but also through raising awareness amongst parents and teachers as well as the wider public, and through advocacy work aimed at ensuring strong leadership on and investment in online safety education and awareness. We have spoken to in excess of 11,000 children aged between 8 and 13 since 2016.

Our submission is therefore based on our expertise in this specific area and from this perspective. We welcome the recent announcement by the Minister of Education and Skills that the Relationships and Sex Education curriculum is to be reviewed and particularly the focus on consent, respect, and the role of social media and the internet as well as issues surrounding sexual orientation and LGBTQI. The world has dramatically changed in the twenty years since the last curriculum review and it is essential that it be updated to reflect this changed reality and to provide the tools children need to navigate through their online and offline lives in a safe, smart and responsible way. This education should ideally begin before, but certainly at the age children are first starting to use the Internet. In 2014, the EU-wide Net Kids Go Mobile found that the average age of first internet use for 15-16 year old children was ten, and the average age that they got a smartphone was 14. The 9-10 year old children that they surveyed however were, on average, aged 7 when they first started using the Internet, and 8 when they got their first smartphone.<sup>1</sup>

## The Impact of the Internet

It is impossible to consider a curriculum review without taking into account the influence of the online world. We recognise the hugely important role that Internet-connected technology plays in all of our lives today and that it can provide a very beneficial educational and creative resource for children. Whilst children are really embracing technology and it plays a significant part in many children's lives, the online world presents a range of risks to them and it is essential that any revised curriculum aims to equip them with the skills and knowledge to manage these risks as effectively as possible.

We have surveyed over 3,500 children aged between 8 and 13 since September 2017 and **67% have a smartphone**. It's important to note that even if they don't own a smartphone, they may well be accessing the Internet through a myriad of other devices – games consoles, tablets, iPod Touches etc. 40% are talking to strangers in some capacity and 30% are in contact at least once a week. 32% of the children that we are talking to in primary schools are playing games that are designated for 18 years and older as a result of the sexual and/or violent content. To break it down further: 26% of 9 year olds and 38% of 12 year olds are playing over-18 games. 52% of boys that we surveyed are playing adult-rated games and 11% of girls.

### 1. Exposure to inappropriate material

A key risk for children online is their exposure to inappropriate content of a sexual, violent or disturbing nature and how that influences their views and expectations. A 2017 Survey of 11-16 year olds regarding online pornography by the NSPCC in the UK found that **53% of 11- to 16-year-**

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<sup>1</sup> O'Neill, B., Grehan, S., & Ólafsson, K. (2011). *Risks and safety for children on the internet: the Ireland report*. LSE, London.



**olds have seen explicit material online**, nearly all of whom (94%) had seen it by the age of 14.<sup>2</sup> It further found that **28% of 11 to 12 year olds had viewed porn**. Perhaps of most concern in the findings was that the majority of the boys who had viewed porn (53%) and 39% of girls **saw it as a realistic depiction of sex**. One of the report authors Dr Elena Martellozzo was quoted as saying: "If boys believe that online pornography provides a realistic view of sexual relationships, then this may lead to inappropriate expectations of girls and women... Girls too may feel pressured to live up to these unrealistic, and perhaps non-consensual, interpretations of sex".<sup>3</sup> The ISPCC has expressed similar concerns in Ireland and noted that children are being exposed to sexualised language and images at younger ages through accessing online content.<sup>4</sup> Such findings have enormous implications for society as a whole but particularly for parents, policy makers and educators.

## 2. The impact on self-esteem

A revised curriculum will need to address the core issues that arise from online use, including the impact on mental health and well-being. From our experience of talking to children, parents and teachers about social media and gaming, there are clear impacts. Teachers will frequently talk about children being tired during class time because of late night online engagement. Many children are following a range of YouTubers and over 20% post videos to the platform themselves with the hope of building up a strong public following. We have also noticed that the "selfie culture" is very present amongst children and particularly amongst girls. We have spoken to girls as young as 9 who are taking multiple selfies in order to find the perfect one to post. If the post doesn't get enough likes or if there is a mean comment then they will immediately remove it on the basis that it is an "ugly" picture. We are also clear from our discussions with children, how important online validation is for them. Recent studies have found a connection between social media use from a young age and negative impacts on mental health. One such study found that girls who spend the most time on social media at age 10 may be unhappier in their early teens than peers who use social media less during the 'tween years.<sup>5</sup>

## 3. Cyberbullying

Whilst cyberbullying is addressed within the curriculum it may require a stronger focus and particularly concepts like empathy, respect and inclusion online as well offline. As we noted in our latest annual report, we are coming across incidences of cyberbullying more frequently in schools and in many cases, we are called into a school to offer support in the aftermath of a cyberbullying incident. Cyberbullying ranges widely in its presentation, from exclusion from online groups, to mean comments being shared and liked online, to photos being taken and shared without consent. The 179 teachers that we surveyed in 2016/17 had collectively dealt with 219 incidences of cyberbullying over the academic year. Creating a culture of empathy and respect in an online environment is very challenging for a range of reasons, not least because of the opportunities they provide for anonymity but also because of the lack of eye contact in many online interactions. As media reports have shown in recent years, cyberbullying can have devastating consequences with some children driven to self-harm and even suicide.

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<sup>2</sup> Martellozzo, E., Monaghan, A., Adler, J.R., Davidson, J., Leyva, R. and Horvath, M.A.H. (2017). "...I wasn't sure it was normal to watch it..." *A quantitative and qualitative examination of the impact of online pornography on the values, attitudes, beliefs and behaviours of children and young people*. NSPCC, The Children's Commissioner and Middlesex University

<sup>3</sup> BBC report on 'Pornography 'desensitising young people'' by Katherine Sellgren (June 2016): <http://www.bbc.com/news/education-36527681>

<sup>4</sup> Irish Times: Schools must address sexualisation of children by Ciarán D'Arcy (July 2016)

<sup>5</sup> Booker et al. BMC Public Health (2018) 18:32

#### 4. Sexting

The issue of sharing explicit messages, images, or videos online should be addressed directly within sexual health and relationships education. While we do not believe that all teenagers are engaging in this kind of activity, for many it is seen as the norm. A study in 2016 found that 25% of Irish teens have engaged in sexting, which was the fourth highest rate in the EU.<sup>6</sup> It is important that teens are made aware of potential consequences, including reputational, emotional or psychological damage and it needs to be recognised that these are extremely complex and emotional behaviours. Young people should be given an opportunity to discuss openly and without judgement. Consent in relation to sharing of others images should also be addressed, along with the legal implications of sharing explicit content of a child of 17 or under. It is worth looking at international resources available to help address sexting including the Zipit app, which was developed by the NSPCC because sexting was one of the top reasons for children to contact Childline in the UK. The app aims to provide a useful set of tools to help children navigate sexual conversations in a safe way:

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/sexting/zipit-app/>

#### Parental engagement

Schools play a crucial role in educating children about relationships and sex because it is fundamental that every child gets the opportunity to get consistent information and to have well-informed discussions, particularly given that parents often have very different approaches to discussing these issues at home. We have found that nearly a third (31%) of the 3,500 children we have surveyed since September, are rarely (more than a year ago) or never talking to their parents about what they are seeing and doing online. Whilst all children in this age-group (8 – 13) who are online are potentially vulnerable; those who are not talking to their parents, are particularly vulnerable. A key strategy in keeping children safe online is parental engagement in and oversight of, their children's online lives. Too often teachers and principals tell us that a major challenge for them is parents' inconsistent approach on this issue. This places additional pressure on schools to provide consistent, supportive and effective messaging to children.

#### Teaching online safety and digital literacy

Our 2016/17 survey found that 69% of teachers did not feel equipped to teach online safety in the classroom. This has serious implications for any curriculum review that seeks to build knowledge across this broad area. The review will need take into account both the resources that teachers can access but also their confidence in delivering the materials and to have the discussions with children that will help to increase their critical judgement skills.

#### Next Steps

Internet-connected technology is here to stay and children's access to it will increase in the coming years; consequently the need to teach "digital literacy" alongside comprehensive sexual health and relationships education to children from a young age at home and in schools will also grow. As an organisation we try to be realistic about what children are accessing online. Whilst we support active parenting on children's online activities and the use of technical controls where possible and useful, we also feel that prohibitive approaches alone will not work. Many children will find a way around prohibitions. **In our view it is far more important to educate children to be smart and safe digital citizens.** Ideally these conversations will start at home but it is fundamental that safe and

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<sup>6</sup> Dublin City University News: <https://www.dcu.ie/news/2016/june/s0616d.shtml>

smart online use is also supported and promoted in schools in a consistent way, which is why we warmly welcome the proposed review but also stress the urgency of it since children are already so engaged in the technology. The UK is one step ahead of us in this regard. Its government launched a 'Green Paper on Internet Safety' in 2017 and digital literacy is identified throughout the paper as a core skill required by children and it also recognised the need to update its sex education curriculum to reflect a much broader range of concepts. Digital literacy will be part of the new compulsory subjects of Relationships Education, RSE in UK schools. The paper states: "Digital literacy helps give children the tools they need to make smart choices online".<sup>7</sup>

We recommend the following:

- The curriculum review should **aim to equip children with core skills** that will prepare them for their future lives.
- Given so many young children's exposure to the Internet, we believe that this **education should start young** and be delivered in an **age- and stage-appropriate way**.
- The curriculum should include **"digital literacy"** given the accessibility to such a wide-range of information online, both accurate and inaccurate. The broad curriculum should not only teach children how to use technology but how to use it safely, smartly and responsibly and this includes the **ability to make good judgements online**, understanding how to manage their data and the ability to determine fake news, advertising and other misleading information.
- Given their exposure to inappropriate content such as porn, we think it is vital that important concepts such as **consent, respect, gender equality, sexuality and healthy relationships** are discussed and explored openly and constructively.
- Given the prevalence of cyberbullying, the curriculum needs to emphasise the importance of **empathy** in both offline and online interactions and aim to build **resilience** in our children to help them address the negative effects of cyberbullying and to avoid involvement in incidences of cyberbullying themselves.

CyberSafeIreland was established because we recognise how important it is for children to be able to embrace technology and make the most of all it can offer, but to do so in a smart and safe way without putting themselves or others in harm's way. An education system that supports this mission by empowering young people to make informed decisions online as well as offline, is much needed to equip children for life in the 21<sup>st</sup> Century.

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<sup>7</sup> HM Government, Internet Safety Strategy – Green paper (October 2017)

## **Submission to the Joint Committee on Education and Skills**

The Department of Education and Skills welcomes the decision of the Joint Committee to undertake a review of sexual health and relationship education, including matters relating to contraception and consent. The Committee's statement that its report will be submitted to the Department of Education and Skills to help inform the review by the National Council for Curriculum and Assessment (NCCA) of Relationship and Sexuality Education (RSE) in schools is also welcome.

The provision of adequate and up to date Relationships and Sexuality Education to young people in schools is vitally important. The RSE provided in schools, coupled with education provided at home by parents, is associated with the best outcomes for students.

Every student in school has a right to access information about sexual health, relationships and sexuality, and this must be delivered in a factual manner, regardless of the ethos or characteristic spirit of the school. For this reason the Minister for Education and Skills recently announced a major review by the NCCA of the Relationships and Sexuality Education programme in schools. The review will cover both the content of the RSE curriculum and support materials, as well as the delivery of the curriculum to students.

The Minister has asked the NCCA that in conducting its evaluation consideration be given to a number of areas, in particular. These include:

- Consent, what it means and its importance;
- Developments in contraception;
- Healthy, positive sexual expression and relationships;
- Safe use of the internet;
- Social media and its effects on relationships and self-esteem;
- LGBTQ+ matters.

The request to the NCCA also asked that the experience and reality of RSE as delivered in schools in examined and will include:

- How the RSE curriculum is planned, how it is taught and how parents are involved;

- That the entire curriculum is being taught in schools to a high standard;
- The role of the classroom teacher in teaching the curriculum and the appropriate level of supports which are currently being provided by external providers;
- What time is given to it, what resources are being provided, and what support materials are being used;
- How effective is the continuing professional development opportunities which are currently provided by the Department and other bodies to RSE teachers. It is important that teachers are fully supported and feel comfortable teaching the curriculum and talking to their students about sexuality and relationships.

The review will assist the Minister for Education and Skills to formulate a comprehensive and considered response to the findings.

In November 2017 officials from this Department appeared before the Joint Committee on the Eighth Amendment of the Constitution to assist that committee's consideration of the following ancillary recommendation of the Citizen's Assembly:

*"Improvements should be made in sexual health and relationship education, including the areas of contraception and consent, in primary and post-primary schools, colleges, youth clubs and other organisations involved in education and interactions with young people."*

At the committee officials provided information on the requirements in schools in relation to RSE and on recent initiatives to help improve the quality of provision. I attach in this regard for the assistance of the committee our Department's written submission to the Joint Committee on the 8<sup>th</sup> Amendment (*Appendix 1*) together with a copy of the opening statement (*Appendix 2*).

**Department of Education and Skills**

**April 2018**

***Appendix 1***

*Rannóg Pholasat, Cáilíochtaí,  
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### **Submission to the Joint Committee on the Eighth Amendment of the Constitution**

The Department of Education and Skills welcomes the opportunity to address the ancillary recommendation of the Citizens Assembly relating to sexual health and relationship education.

The ancillary recommendation of the Citizens Assembly states that:

**Improvements should be made to sexual health and relationship education, including the areas of contraception and consent, in primary and post-primary schools, colleges, youth clubs and other organisations involved in education and interactions with young people.**

The Department notes that the Committee proposes to examine this ancillary recommendation in module 3 of its work plan and has asked for a written submission outlining a response to the recommendation that will cover the following areas:

- I. Service Provision
- II. Implementation issues arising from the recommendations of the Citizens' Assembly
- III. The way in which good quality outcomes can be achieved in the areas covered by the ancillary recommendations of the Citizens' Assembly

This submission sets out the current provision in relation to sexual health and relationship education in the primary, post primary and the higher education sectors. It should be noted that general public health education is a matter for the HSE. This submission considers the implementation issues and challenges relating to the recommendation, before addressing the issue of achieving quality outcomes.

#### **I. Service Provision**

##### **Social, Personal and Health Education (SPHE) and Relationship and Sexuality Education (RSE) in primary schools**

Social, Personal and Health Education (SPHE) is a mandatory curriculum subject in all primary schools. SPHE can be facilitated in three ways in primary schools:

- In the context of a positive school climate and atmosphere;
- As part of timetabled SPHE;
- On an integrated, cross-curricular basis.

The primary level SPHE curriculum currently used in schools was published in 1998. It is envisaged that through a planned programme that is consistently implemented through the primary school, children will develop a framework of values, attitudes, understandings and skills that will inform their decisions and actions both now and in the future.

The curriculum is presented in three strands *Myself*, *Myself and Others* and *Myself and the Wider World*, that are taught in a spiral manner at each class level. This enables children to incrementally develop a wide range of skills, attitudes and values relevant to their personal social and health development and to learn information as it is appropriate.

In developing a wide range of personal, health and social skills children need to acquire an appropriate vocabulary and to practise communication skills. The development of language is, therefore, a key feature of the SPHE curriculum.

The methodologies and approaches used in the classroom are crucial to the effective teaching of SPHE. As active participants in their own learning children can make sense of what is being learned and should then be able to transfer the learning to their own lives. A wide variety of active learning strategies should be used in the teaching of SPHE. SPHE is taught in an age-appropriate holistic manner.

The teaching of SPHE is a shared responsibility. Schools are required to develop a policy that reflects the core values and ethos of the school and provides a written statement of the aims of the programme, its organisation and how it will meet the needs of the children, parents and teachers. The policy should also guide teachers as to how the range of moral and ethical issues, that will arise in addressing specific aspects of the programme such as relationships and sexuality, will be treated.

Relationships and Sexuality Education (RSE) is an integral part of SPHE and is taught in this context. As with all issues in the SPHE curriculum, for example, substance use, prejudice and discrimination or child abuse prevention, RSE is not taught in isolation but rather the focus in the primary school is on building a foundation of skills, attitudes and understandings that are relevant to a range of personal social and health issues with specific information provided where necessary.

It is the responsibility of the school Board of Management to ensure that RSE is taught in the school. Schools are required to have an RSE policy that is developed in consultation with all stakeholders including parents and teachers.

Contraception or issues related to consent are not explicitly mentioned in the primary SPHE curriculum or in the RSE programme. The focus is on developing assertive skills, personal self-efficacy and understanding how one's body works. This then lays the foundation for later discussion of specific issues in a manner appropriate to the developmental stage of the pupils.

### Stay Safe Programme

All primary schools are required to fully implement the Stay Safe programme (DES circular 65/ 2011) within the context of the Social, Personal and Health Education curriculum.

The Stay Safe programme is a personal safety skills programme for schools. The aim of the programme is to reduce vulnerability to child abuse and bullying through the provision of personal safety education for children and training for teachers, school management boards and parents.

The Stay Safe programme is developmentally structured to enable primary school teachers to deliver abuse prevention education that addresses personal safety issues such as physical, emotional and sexual abuse as well as bullying and stranger danger.

While consent is not explicitly mentioned as a concept, it is clearly addressed through the messages of the Stay Safe programme. There are five modules in the programme: Feeling Safe/Unsafe; Bullying; Touches; Secrets and Telling; and Strangers. The overall message is that children will learn to: Say 'No', Get away and tell.

As well as reducing children's vulnerability to abuse, the Stay Safe programme aims to increase wellbeing and resilience by giving children knowledge, skills and strategies in an age-appropriate manner, using developmentally structured lessons and resources to empower them. Again, these knowledge, skills and strategies are an important precursor to understanding the concept of consent in an adult sexual relationship. Research on the disclosure patterns of children showed that, following their participation in the Stay Safe programme, children were more likely to have purposively reported abuse, were more likely to tell their teachers, and their reports were more likely to be substantiated<sup>1</sup>.

The Teacher Guidelines section of the programme includes a strong statement and statistics to alert teachers to the seriousness of the topic. The Stay Safe programme also provides particular guidance for teaching children who may be particularly vulnerable to abuse.

The Stay Safe programme has been recently revised and the resource has been distributed to all schools and an associated programme of support has been developed by the Professional Development Service for Teachers.

### Resources for schools

There is a range of materials and resources available that supports schools' work in this area. 'Busy Bodies Adolescent Development' which is a HSE Programme is one example which provides information on the physical and emotional changes that children may experience during puberty. The programme addresses consent. It references the age of consent and the law on consent.

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<sup>1</sup>MacIntyre and Carr 1999 – "Helping children to the other side of silence: a study of the impact of the stay safe programme on Irish children's disclosures of sexual victimization".



The Busy Bodies programme is not mandatory in schools. Schools and parents in the home, may choose to use it to support the teaching of the 5th and 6th class component of RSE, within the context of SPHE.

### SPHE and RSE at Post Primary level

#### Junior Cycle:

At post primary level Social, Personal and Health Education (SPHE) is mandatory in junior cycle. The curriculum provides students with the opportunity to develop the skills and competence to learn about themselves and to take care of themselves and others and to make informed decisions about their health, personal lives and social development. The SPHE curriculum endeavours to continue and build on the learning from primary school. Two key aims are:

- To enable students to develop a framework for responsible decision making;
- To promote physical, mental and emotional health and wellbeing.

The curriculum for SPHE in the junior cycle is presented in ten modules which should be delivered each year. However, each module should be taught in a spiral and developmental manner over the course of the three years of Junior Cycle in order to ensure that learning is developed and reinforced for students. The ten modules are:

- Belonging and integrating;
- Self-management: a sense of purpose;
- Communication skills;
- Physical health;
- Friendship;
- Relationships and Sexuality Education (RSE);
- Emotional health;
- Influences and decisions;
- Substance use;
- Personal safety.

RSE is a mandatory component of SPHE, and must be provided to all students in both junior and senior cycles. By the end of the three years of the junior cycle, students will have:

- Examined the stages of development from conception to birth;
- Understood the different types of relationships;
- Become aware of the feelings and emotions associated with a variety of friendships;
- Understood the role of peer pressure and other influences in the area of sexuality;
- Developed the skills necessary for making decisions consistent with personal values and within a moral framework, about behaviours in relationships;
- Acquired a knowledge of sexually transmitted diseases.

The SPHE curriculum which includes RSE in junior cycle is designed to be broad and to allow schools autonomy to decide when particular topics should be delivered. *Resource Materials for Relationships and Sexuality Education* for both junior and senior cycle were developed by the Department of Education and Skills to support schools in delivering the RSE programme. These contain detailed lesson plans. For example, in Lesson 8 in the resource materials for junior cycle, students learn about pregnancy and family planning methods that are available. Students also learn about the consequences of unprotected sex in terms of pregnancy and sexually transmitted diseases. Lesson 20 develops students' understanding of and resilience to peer pressure but this is not explicitly related to sexual consent.

From September 2017 a new area of learning called Wellbeing has been introduced as part of the new Framework for Junior Cycle. Wellbeing includes learning opportunities to enhance the physical, mental, emotional and social wellbeing of students. RSE is an integral part of junior cycle SPHE and the Wellbeing curriculum. Guidelines developed by the NCCA are available to assist schools in implementing a wellbeing programme.

#### Senior Cycle:

The Senior Cycle SPHE Framework was published by NCCA in 2011 and is available to schools to use. The aim of the Framework is to support students in making choices for health and wellbeing now and in their future lives. While SPHE is mandatory at junior cycle, it is not at senior cycle.

RSE is one of the five areas of learning in the Framework and includes learning outcomes relating to self-awareness and personal skills, relationship skills, sexual and reproductive rights and personal rights and personal safety. As part of the 'being health literate' area of learning, RSE students should be able to discuss the law as it relates to the age of consent for sexual activity. Students will also be able to discuss different methods of contraception and protection against sexually transmitted infections and pregnancy.

#### Senior Cycle RSE:

RSE must be taught at senior cycle. Department of Education and Skills Circular 0037/2010 states that schools are required to teach RSE in each year of senior cycle even in the absence of a timetabled SPHE class.

Schools have autonomy to plan their own RSE programme, drawing on the Interim curriculum provided by the NCCA, in consultation with parents and reflecting the ethos of the school.

Circular 0037/2010 requires schools to teach all aspects of the RSE programme. Elements of the curriculum cannot be omitted on the grounds of school ethos; however all aspects of the programme can and should be taught within the ethos and value system of the school as expressed in the school's RSE policy. Students should continue to develop their knowledge and understanding about the reproductive system, family planning, personal integrity, sexually transmitted diseases, sexual harassment, gender orientation, sexual discrimination,

personal rights and personal safety and loving relationship. Students should learn about responsible decision making and explore the qualities of a loving, respectful relationship.

*Talking Relationships Understanding Sexuality Teaching Resource* (TRUST) contains a number of lesson plans that support the delivery of the RSE programme including contraception and decision-making.

#### The National Sexual Health Strategy 2015-2020

The National Sexual Health Strategy 2015-2020 published by the Department of Health contains actions relating to the provision of training and resources for teachers to assist them in delivering the RSE curriculum.

#### Higher Education - Sexual Health and Relationship Education and Support at Third Level

Higher education institutions are autonomous bodies under the Institutes of Technology Acts, 1992 to 2006 and the Universities Act, 1997. Under the relevant provisions of these Acts, the governance and day to day management of these institutions are matters for which the management and the governing authorities of the universities are entirely responsible.

All publicly funded higher education institutions provide a range of student-support services, typically including counselling and health and disability services, as well as supports for specific cohorts of students (such as international and mature students).

The majority of higher education institutions provide information on sexual health education. This information includes contraception and the various methods for both men and women, emergency contraception, crisis pregnancy supports and information on STI's. This information is provided by both the Institutions' Student's Union and the Student Services Medical Centre.

A number of higher education institutions provide classes in sexual consent. The National University of Ireland, Galway has been offering students SMART Consent workshops since 2015, providing students with the opportunity to talk about positive forms of sexual communication.<sup>2</sup> From 2016 all students in Dublin City University, along with all those living in College residences in Trinity College Dublin, have been invited to attend classes on sexual consent.<sup>3</sup>

University College Dublin's Students' Union introduced sexual consent classes on a pilot basis in 2016/2017 as part of its #NotAskingForIt campaign. These were subsequently cancelled due to low attendance rates, as were classes in the University of Limerick<sup>4</sup>.

The 'It Stops Now' campaign was launched in April 2017 as part of the Europe-wide ESHTe (Ending Sexual Harassment and Sexual Violence in Third Level Education) initiative, backed

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<sup>2</sup> See <http://www.nuigalway.ie/smartconsent/>.

<sup>3</sup> See <http://www.thejournal.ie/tcd-mandatory-sexual-consent-workshops-2569766-Jan2016/> and <http://www.thecollegeview.com/2016/10/26/su-offers-classes-safe-intervention-of-sexual-assault/>.

<sup>4</sup> <http://www.thejournal.ie/sexual-consent-ul-3266632-Mar2017/>

by the National Women's Council of Ireland, the Union of Students of Ireland and student unions, supported also by a number of Third Level Institutions<sup>5</sup>.

The Union of Students in Ireland (USI), in conjunction with member unions and University College Dublin Student's Union run Sexual Health Advice and Guidance (SHAG) week in various Universities and Institute of Technologies promoting sexual health and consent<sup>6</sup>.

The majority of colleges and university Student Unions (SU's) provide additional links to students for further information and support on relationships, sexual education and mental health issues. These websites include: [www.SpunOut.ie](http://www.SpunOut.ie)<sup>7</sup>, [www.ReachOut.com](http://www.ReachOut.com)<sup>8</sup>, [www.thinkcontraception.ie](http://www.thinkcontraception.ie), Irish Family Planning Association.

While there is a significant effort involved in providing student supports, the continued provision of access to student services is increasingly challenging given an upward trend in student numbers and limited funding.

## **II. Implementation issues arising from the recommendations of the Citizens' Assembly**

### The implementation of SPHE and RSE in primary schools

The 1999 Primary Curriculum is currently under review by the National Council for Curriculum and Assessment (NCCA). The review is designed to establish whether the 1999 curriculum remains fit-for-purpose given the changing nature of our society, children's experience of childhood and new insights from research in this area.

A report of a consultation on Structure and Time in the Primary Curriculum is due to be published by the NCCA in 2018. Wellbeing has emerged as an important theme during the consultation and the report includes comments on the place of wellbeing in children's experience of the curriculum.

This report will signpost next steps for structuring the revised primary curriculum and how time might be allocated across a re-structured curriculum. The particular positioning of SPHE within primary education will come under consideration in this context with attention given to how best SPHE and student wellbeing should be framed within a re-structured curriculum.

Because SPHE has a moral and spiritual dimension its implementation may be influenced by the ethos or characteristic spirit of the school. However, some flexibility in implementing the programme is required to take account of the social emotional and intellectual maturity levels of the children, as well as the wishes of parents.

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<sup>5</sup> <http://www.irishexaminer.com/ireland/universities-to-join-it-stops-now-campaign-447040.html>

<sup>6</sup> <http://shag.usi.ie/#>

<sup>7</sup> [www.spunout.ie](http://www.spunout.ie) published figures for 2014 show that it was financed by HSE (47%), Atlantic Philanthropies (38%), Department of Environment and Local Government (7.5%), Others (7.5%)

<sup>8</sup> [www.ReachOut.com](http://www.ReachOut.com) receives financial and in-kind support from leading Irish corporations, Trusts & Foundations as well as from individual donors and fundraising events

Section 9 (d) of the Education Act states, that *“A recognised school shall provide education to students which is appropriate to their abilities and needs and, without prejudice to the generality of the foregoing, it shall use its available resources to -*

*(d) promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school,*

### RSE related research and Developments

Ireland is a member of the recently formed Atlantic Rim Collaborative (ARC). The aim of ARC is to establish a global group of education systems that advances values such as equity, excellence, wellbeing, inclusion, democracy and human rights for all students within high-quality, professionally-run systems. Following a meeting of the group last Spring, Ireland identified as one of its actions the convening of an inter-agency group to plan for a coherent and collaborative approach to supporting schools in their planning for Wellbeing. A meeting of the interagency group has taken place with a further meeting planned for 17 November 2017.

A joint HSE/DES action from the National Sexual Health Strategy 2015-2020 is focusing on a qualitative piece on the experiences of RSE in post-primary school. This research is being undertaken by Dr. Mel Duffy and Dr. Anne Lodge in Dublin City University

TUSLA have been awarded a significant grant from the EU to pilot a consent resource, developed by the Manuela foundation, in post-primary schools.

The DES Lifeskills survey published in 2017 provides some insights into the current reality of RSE in Primary education. The majority of schools indicated that they included the following topics in their RSE programme: Naming parts of the body, Changes at puberty, Different forms of friendship and Conception and birth. The finding also highlighted that 74% of schools reported that teaching RSE is either challenging (62%) or very challenging (12%).

### Higher Education

The Department of Education and Skills is supportive of higher education institutions and student unions seeking to improve access to information and support for students. It should be noted that each institute is autonomous in how it chooses to use its resources. In the context of increasing student numbers and reduced levels of central funding there may be resource implications for institutes in seeking to implement new initiatives.

## **III. The way in which good quality outcomes can be achieved in the areas covered by the ancillary recommendations of the Citizens’ Assembly**

The above material sets out the situation in relation to the provision of sexual health and relationship education in schools and higher education institutions, detailing a range of curriculum materials and practical resources available in this regard. The Department of Education and Skills, advised by the NCCA, has been working on updating the school curriculum to deliver improved outcomes for students and for society. Significant reforms are being developed or implemented from primary level up to senior cycle. As part of this process the Department and the NCCA consults widely with students, parents, schools and the other education partners. Inputs received as part of this consultative process are considered in the formulation of revised curricula. Curriculum change is supported by a programme of professional development for teachers.

Enhancing student wellbeing is a key theme in the Department's Action Plan for Education. Actions under this theme include:

- Review and issue the DES policy statement and practice framework with regard to the promotion of Wellbeing in schools, Youthreach and other centres for education, consistent with the 2016 Quality Framework for Schools, the "Wellbeing in Post-Primary Schools Guidelines for Mental Health Promotion and Suicide Prevention" (2013), the "Wellbeing in Primary Schools Guidelines for Mental Health Promotion" (2015) and the "Guidelines for Wellbeing in Junior Cycle"
- Review the current range of supports and programmes offered by the Department to schools in the area of Wellbeing and make recommendations for improved alignment of provision and the availability of effective supports
- Develop guidance and support materials for use by schools to recognise and prioritise gaps in school practice in relation to wellbeing. This process will give an explicit voice to the child/young person and their parents
- Publish a set of wellbeing indicators against which outcomes will be measured.

**Department of Education and Skills**

**November 2017**

## Appendix 2

### Joint Committee on the Eighth Amendment of the Constitution

Wednesday 29 November 2017

#### Opening Statement

Chairman,

Good afternoon. Thank you for the opportunity to make this opening statement. My name is Eamonn Moran, I am Principal Officer in the Curriculum and Assessment Policy Unit in the Department of Education and Skills. I am joined today by Emer Egan, Deputy Chief Inspector, Amanda Geary, post-primary senior inspector and Clare Griffin, Primary Divisional Inspector.

The Department of Education and Skills welcomes the opportunity to address the ancillary recommendation of the Citizens Assembly relating to sexual health and relationship education. The ancillary recommendation of the Citizens Assembly states that:

*Improvements should be made to sexual health and relationship education, including the areas of contraception and consent, in primary and post-primary schools, colleges, youth clubs and other organisations involved in education and interactions with young people.*

The Department has already provided a written submission to the committee which sets out the current provision in relation to sexual health and relationship education in the primary, post primary and higher education sectors. I propose, therefore, to make only a short opening statement but, of course, I, along with my colleagues, will be very happy to engage with the committee during the subsequent discussion. This statement is organised in two parts –

firstly, I will set out what is required of schools in relation to sexual health and relationship education and how we support schools to meet that requirement. Secondly, I will describe briefly our monitoring of compliance, the outcomes of that monitoring and recent initiatives which can help and improve the quality of provision.

## ***Part 1***

### **What we require schools to do**

Access to sexual and health education is an important right for students. Schools have a responsibility to provide for this, in consultation with parents, having regard to the ethos of the school. Social, Personal and Health Education (SPHE) is a mandatory curriculum subject in all primary schools and in post-primary junior cycle. Relationships and Sexuality Education (or RSE) is required at all levels, from primary through to senior cycle. The Department has set out the content for each of these programmes in SPHE syllabuses and guidelines.

The primary level SPHE curriculum currently used in schools was published in 1999. Its purpose is to foster the personal development, health and well-being of the individual child, to help him/her to create and maintain supportive relationships and to enable children make safe and healthy decisions now and in the future.

At post-primary level, the SPHE curriculum framework for junior cycle was published in 2000. It provides students with the opportunity to develop the skills and competence to take care of themselves and others and to make informed decisions about their health, personal lives and social development.



RSE is not taught as a distinct programme or subject in primary schools and in junior cycle. It forms an integral part of the SPHE curriculum at both levels. At senior cycle, the school's RSE programme may be taught as a distinct programme or may be delivered in the context of an SPHE programme or another subject.

Primary schools are also required to fully implement the Stay Safe programme, which addresses physical, emotional and sexual abuse. It aims to increase resilience by giving children knowledge, skills and strategies in an age-appropriate manner, which is an important precursor to understanding the concept of consent in an adult sexual relationship.

All schools are required to have an RSE policy that is developed in consultation with the school community, including school management, parents, teachers and students as appropriate. The school's programme for Relationship and Sexuality Education is developed and taught in the context of the school's RSE policy. It is important to note that the ethos of the school should never preclude learners from acquiring the knowledge about the issues, but ethos may influence how that content is treated.

Contraception or issues related to consent are not explicitly mentioned in the primary SPHE curriculum or in the RSE programme. The focus is on developing assertive skills, personal self-efficacy and understanding how one's body works. This then lays the foundation for later discussion of specific issues in a manner appropriate to the developmental stage of the pupils.

At post-primary level, schools are required to teach all aspects of the RSE programme, including family planning, sexually transmitted infections and sexual orientation. Elements of the programme cannot be omitted on the grounds of school ethos; however all aspects of the programme can and should be taught within the ethos and value system of the school as expressed in its RSE policy.

In relation to higher education, it should be noted that under legislation, the higher education institutions are autonomous bodies and the Department does not prescribe a programme in relationships and sexuality education at this level. The majority of higher education institutions provide information on sexual health and provide additional links to students for further information and support on relationships, sexual education and mental health issues. Information is provided by both the Institutions' Student's Union and the Student Services Medical Centre. A number of higher education institutions provide classes in sexual consent, providing students with the opportunity to talk about positive forms of sexual communication.

### **Supporting schools to meet this requirement**

A range of actions has been taken by the Department to support the implementation of SPHE and RSE. The Department has published Policy Guidelines for Relationships and Sexuality Education to support schools in developing RSE policy. These provide clear guidance on engaging with the school community and on sharing the school's policy on RSE, recognising that a partnership approach to RSE helps to ensure that children are provided with a consistent experience and are able to make connections between life at home, in the school and in the community. Sample templates for RSE policies are provided for schools to consider when drafting their own policies.

An RSE Support Service and a separate SPHE Support Service is available to schools. An extensive programme of continuing professional development (CPD) opportunities has been provided to support teachers in the implementation of RSE and SPHE programmes in post-primary schools.

The Department and the support services have also developed a wide range of teaching materials, particularly in the area of RSE. This work has been done in partnership with other Departments and agencies, including the HSE, the Gay and Lesbian Education Network (GLEN) and the Crisis Pregnancy Agency, for example.

It should be noted that schools have discretion regarding the resources that they use to teach SPHE/RSE and that these are used in accordance with the school's policy.

## ***Part 2***

### **How we monitor compliance**

It is the responsibility of the school Board of Management to ensure that RSE is taught in the school. The Inspectorate conducts robust quality assurance of provision in SPHE and RSE through its programme of inspection in schools. Inspectors ensure that the school timetable includes time for SPHE and RSE, that the RSE policy has been developed and that broad and balanced coverage of the SPHE and RSE curriculum is evident in school planning and, in focussed evaluations of SPHE and RSE lessons, that students are achieving the intended outcomes of the curriculum. During all whole-school evaluations school management are required to confirm that the full Stay Safe programme, SPHE curriculum and RSE are being provided.

Where there is evidence that provision is unsatisfactory, recommendations for improvement are made and, in those cases where there is no or inadequate implementation of the SPHE and RSE curriculum, the Inspectorate conducts a range of follow-through actions until such time as the school is compliant.

### **What we have found in terms of provision and quality**

Schools are positively disposed to providing good quality SPHE and RSE and we have noted the prevalence of a positive classroom and whole-school atmosphere. Systematic engagement by school managers and teachers with SPHE and RSE continuous development activities has a positive impact on the quality of programme delivery. However, there are some challenges to achieving high quality in that provision which are common across primary and post-primary.

In some schools the development of an RSE policy hasn't been achieved and there is insufficient engagement with parents on the policy and programme in the school. Secondly, we know that there are issues relating to the competence and confidence of teachers regarding the delivery of RSE.

### **Recent initiatives which will support high quality provision**

The Department is developing a policy on wellbeing which will be published in early 2018. The policy, which will cover both primary and post-primary schools, will set out a number of actions which will enhance the physical, mental, emotional and social wellbeing of students and enable them to build life skills. It will include actions to support schools and teachers to deliver high quality learning experiences so that students acquire an appropriate knowledge and understanding of human relationships and sexuality.

Another important development is the introduction of a new area of learning called Wellbeing as part of the new Framework for Junior Cycle. SPHE and RSE are integral parts of the Wellbeing curriculum in junior cycle. They provide opportunities for teaching and learning directly related to wellbeing, not least the capacity to develop and maintain healthy relationships. Guidelines developed by the NCCA have been published and training has already commenced for school leaders to assist them in implementing a wellbeing programme.

It is envisaged that the SPHE curriculum (including RSE) at primary level will undergo a review by the NCCA in the coming years, as part of the ongoing review of all the curriculum areas. A review of the curriculum at senior cycle is also underway and the SPHE and RSE programme at that level will be considered.

These reviews will include the views of all the education partners, recent research outcomes, societal and cultural changes and all the relevant policies and teaching materials that have been disseminated to schools since the SPHE and RSE curriculum was first introduced. It is not possible to determine exactly what the review will conclude in terms of curriculum content, but the process will be very comprehensive and all views and suggestions will be considered.

My colleagues and I look forward to our discussions.

Thank you.

**Submission to Oireachtas Joint Committee on Education and Skills:**  
**Review of Relationships and Sexuality Education**

**1.0 Biography and Research**

My name is Aoife Neary (BSc, MA, PhD) and I am Lecturer in Sociology of Education in the School of Education, University of Limerick. I was a post-primary school teacher from 2003-2011. In 2010, I completed an MA in Gender, Culture & Society. I held an Irish Research Council (IRC) Government of Ireland Doctoral Scholar award from 2011 until 2014, completing a PhD in Sociology in 2014. I have also been an IRC New Foundations Awardee in 2013, 2014, 2015 and 2016.

My empirical and literature-based research in the following studies (all funded by the IRC) provides the evidence for this submission. The publications arising from these studies appear in Section 8.0.

*Study 1: (2011-2014): LGBT-Q Teachers, Civil Partnership and Same-sex Marriage: The Ambivalences of Legitimacy* (Complete, publications in Section 8.0).

*Study 2: (2015) Exploring Homophobia and Transphobia in Primary Schools* (Complete, publications in Section 8.0 and on-going).

*Study 3: (2016) Exploring Queer Pedagogy and the Challenges/Opportunities in Educating for Gender and Sexuality Diversity with Pre-Service Teachers* (Writing up Stage).

*Study 4: (2017) Exploring Gender Identity and Gender Norms in Primary Schools* (Report forthcoming June 2018).

*Study 5: (2018-2020) Researching and Advocating for Quality Education: Achieving Transgender Equality in Ireland* (Mentor/PI on Postdoctoral Fellowship of Ruari Santiago McBride. Begins 1/6/2018)

**2.0 Introduction**

This submission is organised in the following way.

In Section 3.0, I provide a brief summary of key legislative and contextual changes since the Relationships and Sexuality Education (RSE) curriculum was designed. In section 4.0 and 5.0, drawing on national and international research, I outline what I see as necessary reform in the content and methodology of RSE in Ireland. Curriculum reform cannot be divorced from the social and cultural context in which it exists and so, in section 6.0, based on research evidence, I outline some of the key structural issues that are crucial if curricular reform is to have real and meaningful effects. Finally, Section 7.0 contains concluding words and section 8.0 details the references drawn upon in this submission.

### **3.0 Changed Context**

The current Relationships and Sexuality Education (RSE) curriculum in schools is not fit for purpose. Devised over twenty years ago, it does not provide for the complexities of the lives of children and young people in Ireland today.

Since 1996 when the curriculum was developed, the advent of social media and smart technologies has utterly changed how children and young people are understanding and negotiating the politics of gender, sexuality and intimacy in their everyday lives. There have also been significant contextual and legislative changes with regard to sexuality and gender identity. For example, the most common age for lesbian, gay, bisexual, transgender, non-binary and intersex (LGBTQI) young people to come out in schools has decreased from 17 (Mayock et al 2009) to 16 (Higgins et al 2017) and advocacy groups such as BeLonGTo and the Transgender Equality Network (TENI) of Ireland confirm that the number of young people coming out as transgender and non-binary/gender non-conforming is ever increasing. Legislative changes such as the Children and Family Relationships Act (2015), the Marriage Equality Act (2015) and the Gender Recognition Act (2015) signal that the landscape of gender and sexuality in Ireland has changed considerably. Furthermore, it would seem that religious/conservative mores related to sexual activity have considerably less traction than in 1997 (Neary 2014; Neary 2017a; Inglis 2007).

In the education context, the Department of Education and Skills (DES) issued Anti-Bullying Procedures for Primary and Post-Primary Schools (Department of Education and Skills 2013) stipulating that all schools must include homophobic and transphobic bullying in their anti-bullying policy and document and implement 'prevention' as well as 'education' strategies related to homophobia and transphobia. In post-primary schools, school related resources such as 'Being LGBTQI in School' (Gay and Lesbian Equality Network 2015) include guidance for supporting LGBTQI students at school while the INTO resource 'Difference Families Same Love' and lesson plans and resources entitled 'All Together Now' have been developed for use in primary schools.

Such societal and legislative changes have resulted in some educational reform but these changes are not sufficient for supporting children and young people in their everyday lives.

### **4.0 Proposed Changes to Content of RSE in Primary and Post-Primary Schools**

The current RSE curriculum in primary schools addresses topics such as friendship and relationships, body parts, puberty and heterosexual reproduction. The post-primary school RSE curricular guidelines name specific topics under three themes: human growth and development, human sexuality and human relationships. While the curricular guidelines have potential in certain respects, there are several inadequacies related to the content of the current curricula at both primary and post-primary levels.

#### **4.1 Sexual Activity**

Given that many young people are already engaging in sexual activity, accessing information about sex online and using technology and networks to engage in practices such as sexting, a more holistic, comprehensive approach ought to meaningfully explore topics such as pleasure, consent, bodily autonomy, contraception, reproductive rights, ethics and respect, reproductive technologies, pornography, and the use of social media/technology (See for example, Allen et al. 2013; Alldred and David 2007; Fine and McClelland 2006; Gilbert 2018; Ringrose et al. 2013).

#### **4.2 LGBTQI Identities**

There is currently no mention of LGBTQI identities in the RSE curricula. While, in accordance with the 2013 procedures, schools are dealing with homophobia and transphobia through their bullying policies, teachers and principals are much more reluctant to educate about LGBTQI identities (Neary et al 2016). Furthermore, mentioning LGBTQI people only in the context of bullying has victimising effects whereby LGBTQI people are perceived and represented only in deficit terms (Bryan and Mayock 2012). A comprehensive education would avoid discourses such as ‘tolerance’ or the inclusion of LGBTQI people in a tokenistic manner. An embedded, meaningful approach would ensure that the thousands of children who have same-sex parents, LGBTQI family members or are themselves identifying as LGBTQI feel included and not isolated in their everyday lives in primary and post-primary schools.

#### **4.3 Masculinities and Femininities**

The system of gender is a fundamental aspect of life that warrants more critical attention in the RSE curriculum. Students ought to be facilitated to think critically about their own relationship to gender as well as how the system of gender operates such that certain ideals of masculinity and femininity have effects for all children and young people (See for example Renold and Ringrose 2011; Ringrose and Renold 2012; Pascoe 2011).

#### **4.4 Intersectionality**

A further aspect of the curriculum that children and young people ought to be supported to engage with in RSE is the notion of intersectionality – how race, ethnicity, socio-economic status, religious affiliation, gender, ability and other identity markers intersect with and impact upon relationships and sexuality. Such curricular content would ensure that RSE would not be taught in isolation from key socio-cultural factors that affect the lives of all children and young people and would grapple with the complexities of children and young people’s lives (See for example Rasmussen 2010).



## **5.0 Proposed Changes in RSE Curriculum Construction and Delivery**

Across many contexts internationally, there is a significant focus on abstinence and/or prevention of sexually transmitted infections and teenage pregnancy in the delivery and methods of teaching about RSE (Rasmussen 2015; Fields 2008). Many scholars of sex education have pointed out that such an emphasis is problematic in that it fails to enable healthy and open discussions about issues that young people are already engaging with and have significant knowledge about (See for example Allen and Rasmussen 2017).

### **5.1 *Open Dialogue between young people, parents and school staff***

A key element in constructing curriculum is the importance of facilitating time and space for dialogue amongst and across young people, parents, teachers and school principals/leaders. In our research in primary schools (Neary et al 2016), we found that, when given the space and time to discuss these issues critically, initial fears about age-appropriateness dissipated amongst parents and school staff. Of course, all parents will not think in the same ways about these issues but open dialogue, informed by international research and practice related to RSE, is a first step forward in creating a comprehensive curriculum that actually values all children and young people equally.

### **5.2 *Co-construction of Curriculum with Young People***

Much research in sex education internationally has highlighted how a co-constructed curriculum using participatory methods with young people is a very rich and generative way to approach RSE curriculum design and delivery (For example see Coll and Charlton 2018). Such approaches to curriculum design are truly student-centred, ensuring that young people are enabled to inform and guide the construction of a relevant and meaningful curriculum.

### **5.3 *A Critical Approach***

A critical approach to RSE would ensure that topics are facilitated and discussed in a critical, not tokenistic manner (See for example Quinlivan 2012; Quinlivan 2013). Such an approach would be sensitive to the diversity of young people and avoid making assumptions. For example, not all young people are having sex in their teens, not all LGBTQI people want or should have to 'come out' and not all young men are invested in what are termed 'toxic masculinities'. Furthermore, a critical approach to RSE would not seek to add certain 'others' to the current curriculum content (DePalma and Atkinson 2009). A truly inclusive approach would seek to properly reflect the lives of the diversity of young people and their families that exist in our education system while questioning the ways in which systems of gender and sexuality impact upon everyone.

### **5.4 *Arts-based Methodologies***

Some international research demonstrates how arts-based methodologies are particularly effective for creating spaces that are conducive for young people to meaningfully engage with issues affecting their lives (See for example Harris 2016). An example of one arts-based RSE resource currently being used very successfully in Wales is 'Agenda'

[\(https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/agenda-young-peoples-guide-positive-relationships/\)](https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/agenda-young-peoples-guide-positive-relationships/).

## **6.0 Social/Cultural Factors**

### **6.1 *Childhood Innocence and Age-Appropriateness in Primary Schools***

Fears about childhood innocence very often act as a barrier to teaching about RSE in primary schools (Robinson 2013; Robinson 2012). But much research confirms that children in primary schools are 'ready' for complex topics given the right circumstances and scaffolding (For example, see Hermann-Wilmarth and Ryan 2016; Martino and Cumming-Potvin 2016). Furthermore, parents, when given space and time to tease through the issues in an open manner, view an age-appropriate education related to many of these issues as possible and desirable (Neary et al. 2016). Such fears also exist amongst school staff in post-primary schools but are also contested by research such as that of McCormack and Gleeson (2010) who confirm that parents want their children to learn comprehensively about topics such as masculinity but worry about the preparedness of teachers.

### **6.2 *Teacher Knowledge***

A significant barrier to comprehensive and meaningful RSE internationally is what teachers themselves describe as a lack of knowledge and/or comfortability in teaching about these issues with children and young people (Alldred and David 2007; Neary et al. 2016; Neary 2017a; Neary 2013; Kehily 2002; O'Higgins-Norman 2009). In Ireland, teachers are well-prepared to deal with bullying and discrimination but are much less comfortable with educating with regard to gender and sexuality (Neary et al 2016). There is also a significant gender imbalance in those teaching RSE, sending problematic messages to children and young people about the domain of RSE (Mannix-McNamara and Geary 2010).

While there are many books and resources available for teaching RSE in a comprehensive manner, all teachers at primary and post-primary levels need time and space to garner a more in-depth understanding of the issues in order to be able to use such resources effectively. A more comprehensive system of in-service education that would support this is crucial if all teachers are to feel more comfortable and confident regarding these topics.

Pre-service/initial teacher education also needs work in this regard. Currently, issues related to RSE are often taught in an ad hoc manner in already over-crowded teacher education programmes. However, it is possible to create spaces in teacher education programmes to have critical discussions about these issues and to ensure that teachers, at the very least, feel more comfortable in teaching about RSE and becoming agents of change related to these issues in their future professional lives at school (Neary forthcoming).

### **6.3 Religious Ethos**

Religious ‘ethos’ constrains national curricula and the practices of schools and colleges in Ireland (Neary 2018; Neary 2017a; Neary 2014a). This happens through the power that ‘ethos’ is given in national RSE curricula but also through teachers’ and principals’ assumptions and uncertainties about what exactly constitutes religious ‘ethos’ in local school contexts (Neary et al 2016). Despite personal commitments and a desire to support all children and young people equally, many teachers avoid subjects related to RSE, fearing that they will stray into territory that is contrary to the religious ethos of their school (Neary et al 2016; Neary 2014). Such reluctances underline the urgent need for clarity from the Department of Education and Skills regarding exactly how schools and colleges under religious patronage can implement comprehensive sexuality education and treat all children and young people equally (Bailey 2017).

### **6.4 Policy, Implementation and Leadership**

Mayock et al (2007) outline how RSE policy implementation differs significantly across schools in Ireland. At that point, many schools did not have an RSE policy and many teachers avoided teaching RSE. Some schools taught RSE in the absence of a policy. Others had an RSE policy ‘on paper’ that was not necessarily implemented in practice. Issues such as an over-crowded timetable and exam years had a negative impact on the delivery of RSE. At both primary and post-primary levels, an informed and proactive principal/leader is a central factor in adequate RSE delivery (Mayock et al 2007) and addressing issues of equality and diversity (Neary et al 2016). Supporting principals (and the inspectorate) to be properly educated and informed about RSE-related topics will be a necessary step if comprehensive sex education is to happen.

## **7.0 Concluding Words**

The current RSE curriculum does not adequately reflect the realities of children and young people’s lives in the ways a truly educative curriculum should. In fact, the title — Relationships and Sexuality Education — doesn’t account for the breadth of learning that ought to be happening in a more embedded way within both the primary and post-primary school curricula.

There are many social/cultural factors that make it particularly difficult for even the most comfortable, informed and willing teacher or principal to facilitate relevant and necessary education in this area. Curriculum and cultural change must happen together if children and young people are to have comprehensive RSE and if all children and young people are to be valued equally. This kind of meaningful change is already underway in other contexts. For example, see Renold and Geeney’s (2017) report informing the future of SRE in Wales.

Perhaps most importantly, we need to take cognisance of the fact that children and young people are already, in various ways, engaging with the topics that are deemed to be the

preserve of RSE in their everyday lives (Bragg et al. 2018). They are already creating their own pathways through these issues — sometimes conforming to problematic ideals with restrictive effects but also resisting and forging habitable futures for themselves. The significant challenge here for RSE reform is to catch up with young people with an approach that provides a generative space for student-centred discussions about what is, very often, already going on in their lives.

Finally, if meaningful reform that meets the duty of care expectation for every child and young person is to be achieved, a comprehensive, child-centred and age-appropriate education related to these issues must begin in early childhood.

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## **Written submission to the Joint Committee on Education and Skills in relation to the review of Relationships and Sexuality Education (RSE).**

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### Background

I am an Associate Professor of Media Studies in the School of Communications at Dublin City University, and a member of the National Anti-Bullying Research and Resource Centre (<https://antibullyingcentre.ie>) and of the Institute for Future Media and Journalism (<http://fujomedia.eu>). I was a Co-Investigator on the government-commissioned report on the sexualisation and commercialisation of children in Ireland<sup>1</sup> and Principal Investigator on a recent study about LGBT inclusion in post-primary schools<sup>2</sup>. My research is primarily concerned with issues relating to gender, sexuality and social media. My full research profile is available at: <https://www.dcu.ie/communications/people/debbie-ging.shtml>

### Factual information

The committee may wish to take note of the following studies, which have already been or are currently being conducted in Ireland (and Wales) on the content and delivery of RSE at post-primary level:

Maycock, Paula, Kitching, Karl and Morgan, Mark (2007) *Relationships and sexuality education (RSE) in the context of social, personal and health education (SPHE): an assessment of the challenges to full implementation of the programme in post-primary schools summary report* [<http://www.lenus.ie/hse/handle/10147/122587>]

Kiely, Elizabeth (2006) 'Where is the discourse of desire? Deconstructing the Irish Relationships and Sexuality Education (RSE) resource material.' *Irish Educational Studies*, Vol. 24(2-3).

A review of the RSE materials and their implementation is currently being conducted by Dr. Mel Duffy in DCU School of Nursing and Human Sciences in collaboration with colleagues from the Institute of Education (funded by the Crisis Pregnancy Agency and the HSE).

In Wales: Renold, E. and McGeeney, E. (2017) *Informing the Future Sex and Relationships Education Curriculum in Wales*. Cardiff University.

[<http://gov.wales/docs/dcells/publications/180104-future-of-the-sex-and-relationships-education-curriculum-in-wales-en.pdf>]

The recommendations laid out in this report will be accepted by the Welsh government in May 2018.

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<sup>1</sup> <https://www.dcyu.gov.ie/documents/research/20160816TheSexualisationCommercialisationChildrenIrl.pdf>

<sup>2</sup> <https://antibullyingcentre.ie/wp-content/uploads/2018/03/TESIC-Report-Final.pdf>

To date, the following problems have been identified in relation to the Irish RSE curriculum and its delivery:

1. The programme focuses largely on the avoidance of pregnancy and STIs.
  - Abstinence-based sex education has proven ineffective in reducing rates of unwanted pregnancies and STIs (Kirby, 2008; Levine, 2002).
  - While education on contraception and the avoidance of STIs is essential, excessive emphasis on risk and prevention detracts from the affirmative and positive aspects of relationships and sexuality (Renold and McGeeney, 2017).
  - A focus on risk and prevention tends to place particular responsibility on girls as the gatekeepers of sex.
  - Encouraging young people to wait for sex 'until the time is right' leaves a significant void between now and 'then', not only in terms of vital education about other sexual practices but also in terms of learning about consent in relation to these practices.
2. The programme constructs heterosexual intercourse as the primary definition of sex.
  - This evades acknowledgement of other important sexual practices.
  - This excludes LGBTQ's students' experiences and sexual practices (Elia and Eliason, 2010), and reinforces a heteronormative understanding of sex.
  - This places undue focus on the concept of virginity, which is heavily associated with the moral policing of adolescent female sexuality, and encompasses a narrow, heteronormative definition of sexual coming-of-age.
3. The programme is not inclusive of LGBTQ students' experiences and sexual practices.
  - Besides the obvious exclusion / invalidation of LGBTQ identity and experience from the realm of intimacy and relationships, this also:
  - Reinforces heterosexuality as 'normal'.
  - Perpetuates ignorance among heterosexual students about LGBTQ experience and identity.
  - Perpetuates ignorance about what risks are associated with same-sex activities, e.g. knowledge about STIs and risk behaviours in women who have sex with women.
4. The programme does not deal sufficiently with consent.
  - While there is a useful section on consent in the senior cycle materials, this is not a central part of the programme and is not part of the junior-cycle materials.
  - Consent is not dealt with as an issue of ongoing negotiation.
  - Consent is not sufficiently dealt with in relation to alcohol and drug consumption.
  - Consent is not dealt with in the context of sexist and unequal attitudes to women's clothing, alcohol consumption, past sexual history, etc.
  - Consent is not dealt with in terms of teaching young people a frank and open language of bodily autonomy and ongoing negotiation of what is acceptable / desired and what is not.



5. The programme does not explicitly acknowledge sexism and inequality.

- Central to addressing consent is an acknowledgment of the persistence of the sexist double standard in society, whereby male sexual agency is taken as a given, while female sexual agency is ignored or constructed as shameful. The RSE programme does not give young women a language of choice and agency, nor does it encourage young men to question dominant social norms and expectations relating to male sexuality.
- The programme does not acknowledge how wider school cultures, e.g. dress codes or safety messages about sexting, might be reinforcing a sexual double standard (Ringrose and Dobson, 2015).
- There is little, if any, space within the programme for boys to discuss intimacy, hurt, sexual rejection, vulnerability or fears about sexual inadequacy.

6. The programme does not deal with the role of the internet, social media, mobile phones or pornography.

- It does not prepare young people for the realities of online dating and 'hook-up' culture, nor does it address the gender inequalities that frequently underpin this culture (e.g. girls being rated, sent unsolicited intimate images, non-consensual uploading of visual material, i.e. 'revenge porn', etc.)
- It does not deal with the realities of sexting in the context of digital rights, digital privacy (Milosevic et al., 2017), legal frameworks or the burden of responsibility in the case of non-consensual sharing.
- It does not deal with the realities of online abuse, whereby females are significantly more likely than males to be the target of sexual and misogynistic attacks.
- It does not deal with pornography and the role it plays in shaping young people's perceptions of sex. Pornography is not addressed as an industry, as a genre or as a set of representational practices. A critical, gender-aware, media-literate perspective on this topic is lacking.

7. The programme does not start with young people's lived experiences.

- It adopts a top-down, theoretical approach instead of an experience-near and coproduced approach (Renold and McGeeney, 2017).
- While some of the case studies used are relatable, scenarios based on student experiences and acknowledging the dynamics and complexities of online culture are absent.
- The programme is not founded upon a robust research base about what young people are actually doing and thinking.

8. Significant problems have been observed in relation to the delivery of the programme (Maycock et al., 2007).

- It must compete for space in an already crowded curriculum.
- Not enough schools have adopted an RSE policy.
- There is insufficient ongoing professional training for SPHE/RSE teachers.

- There is a strong perception amongst students that RSE is selectively addressed and sometimes even skipped over.
- The religious ethos of many schools allows them to ignore many of the core issues that are vital to educating young people about sexual rights, agency and citizenship. The interference of religious values is incompatible with a progressive, inclusive and rights-based sex education.
- There is sometimes an unspoken assumption that sex education is primarily directed toward girls. This is supported by lower levels of implementation in all-boys' schools.
- Teachers report that boys find it particularly difficult to talk about sex and intimacy. That boys appear to be paying less attention than girls to issues of intimacy, consent, contraception and sexual communication is a matter of serious concern.
- Teaching about consent starts too late. It needs to be addressed at primary level in a non-sexual context, relating to issues of bodily autonomy and integrity, and later in relation to challenging the particular social pressures imposed on girls to please others and to avoid being assertive (Burkett and Hamilton, 2012).

## **Recommendations for action**

The 2017 European Network of Ombudspersons for Children (ENOC) position statement on Comprehensive Relationship and Sexuality Education, states that all children and young people have the right to high quality, holistic and inclusive education about sexuality and relationships (ENOC 2017) .

A recent synthesis and review of international research on children and young people's views suggests that high quality RSE starts early; is adaptable and needs-led; offers a spiral curriculum; collaborates with external providers; is of sufficient duration; is engaging and participatory; and creates a safe, respectful and confidential learning environment (Pound et al., 2017).

The international literature recommends that an overall shift in focus is required toward a rights and gender equity based, inclusive, holistic, creative, empowering and protective RSE curriculum (Renold and McGeeney, 2017). This should be underpinned by key principles of sexual literacy and sexual citizenship (Pascoe, 2011).

To this end, the Irish RSE programme should consider adopting / adapting the core principles underpinning the recent recommendations made on the future of the sex and relationships education curriculum in Wales: Rights and Gender Equity; Creative and Curious; Empowering and Transformative; Experience-near and Coproduced; Holistic; Inclusive; Protective and Preventative (Renold and McGeeney, 2017).

## **More specific recommendations:**

1. An RSE programme that moves beyond abstinence and pregnancy-prevention to embrace issues of consent, negotiation and the dynamic, evolving nature of sexuality and sexual experimentation.

2. An LGBTQ-inclusive programme that does not presume what sex is but rather starts with - and encourages critical reflection on - young people's own understandings of sex, virginity, abstinence, intimacy, relationships, etc.
3. LGBTQ-inclusive information about HIV and other STIs.
4. Consent as a key focus of both junior-cycle and senior cycle materials. Consent needs to be addressed:
  - as an issue of ongoing negotiation, both within a relationship and within a unique sexual encounter
  - in relation to alcohol and drug consumption
  - in the context of sexist and unequal attitudes to women regarding their clothing, alcohol consumption, number of sexual partners, etc.
  - in terms of helping young people to develop a frank and open language of bodily autonomy and ongoing negotiation of what is acceptable / desired and what is not.
5. An RSE programme that acknowledges the restrictive gender norms placed on both girls and boys by:
  - Encouraging awareness of how gender norms affect young people's sexual identities, confidence and behaviours.
  - Encouraging young people to challenge social norms and sexist attitudes, such as the paradoxical pressures on girls to both please and abstain, and the pressure on boys to perceive sex as a conquest.
  - Addressing sexual harassment, domestic violence and rape.
  - Using creative resources that originate with students' own experiences and perceptions. The Agenda resource, recently adopted by the Welsh government, provides an excellent example of how creativity, new media and activism can be used to explore and discuss these issues:  
[http://www.agenda.wales/all\\_resources/14\\_pdf\\_guide/english\\_agenda.pdf](http://www.agenda.wales/all_resources/14_pdf_guide/english_agenda.pdf)
6. An RSE programme which addresses the role played by the internet, social media, mobile phones and pornography in both enhancing and restricting young people's sexual citizenship, including:
  - Pornography addressed as an industry, as a genre and as a set of representational practices. A critical, gender-aware, media-literate perspective on this topic is essential in order to reveal the stereotypes and misconceptions perpetrated about both women and men in most pornography, and to facilitate meaningful discussion about its uses, limitations and impacts.
  - A component on online dating, sexting, consensual and non-consensual image-sharing.
  - The adoption of a framework of digital rights and digital (sexual) citizenship (Albury et al., 2010) rather than solely internet safety.
  - Acknowledgement of the realities of offline and online abuse, whereby females are significantly more likely than males to be the target of sexual and misogynistic attacks, unsolicited intimate images, non-consensual image sharing and cyberstalking<sup>3</sup>.

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<sup>3</sup> European Union Agency for Fundamental Rights (2014). Violence against women: an EU-wide survey, p. 104.

7. A review and overhaul of curriculum delivery, which prioritises:
- A whole school approach. The Welsh Sex and Relationships Education Expert Panel has recommended that their SRE curriculum is embedded in a whole-school approach. This means that the workforce required to deliver SRE will consist of all school staff, including; teachers, teaching assistants, school support staff, school governors, health professionals and sexual health specialists.
  - Ongoing professional training. High quality school-based SRE depends upon having a well-trained and confident workforce. Without specialist training schools may either avoid covering perceived sensitive or challenging topics altogether or deliver SRE in a way that fails to adequately safeguard children and young people (Renold and McGeeney, 2017).
  - The proactive adoption by every school of an RSE policy
  - The appointment by every school of a dedicated RSE lead with protected hours and access to resources.
  - The establishment of an RSE excellence mark to highlight exemplary whole school approaches to gender equality and RSE.

To this end, a review of RSE delivery must take into account:

- Obstacles faced by teachers in the classroom
- Teachers' fears and concerns regarding sensitive topics
- Incompatibilities between religious ethos and inclusive sexuality education
- The time devoted to RSE in the curriculum
- The supports offered to schools for developing an RSE policy
- Consideration of how the materials function in co-educational contexts compared with single-sex schools
- Consideration of how the primary and post-primary resources could best be tied together

### **Summary recommendations**

- That the government make compulsory an RSE curriculum underpinned by core values of rights and equality, empowerment and transformation, inclusivity, co-production with students, and protection and prevention (Renold and McGeeney, 2017).
- That the Department of Education and Skills provide specialist training in RSE for all post-primary teachers.
- That all schools be required to adopt an RSE policy.
- That all schools be required to appoint a dedicated RSE lead with protected hours and access to resources.
- That schools adopt a whole school approach to safeguarding and promoting the values and principles underpinning such a revised curriculum.

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## **Bystander Intervention**

International evidence-based research has identified the Bystander Intervention as the optimal institutional response to the growing expectation that third level institutions address the issue of sexual assault on campus. In April 2016 Academic Board at University College Cork approved the introduction of a 5 credit module on Bystander Intervention (LW1113) to be delivered on a pilot basis to all first year law students as a compulsory module in addition to their existing 60 credit academic workload. This Academic Board approval mandated that a review be undertaken of the pilot after the first year. Consideration would be given to the possibility, if sought, of further approval to expand the delivery of the pilot beyond the School of Law. The preliminary data from student questionnaires, focus groups and ongoing online engagement at UCC demonstrates a very positive impact amongst those students who participated in the 2016/17 pilot. The bystander intervention module also serves as a demonstration of the capacity for students to participate in non-discipline specific, credit-bearing modules which enhance their learning whilst progressing their personal development during their time as students at UCC.

### **Consent reflects the wish of the individual but it is society that must step up**

How do you teach consent? Quite simply consent is a positive affirmation of a person's willingness to engage with specific behaviour. It needs to be act specific, continuous and entirely freely given. Any diluting or indeed withdrawal of consent must be respected and the sexual act must cease. Much debate and controversy surrounds the understanding and communication of consent. We have seen quite vividly in recent months the horrific fall out from the forensic examination of different versions of a series of events. Evidently the external interpretation of the course of events and the actions of others is a hugely challenging task, especially in our current dysfunctional criminal justice system, one that is weighted against the victim who it seems is expected to prove the absence of consent without anything near the necessary support. Consent is almost certainly a much clearer issue in the minds of those party to the incident, despite the different versions of the truth that tend to invariably emerge. So long as there is more than one version of the series of events the adversarial criminal trials in the Irish legal system will pitch victim against alleged perpetrator(s) and forensically seek to determine the issue against an almost insurmountable threshold of reasonable doubt. The teaching of consent must be contextualised within a broader, widespread awareness and creating a safe space for people to acknowledge and be educated about the fact and absolute imperative of consent in every instance? But how do we successfully instil and complete awareness of consent, its meaning and implications and a zero tolerance approach to non-consensual acts in a society where sexually charged comments and actions are omnipresent, arguably both expected and accepted in modern social interaction?

So what is the best next step? It is no longer enough that we are horrified by rape trials as they arise, cry loudly as we are shocked by the repeat victimisation of the complainant, the injustice of the legal system and its perceived unbalanced treatment of victim and accused. Whilst the laws and associated processes are urgently in need of reform, the role of every member of society in shifting the balance of what is acceptable interaction of society must be acknowledged when framing the consent discussion. The Bystander Intervention pilot programme at UCC introduced in 2016/17 addresses the issues of sexual and relationship violence amongst students, by developing an understanding of the dangers of the social normalisation of abusive behaviour, an awareness of indicators of danger and abusive relationships, and the crucial capacity of a bystander to positively and safely intervene. It presents a pro-social approach to educating students about the complexities of abusive relationships whilst also providing them with the skills to act in a supportive and impactful manner.

By educating the students in facilitated, dedicated workshops, a safe space is created where they learn about acceptable and lawful sexual engagement, but also are exposed to the reality of normalised everyday abusive verbal and physical behaviour. In acknowledging the perceived acceptability of such actions, the students are given the opportunity to disclose their shared abhorrence, leading quickly to a desire to shatter that unspoken false consensus surrounding such language and behaviour. Their both verbally and their shared positive views regarding the current social normalisation of unacceptably sexually charged language and abusive behaviour, through anonymised social norm questionnaires, the bystander programme provides them with a safe and open space to ultimately realise that their peers are equally abhorred, but too often they each underestimate the extent of the shared views and repulsion. Additionally an instinctive tradition of non-intervention based on an inhibition to intervene is significantly diminished in the safety of the classroom environment where shared experiences and personal revulsion is often openly discussed for the first time. That eureka moment where they realise that in speaking up they won't be alone is invaluable in removing their inhibition and incubating a desire to shatter the false consensus that might surround any suggestion of acceptability. At this point our workshops become the learning ground for developing skills of active, safe and effective intervention.

An act of Intervention whether for a stranger or friend has two immediate effects. It calls out the unwanted words or deeds and declares a zero tolerance of unacceptable acts and intentions of abuse. Secondly it can be that moment of intervention that shapes the path of the survivor's future. It can be that act of diversion, distraction, that declaration of support, that decision to step up, that will change the course of that person's life, either avoiding an incident of abuse altogether or calling stop to an existing pattern or relationship of abuse.

Individual violence and incidents of unacceptable sexually abusive behaviour are endemic in Irish society. Social misconduct, ranging from inappropriate language to sexual violence is an unfortunate but undeniable aspect of modern society and is unfortunately no less evident on university campuses across Ireland. They occur between strangers on a train, and on a social night out but also between those in an intimate relationship where the lines of consent and presumption can be both blurred and outright ignored. On university campuses, no less than in society broadly, all individuals are at risk from the presumption of entitlement that arises from a toxic, underlying silent false consensus that for too long, too many have failed to call out.

In response to the university's capacity to engage directly with its students, the Bystander Intervention programme at UCC, modelled on the work of Dr Rachel Fenton (University of West England), seeks to address issues of sexual and domestic violence amongst students, by introducing to the student conversation and understanding, the dangers of the social normalisation of abusive behaviour and the related capacity of a bystander to intervene. The bystander intervention approach is premised upon the fact that as members of society every person is a bystander to many events and is thus often positioned to act and/or intervene. The material addresses not only aspects of sexual behaviour and misconduct but also more broadly, issues such as personal assertiveness and social responsibility. It presents students with a safe environment to better understand the pressures of social and inter personal challenges whilst supporting the development of a visible institutional culture which stands against unacceptable behaviour and abuse, and cultivates a culture of positivity and support.

Such interventions are normalised and the objective behaviour loses any semblance of acceptability or social normalisation. Let this be a key learning from the last three months. Yes, we need to understand how to communicate consent both in giving and hearing, and we need to know that where consents not readily and continuously given there is no consent, but more broadly, there must be a normalisation and expectation of respect. And where we are witnesses to an act that violates such respect, it is incumbent upon all bystanders to intervene to make the difference for the potential victim and contribute to a safer decent society.



## **Initial Development and Implementation**

Development of the LW1113 Bystander Intervention module began in Summer 2016 for delivery in Semester 2 of the 16/17 academic year. A number of tasks had to be completed prior to delivery.

### **1.1 Module Creation**

The module content was adapted from the Intervention Initiative Toolkit (Fenton, Mott, McCartan, & Rumney, 2014). This evidence-based Toolkit was created by staff from the University of West England with funding from Public Health England and comprises 8 x 1.5 hour workshops focusing on issues of sexual and domestic violence, social normalisation of inappropriate behaviours, pro-social bystander behaviour, and practical skills development. An extensive literature review and review of the theoretical rationale for the Intervention Initiative was conducted and following this, a number of changes to the content were made for the LW1113. These modifications included removal of content, adaptation of information and statistics, and reduction in time spent on topics. A series of pre-pilot workshops were run with the Students' Union to gain the student perspective of the content and to ensure the workshops accurately reflect the Irish context. Weekly debriefing sessions were held at the end of each week of delivery to allow facilitators to raise any concerns or insights from that week. In the course of these debriefings, a number of minor changes were made to the content of workshops for the following weeks.

### **1.2 Facilitator Training**

As the workshops were designed for small groups of students, it was essential to recruit and train facilitators to run the module. Targeted emails were sent to Schools and Departments requesting initial interest in facilitating a group. Staff members who expressed an interest were then met with on a one-on-one basis to further discuss the module and the commitment involved. All facilitators were invited and encouraged to attend the pre-pilot workshop delivery for the SU. All facilitators were invited to further training workshops which provided training on issues of effective facilitation, policies and procedures of the module, and dealing with students in distress.

### **1.3 Implementation**

LW1113 ran in Semester 2 of the 16/17 academic year, weeks 2-7 inclusive. Dr Louise Crowley spoke with the students twice in Semester 1 to explain the content and objectives of the module. Student Health and Student Counselling and Development were informed in advance of the module that there could be potential disclosures during the running of the module and after it finished. All students were told of their timetable in November '16 to ensure any potential clashes could be ironed out in advance. Groups were run on Tuesdays and Fridays with a number of groups running concurrently. Students received full administrative support for the duration of the module and the semester. Attendance was closely monitored and any student who had failed to attend a workshop was contacted to ensure they were able to attend sufficient workshops to fulfil the pass requirements (50% attendance). Students were given the opportunity to attend a different group if they missed their own workshop in any given week.

### **Students complete 6 1-hour workshops on the below topics:**

Workshop 1: Introducing the Bystander

Workshop 2: Healthy, Positive Social Norms and Rape and Sexual Assault

Workshop 3: Rape, Sexual Assault, and Domestic Violence

Workshop 4: Domestic Violence and Bystander Intervention

Workshop 5: Practical Intervention Part One

Workshop 6: Practical Intervention Part Two

Students were provided with a list of local and national support services at the beginning of the module, which was available on blackboard and copies were available at each of their workshops. Students were encouraged to engage with services, facilitators, or other members of staff/family and friends, if they needed support due to the content of the module.

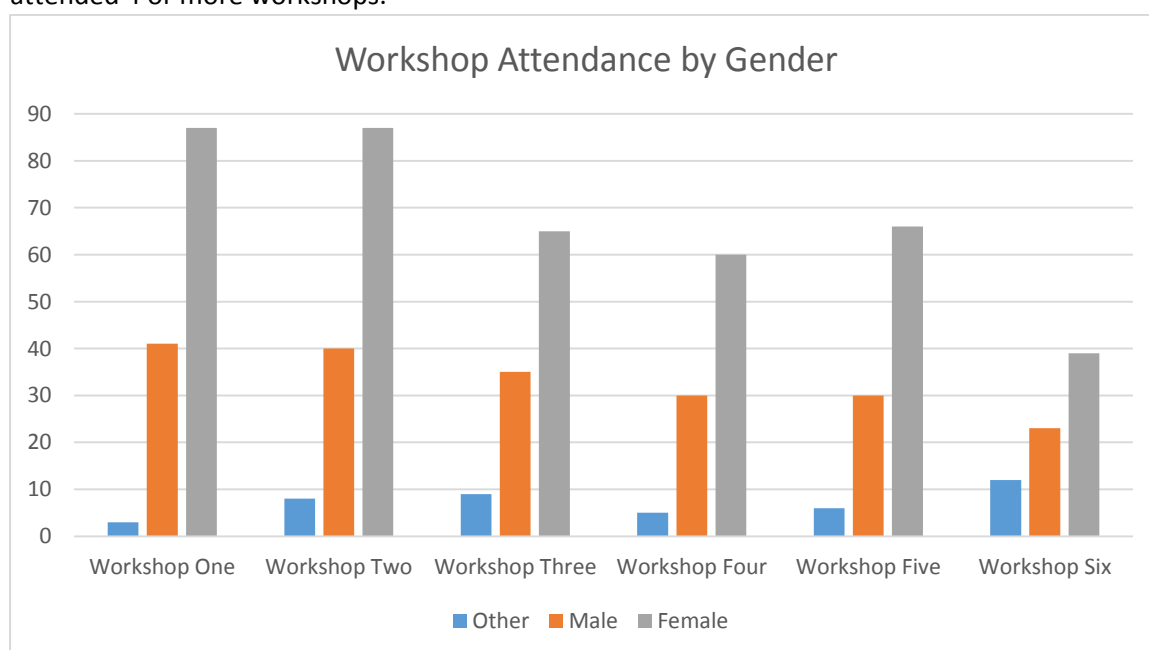
## Student Feedback

As part of the evaluative process, students were asked to complete anonymous feedback forms at the end of each workshop. These forms were workshop specific to investigate whether the learning outcomes were being met effectively.

### 2.1 Overall Module Feedback

#### Workshop Attendance

158 first year law students were enrolled for LW1113 in 16/17. Seventy-two percent (n=114) attended 4 or more workshops.



#### Module feedback form

Feedback from the 74 Students who completed the Overall Module Evaluation Form

Average Scores (1 = definite no/not good 5 = definite yes/excellent)

Workshop Content:	Score
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Learn and understand bystander intervention theory	4.53
Understand the stages for bystander intervention from noticing to acting	4.38
Understand that individuals can often be mistaken about others' beliefs and values (social norms theory)	4.37
Understand that sexual and domestic violence are a serious problem in society and in student populations	4.55
Be motivated to be a committed active bystander speaking out against violence	4.22
Identify that gender identities are socially constructed and socially policed	4.08
Recognise the links between sexist attitudes, discriminatory practices and gender based violence	4.30
Improve my knowledge about rape and sexual assault	4.30
Improve my knowledge about domestic abuse	4.37
Know where to go for help and/or support in cases of rape, assault or abuse	4.36
Be familiar with intervention strategies	4.27
Be confident to use intervention strategies in my everyday life	4.30
Increase the likelihood that I will use intervention strategies in my everyday life	4.33
Improve my communication and leadership skills for the future	3.89
<b>Programme Structure and Flow</b>	<b>Score</b>
Was the workshop clearly structured (i.e. did the right material come in the right order)?	4.45
Did the workshop make sense to you?	4.54
Did you feel that seminar group workshops were the appropriate structure for delivery of this workshop?	4.49
Was the workshop appropriate and relevant to student life?	4.38
Would you recommend this workshop to others?	4.26

<b>Other</b>	<b>Score</b>
The length of the workshop was about right	4.42
The facilitator(s) of the workshop did a good job of teaching and supporting me	4.71
The content of the workshop was inclusive (i.e of people from all backgrounds)	4.40

## Qualitative Feedback

Students were asked to provide further comments on the length of the workshop, the facilitators, the content of the workshop, and any general further comments.

### 1. Length

On conducting analysis of comments using Grounded Theory methodology, 1 main theme emerged.

**Right Length**

**Most comments indicated that the module length and workshop lengths were the right length.**

Students felt that any longer could discourage attendance or could be too much.

“Not too long, different material each week” – Male Student

“Length was just right, wouldn’t have it any longer” – Female Student

“Yes, any longer may have discouraged students from attending. It was long enough to provide us with the necessary information and skills” – Female Student  
“The hour is perfect to get a lot of material covered without it being too much” – Female Student

**Other:**

“40 mins” – Female Student  
“Could have been contained into less classes than six in my opinion/ By 6 classes allowed us to get a good understanding of the content” – Male Student  
“Stretching to 70-75 minutes would be helpful in ensuring delivery of comments by the instructors” – Male Student

## **2. Facilitators**

On conducting analysis of these comments using Grounded Theory methodology 1 theme emerged.

Approachable/  
Helpful

**Students felt that the facilitators were approachable and friendly which led to a comfortable group environment.**

“Really approachable facilitator, I felt that as a result of her delivery of the material, it was a really comfortable environment” – Female Student  
“The facilitator was very helpful in making it easy to understand” – Male Student  
“Very understanding and approachable” – Female Student  
“Very friendly, helpful, allowed us to participate as much as we felt comfortable as individuals” – Male Student

**Other**

“Yes, everyone was very nice and open” – Female Student  
“Excellent for pilot programme” – Female Student  
“The facilitators did a great job” – Male Student  
“Very interesting, always related to student life and age groups” – Female Student

## **3. Content**

On conducting analysis of these comments using Grounded Theory methodology, 1 theme emerged.

Inclusive

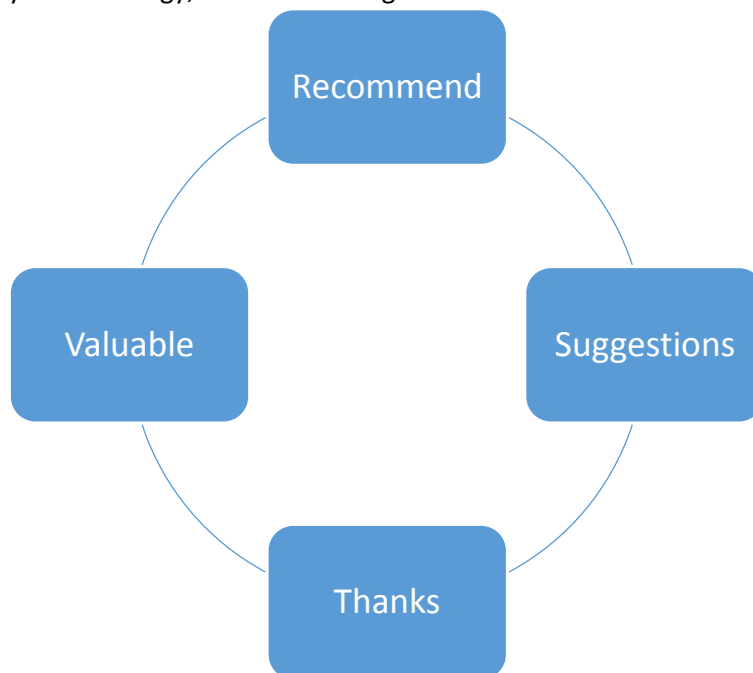
**Students expressed their opinion that the module was inclusive.**

“Very inclusive lots of group work allowed this” – Male Student  
“The last two weeks were the most inclusive and practical. I thought they were the best” – Female Student

“Yes, very inclusive” – Female Student

#### 4. Further Comments/Recommendations

17 students provided comments for this questions. On conducting analysis of these comments using Grounded Theory methodology, 4 themes emerged.



**Students felt that the module was very beneficial and should be rolled out across the university.**

“Module was worthwhile but challenging. It should be rolled out to all students in UCC for it to have an effect” – Female Student

“I thought this was a very beneficial module and would encourage it to be taught to students in other faculties not just law, as perhaps law students might have more awareness through studying criminal so it might be good for other students” – Female Student

“I really do hope that this goes mainstream, valuable life lessons and students deserve to learn these skills...” – Male Student

"I strongly feel it should continue to grow as a module to every student in UCC" – Male Student

"I can't stress enough how important it is that more students get the opportunity to participate in this workshop. I didn't actually realise that I was personally affected by the material, but it meant that I could go and talk about it..." – Female Student

**Students had suggestions on how to improve the module, especially the inclusion of more role playing opportunities.**

"Possibility of more role play scenarios should be considered" – Female Student

"Maybe more could be included on potentially dangerous situations. How to identify and avoid! More emphasis on the innate danger of intervention – more informed decisions on the students part as a consequence, if choosing to intervene" – Male Student

"More use of the practical situations like the role plays etc." – Male Student

"The module should focus on the role plays and intervention improvisation more. It should be incorporated into every week rather than having it altogether in the last two weeks. I think there should be more open discussion around sex, sexuality, attitudes, behaviours in general so people get to know other peoples' beliefs and opinions. Sexual health would also be good to include" – Female Student

**Appreciation**

"Well done and thanks" – Male Student

"Thanks again" – Male Student

"Thank you!" – Male Student

"Thank you so much for running this workshop" – Female Student

"Very valuable module with huge relevance to student life..." – Female Student

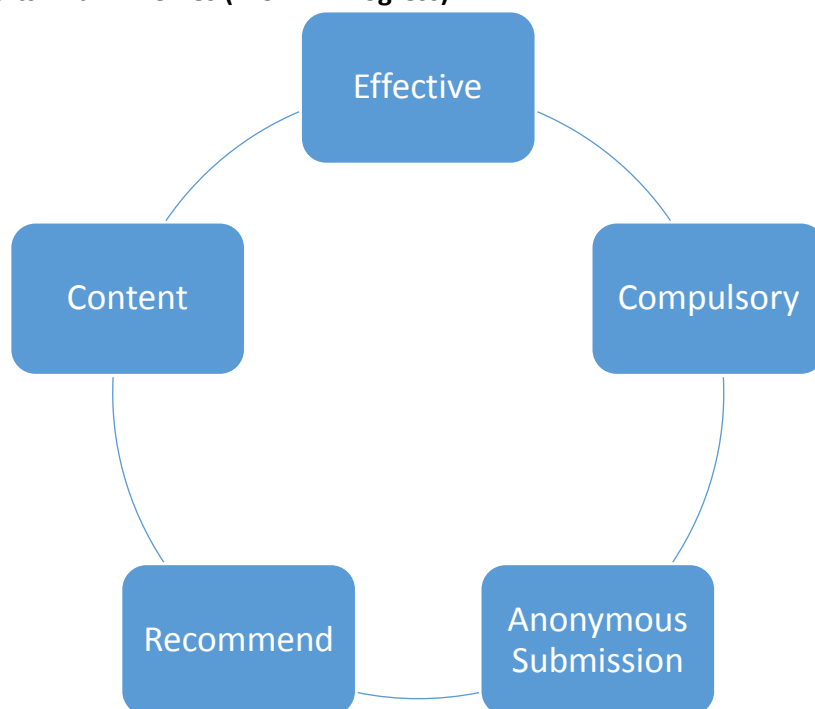
"Very interesting and worthwhile" – Female Student

"Enjoyed the module would have loved to have carried it on" – Female Student

## Focus Groups Preliminary Analysis

All first year Law students who completed the LW1113 Bystander Intervention module in 16/17 were invited to take part in focus groups in order to investigate the efficacy of the overall programme (content and structure). 12 students participated (6 male/6 female) in semi-structured focus groups which were approximately 2 hours in duration, facilitated by an independent research assistant to ensure un-biased responses.

### Preliminary Results: Main Themes (Work in Progress) \*



#### 1. Effective

One of the main underlying themes emerging from the preliminary analysis of the focus groups was the overall efficacy of the programme. The participants felt that the module was effective in

providing them with the theoretical knowledge and practical skills to safely, and effectively intervene in potential dangerous situations, and also in everyday situations that are not related to sexual and domestic violence but perhaps are harmful for society in general.

"I feel much more quietly confident that I have a few more ideas now if I'm ever a bystander." - Female

**When asked was it effective:**

"Definitely ... just much more aware of your surroundings. Things that are probably going on the whole time but now more aware of it. Even, and this sounds dramatic, but even if you're out, you just see things in a different light after it. It was very effective that way". – Male

"Yeah, I think that you feel more entitled to intervene, you feel you have more of a knowledgeable background to what you're doing I suppose ... impulse to stop before things get out of hand, but now you're equipped with the skills of what you want to do." - Male

## **2. Compulsory**

All participants felt that the module should be compulsory. They felt that the content was of such importance that it was necessary for students to engage with the module. They answered honestly stating that if it were optional they may not have registered for it due to laziness and other factors but were happy that it was compulsory. They felt that they gained a lot from attending.

**When asked if the module should be compulsory:**

"Yeah" – Male

"...because there might be people at the start and they didn't want to go but then they go and they might change their mind." – female

"I think the way they handled the compulsory element of it was really good, as in there offered the 5 credits. I think that was good because it was focused more on encouraging people to go rather than punishing people for not going which I thought was important." – Female

"... I think if we were going to make it non-compulsory but roll it out the entire university I don't know would that be good because when I was talking to my friends in other courses, they had a, I think there's a lot of misunderstanding around it... you would have to make it compulsory." – Female

"Compulsory, yes. And generally I wouldn't be someone for saying you should do something or you shouldn't do it, I think you should be able to do whatever you want. But in this instance, I think UCD tried to do it, something along these lines, and they made it optional. And I think they spent loads of money on it and nobody turned up. And I don't think that's because people are unengaged. It's just because college students don't want to go ... I personally think anyway; I truly couldn't think of any reason that it wouldn't be compulsory." – Male

## **3. Recommend the module?**

Participants mentioned that they would recommend the programme to others and felt that, especially as sex education is not fully offered in second level education, offering it to first year college students was welcome.



#### **4. Content**

Participants felt that the content was both appropriate and engaging with a few students suggesting that more of a gender-balance regarding statistics and content would be useful.

There were perhaps slight differences in facilitator approaches for the relaying of gender-based material, some participants felt that the important emphasis upon the fact that only a small minority of males are perpetrators was clear from the very beginning of the programme, whilst others felt that this was not made clear until later workshops.

Participants particularly benefited from the practical role-play scenarios and regarded as very useful, the inclusion of material which relied upon the lived experiences of students. They emphasised the capacity for those personal experiences to effectively get the message across, making the content and issues raised real for them.

Some mentioned that the statistics presented were quite dense and maybe it would be more helpful to present the statistics of a particular topic and then work on practical scenarios to allow for a deep understanding of the material.

“I was just saying that it wasn’t probably until week 3 or 4 that it was made clear by the facilitator the whole concept of this is a small minority of men and I think, I don’t know, that men were probably put in a bad light for the first couple of weeks.” – Male

“Sorry, I’m not trying to, because I don’t know how you felt about it, but definitely in our class anyway, it went in straight away because there was one boy in our class and maybe that’s why he was emphasising it, saying it’s not all men. Because straight away they said that it might be 97% of perpetrators are men but only 5% of men are perpetrators” – Female

“So in terms of what we got, it seemed to be a very well rounded look at the topic. And it wasn’t completely focused on one aspect of it or one issue or even women and men or whatever. It was well-balanced in that regard.” - Male

“I thought the content was perfect. I thought it was very appropriate to student life. The scenarios were very real. I really enjoyed it.” – Female

“I love the scenarios, just these subtle quick decisions can change someone’s life” –Female

“... the whole thing around the bystander effect was “by just going nothing, you are a bystander” and just one small thing could stop someone from being raped or stop something from going really bad, so I kind of loved that aspect of it ... Small margins can make huge things.” – Male

#### **5. Anonymous Submission**

A number of participants mentioned that a facility to allow for anonymous opinions and questions would be beneficial, as some may feel uncomfortable voicing their thoughts, if they were contrary to those of the majority or if they were of a sensitive nature.

“...if you had an opinion but you were worried that it would be against the majority ... it might be a slightly childish thing but if everybody could actually write it down and hand it to the facilitator then the facilitator could read it out, and then everyone could give their genuine opinion” – Female

## Dissemination and Outreach

Presentations on the UCC Bystander Intervention module at the following events:

- **Developing and Evaluating a Sexual Violence Prevention Programme for 3<sup>rd</sup> level in Ireland**  
Confederation of Student Services in Ireland UCC 22-23 June 2017 – Plenary session lecture and poster.
- **Universities to join ‘It Stops Now’ campaign** Irish Examiner 6 April 2017  
<http://www.irishexaminer.com/ireland/universities-to-join-it-stops-now-campaign-447040.html>
- **Bystander Intervention at UCC: Students as Contributors to a Safer Campus**  
National Women’s Council of Ireland launch of *It Stops Now* the campaign – Cross jurisdictional EU funded project *Ending Sexual Harassment in Third Level Education* (ESHTE). Law Society of Ireland 5 April 2017.
- **Bystander Intervention at UCC: Students as Contributors to a Safer Campus**  
Tackling Gender-Based Violence in Universities - A joint symposium between Newcastle University, Northumbria University and the British Sociological Association Gender Study Group. Newcastle University Tues 14 March 2017
- **Interview Today FM** - Matt Cooper The Last Word 9 February 2017
- **Bystander Intervention – Students as Contributors to a Safer Society**  
RESPECT Launch and Inaugural Conference – Keynote address Newry, Co. Down 25 November 2016
- **Bystander intervention scheme aims to foster societal roles** Irish Examiner 25 November 2016  
<http://www.irishexaminer.com/viewpoints/analysis/bystander-intervention-scheme-aims-to-foster-societal-roles-432257.html>

- RTE Radio 1 Drive Time interview March 29 2018
- “Relationships and education on campus” Letter to the Irish Times 6 April 2018

### **Dr Louise Crowley**

Dr Louise Crowley, Senior Lecturer in Family Law at the School of Law has championed the development of the Bystander Intervention module at UCC, introducing it on a pilot basis for all first year law students in 2016/17. This module seeks to encourage a greater understanding and awareness of the normalisation of sexual misconduct, to empower students to challenge these perceived behavioural norms, and to recognise their role as contributors to a safer campus and society. Louise is currently a member of the National Advisory Committee *Ending Sexual Harassment in Third Level Education* (ESHTE) and of the Tusla Cork City and County Domestic Violence Needs Advisory Project. She has also published nationally and internationally on domestic violence laws and processes and the urgent need for reform.

**June 2018**

### **1.0. Executive Summary**

1.1. This submission is made jointly by Dr Pádraig MacNeela and Dr Siobhán O’Higgins, School of Psychology, NUI Galway. Since 2013 Dr MacNeela has worked to design and deliver sexual consent programmes for adolescents and young adults, particularly in a third level institutional context, and to implement facilitator training associated with these programmes. Dr O’Higgins has over 25 years experience as a sexual health educator with school age children, adolescents, and young adults. Her expertise includes positive sexual health promotion on contraception, STIs, and healthy relationships.

1.2. In this submission we provide an overview of critical issues in sexual health among young people, based on our survey and qualitative research on attitudes to consent, experiences of sexual health education at school, self-reported consent behaviours, and pornography use. We describe the SMART Consent workshop and a positive sexual health workshop that we have implemented in third level institutions, and make recommendations for sexual health and relationship education, including contraception and consent. Over 2,000 students around the country have taken part in the SMART Consent workshop since 2015, over 100 people have been trained as workshop facilitators within the past 12 months. Evaluations of the workshop show that it is very acceptable to young people. This is not least because we incorporate data from over 3,000 students who have taken part in the primary survey and qualitative research that we use to generate workshop activities. We work according to the following research definition of sexual consent: *“The freely given verbal or non-verbal communication of a feeling of willingness to engage in sexual activity”* (Hickman & Muehlenhard, 1999, p. 259).

1.3. We argue that the SMART Consent workshop is necessary for adolescents as well as young adults for a number of reasons:

- The majority of college students we have surveyed expressed dissatisfaction with the sexual health education they received at school.
- Large percentages of single students in particular report in our surveys that it would be difficult to tell their partner that they do not wish to engage in sexual activities.
- While personal norms toward positive consent are strong, there is a belief that peers do not share the same positive beliefs.
- While a large majority of individual students report they would use verbal consent before having sex, interviews we have carried out with college students has revealed numerous obstacles in confidence and skills related to consent.
- We have developed and implemented the SMART Consent workshop as a very successful, engaging experience for young people to learn about sexual consent in a supportive environment. This workshop has been shown to be both acceptable to young people and effective in raising awareness and knowledge. For instance, the percentage who strongly agreed that they feel well informed about sexual consent went from 23% (Pre-Workshop) to 65% (Post-Workshop).
- We recommend that support for sexual health should be supported at third level and at earlier levels of the educational system through integrated consent /

sexual health workshops – which we have found to be both effective and highly acceptable to young adults.

- We state that it is important to establish the sustainability of this approach by providing high quality training to teachers and other relevant professionals.
- This approach could be supported through developing a short training programme and a learning module offered through an educational institution.

1.4. Dr Pádraig MacNeela is a Senior Lecturer at the School of Psychology, NUI Galway. He carried out research supported by Rape Crisis Network Ireland in 2013 on college students' understanding of sexual consent (MacNeela et al., 2014). As part of the focus groups carried out for this study students worked in groups to review short consent scenarios. Many remarked that they did not had an opportunity to talk about consent before. Over the next year Dr MacNeela supervised students at NUI Galway to gather survey data on perceptions of consent and of scenarios depicting consent. He developed the SMART Consent workshop in 2015, which has since been supported by the Irish Research Council (IRC) New Foundations programme, the IRC Research for Policy & Society Programme (funded by the HSE Sexual Health & Crisis Pregnancy Programme), and the NUI Galway Student Projects Fund. Survey and qualitative data arising from this programme of work were reported in a 2017 research report (MacNeela et al., 2017), along with a Randomised Controlled Trial of the SMART Consent workshop which demonstrated its effectiveness and acceptability to young adults. In 2017-18 he worked with Dr O'Higgins to establish a consent workshop facilitator programme. Training has been provided to over 100 students, academics, and student services staff across a number of third level institutions. He is currently working with Dr Charlotte McIvor (O'Donoghue Centre for Theatre, Drama, & Performance, NUI Galway) to develop short films on sexual consent for dissemination via social media and in workshops.

1.5. Dr Siobhán O'Higgins is a Post-Doctoral Researcher at the School of Psychology, NUI Galway. She has been promoting sexual health since 1990. She has worked with parents, young people, teachers, educators and prisoners as a youth and community worker, then a teacher, lecturer, and sexologist. She has a Masters in Health Promotion, and qualifications in counselling, youth and community work. In 2011 she was awarded a PhD for research into what young Irish people want to learn and how they want to be taught about sexuality and relationships. The research also looked at RSE teachers' reactions to the young peoples' data and what they felt they would need in order to teach these topics. Siobhán put her research into practice working with AIDS West as a Sexual Health Programme Developer and Educator. Siobhan has worked with third level students since 2002 on sexual health at third level institutions across Ireland. Most recently she has collaborated with Dr Pádraig MacNeela to implement the SMART Consent initiative, based on using sexual health promotion strategies to translate research data enhanced awareness and skills in relation to sexual consent.

## **2.0. Structure of this Submission**

2.1. In this submission we provide information relevant to the work of the Joint Committee on Education & Skills in reviewing sexual health and relationship education, including contraception and consent; in how this education would best be delivered in primary and post-primary schools, colleges, youth clubs and other organisations involved in education and interactions with young people; and taking account of wider

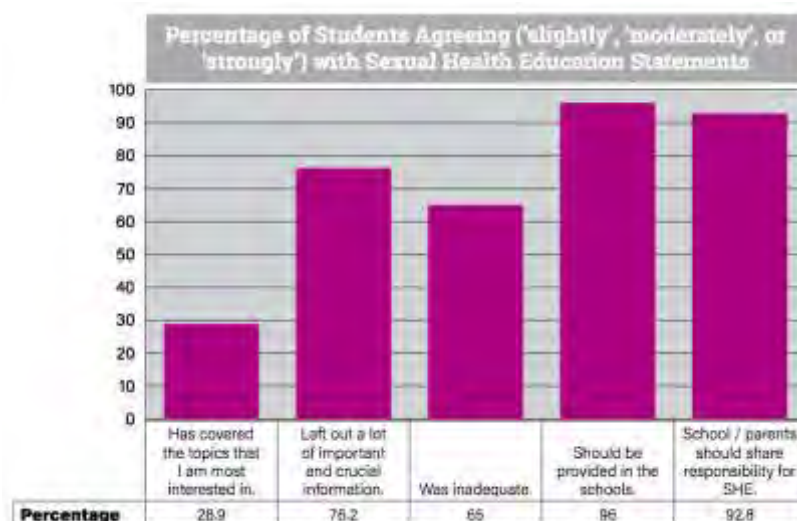
issues of healthy/positive sexual expression of relationships, LGBTQ+ issues, and access to online and social media.

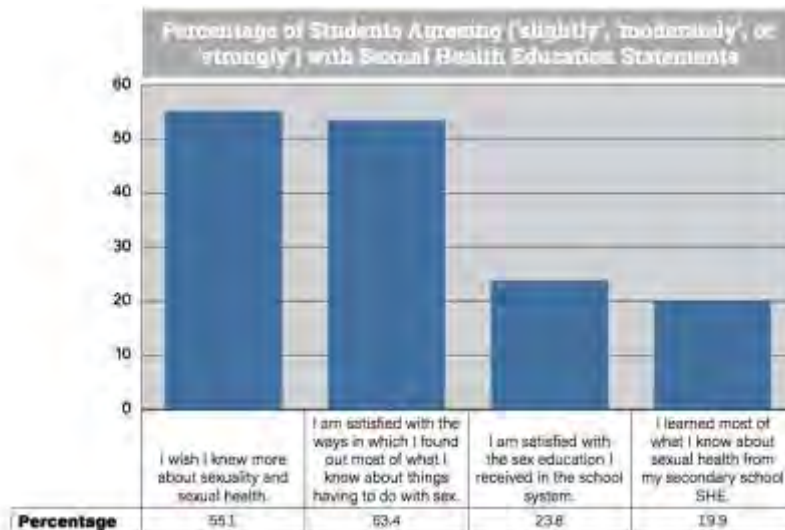
2.2. This information is derived from quantitative and qualitative research conducted with over 3,000 third level students since 2015, and from research linked to the SMART Consent workshop devised at NUI Galway.

### 3.0. Findings on Sexual Health Education, Sexual Consent, Sexual Self-Efficacy, and Use of Pornography

**3.1. Attitudes to Sexual Health Education at school.** We used the General Satisfaction with Sexual Health Education scale (Byers et al., 2003; Meany, 2009) in a 2016 online survey with 446 third level students to measure perceptions and attitudes toward experiences of sexual health education at school. Originally, the nine items were used with a sample of undergraduate students in Canada to identify perceptions of high school sexual health education. Items are scored on a 1-7 Likert scale (strongly disagree – strongly agree).

3.2. Edited item labels are presented below, alongside the percentage of students in our survey who agreed with each statement (i.e., they selected the 'slightly', 'moderately', or 'strongly' agree statements). The students agreed that sexual health education should be covered in schools, but their own experiences at school were largely unsatisfactory. Only 29% of students agreed that their sexual health education covered the topics they were most interested in. Two-thirds (65%) thought their sexual health education at school was inadequate. Only one-fifth indicated they had learned most of what they knew about sexual health from school, while over half were satisfied with the ways in which they had found out about sex (i.e., for the most part outside school).





**3.3. Qualitative perceptions of consent education at school.** In 2017 we carried out interviews and focus groups with 22 college students on experiences of sexual health education at school and perceptions of consent workshops (D'Eath, Silke, O'Higgins, & MacNeela, 2017). The students said they had entered college with little formal preparation in sexual health or the development of healthy sexual relationships. School sex education was widely characterised as minimal or limited, focusing on biological development rather than emotional or relationship issues. Sexual consent was not discussed in these classes. In this context, students had little awareness of consent as a discrete element of sexual health and lacked the language with which to discuss it. Sexual consent was described as an uncomfortable issue and a taboo subject: *"I've never had a conversation about consent really. .... Why is it so difficult for us, and me as well, to talk about things like consent? There is still a huge taboo about it"* (Beth). Negative sexual experiences were not framed within a context of consent: *Like if something happens, they might talk about it and be, like, "aw I didn't want that". But they'd never say, I didn't consent. ... Like, it would be brought up that way. Nobody sits around talking about consent. (Xena); And you don't talk about it. You don't talk about with your friends how they would approach the same scenario (Ethan).*

**3.4.** Just as consent was not explicitly discussed among friends, it was not verbalised within the context of intimate contact. It was more associated with implicit communication, through actions or gestures or the production of a condom. Daisy characterised the practice as: *"Pull out the condom. Maybe just go for it. Thumbs up, or that kind of way"*. Her sense of the peer norm was that verbal consent was not seen as an attractive option: *They think that they'll lose their chances with whoever if they start getting into consent, that kind of way.... It's kind of not with the flow. ... You kind of have to take a minute and be like okay, I'm gonna have to ask for consent now.*

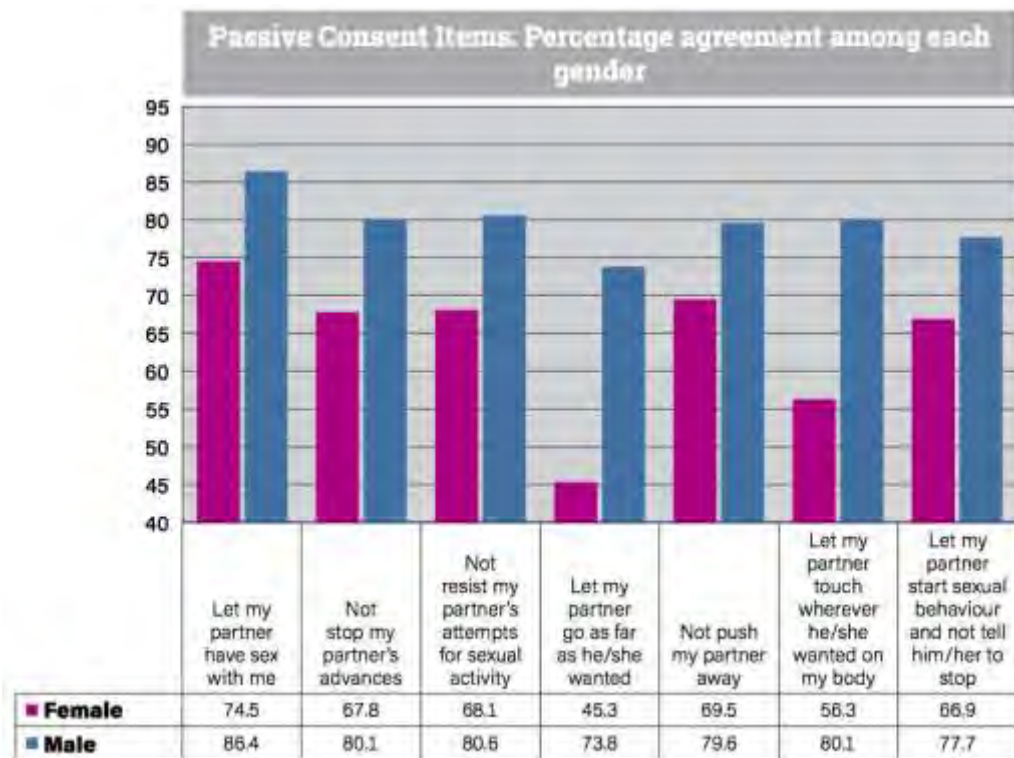
**3.5.** John characterised verbal consent as bureaucratic or formal, and could lead to a loss of momentum or spontaneity: *"I'd say people feel like it's very bureaucratic like. You have to have everything wrote down or planned out beforehand like"*. Kate did not see verbal consent as something that could be reconciled with the dominant sexual script when hooking up: *"the last thing they want to be doing when they're with someone, going are you okay now? Are you okay now? ... The other person would probably be like oh my God! Who is this? Do you know that kind of thing?"* Verbal sexual consent was equally seen as unlikely in the context of an established relationship: *But when you're say in a*

*relationship with someone for a long time, obviously the ways you give consent might change because do you need to say? Every time you're gonna have sex, do you have to say are you up for this? Do you wanna have sex? We're gonna have sex now like* (Hank). These accounts from the students suggest that they leave second level education with limited sexual health education, no formal preparation in sexual consent, and without the language with which to discuss sexual consent or negotiate it in intimate situations.

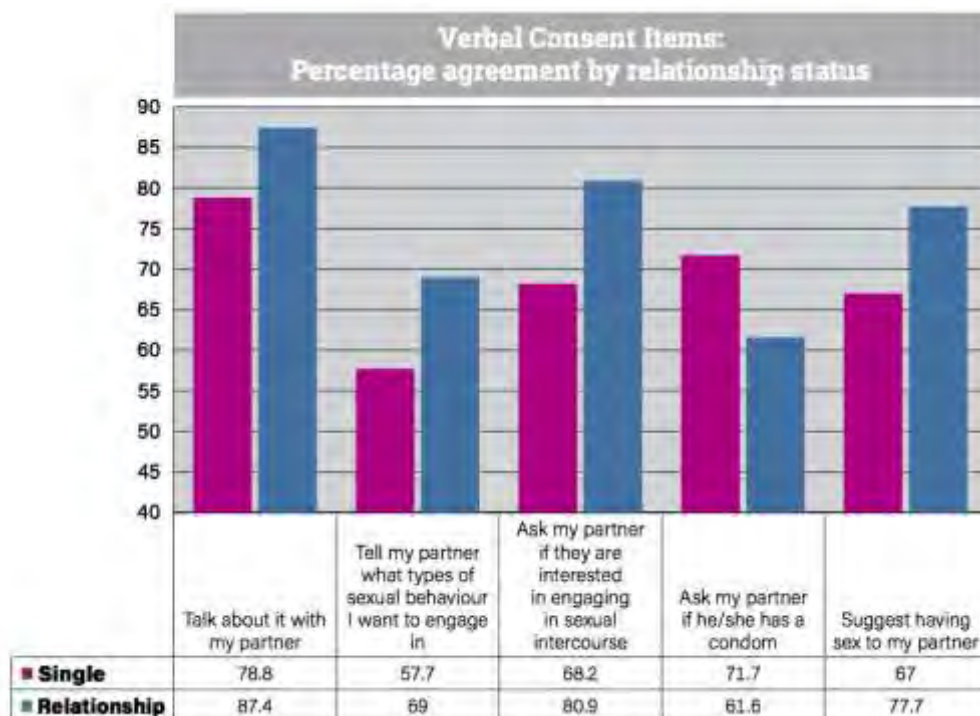
**3.6. Self Reported Consent Behaviours.** Using a sample of 698 U.S. college students, Jozkowski and Peterson (2014) validated the 44-item Perceptions of the Consent to Sex Scale as a tool to allow adults to self-report how they typically indicate their consent to sexual intercourse. The scale comprises five different clusters of behaviours: (a) Verbal cues (10 items); (b) Nonverbal signals (13 items); (c) Passive behaviour (10 items); (d) Initiator behaviour (7 items); (e) Removal behaviour (4 items). We conducted an online survey of 632 students in 2016 which they rated these behaviours in response to the opening question: 'In general, how would you let your potential sexual partner(s) know if you were going to consent or agree to engage in intercourse with them?' Each item is rated on a 4-point scale from 'strongly disagree' to 'strongly agree'. We found that college students in Ireland strongly endorse verbal and non-verbal consent strategies in describing how they themselves convey consent (typical score: 3.00 out of 4.00). Passive and Initiator consent were only slightly less strongly endorsed (typical score: 2.70 out of 4.00). These two forms of consent require critical reflection. A person might interpret their partner is giving passive consent (not resisting, not saying no) but that partner might in fact be highly intoxicated, intimidated, or internally unwilling to have intimacy. Initiating consent entails taking the lead in pushing forward with seeking consent (going as far as you can before you are stopped), which may be seen by the other person as pressurising or dominating.

3.7. There was a small but consistent difference by gender in agreement with passive forms of showing consent to sex. This is seen in the table below, which displays the percentage of men and women who agreed they would adopt passive behaviours. The difference in rate of agreement is around 10% for several items (e.g., 'let my partner start sexual behaviour and not tell him / her to stop'), with some items yielding larger differences (e.g., 'let my partner go as far as he / she wanted' with a difference of over 30% in agreement rates between the genders; 'let my partner touch wherever he / she wanted on my body' with a difference of 24% in agreement rates). These differences are consistent with a stronger role for women as gatekeepers in the traditional sexual script (Wiederman, 2015), where they are assumed to control and restrict access to sex, and to be seen in a negative light if they give sex too often or 'easily'.



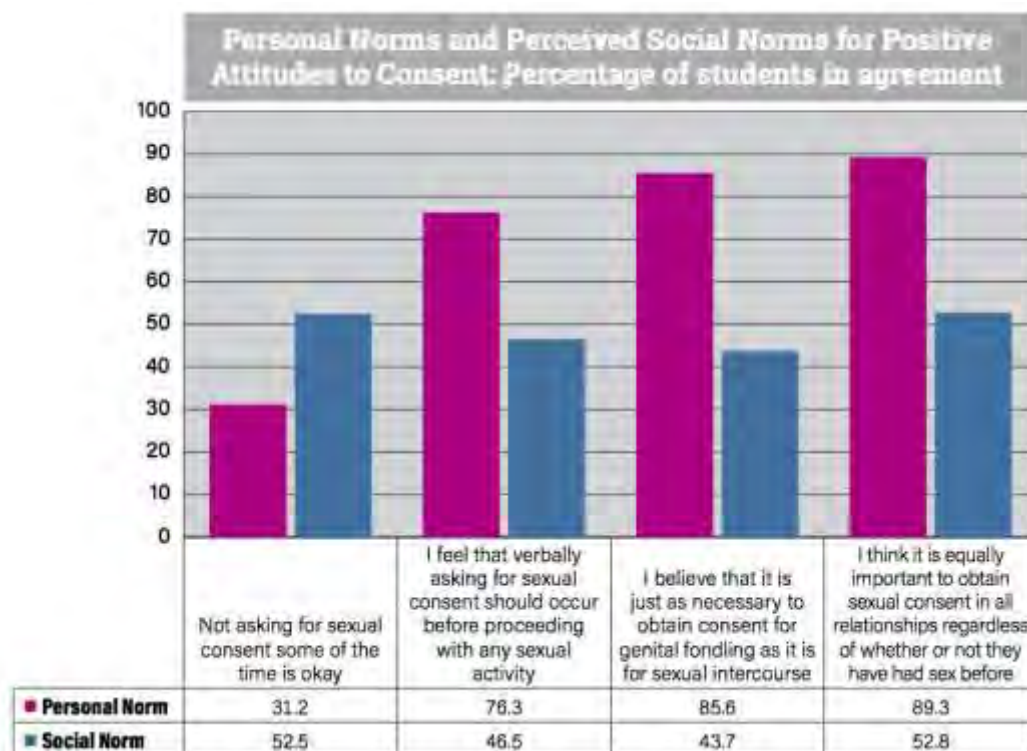


3.8 With respect to verbal consent items, the key difference we noted stemmed from relationship status. These differences are not pronounced but typically amounted to a difference of 10% in agreement rates by relationship status. Although a majority of single students agreed that they would use individual verbal consent strategies, their rate of agreement was lower than among students in relationships. This is illustrated by ratings of the item on asking the partner if they are interesting in having sex (68% of single students agreed they would use this strategy, compared with 81% of students in a relationship).



**3.9. Positive Attitudes to Consent.** We included one of the sub-scales from the Sexual Consent Scale-Revised devised by Humphreys and Brousseau (2010), which assesses beliefs, attitudes, and behaviours regarding consent. The scale consists of five separate sub-scales, each with an associated set of items. Items are rated on a 1-7 Likert scale (from 'strongly disagree' to 'strongly agree'). We used the Positive attitude toward establishing consent sub-scale (11 items, e.g., 'I feel that sexual consent should always be obtained before the start of any sexual activity'). We used the 11 items of the positive attitude toward establishing consent sub-scale in our online survey of 632 students in 2016. In addition, we devised a perceived social norms variation on this sub-scale for use in this survey. We wanted students to tell us both what their own attitude was toward each item and what they believed that most other students think about the same items. The social norms variation on the scale presented the positive attitude questions prefaced by 'Most other students'. This allowed us to identify whether the survey respondents saw other students as holding similar or different norms to themselves.

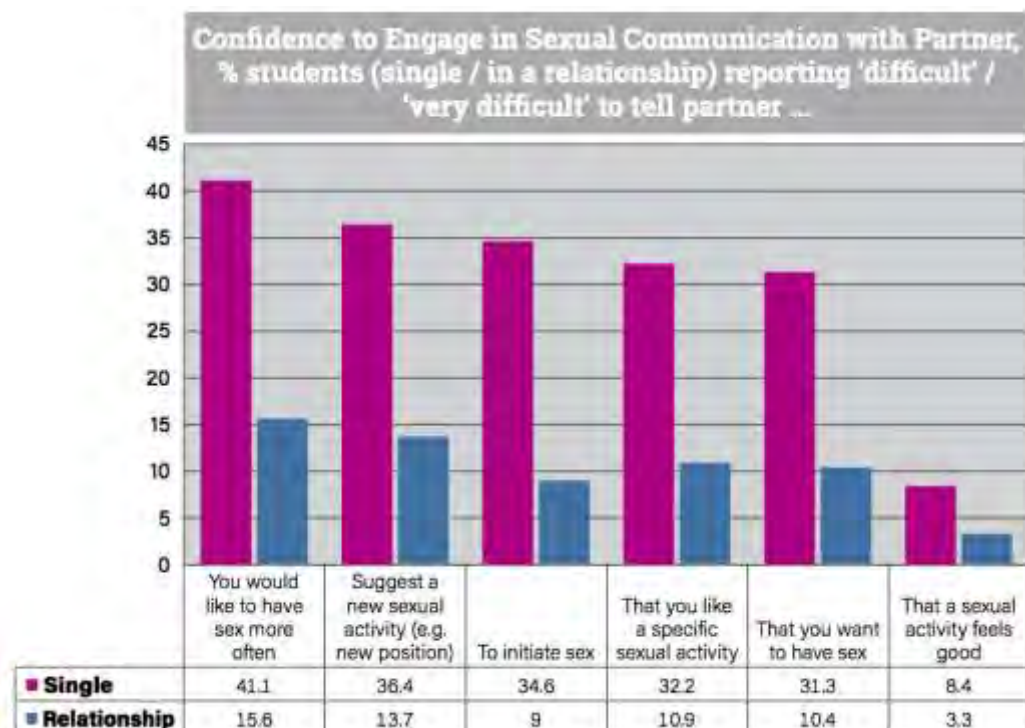
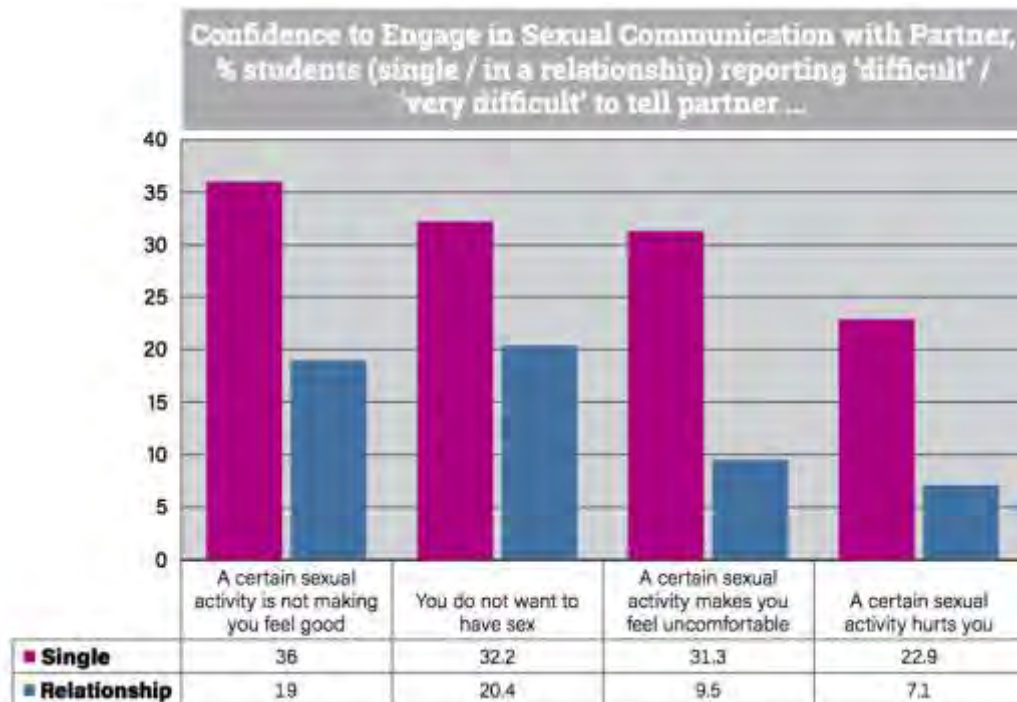
3.10. Our survey findings revealed highly positive attitudes to seeking consent. The more positive mean item scores was higher than was the case with the original validation sample of 372 undergraduate students in Canada. For instance, the mean score among our respondents for the item 'I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity' was 5.54 out of 7.00, whereas the mean score in the Canadian validation sample was 4.17. Overall, the personal norm scores were very positive among our online respondents. However, for all the items in the scale, the students inaccurately saw their peers as being less positive about consent (a social norms gap). The next table presents several individual items in terms of the percentage of students who agreed with them (i.e., a rating between 5-7). Whereas 31% of students agreed that 'not asking for sexual consent some of the time is okay', 53% reported that, in their view, most other students thought that not asking for consent sometimes was okay. Over three-quarters of students agreed with the three other items in the table below (sexual consent should be verbally agreed before any sexual act; consent is just as necessary for fondling as for sexual intercourse; consent is equally important regardless of relationship status). By comparison, half (or less than half) of the students reported that, in their view, most other students agreed with the same items. The disparity between personal attitudes and perceived attitudes of other students is significant and could impact on personal decision-making.



**3.11. Sexual self-efficacy.** Consent involves expressing preferences for what the person would like to do and not like to do sexually. This aspect of consent taps into self-efficacy, meaning the belief that one is capable of doing or enacting a particular behaviour. Feeling confident about your ability to do the action entails a sense of confidence in the ability to do it. We can look at self-efficacy as a continuum of confidence to engage in sexual communication, from the person not believing that they can do it through to confidence that they can communicate their preferences to a sexual partner. We used a new scale to assess self-efficacy, developed by Quinn-Nilas et al. (2016) who validated the Sexual Communication Self-Efficacy Scale with UK adolescents in order to assess how confident adolescents and young adults are in engaging in different forms of sexual communication. Their measure incorporates five factors: contraception communication, positive sexual messages, negative sexual messages, sexual history, and condom negotiation.

3.12. We used two of the sub-scales in an online survey of 477 students in 2017, assessing how confident survey participants were in communicating positive sexual messages and negative sexual messages. Positive messages refer to communication of preferences and desires to enhance sexual experiences, whereas negative messages refer to situations where there is a problem or issue that should be addressed. The participants picked an option to say how easy or difficult they found examples of positive and negative sexual communication. The key differences that we found within the student group occurred between participants who were single and those in a relationship. The findings are presented below, highlighting the percentage of participants who found it 'difficult' or 'very difficult' to communicate on a particular topic. The first table on negative sexual messages shows that participants not in a relationship were more likely to find it difficult to communicate a problem or issue. For instance, over a third of the single participants said they would find it difficult or very difficult to tell a partner that a certain sexual activity is not making them feel good, compared with one-fifth of students who were in a relationship (a 17% difference).

3.13. The difference between single students and those in a relationship grew larger on items referring to positive sexual communication. Over a third of the single students reported it would be difficult or very difficult to say they would like to have sex more often, compared to one in ten of the students in a relationship. Taken together, the responses to the Sexual Communication Self-Efficacy Scale suggest that a considerable proportion of students, especially those not in a relationship, feel that it is difficult for them to express concern about sexual activities that they are not comfortable with.



**3.14. Use of Pornography.** An online survey we conducted of 627 college students showed that 41% of women reported using pornography in the previous six months: 19% of women used pornography less than once a month, 13% used it between once and 2-3 times per month. A small proportion of women reported using it once a week or more (8%). These figures contrast sharply with the figures for male students. Only 6% of men reported not using pornography at all in the past six months, and 8.7% used it less than once a month, while 19% used pornography between once a month and 2-3 times a month. Thirty per-cent of men used pornography once / twice a week, while 21% used it three / four times per week or more. These figures reflect international research which demonstrates that, typically, boys and girls first access pornography around age 12-13. The figures also mirror the pattern of extensive, regular use of pornography by most young adult males. While pornography can have a positive impact in assisting with learning about sexual activity, especially when formal sexual health education is not available, nonetheless, the scripts for sexual activity and role models that young people are exposed to do not map well on to the WHO definition of positive sexual health.

**3.15. Qualitative analysis of consent definition.** In our workshops we use the following definition of sexual consent: *“The freely given verbal or non-verbal communication of a feeling of willingness to engage in sexual activity”* (Hickman & Muehlenhard, 1999, p. 259). This definition is consistent with the legal definition of consent adopted in 2017 in Ireland. In one online survey we carried out in 2016, 317 students wrote free text responses to the trigger question ‘What does consent mean to you’. This provides a unique insight into how young adults’ working definitions of consent tally with the legal and research definitions. We found that 68% of students reference verbal consent in their responses and 66% mentioned that consent refers to sexual activity. These were the only features that were described by a majority of students – Nonverbal consent was referenced by 42%, Willingness by 38%, Freely given by 19%. We also noted other features beyond the ‘official definition’ – Mutual consent was mentioned by 24%, Ongoing consent for all activities by 20%, Agreement by 13%, Relationship status by 12%, and Permission by 9%. We concluded that students commonly associated consent with sexual intercourse specifically (rather than mentioning it as equally relevant to all activities), and were not very likely to describe the internal consent processes (personal willingness, not feeling pressurised). While there was some awareness of the impact on intoxication on capacity for consent, the ongoing nature of consent, and the mutuality of consent (i.e., a shared understanding), these elements were not commonly cited. We concluded that, although consent should be dynamic and dyadic, to reflect the ongoing and mutual nature of consent, it is more usually about giving / getting permission. As we have noted earlier, the emphasis on verbal consent in the responses was a positive feature, but when students talk in detail about verbal consent they note many barriers.

3.16. There was considerable complexity in the definitions that students offered, reflecting the ‘grey area’ of how to implement principles like ‘not too drunk’ or ‘clear non-verbal signals’. Representative definitions of consent offered by students included:

*To me consent means giving permission to someone, in my view it can be given verbal or non verbal (smiling, laughing, etc., showing you’re interested / like something, but non verbal can sometime be hard to pick up on and maybe misunderstood). I think consent should always asked in casual encounters or relationship and especially in sexual consent should be asked verbally.* [Comment: This definition gives important



information, but frames consent as 'permission' rather than a mutual communication]

*Consent to me is complicated. There doesn't always have to be the question 'is it okay if I....' as sometimes you both get carried away in a moment but it was consensual. Sexual consent is very much a grey area but if a person says no then they do not give their consent. However if they don't depending on their behaviour they may or may not have given consent through their body language.* [Comment: This definition references the 'grey area' that we speak about in workshops, one example we use is whether a smile is a sufficient signal of your partner's agreement – the partner might be feeling scared, feeling committed through earlier actions, or may be too drunk to talk, but in certain circumstances may be seen as sufficient by both people]

*Consent is a verbal or non verbal communication that a person gives freely which signals agreement that something should take place. The communication must be clear and consent given free from any undue influence.* [Comment: This definition covers important and specific points, yet it positions consent as something that is given rather than a mutual state]

*Consent is extremely important. Consent is the only thing that permits respect for your partner in sexual encounters, and without it sex becomes rape, a crime. Students can often find themselves in situations where they might be vulnerable, and so educating young people in consent and sex is particularly important.* [Comment: This definition clearly identifies the importance of consent and the principles underpinning it, although it doesn't give specific points of information about how this translates into practice]

#### **4.0. The SMART Consent Workshop**

4.1. The SMART Consent workshop is an active, youth-oriented workshop that lasts between 50 minutes to two hours depending on the group and opportunity available. It consists of a series of activities that are derived from the primary research that we have conducted with thousands of young adults in Ireland. The workshop raises awareness of consent, establishes clear principles about positive consent, and also reveals the grey area involved when this model of positive consent is implemented. The SMART acronym clarifies that consent is relevant to all **S**exual orientations / genders, involves a clear state of **M**ind that is not affected by intoxication or pressure, consent refers to all **A**ctivities and forms of intimacy, consent is critical not just to single people but to all regardless of **R**elationship status, and that positive, active consent involves **T**alking or nonverbal behaviour. The workshop was first piloted in 2015-16, it was tested using a Randomised Control Trial methodology in 2016-17, and the sustainability element of the initiative has been developed in 2017-18 through a training programme for facilitators and outreach work to a number of institutions. This year we have provided training to students and staff at University of Limerick, NUI Galway, GMIT, Dublin City University, Queens University Belfast, and the National College of Art & Design. We provided training to TCD in 2016. We intend to provide training in the near future to sporting organisations, a large community college, and to support institutions to embed consent workshops as a standard part of the experience for their students. We have also trialled the workshop in a secondary school environment. Training is possible as the workshop is based on a manualised approach using a workshop handbook and use of standard materials that we have developed since 2015. Over 2,000 students have now taken part in a SMART Consent workshop. We are currently working with colleagues to

develop a comic book project and films on consent that will further support outreach and sustainability.

4.2. The workshop involves: an introduction to describe our aims and introduce the facilitators, a brief pre-workshop evaluation, agreement of a group contract to protect participants, and at the end a debriefing as appropriate and post-workshop evaluation. The main activities in the main body of the workshop involve group members in agreeing what consent is, leading to an agreement on positive principles, followed by working through case scenarios / vignettes that demonstrate the complexity and grey area involved in sexual consent beyond these clear principles.

<b>SMART Consent Workshop</b>	
Activity 1:	What is Sexual Consent? Post It exercise that establishes the group members have positive, shared beliefs about what consent is
Activity 2:	Definition of Consent. Facilitator introduces official definitions of consent and discusses with group – there is a lot of overlap with their own definition
Activity 3:	Vignette 1: Martin & Aoife. First of three vignettes that illustrate the ‘grey area’ of consent – is a smile enough of a signal to communicate sexual consent?
Activity 4:	Vignette 2: Joe & Ciaran. Same sex scenario illustrates that consent applies to all sexual orientations. Ciaran models saying ‘no’ when he is not comfortable. When Ciaran asked Joe back to his flat, was this a green light for sexual intimacy?
Activity 5:	Vignette 3: Jim & Claire. Illustrates that consent applies to both genders – Claire tries to persuade Jim to have sex when he doesn’t want to. He does have sex with her, is it consenting?
Activity 6:	Social norms, ‘rope task’. We often imagine that other people are less accepting of consent (especially verbal consent) than they actually are. Participants choose point on rope stretched across the room to identify what they believe their peers would say. Our survey data is used to show what peers actually think.
Activity 7:	Wrap up – Key messages. SMART Consent – applies to all Sexual activities, depends on state of Mind and freedom from pressure, relates to all forms of sexual Activity, all Relationships and orientations, and involves Talking or nonverbal consent.

4.3. In the RCT study we carried out with the support of the Irish Research Council / HSE Sexual Health & Crisis Pregnancy Programme, we compared the SMART Consent workshop with a Sexual Health workshop focusing on STIs, contraception, and communication about sexuality. We found that both workshops were evaluated very positively. The consent workshop led to a significant change in intentions to carry out verbal consent, compared with the sexual health workshop. The positive appraisal of both workshops led us to propose a synthesis of the two approaches. The sexual health workshop covers similar introduction, group contract, and evaluation components. The curriculum specific to it set out below:

<b>Sexual Health Workshop</b>	
Activity 1:	Meaning of sexual health and sexual competence
Activity 2:	ABC corners – Explore positive attitudes to LGBTQI identity
Activity 3:	Contraceptive kit and condom demonstration
Activity 4:	STI game – using Post It notes to demonstrate how easy it is for an STI to spread
Activity 5:	Brainstorming STIs – Facilitator works with group on their knowledge of parasites, bacteria, and viruses
Activity 6:	Wrap up – Key messages

The positive appraisal of the workshops is evident in the responses from the 320 students who took part in the RCT study. The table below shows the percentage of students who agreed with a set of items indicating acceptability of the SMART Consent and sexual health workshops.

	<b>SMART Consent</b>	<b>Sexual Health</b>
Did you enjoy the workshop today?	85%	86%
Did you find the workshop useful?	89%	83%
Did you feel supported by the facilitators?	80%	83%
How much did you engage with the workshop activities?	91%	88%
Overall, how would you rate the quality of the workshop?	88%	90%

4.4. The mean evaluation scores on the 5-point scale among SMART Consent workshop participants ranged from 4.27 to 4.57. The equivalent figures for the Sexual Health workshop ranged from 4.26 to 4.59, indicating that both workshops were perceived very positively. Among the evidence for the impact of the workshop, we found that the percentage of students who strongly agreed that they had the skills to deal with sexual consent went from 18% (Pre-Workshop) to 48% (Post-Workshop). The percentage who strongly agreed that their peers think that sexual consent is an important issue went from 30% to 47%, and the percentage who strongly agreed that they feel well informed about sexual consent went from 23% to 65%.

4.5. Given the positive appraisal made of each workshop and the distinct areas that they cover, we recommended integration of both Consent and Sexual Health workshops (MacNeela et al., 2017). The positive ratings made at the time of the workshops were reflected in qualitative feedback in interviews conducted six months later (*"I think it's brilliant overall. It's absolutely. And no matter what you think you know. No matter what age you are. No matter whether you had a sexual experience or not previously. I think it's brilliant"*, Ethan). The students advised that successful recruitment will require the workshops to be perceived as exciting, positive and personally relevant. Their suggestions identified relevant channels for communication with students and



ways to leverage involvement and including situating SMART Consent as part of the college experience by mandating it or integrating it for all in the student experience. Many students spoke about the need to bring the workshop approach to second level.

4.6. SMART Consent workshops, the students advised, should be distinguished from the negatively messaged and didactically delivered information received in school sex education classes. The workshops should be portrayed as an exciting opportunity to understand sexual consent and to develop the skills of open and confident negotiation. It was suggested that it was important to highlight the gains that could accrue from attendance as students are attracted to opportunities to enhance personal development and also to add value to their CVs. Here Hank describes it as a necessary preparation for actions that are happening anyway: *We're in the world, and we need to know this stuff now. It's not for the future anymore. It's relevant to our lives now.... I felt that it was a proactive move I suppose, because I would learn stuff that would benefit me I suppose.* For Liz, the winning argument was that learning about consent is empowering and positive: *If people could view it as something that's like an empowerment thing as opposed to something that they have to go and learn ... for your own benefit, like ... take it on board as a life skill.* The students, overwhelmingly, recommended that the workshops should be mandatory and most considered that they should form part of the induction process:

*"I don't think it should be an option. I think when you're in first year in college, you should have to go to that workshop. And that's a very hard line to take. I'm acknowledging my own biases there as well when I say that. But I think it's so important. It's so, so important, and yet... See then, I don't think if it's an option, because it's such a new kind of concept as well, that people are like why do I need to go to this?. I'm not going to rape anyone. Or I know what yes and no means and whatever. Whereas I don't know. You would have to change everyone's perceptions on what they're getting in for. And I don't think you can do that until they've done a workshop" (Beth).*

## **5.0. Recommendations**

5.1. To conclude, the following recommendations are made with a view to supporting adolescents and young adults to achieve an awareness of positive sexual health and the skills associated with feeling competent and confident in expressing their sexuality. These will require stakeholders to support positive sexual health:

**5.2. Establish a network of participating institutions, student organisations, voluntary organisations, and other stakeholders.** Currently, there is much divergence in Ireland in the development of policies and specific strategies for supporting sexual health, in the organisation and resourcing of relevant student supports. These issues are ongoing and pose a challenge to the task of establishing a coherent, consistent, and evidence-based response to the need to support students in schools and colleges on the issue of sexual consent. By taking a programmatic approach we have established comprehensive materials and training tools that are needed to support that work. Sectoral leadership is now required to develop an implementation framework. This framework could be specific to consent or reflect the wider concept of sexual health that we subscribe to, which encompasses the positive development of sexual expression, the avoidance of violence or harm, and enhanced knowledge of other elements of sexual health including STIs, contraception, and relationships. We also see consent as intimately bound up with important issues around alcohol and substance use, gender equality, and sexual identity, mental health and positive well being –

thereby involving a wide array of sectoral and societal stakeholders. Ideally, a positive, interactive, and engaging approach to supporting sexual health would be mirror in mental health and personal development more generally.

**5.3. Roll out facilitator training.** It is clear that consent and sexual health workshops require a plan for sustainability and feasibility. The inclusion of student peers and non-specialised staff is an essential part of the capacity building required to engage large numbers of students. This is best supported through the roll out of facilitator training that incorporates peer facilitator training. The model we have developed to date highlights the importance of disclosure training, general group facilitation skills, and team working, as well as training on facilitation of the consent workshop itself. Given the developing importance of digital badging and employability skills, consent workshop facilitation lends itself to the general ethos of supporting student leaders to achieve personal and skills development. Finally, by becoming involved at a more intensive level with topics concerning sexual health and violence, peer facilitators are likely to become strong advocates in the student community as a whole, besides their direct contribution to workshops. Nonetheless, a commitment to this goal will entail high quality training to be developed. This should be linked to a third level research institution to ensure that it is evidence-based, and could be seen as a two-tier approach: (a) the facilitator training package, which could be taken by large numbers of people on a 1-2 day basis supported by manuals and learning materials, and (b) an accredited module in sexual health that is available for people who are going to be leaders at a regional, school, or institutional level.

**5.4. An integrated approach to sexual health and consent.** One of the striking findings that has emerged from our research is that students have had limited exposure to sexual health education prior to coming to college. The sexual health workshop that Dr Siobhán O'Higgins developed as a medium for the control group in our RCT study of the SMART Consent workshop was evaluated very positively, and provides a basis for integration with the consent workshop or as a standalone support for students. Depending on the needs of the student group concerned, the inclusion of activity-based material on contraception, STIs, and sexual identity would support student sexual self-efficacy in areas relevant to sexual consent. Taking a modular approach to sexual health needs could also extend to the bystander intervention approach that is emerging nationally and internationally.

**5.5. Establish a shared methodology for data collection on sexual health promotion and on sexual violence.** Much work has been carried out in recent years (in the U.S. in particular) on establishing methods for collecting large data sets on sexual violence on a routine basis among college populations. This is an essential requirement for any systematic approach to addressing the problem of sexual violence – providing a baseline for later comparison, identifying priorities that should be addressed, and raising awareness about the varied forms of sexual violence and harassment that are taking place at disturbingly high levels. The RESPECT all-Ireland research network was initiated in 2016 partly to address the lack of this kind of resource. The network's strategic goals are to focus on researching the prevalence of sexual violence, prevention strategies, and policy development. In addition to establishing a methodology for assessing sexual violence across third level institutions, there is equally a need to build on the survey work we have carried out to conduct regular assessments of the wider domains of sexual health relevant to prevention of sexual violence. This report has documented the importance of having access to high quality data on the wide range of

beliefs, expectations, and attitudes that relate to sexual consent. A systematic approach to assessing these issues on an on-going basis is an essential part of any structured effort to implement a sexual consent strategy.

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## **Submission of Dublin Rape Crisis Centre to Committee on Education and Skills.**

**Dated 20 April 2018.**

Dublin Rape Crisis Centre welcomes the call from the Committee on Education and Skills for submissions on its review of sexual health and relationship education including contraception, consent and related matters. Like the Committee, we too welcome the commitment by Minister Bruton to review the curriculum to make it fit for purpose in the modern age.

We are grateful for this opportunity to input into the work of the Committee as we have a strong interest in the topic and a long history of building a framework for education in the area of sexual health and healthy relationships.

### **Why this is relevant to Dublin Rape Crisis Centre**

As a centre, our mission is to prevent the harm and heal the trauma of rape of sexual abuse. We do this by supporting the victims of sexual violence, running the National 24-Hour Helpline which takes over 1,000 calls a month, providing therapeutic services for individuals and accompanying those accessing the justice system in their interactions with An Garda Síochána and our courts.

However, it is not enough to be there for survivors after the damage is done. It has always been clear to us that education about consent, about healthy relationships, about respect for oneself and for others is essential to prevent the harm of sexual violence. Thus, as part of our long term work, we work with building young people's knowledge through;

- training volunteers to talk to people in schools
- building #AskConsent and information campaigns and trainings with USI and individual colleges; and
- the comprehensive sexual health and relationships programme called BodyRight which we have developed and continue to develop and which is the main focus of the submission.

Because rape and sexual abuse occur and are defined as non-consensual sex and sexual activity, then it follows that, if we can inculcate a thorough understanding of consent, together with tools on how to manage themselves as they develop, then young people will be better able to understand consent and lack of consent. This in turn will lead to a reduction in harm through sexual violence and an increase in their capacity to develop healthy relationships.

We are entirely clear from our specialised work and our experience that this knowledge is required for the emotional health and development of children and young people of every gender. We are equally clear – from those who come to us as the victims of sexual violence and from our interactions with young people and their educators and leaders - that they are not receiving the information that they need in a way that is accessible and useful to them.

### **Our programme.**

The way in which the sexual health and relationships programme is delivered is as important as what is in it. This submission will outline the programme and approach that we have taken with BodyRight which, judging from the feedback that we have received from those facilitators who have undertaken the programme, as well as from young people themselves, is an effective one. We respectfully submit this for consideration by the Committee as it develops its thinking.

It is worth noting before we describe it that this is not the only programme in this area. Together with three other Rape Crisis Centres – Galway, Kerry and Wexford – we are also part of a pilot EU

Funded programme led by Túsla along somewhat similar lines called the Manuela programme. We are also on the advisory committee of another EU funded programme relating to third level students being led by the National Women's Council of Ireland – the ESHTe project. Equally, a number of others are working on programmes for young people. Without taking from those in any way, this submission focuses on our own programme which was commenced by the Centre in 2007 and which has been built, developed and expanded on an ongoing basis since then.

### **BodyRight**

BodyRight was developed by the Dublin Rape Crisis Centre with input from young people. Its purpose is to raise awareness about and to prevent sexual violence. Since 2007, over 500 teachers, guidance counsellors, youth workers, chaplains and others who work with young people have been trained in this four-day programme to deliver BodyRight in a wide range of settings.

BodyRight aims to increase awareness of the importance of respecting others; to allow young people to develop an understanding of what behaviours constitute sexual violence, harassment and sexualised bullying; to provide information on the law and to give young people a chance to consider and understand the meaning of consent to a sexual act. It aims to increase awareness of the nature of sexual violence and its impact and consequences and – crucially – to increase the ability of young people to protect themselves by developing their self-awareness and capacity to resource themselves. The programme is designed to be integrated into any existing wider SPHE and other youth programmes.

The four-day training approach happens over a number of sessions and is participative and experiential. Methods used include group discussion, lectures, case studies, DVDs, audio tapes, role plays and experiential exercises. We offer support and further training to the facilitators as they deliver the programme. New content to meet emerging issues is developed on a continuing basis. Most recently, modules have been included to cover sexting and harmful communications and an updated separate module on pornography is being developed.

Those who complete BodyRight Training will:

- gain a deeper understanding of issues with regard to child sexual abuse, rape, sexual assault and trauma;
- receive detailed guidelines on how to support young people who have experienced sexual violence or trauma; and
- be equipped to deliver the BodyRight programme.

So while those who are trained in the BodyRight programme go back to their schools, YouthReach and other alternative education centres to work with the young people there, they find equal value in their capacity to deal with issues of sexual abuse and trauma that do arise in schools – to recognise it, to not be frightened by it, and to deal with it more effectively.

Typically, they will run the programme with their students in transition year or the equivalent age, though we are now conscious that the programme needs to be expanded for second year students too. Participation in this programme by young people is informed and voluntary. There is an explanation of what the programme entails, including reassurance that they will not be pressurised to participate beyond what is comfortable for them.

Those facilitators who attend our BodyRight programme must get permission from their schools or places of alternative education to attend. Some use leave days. Some schools or alternative

education settings will actively apply as a group for training. Some people will be able to make a contribution towards the training, but many will not.

### **Funding**

We receive some limited funding from the office of COSC The National Office for the Prevention of Domestic, Sexual and Gender-based Violence within the Department of Justice & Equality as a contribution towards the cost of the programme for those in alternative education settings such as Youth Reach. In the academic years 2014/15, 2015/16, 2016/17 it granted DRCC €28,500 each academic year. In 2018 it has sanctioned a grant of €22,000 which equals that of 2017. This does not represent the true cost of the programme and in no way allows for the costs that we incur for the development of the programme. It is recognised as a contribution to the cost, rather than covering it.

In late 2017, we received a grant from the Social Innovation Fund for the evaluation of the BodyRight programme which is now 10 years in existence. This evaluation is currently on-going. While it will not conclude until the end of 2018, we expect to receive an interim report shortly, which may be helpful to the review of the Committee as evidence based research.

### **Conclusion.**

Dublin Rape Crisis Centre has been prepared to invest in fundraising for the BodyRight programme because it is so important. However, given our size and our funding, it has been impossible to roll the programme out on the scale that is needed.

We are certain that every child and young person in Ireland needs and is entitled to the thorough development of their emotional, physical and mental wellbeing through understanding sexual health and healthy relationships and also understanding sexual violence, how to prevent it happening, and how to recognise and deal with it.

The Committee's work is very opportune. This submission is a brief overview only. It identifies the work that we do with second and third level students in academic and alternative education settings. We now believe that our society must look further; to how young children at primary level learn to build the concepts of respect and consent into their thinking and vocabulary. The focus must also extend to sporting bodies, recognising the potential for both positive leadership and negative group think in these settings.

We would welcome the opportunity to engage further with the Committee as it develops its review and would be happy to attend to meet with members of the Committee or to furnish the Committee with any information or experience that we might have available.

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**ETBI Submission**  
**Review of sexual health and relationship education,**  
**including matters relating to contraception and consent**

Joint Committee on Education & Skills  
Leinster House  
Dublin 2

25<sup>th</sup> April 2018

## **1. Introduction**

Education and Training Boards (ETBs) are Ireland's sixteen statutory regional education authorities. They were established by the Education and Training Boards Act 2013 (ETBs Act 2013) and replaced the Vocational Education Committees (VECs), which had provided formal technical and vocational education in Ireland since 1930. Education and Training Board Ireland (ETBI) is the national representative association for the sixteen ETBs.

ETBs deliver a wide range of services across many educational levels throughout Ireland. We are patrons to a growing number of multi-denominational primary schools, *Community National Schools*, over 270 Post-Primary schools, Post Leaving Certificate (PLC) Colleges, Vocational Training Centres, and over 500 Centres for Education. ETBs are also and are co-trustees of over 90 Community Schools. In addition, ETBs are involved in Youthreach programmes.

ETBI welcomes the opportunity to engage and collaborate with the Joint Committee for Education & Skills and contribute to the proposal for a review of sexual health and relationship education in schools.

## **2. Current provision**

In the first instance, we acknowledge the foresight of the Department of Education and Skills for the introduction of the current RSE Programme in 1995, which was embedded as part of the SPHE Programme in primary and post-primary schools. Equally, it is important to acknowledge the work of the Professional Development Service for Teachers (PDST), which has developed a range of supports for teachers around the delivery of same. In more recent times the inclusion of 'Wellbeing' as a mandatory element of the Junior Cycle Programme and the support offered by the Junior Cycle for Teachers (JCT) has further supported the school in its role of promoting the moral, spiritual, social and personal development of student as per Section 9 of the Education Act, 1998.

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However, the call for a review is timely and, it could be argued, long overdue. The changing landscape of Irish and international society has left us with a programme that no longer equips young people with the necessary knowledge, skills and confidence for the challenges they face in everyday life.

### **3. Recommendations**

Despite the urgent need for review, we also need to be mindful that schools are dealing with implementing a raft of change that is demanded and influenced by changing educational policy, a changing cultural and economic context, and changing legislative frameworks, all of which are to be implemented across the school community and curriculum with immediate effect.

A new RSE programme needs to be based on a contemporary definition of what RSE is. The programme should be age-appropriate and provide non-biased, factual and accurate information. It should equip students to meet current and ongoing challenges pertaining to their personal life, be discerning in their dealing with information and experiences, build resilience, initiate conversation and seek advice when needed. All of this will assist in the development of well-informed independent decision-makers.

While we don't underestimate the value of specific and detailed content, the cultural, specific and organic nature of home, school and societal environments should influence content. Ireland is changing rapidly and consequently the challenges young people face are also changing. Mindful of this, ETBI proposes that the emphasis be placed on a pedagogy which would allow teachers to populate the content appropriate to current context. This approach complements the focus of the development of key skills in the Junior Cycle, and potentially the impending reform of the Senior Cycle.

However, a Revised RSE Programme needs to be cognisant of:

- the role of parents as the primary educators and their partnership with schools;
- the role that technology plays in the everyday life of young people and the access it provides to experiences outside of their immediate environment, that are neither filtered, supervised and/or age-appropriate. An RSE programme needs to provide a skill set that enhances the capacity of the user to identify threats and make informed choices.
- ever-changing challenges in society, future-proofed as far as practicable.
- the changing and demanding curriculum and the place of the Revised RSE Programme within and across that curriculum.
- legislative changes that have taken place since the previous iteration of the RSE Programme, e.g., Marriage Equality, Divorce.



Our constitution identifies the parents as the primary educators of our children. In the context of RSE, parents/guardians cannot be exempted from the part they need to play in preparing young people to be confident, discerning and constructive individuals in a challenging society. Thus, ETBI is of the view that in the development and implementation of a new RSE Programme, serious consideration must be given as to how parents/guardians can be educated to further develop and complement school-based learning and facilitate open and engaging conversations at home.

Recent consultation aligned to the impending process of evaluation of the implementation of schools' *Child Protection Procedures* will require (at Level 3) that full provision is made for SPHE, including wellbeing and RSE. The implications of such a process will demand that schools have a robust policy that drives an effective RSE programme, with a broad content and a diverse delivery approach. Schools will need guidance in developing this policy. A focussed approach on policy development will enable schools to develop a responsive framework for the contextualised delivery of an RSE programme to meet the needs of their students within an already overloaded curriculum.

A whole-school approach to RSE is essential; RSE does not belong to any one teacher. It must be embedded in the culture of teaching and learning and needs to belong to *all* teachers. To do this effectively, all teachers need to be equipped with the necessary skills and confidence to engage students in a meaningful manner. The current CPD programme places the teacher as a facilitator of learning and opens the classrooms as places where safe conversations can be held. However, the CPD needs to be provided to all teachers. The model of school-based professional development, where ownership by all is promoted and a professional learning community is developed, is pivotal.

It is crucial that a whole-school approach is led in a formal manner by a coordinator, with specific responsibilities such as policy development and implementation, supporting teachers in implementing the programme, accessing and updating classroom resources, and developing external links, to enhance the delivery of a responsive programme. The 2007 evaluation of RSE in the context of SPHE, conducted on behalf of the Department of Education & Skills and the Crisis Pregnancy Agency, evidences that where a coordinated approach to SPHE exists, there is a greater likelihood of implementation of RSE.

A Revised RSE Programme will demand wide-ranging resourcing at national and local level. These resources must include:

- **Training:** The 2007 evaluation report outlined specifically the 'discomfort of teachers' as being an inhibiting factor in the delivery of an effective RSE programme. Eleven years on, this situation has not changed; in fact, one could argue that the discomfort has intensified. Such discomfort is often based on a teachers' concern, particularly in the absence of formal training, that they will misinform students, or inform in an unintentionally biased manner. The nature of the RSE classroom will require teachers to adopt a facilitated learning approach to meet diverse learning styles, which may further compound their discomfort.

Teachers will need to be supported to adapt their pedagogy, which may vary considerably from that within their own subject area.

Training is also required that specifically addresses how teachers should navigate areas of a revised RSE programme that may not align with the religions or beliefs of some members of the school community. It is imperative that teachers and principals are fully aware of the rationale for the revised programme, and their legal duties, so that they can deal with these instances appropriately and confidently.

- Classroom Resources: the need for a range of revised teaching resources is a given. This should be supported by an online library of up-to-date, non-biased information and age-appropriate classroom resources, which would support the changing nature of this curriculum. Equally, an online platform could offer opportunities to ‘top up’ professional development by means of an online professional learning community where teachers share resources and ideas.
- Time: Given the importance of RSE and the rapid and ever-changing culture and context, it is more important than ever to ensure that a misguided urgency does not provoke the introduction of an updated curriculum which will not be fit for purpose.

The complex nature of the diverse types of training required is also going to take time. It would be inexcusable and totally inappropriate to develop and implement an RSE programme without giving sufficient time for the upskilling of teachers in advance of implementation, we would do well to remember there is no such teacher as a ‘qualified RSE teacher’.

#### **4. Conclusion**

In conclusion, we need to take a considered approach about implementing a revised RSE Programme, and prioritise support for schools along that journey, to assist them in implementing a meaningful and effective change in culture to protect our young people and support them to become strong independent adults.

The rationale for this submission to the Joint Committee on Education and Skills is to articulate our personal experience facilitating a sexual health module that goes beyond that of the current RSE Programme, being piloted with TY students at the Alma Mater of Richie. This work has reiterated our assertion that the existing approach to sex education at second level is obsolete, inadequate and fails to meet the needs of young people. We will focus on three distinct areas:

- 1) Curriculum
- 2) Future Delivery of the RSE Programme
- 3) Student-Parent-School Collaboration in Sex Education

### **Curriculum**

We advocate that the review goes beyond merely evaluating the existing curriculum, introduced during the 1990's, and compulsory on the curriculum since 2003. The Minister's announcement of this appraisal points to the fact that the NCCA (National Council on Curriculum and Assessment) have been tasked with examining the understanding and reality of RSE (Relationships and Sexuality Education) delivery in schools. And, in doing so, provide an opportunity for students, parents, teachers and principals to be consulted on RSE as its structure and delivery pertains to them. We welcome that the review will include consultation with all the vested interests. There is a very real prospect now to develop a programme that, in a meaningful way, meets the needs of young people in supporting their developing sexual health.

A new RSE Programme also needs to reflect the World Health Organisation's working definition of sexual health:

***"...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006a)***

The importance of not merely consulting with students, but actively listening to, and respecting their views on sexual health education, is an important step towards establishing their positive sexual well-being and cannot be overstated. This has been borne out in our own work, where on week one (of six) we conduct a pre-module survey. The logic for this is to give us a baseline for the boys understanding of sex, sexuality and sexual health. Unsurprisingly to us, it is invariably limited. The students who participate in our module are in some ways fortunate, in that they have received some semblance of RSE, albeit with a focus on biological processes. This is not a criticism of teaching staff in their school (or any for that matter). It merely reflects the inadequacies in the current RSE Programme. Knowledge over and above this has been gleaned from what we would describe as undependable sources. We also ask what the three topics are they would like to see covered during the module. There is remarkable consistency in the most frequently requested topics of: healthy relationships, consent and contraception.

Whilst reviewing and recommending improvements to the current RSE Programme may seem a daunting prospect, it does not require an effective “re-invention of the wheel”. For this purpose, consideration needs to be given to programmes developed and delivered by external organisations. All have contributed in attempts by schools to deliver RSE Programmes that go beyond the current curriculum.

It is our opinion that the “Gold Standard” of these offerings is the Real U Programme, developed by Foróige. It is acknowledged by the organisation that there is a requirement for enhancement and updating (and recommendations to this effect were made following a 2014 Programme Evaluation undertaken by the UNESCO Child and Family Research Centre, NUI, Galway). Despite this, Real U provides an excellent starting point to the implementation of a comprehensive Relationship and Sexuality Education Programme. It reflects all the areas the Minister has asked the NCCA to review during the current process. Again, consideration of what students themselves want and need from RSE, as well as their parents, teachers and principals could inform the enhancement and updating of the current Real U Programme.

### **Future Delivery of the RSE Programme**

In the delivery of our pilot sexual health module we guide interactive and peer-led activities and discussions related to sexuality. Again, the focus is on the student voices; we facilitate and prompt the conversations, but these are led by the class. The primary objective of the module is to encourage the students to explore what positive sexuality means for them and others in a safe, supported environment. Its intention is also to empower them with the skills to actively and affirmatively negotiate these experiences, both for themselves and others, in sexual relationships.

We conduct feedback surveys with students on completion. Reaction has been encouraging. The reason for this, we believe, is that ours is a sex-positive approach, in which we consider consensual sexual exploration in adolescence as a normal and healthy part of sexual development. A recently published report, of which Elaine was the first author, used survey data on sexual behaviour and attitudes amongst college students and was conducted at NUI, Galway. It revealed that 45% of females and 41% of males reported their first intercourse at the age of 17 or earlier (Byrnes & McNeela, 2017). Our approach contrasts with the predominant “risk” perspective that advocates abstinence from sexual activity is the ideal behavioural outcome for adolescents. In addition, our focus is on the promotion of sexual competence. There are four underpinning principles to the establishment of adolescent sexual competence in anticipation of the circumstances for first intercourse: absence of regret, willingness (not under duress), autonomy of decision (a natural follow on in the relationship, being in love, curiosity), as opposed to non-autonomous (being intoxicated or peer pressure) and reliable use of contraception. (Hirst, 2008)

There has been some discussion since the Minister’s announcement regarding delivery of the new RSE Programme. In their assessment of the challenges in implementing the existing Programme, Mayock et al., (2007) identified the practice of involving outside agencies and professionals to support schools in its delivery, but also highlighted gaps in understanding their potential role in such support. From our experience, the relationship between us as facilitators and students is very different to a teacher-student relationship. We readily understand how challenging it is for a teacher, regardless of how engaged and enthusiastic they may be in endeavouring to deliver the existing RSE Programme, to seamlessly reassume an authoritative role in the next class of their primary subject. Also, the pedagogical approach used by outside facilitators as identified in research studies and reported on in a literature review of the role of outside facilitators in the delivery of the existing RSE Programme (deVries et al., 2009), is a factor identified as influencing the success of school-based sex education. Therefore, consideration needs to be given to how the new RSE Programme will be delivered; and this should include an evaluation of the benefit of external, trained and experienced facilitators versus, what is effectively an “add-on” to the already considerable work load for post primary teachers in particular, if we are to take the development of sexual competence and impact on future sexual health of our adolescent population seriously.

### **Student- Parent- School Collaboration in RSE**

In our experience, while some of the students we work with at second level recount open communication with their parents on matters related to sex and sexuality, for most (and this is not unique to South County Dublin!), it has been confined to “The Talk” – an awkward and uncomfortable experience for all involved. One parent described that their son’s participation in the module led to the unexpected and welcome opening of a discussion at home. We understand that there is a certain onus of responsibility on parents to facilitate their children’s developing knowledge and education about relationships and sexuality. However, we are equally understanding of the reality that it will probably take another generation before we have matured societally and culturally in Ireland for this to happen in any meaningful way. Indeed, in European countries with a more progressive approach to sex education, children learn through both school and home that sex and sexuality are healthy and normative components of the human experience. In support of extending RSE beyond the school confines, and promoting dialogue in the home, we advocate for a collaborative approach. This would involve parents being, the first instance, informed as to the content, aims and objectives of the new RSE Programme, but goes further so that they too are supported in reiterating and reinforcing the Programme content in the home.

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### Brief Author Biographies

**Elaine Byrnes, BSc., Msc., MPsi, MBPS**, is a Doctoral Researcher at the School of Psychology, NUI, Galway. Her research areas of interest are in sexual behaviour, particularly in the negotiation of consent; and how this may be mediated by gender, drugs and alcohol in young people.

She co-lead the development of Smart Consent Workshops, and has been a facilitator of these workshops with third level students both at NUI, Galway and other institutions throughout Ireland. Her work on Consent lead to a nomination for the Outstanding Contribution to Student Life Award by the USI (Union of Students in Ireland), 2016.

She was a member of the USI National Advisory Panel 2016/17 (Consent-related matters) and an advisor to the DARE (Dating Abuse – Raising Awareness and Education) Project with ProActiv Ireland.

Elaine contributes to the Human Sexuality, Social Psychology and Developmental Psychology modules as a lecturer. She was nominated for the President's Award for Excellence in Teaching, 2016/17 at NUI, Galway. At second level she co-facilitates a six week module in sexual health at a secondary school in Dublin.

She is an academic member of the Scoping Group to consider the availability of data and make recommendations on a study to identify the prevalence of sexual abuse and violence in Ireland

**Richie Sadlier Bsc., MIAHIP**

Richie is an accredited psychotherapist with a passion for working with adolescents and their parents.

In addition to managing his own private practice, Richie delivers six-week modules to Transition Year students in St Benildus College in both mental fitness and sexual health throughout the year. He also writes a monthly column on adolescence and mental health in The Irish Times and regularly speaks in secondary schools promoting positive well-being and help-seeking behaviour among the students. Richie holds an MA in Psychotherapy and a HDip in Counselling & Psychotherapy. He is presently completing an MSc in Adolescent Psychotherapy to enhance his strong commitment to supporting adolescents and their parents. With a background in sport, Richie also holds a BSc in Sports Science & Coaching.

He is an accredited member of the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)



To the Joint Committee on Education and Skills

Thank you for the opportunity to submit my views on this topic.

Just to formally introduce myself, I am an accredited psychotherapist with a passion for working with adolescents and their parents.

In addition to managing my own private practice, I deliver six-week modules to Transition Year students in St Benildus college in both mental fitness and sexual health (along with my colleague Elaine Byrnes) throughout the year. It is my experience co-delivering the sexual health module which forms the basis of this submission.

This idea to develop and deliver this module originated from my experiences working with adolescents in both my practice and in my mental fitness module. It became apparent that education had a greater role to play in supporting the development of young people in this area.

I also write a monthly column on adolescence and mental health in The Irish Times and regularly speak in secondary schools promoting positive well-being and help-seeking behaviour among the students. I hold an MA in Psychotherapy and a HDip in Counselling & Psychotherapy. I am presently completing an MSc in Adolescent Psychotherapy to enhance my strong commitment to supporting adolescents and their parents. With a background in professional sport, I also hold a BSc in Sports Science & Coaching.

I am an accredited member of the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)

Richie Sadlier

The aim of the sexual health module is to engage the students in open conversations on all areas relating to sexual health and wellbeing. Creating a non-judgemental and safe environment where they feel free to ask questions and express opinions is key to the success of this. Given their age (15-17yro), levels of development and maturity in this area will vary considerably so all students are invited to participate to their own levels of comfort. They are neither asked nor encouraged to disclose personal experiences in this area. I assure them their progress/participation in the module will not be the topic of conversation with the staff or their parents at any point. Within ethical limits, the classroom remains a confidential space.

The module is being run on a pilot basis in an all-male secondary school. I believe it would be equally important and effective in supporting girls in this area also. I have briefly outlined the content of the module below. I am happy to expand on any of the below if required, either in writing or in person if required.

- We cover consent, not from a crime-avoidance approach, but a safety/respect/communication angle.
- We discuss STI's in detail and cover the various ways in which infections can be spread.
- Safe sex is promoted, both from a health perspective, and a family planning perspective.
- We cover the role of drugs and alcohol and how both may impact people's behaviour in this area
- Attitudes towards gender are covered.
- Male sexual violence/aggression against women is explored.
- Pornography is covered also. What are the students learning about sex from their consumption of pornographic material?
- The topic of sexuality is explored.
- We discuss what healthy and respectful relationships involve and how to work towards them.

## **Diocese of Elphin**

### **Submission to the Oireachtas Committee on Education and Skills on Relationships and Sexuality Education**



We in the Diocese of Elphin, covering county Roscommon and parts of Counties, Sligo, Galway and Westmeath, exercise the responsibility of being patrons for a large number of primary schools and some second-level colleges. We have become aware in recent weeks of proposals announced by the Minister for Education and Skills to review the arrangements for Relationships and Sexuality Education. We have also become aware of a legislative proposal currently going through the Oireachtas, which would see changes in this aspect of the curriculum.

We welcome the invitation to make a submission to the Committee on Education and Skills. The time scale for submissions was relatively tight, so this submission is also relatively concise. We would be more than happy to engage with the Committee should further detail be required.

#### **Nature and Scope of RSE:**

1. The Schools and Colleges of the Diocese of Elphin are aware of the obligation on them to have a policy on Relationships and Sexuality Education and to review this periodically. The RSE policy featured among the matters discussed in recent weeks at the in-service training of members of Primary Boards of Management.
2. As in other areas of the curriculum, our view would be that Relationships and Sexuality Education must be factual while at the same time value based. A significant element of learning and the development of informed decision making is the development of coherent values and attitudes about relationships and sexuality.
3. Respect for the individual student requires that Relationships and Sexuality Education would be age appropriate. It cannot be assumed that all the children in a given class group are either of the same age or, more importantly, have reached the same level of emotional or physical maturity.
4. It is our belief that Relationships and Sexuality Education is best provided by a teacher with whom the students have a relationship of trust, rather than by somebody, however expert, who visits the school on a once-off basis.

#### **The Patron and the Parents:**

5. Our Diocesan policy on education in Catholic Schools, as articulated in the pastoral letter of Bishop Kevin Doran, "*A Future Full of Hope*" (2014) envisages the school as acting in support of parents who are the primary and natural educators of their children. This policy is consistent with the rights of parents as expressed in Article 42.1 of Bunreacht na hEireann.

6. The ethos or characteristic spirit of the Catholic School is not in any sense an attempt to define people. Rather it is a statement of who we are as a school community. Catholic Schools actively promote inclusivity and, as the statistics show, welcome children from a variety of religious and ethnic backgrounds. Inclusion in the Classroom was the subject of an important position paper published by the Catholic Schools Partnership in 2015.
7. Our understanding of the human person and of the meaning of human sexuality is appropriately reflected, not only in the manner in which Relationships and Sexuality Education is taught, but in the way in which positive respectful relationships are promoted in every aspect of the life of the school.
8. The Bishop, as Patron, is not called primarily to impose a Catholic Ethos from above, but rather to serve as the guarantor of the ethos or characteristic spirit of the Catholic school, on behalf of parents who have chosen to send their children to those schools. It follows that, if the majority of parents in a particular school no longer wished the school to operate according to a Catholic Ethos, then it would cease to be a Catholic School.
9. The Diocese of Elphin would, however, be very concerned at any attempt to unilaterally impose an approach to Relationships and Sexuality Education, which would not be consistent with the ethos of the school. Such an attempt would show scant regard for the rights of parents and children, or indeed, of teachers.
10. We believe that parents should be periodically briefed about Relationship and Sexuality Education.

### **Specific Areas of RSE:**

11. *Respectful Relationships:* The Diocese of Elphin is committed to the development in all of its schools of relationships of mutual respect and care. While such relationships can be taught, they must also be modelled for the pupils by the way in which teachers relate towards one another and towards the pupils.
12. *Use of Language and Speech:* The appropriate use of language is not simply about using correct terminology. Children must be taught to speak to and about one another and their teachers in a manner which accepts and respects them for who they are.
13. *Commitment:* We believe that commitment is an important aspect of relationship. Children need to be taught from an early age to keep their word, always assuming that what they have committed to do is not wrong or dangerous for themselves or for others. Sexuality touches a very deep level of our humanity. When sexual relationships are superficial, they have the potential to undermine the confidence and self-worth of those involved.

14. *Consent*: Consent is an expression of subjectivity and when lack of consent is ignored, people are objectified. We agree that young adults should be taught specifically about the importance of consent specifically in relation to physical sexual acts. They should be helped to understand that consent cannot be assumed. They will also need to be aware that indications of consent or lack of consent are not always as clearly understood as might be expected, given the highly sexualised nature of our culture. We would point out, however, that consent is an important dimension of relationship in all its aspects and should never be assumed to refer only to physical sexual acts. Intimacy is the capacity to engage in close relationships which appropriately respect boundaries. Personal space is a concept that needs to be understood.
15. *Homosexuality*: No young person should ever be picked out, bullied or in any way made to feel less loved and respected at school because of his or her sexual orientation. We present RSE in a manner which reflects the Christian vision of sexuality and this includes recognising that there are men and women who experience same-sex attraction. It should be clearly explained that the Church, far from judging people because of their sexual orientation, cherishes and respects them as sons and daughters of God.

Fianna Fáil welcomes the decision of the Joint Oireachtas Committee on Education and Skills to seek expert input and carry out a review of relationships and sexuality education.

Our Party believes this is timely given the rapid changes that have occurred in the last few years in particular with the increased use of smart phones and social media.

Younger people need to be fully informed about all aspects of sex education to allow them to have the best and most up to date knowledge about sex and relationships. The issue of consent is also crucially important. The recent Metoo# campaigns in the USA and globally have also highlighted the need for calm measured and objective information to be shared and taught in all schools.

We also acknowledge and support the call from the Citizens' Assembly and the Joint Oireachtas Committee on the Eighth Amendment for improvements in sexual health and relationship education in schools, youth clubs and other settings.

Children have access to adult sites online now at a very young age and it is timely that there are changes made to sex education to meet the challenges and changes that are now here for younger children. Parents should also be included in this review in our Party's opinion.

Teenagers are coming out much younger now and there is a need for more inclusivity given the increased number of transgender children in our country's schools as well.

This thorough review of sexual health and relationship education will enhance the programme. This will increase the information given to young people about contraception which will assist with preventing unwanted pregnancies.

It is also important to inform young people about sexually transmitted diseases which have actually increased of late in Ireland.

The time is right for the review as the relationships and sexuality curriculum is over twenty years old. It has been successful in ensuring that all young people get basic information on

their own sexual health. It is important that the sex education is all inclusive and serves the needs of the LGBTQI community as well.

Issues of sexual abuse and harassment are mentioned in the original relationship and sexuality education syllabus. However there is no mention of consent and its importance. The education system must play a role in fostering an ethos of respect, consent and equality.

Similarly while the internet was well established, the sheer reach of the online world was not as pervasive as today and social media had not developed as it now has.

Also family make up has changed dramatically and this has been reflected in legislative change.

We want to see fact-based and respect-based relationships and sexuality education in schools. While we acknowledge that schools are entitled to an ethos, such an ethos must not impose restrictions on factual sex education in our schools.

It is not acceptable that sex education should be delivered as part of religious education or delivered on an ad-hoc basis. Nor should it be outsourced to unregulated agencies.

The curriculum must be imparted by appropriately qualified personnel, in a disinterested and factual manner.

We are aware the National Council on Curriculum and Assessment (NCCA) has been requested to undertake an evaluation. This is a welcome development and we feel that the Joint Oireachtas Committee on Education and Skills should correspond with the Council with its deliberations.

Thomas Byrne

20 April 2018

**Submission to Oireachtas Committee for Education and Skills:  
Review of sexual health and relationship education including contraception, consent and related matters.**

**1. Introduction**

Foróige is Ireland's leading youth organisation, providing a broad range of services and programmes to young people, families and communities across the country. Foróige works with over 50,000 young people (over 10% of the youth population) and engages over 5,500 volunteers. It employs over 400 professional youth workers. Foróige's purpose is to enable young people to involve themselves consciously and actively in their own development and in the development of society. Foróige works to meet the needs of young people within their own communities.

Foróige works with young people in communities across Ireland through volunteer-led youth clubs and staff-led youth projects. Our programmes focus on building skills, resilience, belief and aspiration in young people. The benefits of these programmes are far reaching. Our work is a unique partnership between young people, parents, volunteers and the wider community.

Foróige believes that youth work in general and in particular Foróige can offer the education system a) decades of expertise in enabling and equipping young people to develop the skills, confidence and knowledge to develop healthy relationships b) a comprehensive, evidence based relationships and sexuality programme (Foróige's REAL U programme) that could be delivered in schools through a network of skilled and trained facilitators.

**2. Foróige's Relationship Explored and Life Uncovered (REAL U) Programme**

**2.1 Programme Overview**

The REAL U programme is more than just a sex education programme. It is a personal development programme that aims to equip young people with the skills, knowledge and confidence to develop healthy relationships, make responsible decisions in relation to their sexual health and ultimately delay the onset of early sexual activity.

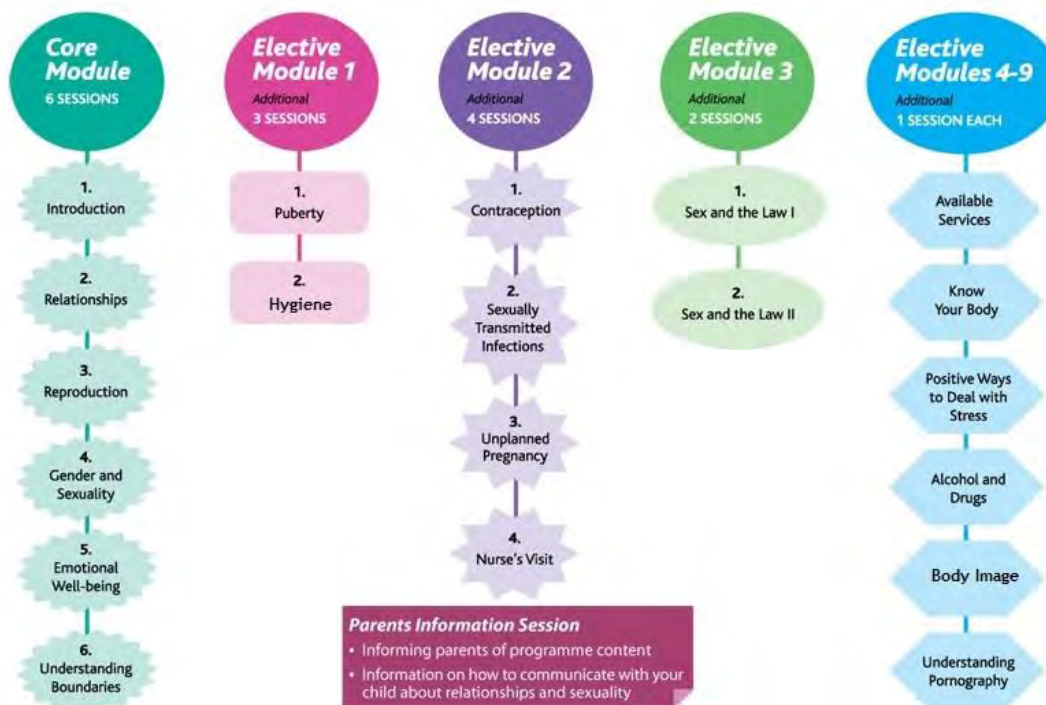
Foróige have been providing relationships and sexuality education to young people across Ireland since its inception in 1952. In 2012, we utilised this expertise to develop our comprehensive manualised programme REAL U with the needs of modern Irish young people at the core. Due to the wide range of topics covered by the programme, we reached out to a number of professional organisations for input, namely BeLonG To, Rape Crisis Network Ireland (RCNI) Crisis Pregnancy Programme (CPP) and the Marie Keating Foundation.

REAL U facilitates the development of key competencies in relation to decision making and communication to promote positive well-being and confidence in relationships. Topics include: healthy relationships, reproduction, gender and sexuality, emotional well-being, understanding boundaries, body image, deciphering media messages, alcohol and drugs, contraception, sexually transmitted infections and Sex and the Law (consent).



Modules are selected based on the needs of the young people taking part in the programme. The materials provide accurate, up to date information, offer age appropriate activities and are culturally sensitive. REAL U recognises the importance of parental/guardian engagement in young people's relationships and sexuality needs. As part of the programme a parent/guardian information session is provided along with supporting resources both at the beginning and throughout the programme.

The below graphic details all the modules delivered in the REAL U programme.



## 2.2 Programme Delivery

### 2.2.1 Funding

To ensure consistency and high quality programme delivery, facilitators attend a 2 day training session provided by Foróige. Foróige's REAL U programme training and resources is funded by HSE Crisis Pregnancy Programme (CPP). This funding allows for 152 REAL U facilitators to be trained per year.

In 2017, due to the demand for the programme Foróige self-funded three additional trainings to bring it to a total of 182 trained facilitators in 2017.

In 2018, Healthy Ireland (HI) provided grants to Children and Young People Service Committees (CYPSC) to avail of RSE training with Healthy Ireland recommending REAL U as the most relevant, up to date RSE programme. Due to this Foróige were able to provide training to an additional 61 participants to date this year.

Currently the waiting list for training in 2018 stands at over 200 professionals from across the community and voluntary sector and this waiting list continues to grow. We have also seen high demand from teachers seeking guidance and support on delivering relationships and sexuality education to students.

### **2.2.2 Trained Organisations**

Over the last six years, Foróige has trained staff from a large number of organisations and disciplines as facilitators of the REAL U Programme, who are running the programme with young people and service users nationwide. These include staff from the following organisations:

Aislinn Aftercare Service, Youthreach, Ballybough Youth Service, Ballymun Anseo, Ballymun Local Drugs and Alcohol Task Force, Ballymun Regional Youth Resource, Barnardos, Bradóg Youth Service, CBF Wellness, Central Remedial Clinic, City of Dublin Education and Training Board (CDETb), Clay Youth Project, Clonmel Community Resource Centre, Cloyne Diocesan Youth Services, Cosy Youth Cafe, Crosscare Youth Services, Community Substance Misuse Team (CSMT) Limerick, Donnycarney Youth Project, Daughters of Charity Child and Family Service, Emagine Training & Development, Extern, Foróige, Garryowen Community Development Project, Gender Orientation Sexual Health HIV (GOSHH), Garda Youth Diversion Projects, Hillview Community Resource Centre, Home Again Residential Care, Health Service Executive (HSE), National Forensic Mental Health Service, Irish Society for Prevention of Cruelty to Children (ISPCC), Just Ask, Kilmore West Youth Project, Lesbians in Cork (LINC), Mallow Youthreach, Monsignor McCarthy Family Resource Centre, Mounttown Neighbourhood Youth & Family Project, New Horizons Partnership LTD, North Tipperary Leader Partnership (NTLP), Novas, Oberstown Children Detention Campus, Orchard Children's Services, Poppintree Youth Project, Positive Care, The Probation Service, Rape Crisis North East, RehabCare, Respond! Support Ltd., Rialto Youth Project, Ringsend and Irishtown Youth Service, School Completion Programme, Southside Partnership, Spina Bifida Hydrocephalus Ireland, St Michans HSE Residents Association, Step by Step, SWICN Clubhouse, The Soar Foundation, Tusla Child and Family Agency, Walkinstown Greenhills Resource Centre, Waterford & South Tipperary Community Youth Service (WSTCYS), Woodale Youth Justice Project, Youth Advocate Programmes Ireland and Youth New Ross.

## **2.2 REAL U Programme Evaluation**

Foróige's REAL U programme was evaluated in 2013 by NUI Galway (NUIG) UNESCO Child and Family Research Centre. A combination of qualitative and quantitative measures were used in the study. The study highlighted that the REAL U programme is seen as effective in engaging young people, responding to their needs and impacting on their knowledge and attitudes in this area.

Baseline data indicated that there was a need for the REAL U programme, with misinformation regarding sexual knowledge and prejudicial attitudes evident among the young people.

Outcomes data showed statistically significant effects for the young people who had taken part in REAL U in relation to attitudes to LGBT and knowledge about sex. Young people rated

the programme highly, with 98% rating it as good, very good or excellent, while 84% said that they would recommend the programme to other young people.

Qualitative data highlighted that young people found the programme to be relevant, fun and insightful and participants said that it made them better informed and more aware of the consequences of their actions. A survey of staff trained in the REAL U programme indicated that all respondents believe the programme is effective in meeting its objectives.

For the full NUIG evaluation report please visit:

[An evaluation of Foróige's Relationships Explored and Life Uncovered programme](#)

In February and April 2018, two REAL U trainings were evaluated by an Independent Social Researcher, Dr. Louise Kinlen, on behalf of Dun Laoghaire Rathdown Children and Young Services Committee (CYPSC) capturing 23 participants. Dr. Kinlen's evaluation measured confidence in two areas on a scale of 1 -10 and the results showed: (Baseline/ Pre evaluation: Post evaluation)

1. Confidence in up to date knowledge on information around sexuality and healthy relationships; Mean: 6.1:8.9
2. Confidence in discussing relationships and sexuality topics with young people; Mean: 6.7: 9.3

### **3. Recommendations to the Committee**

**3.1** Foróige's believes that the REAL U programme, along with the increasing network of skilled and trained facilitators of the programme would enable schools to provide students across Ireland with access to a comprehensive relationships and sexuality programme that meets their needs. Furthermore, due to the evidence base of the REAL U programme and already existing network of trained facilitators the programme is available now for rollout in Irish schools.

1. The Department of Education and Skills to name Foróige's REAL U programme as the relationships and sexuality education programme in Irish schools
2. The Department of Education and Skills to allocate a budget to each school to engage trained facilitators of the REAL U programme to deliver the programme in schools.

frank o'shea

19/04/2018 19:03

To rsereview@oireachtas.ie  
cc

Subject Submission to Sex Education Review

Hi,

My two boys received Primary education in a catholic school.

My last two children, both girls, received their Primary schooling in an Educate Together school here in Limerick.

This was because I had left the catholic church because of their cover-ups and persistent protection of criminal homosexuals and paedophiles within their ranks.

The Educate Together insisted on a non denominational status which resulted in the girls having to attend private catholic classes in the school arranged locally, thereby permitting the sensitivities of the socialist agenda be assuaged while the education was completed to my satisfaction.

This arrangement worked out OK.

Likewise, Sex Education in our schools; Primary or Secondary, can certainly be handled in exactly the same manner by the department.

Those insisting on sex education for their children can arrange to have it provided outside of the standard curriculum schedule by an accommodating arrangement with the school in like manner to the catholic religion classes arranged in Educate Together schools.

May God and St.Patrick bless and guide your work,

frank o'shea  
limerick city  
0872333629

p.s. I state for the record that I am now wholly catholic following a profound encounter with the Divine - 4th July 2014, with several intermittent and ongoing encounters since then. (One event at Knock was published in several national news papers 2016)

# **Green Party submission to Committee on Education and Skills’ review of sexual health and relationship education including contraception, consent and related matters**

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## **The creation of a comprehensive study on attitudes towards sex and sexuality activity amongst 12-21 year olds**

The Department of Education's 2007 report ["Relationships and Relationships and Sexuality Education \(RSE\) in the Context of Social, Personal and Health Education \(SPHE\): An Assessment of the Challenges to Full Implementation of the Programme in Post-primary Schools of the Programme in Post-primary Schools"](#) (Mayock, Kitching, Morgan) bases its findings on adolescent sexual behaviours and attitudes on studies from the 1990s and 2000s.

Since that time, our understanding of sexual norms and our access to materials relating to sex have changed considerably. We would recommend that a detailed a comprehensive study be conducted into the attitudes towards sex and sexually activity of 12-21 year olds on the below grounds.

Firstly, access to information on the internet has greatly increased. Studies have found that over 50% of young people use the internet to find out information about sex ([Irish Independent, 2011](#)). While there have been drives to provide reliable information to young people about sex, both through spunout.ie and b4udecide, it is not the optimal means finding information given the prevalence of misinformation about sex on the internet.

A study would help to determine where there are educational gaps that drive young people towards accessing information on the internet. It would also help to ascertain the quality of the literature they are accessing, how they find it, and how it has impacted their behaviours. On matters such as consent and contraception, it is important that young people are fully and correctly informed.

Secondly, in order to ascertain where we need to strengthen and change our curriculums, we need to fully understand how young people engage in both relationships and sexual interactions. A study would provide necessary information on topics of consent, assault and negative relationship behaviours, thus informing what we must include in our curriculums.

The age range of 12-21 would give valuable insight into the evolution of young people's understanding about sex and when they feel most/least supported by their education.

## Modernisation of Curriculum in Light of Legislative and Social Changes

Since the last curriculum changes at Primary Level and Secondary Level, there have been significant legislative and social changes which ought to be reflected in how young people and children learn about relationships, sexual identity and gender identity.

The current primary school curriculum does not reflect the diversity of family units. Given the changes in civil partnership and marriage laws and the Gender Recognition Act, relationship education should be inclusive of all family types. This is important for children to understand different dynamics and to ensure that LGBTQI families are not made other.

Understanding sexual identity must also be a part of the curriculum. As young people learn about their own sexual identity, it can be difficult if they do not fit the heteronormative profile and are unaware of the range of sexual identities. Inclusion of sexual identities in the primary and post primary curriculums will help to work against “othering” of LGBTQI people ([TheJournal.ie](http://TheJournal.ie), 2016).

Our understanding of gender identity has also evolved since the late 1990s and we have seen this reflected in the passing of the Gender Recognition Act 2015. It is therefore important that through our primary and secondary level curriculums students are actively introduced to the spectrum of gender identities. For transgender and non-binary children and young people, it can be very isolating and confusing for them when they are not presented with any information on their situation.

Discussion of consent has also evolved since the curriculums were drafted. The Minister of Education’s proposal to include consent classes on both the primary and secondary school curriculum is very welcome ([Irish Times](http://IrishTimes), 2018). It is particularly important that education regarding consent is consistent throughout a student’s school experience, and that consent is taught in terms of enthusiasm and positive sexual relations.

## Fact Based Approach to Definition of Age Appropriate Material

Evidence has shown that children as young as three are dealing with their gender identities ([KUOW](http://KUOW), 2016) and sexual identities. The curriculum must be reflective of this and not postpone teaching about gender identities and sexual identities until too late an age. LGBTQI children need help and support early on, and must not be “othered” under the guise of their experiences not being age appropriate.

## Submission to The Committee on Education and Skills re sexual health and relationship education

“The behaviour of a human being in sexual matters is often a prototype for the whole of his other modes of life” Freud. S.

Since the introduction of Relationships and Sexuality Education (RSE) as part of the overall Social, Personal and Health Education (SPHE) curriculum in 1996 the construct of Irish society and its legislation relating to family, relationships and sexual health has experienced some seismic changes. The current curriculum documents have set down a very firm and concrete basis for teaching RSE from junior infants’ right up to the second level sector.

The primary school RSE materials work to promote a spiral approach to the teaching of RSE with each year’s lesson plans building on each other. Such curriculum materials are complemented in 5<sup>th</sup> and 6<sup>th</sup> class by extra resources such as the *Busy Bodies* Booklet and DVD. The *Busy Bodies Adolescent Development Programme* provides information on the physical and emotional changes that children may experience during puberty. *Busy Bodies* is a useful tool to help support both teachers and parents in providing information on puberty to children aged between 10 and 14. An effective school health programme can be one of the most cost effective investments a nation can make to simultaneously improve health and education<sup>1</sup>. Such resources, in order to continue to be effective, now need to be revised in order to meet the needs of a changing school population. Any review of the RSE curriculum support materials needs to be cognisant of the fact that sexual health and sexuality needs to be approached in a holistic way. Therefore the recommendation is that any new curriculum resources need to build on that which is in existence. The current curriculum with its focus on relationships with self and others needs to be strongly maintained but new lesson plans dealing with topics such as consent, rights and responsibilities, protection around the usage of social media and sextortion need to be introduced in the correct manner. Topics such as contraception and masturbation also need to be introduced in an age appropriate manner.

Sexual health does not begin at puberty and therefore the focus on the implementation of such a curriculum should not be placed there. Sexuality is an integral part of our makeup, it relates to our feelings, emotions, relationships, identity and experiences throughout our life<sup>2</sup>.

Throughout the years since the inception of RSE, it has received strong support from teachers (primary and post primary) and parents. In 2000 an evaluation and review was undertaken of the programme which underpinned the support of the RSE programme. The report also expressed grounds for concern of the “overcrowded curriculum as the main difficulty in the actual implementation of RSE”<sup>3</sup>.

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<sup>1</sup> WHO (2013 [http://www.who.int/school\\_youth\\_health/en/](http://www.who.int/school_youth_health/en/))

<sup>2</sup> Denman. C. (2004) *Sexuality-A Biopsychosocial Approach*. Palgrave MacMillan. Hampshire

<sup>3</sup> Morgan. M. (2000) *Relationships and Sexuality Education, An Evaluation and Review of Implementation*. Dept of Education and Science. Dublin



In 2007, significant resources were investment in publishing, *RSE in the Context of SPHE; An Assessment of the Challenges to Full Implementation of the Programme in Post Primary Schools*. This report overwhelmingly recommended serious investment by schools and the Dept of Education and Science in RSE at junior -and senior-cycles<sup>4</sup>.

This submission acknowledges that there are many schools undertaking excellent RSE investment at primary and post primary schools; it is nonetheless often down to the energy of an individual school /teacher to deliver RSE. All too often a “hit and miss” approach to RSE is reported and experienced by the authors of this submission.

The recent dilution of the RSE programme within post-primary schools will see even less focus on this important subject. Reviewing the website Professional Development Service for Teachers (PDST), the RSE element within SPHE is less evident in both junior and senior cycles and the language used to introduce the subject matter is soft, thus, in our opinion, permitting the school to opt out of this programme, given their limited resources and overburdened curriculum. The concerns expressed in the initial review of RSE in 2000 still stand today, eighteen years later!

The original RSE curricula for both primary and post-primary to some extent, is still an excellent programme. As mentioned earlier, it needs updating like all programmes do, especially to match the changes within Irish society over the past twenty years. However, if RSE is not supported by the necessary resource’s, such as under-graduated training, no “ethos opt-out” for schools and in the absence of a formal RSE exam/assessment, a yearly report to the Dept of Education and Science on implementation of RSE from junior class to sixth year.

Failure to treat this subject with the importance it requires will leave our children and future adults to “find their own way through the clouds of partial information, misinformation and outright exploitation that they will find from media, the internet, peers and the unscrupulous”<sup>5</sup>

**Signed:**

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<sup>4</sup> Maycock, P. Kitching, K. Morgan. M. (2007) *RSE in the Context of SPHE; An Assessment of the Challenges to Full Implementation of the Programme in Post Primary Schools*. Dept of Education and Science, Crisis Pregnancy Agency. Dublin

<sup>5</sup> UNESCO (2009) *International Technical Guidance on Sexuality Education. Volume 1, The Rationale for sexuality education*. France

## **The HSE Sexual Health and Crisis Pregnancy Programme (SHCPP)**

The Sexual Health & Crisis Pregnancy Programme (SHCPP) is a Policy Priority Programme within the HSE. It leads on the implementation of the National Sexual Health Strategy 2015-2020 which focuses on improving the sexual health of the population, with a particular focus on those at risk of poor sexual health outcomes.

<http://health.gov.ie/wp-content/uploads/2015/10/National-Sexual-Health-Strategy.pdf>

In line with the National Sexual Health Strategy and Healthy Ireland, and in recognition of the interplay between the determinants of health, the SHCPP works through partnering with other HSE departments and disciplines, and with other statutory and NGO stakeholders, to advance the overall health and wellbeing of young people

## **A short summary of contextual information with regard to RSE, the age of first sex and teenage pregnancy in Ireland**

Overall, general population studies find that younger people are more likely to have received sex education than older people and also more likely to say that the sex education was useful/helpful to them<sup>1</sup>. Still variation is reported in the quality of sex education which centres on the comfort levels of the teachers. Teachers report that RSE is challenging to teach (DES Lifeskills Survey) and would like additional training. To complement the Lifeskills Survey, the SHCPP has partnered with the DES to commission qualitative research on the provision of RSE in post primary schools. See below for further details

### **Research on age of first sex – is stable**

In general, young people are having sex for the first time between 17-19 years of age. 37% of men 18 – 25 and 26% of women 18 - 25 reported having had sex before the age of 17 in one general population study – ICCP 2010<sup>2</sup>. More recently the Growing Up in Ireland study found that one third of 17 and 18 year olds reported they had previously had sexual intercourse<sup>3</sup>. Of those who were sexually active, 79% reported that they always used some form of contraception. This shows that the majority of sexually active teenagers are aware of the risk of pregnancy and use contraception to protect themselves

When compared to the UK NATSAL (2000) study we find the average age of first sex is higher in Ireland (16 in UK in 2000)

### **Teenage pregnancy**

The total number of births to teenagers decreased from 3,087 in 2001 to 1,098 in 2016, a decline of 64% over 15 years. This equates to a decrease in the teenage birth rate from 20 per 1000 of women aged 15-19 in population in Ireland in 2001 to 7.8 per 1000 of in 2016.

Ireland has experienced a decline in the number of teenagers accessing abortion services in England and Wales. In 2001, 944 teenage women (aged <20 years) resident in Ireland accessed abortion services in the UK. This declined steadily to 240 in 2016, representing a reduction of 75%. This equates to a decline in Ireland's teenage abortion rate from 6 (per 1,000 women aged 15-19) in 2001, to 1.7 in 2016

## **SHCPP's current and previous work in relation to Relationships and Sexuality Education**

With regard to the provision of Relationships and Sexuality Education (RSE), the SHCPP and its Health Promotion and Improvement ( HP & I) colleagues work closely with the HSE Education Lead who works in partnership with the Professional Development Service for Teachers (PDST) , the Department of Education and Skills' Inspectorate and the National Council for Curriculum & Assessment (NCCA). Through this channel, the SHCPP leads and participates in a variety of Relationships and Sexuality Education projects to support parents, teachers and youthworkers to engage in Relationships and Sexuality Education with children and young people. The work is primarily in the areas of research and resource development.

What follows is a summary of the research reports, resources and other supports which SHCPP has developed and funded in partnership with the Department of Education and Skills , various Non Governmental Organisations and other HSE disciplines to support the delivery of Relationships and Sexuality Education to children and young people in the home, the school and the community settings.

We look forward to continuing to partner with all stakeholders across the settings to improve the delivery of good quality relationships and sexuality education to children, adolescents and young adults. We particularly welcome the opportunities that will be afforded by the proposed review of the current school curriculum and will be delighted to work with our Education colleagues on the subsequent recommendations.

## **RSE-related research studies and reports commissioned by the SHCPP**

### **In development or not yet launched**

- **Research in post-primary schools on relationships and sexuality education** – The SHCPP, in partnership with the DES have commissioned DCU a piece of qualitative research on the Relationships and Sexuality Education Programme in post primary schools. This research aims to generate an understanding of how RSE is experienced from the perspectives of different stakeholders within a sample of post-primary schools. The recommendations from the project will help inform the steps needed to be taken to support teachers and principals due for completion at the end of 2018
- **Supporting Parents Communicating with Children Aged 4–9 Years about Relationships, Sexuality and Growing Up.** This study surveyed 93 parents to get a clear sense of the challenges that parents face when communicating with their younger children about relationships, sexuality and growing up. This was undertaken to inform the future development of resources and supports for this group. The full report and a summary of its findings will be available from [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie) from 2-5-2018

### **Previously published** : all available from [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie)

- **TUSLA and the HSE Sexual Health and Crisis Pregnancy Programme Publish Report on the Sexual Health and Sexuality Education Needs of Young People in Care (SENYPIC). Reports 1-6 (2016)**
- **Research Summary on Teenage Sexuality (2012)**
- **Relationships and Sexuality Education in the Context of Social Personal and Health Education (2007)**
- **Scoping Study for Knowledge, Attitudes and Behaviours Survey Towards Relationships Sexual and Reproductive Health Among Young People in Ireland (2005)**
- **Understanding Teenage Sexuality in Ireland (2004)**
- **A Study of Sexual Health Issues, Attitudes and Behaviours – The Views of Early School-Leavers (2004)**
- **Promoting Positive Adolescent Sexual Health and Preventing Teenage Pregnancy – A Review of Recent Effectiveness Research (2004)**

## **RSE resource materials developed or co-developed by the SHCPP**

### **In development**

- ***Sexualwellbeing.ie*** is the HSE's sexual health website, which will be launched in late April 2018. It has a section to help parents talk with their children about relationships, sexuality and growing up. [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie)
- ***New Junior Cycle SPHE Short Course Resource:*** The HSE is currently developing materials to support the new Junior Cycle SPHE Short Course. The SHCPP is leading on the RSE element of this resource.
- ***The Talking to Your Young Child about Relationships, Sexuality and Growing Up resource*** has been developed and will be launched in early May 2018. This resource aims to help parents to talk to their children about the basics of relationships and sexuality. It consists of two booklets, a parents' guide of the same name and an accompanying story booklet, *Tom's Power Flower- a gentle explanation of how babies are made*.

Both booklets were a response to a research study commissioned by SHCPP, *Supporting Parents Communicating with Children Aged 4-9 years about: Relationships, Sexuality and Growing Up (2018)*. The study found that, while many parents face challenges in this area, they feel that it is important to educate their children about the body, relationships, sexuality and growing up and want resources from a trusted source, such as the HSE, to support them.

The resource will be available from [www.healthpromotion.ie](http://www.healthpromotion.ie) from the 2-05-2018

### **Previously developed**

- **B4udecide Resources** The *B4uDecide* set of resources was developed by the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) in partnership with the Department of Education & Skills and the National Youth Council of Ireland in 2010. The initiative includes resource materials for teachers and youth workers based on the RSE curriculum for Junior Cycle, and a website for young people and their parents. This resource is one of a range of resources that can be used to teach the Social Personal Health Education (SPHE) /RSE programme. Teachers may choose to teach B4uDecide.ie as a full programme of 16 lessons, or they may choose to use certain lessons as part of their overall RSE programme. According to the [2015 Life skills survey](#) which was published in July 2017 by the Department of Education and Skills<sup>[1]</sup>, 66% of schools that responded reported using the B4uDecide resource to support the delivery of RSE.

The teachers' version of the resource is available to download here

<http://crisispregnancy.ie/wp-content/uploads/2012/06/CPP-Teacher-workbook2.pdf>.

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<sup>[1]</sup> <https://www.education.ie/en/Publications/Education-Reports/Lifeskills%20Survey%202015.pdf>

The lesson plans and the resource are also available through training carried out by the Professional Development Service for Teachers (PDST), an agency of the Department of Education and Skills with responsibility for in-service training.

The youth worker version of the resource is available from the National Youth Council of Ireland. 533 copies of the resource were ordered from the HSE by teachers and youth workers in 2017.

The [B4uDecide.ie](http://B4uDecide.ie) website provides online information to encourage teenagers to make healthy, responsible decisions about relationships and sexual health and to delay early sex among adolescents. The objective of the initiative is to provide young people with a source of trustworthy information about relationships and sexual health. There were over 80,000 visits to the website in 2017.

- **TRUST Resource for Senior Cycle RSE.** The HSE SHCPP and HSE HP & I partnered with the Department of Education and Skills on the development of the *Talking Relationships, Understanding Sexuality Teaching (TRUST) Resource* for teachers and youth workers to assist them in delivering RSE to young people. It includes 21 lesson plans and a 40 minute DVD. Training for teachers is provided by the Professional Development Service for Teachers. The resource is available at :

<http://www.sphe.ie/downloads/resources/TRUST-Main.pdf>.

The 2015 [Life skills survey](#) stated that, 71% of schools use the (TRUST) as a supporting resource for the RSE curriculum.

- **Growing up LGBT** The HSE SHCPP and HSE HP & I partnered with the Department of Education and Skills, GLEN (Gay and Lesbian Equality Network) and BeLonG To Youth Services to develop *Growing Up Lesbian, Gay, Bisexual and Transgender: A Resource for SPHE and RSE*. The aim of the resource is to increase awareness and understanding about sexual orientation and gender identity and to reduce levels of prejudice and discrimination against people who are lesbian, gay, bisexual and transgender (LGBT). The resource has materials for both Junior and Senior Cycle RSE.

The resource is available at :

<http://www.pdst.ie/sites/default/files/LGBT%20English%20Print.pdf>

- **Busy Bodies.** HSE HP & I, working with the SHCPP, the Department of Education and Skills and the National Parents Council (Primary) developed the *Busy Bodies Adolescent Development Programme* to support both teachers and parents in providing information on puberty to children aged between 10 and 14. Within the school setting *Busy Bodies* supports the teaching of the 5th and 6th class component of Relationships and Sexuality Education (RSE) within the context of Social Personal and Health Education. The programme includes an animated child friendly DVD, booklets in English and Irish and a user guide for teachers.

The resource is available at: [https://www.healthpromotion.ie/health/inner/busy\\_bodies](https://www.healthpromotion.ie/health/inner/busy_bodies)

- **You Can Talk to Me.** The SHCPP have developed and make available this free DVD and booklet to help parents talk with their 11 to 15 year-olds about relationships and sexual health . It is available to order from [www.healthpromotion.ie](http://www.healthpromotion.ie).
- **Advice for Mams & Dads – Talking to Teenagers about Relationships & Sex** The SHCPP have developed and make available this free supplement to assist parents of older adolescents in talking with their teenagers about relationships and sexuality. It is available to order from [www.healthpromotion.ie/hp-files/docs/HCP00671.pdf](http://www.healthpromotion.ie/hp-files/docs/HCP00671.pdf)

## **RSE Workshop for Young people Attending Youthreach – funded by SHCPP**

- **B4uDecide.ie Street Art initiative.** The B4udecide.ie Street Art workshop is an initiative developed by the HSE SHCPP for young people attending Youthreach or Community Training Centres. It forms part of a larger programme that aims to provide young people with all the information they might need before making any big decisions about relationships and sex. The initiative uses an innovative model to encourage young people to talk about and discuss issues relating to relationships and sexual health including; building healthy friendships and relationships; understanding and dealing with peer pressure; making decisions, being an individual, accepting sexual diversity & sexuality. The activity promotes the universal positivity within street art themes whilst also heavily linking to the educational content of B4UDecide.ie which is based on the Department of Education's curriculum for Relationships and Sexuality Education (RSE).

## **RSE related courses to support parents and professionals to work with children, adolescents and young adults which are funded by the SHCPP and HP & I**

- **The Foundation Programme in Sexual Health Promotion:** The SHCPP and HP & I fund and deliver a 10 day training programme for professionals who have the capacity to integrate sexual health promotion into their core work. This is predominantly attended by people who work with children, adolescents and young adults e.g. youthworkers, social workers, social care workers, some teachers and 3<sup>rd</sup> level personnel. The programme has been evaluated as impactful on professional practice by the School Of Nursing and Midwifery, Trinity College Dublin. The evaluation is available at @ <http://www.lenus.ie/hse/handle/10147/313441>
- **National Parents Council – Primary (NPC)** The SHCPP funds the NPC offer parents a training course entitled, *Supporting your child to build healthy friendships and relationships*. This programme is available nationwide to increase parents' understanding and support of the RSE curriculum and to encourage them to talk to their children about matters relating to healthy sexuality development at home. It can be accessed online or can be requested as a group training through schools. For more detail see <http://www.npc.ie/training.aspx>.
- **Foroige** The SHCPP funds Foroige to train youth workers to deliver a training course entitled, *Real U-Relationships explored and life uncovered training*. It is a personal development programme that aims to equip young people with the skills, knowledge and confidence to develop healthy relationships, make responsible decisions in relation to their sexual health and ultimately delay the onset of early sexual activity. For more detail on Real U see <https://www.foroige.ie/our-work/relationships-sexuality-programme>
- **National Youth Council of Ireland (NYCI)** The SHCPP funds NYCI to provide training to those working in the youth sector in delivering the B4UDecide of 'Leave it til later' training, which



supports the SHCPP's B4uDecide.ie education initiative. **The** NYCI are also funded to provide the following training:

- Sexual Health Policy Development Training for Youth Workers
- Understanding Young People & Pornography.
- **Squashy Couch Adolescent Health and Information Project** The SHCPP funds Squashy Couch to provide sexual health training to professionals working with young people.
- **South West Counselling Kerry** The SHCPP funds South West Counselling in Kerry to deliver RSE related parenting workshops is to support and educate parents in their role as primary educators in the area of Relationships and Sexuality Education. Further information can be found at <http://southwestcounselling.ie/category/healthy-sexuality-workshops/>
- **IFPA** The SHCPP funds the IFPA to deliver the Speakeasy programme. Speakeasy is the IFPA's eight-week programme designed to provide parents with the information, skills and confidence needed to talk to their children about relationships, sexuality and keeping safe. Further details can be found at <https://www.ifpa.ie/Education-Training/Programmes/Speakeasy>



# **Submission to the Joint-Committee on Education & Skills**

**On sexual health and relationship education**

**April 2018**

**This document is written in font 12 Verdana in line with Inclusion Ireland plain English guidelines.**

## Easy to Read Summary



People with intellectual disabilities have sexual relationships, just like everybody else.

But some people don't think that people with intellectual disabilities should have sex.



Our laws can make it a crime for some people with intellectual disabilities to have sex.

Although our law changed last year, the new law still puts a label on people.



People with disabilities are more likely to have problems with

- Accessing contraception
- Experiencing sexual assault
- Getting an infection from having sex
- Lack of supports for parenting
- Accessing abortion care due to poverty or needing to travel

For these reasons, sexual education is very important.



Many people with an intellectual disability don't get sexual education or they only received very basic sexual education.

Inclusion Ireland thinks



- The Laws should change to reflect the UNCRPD.
- People with disabilities should get good sexual education in school or later on.
- Parents with disabilities should get training to support them as parents.

## **About Inclusion Ireland**

Established in 1961, Inclusion Ireland is a national, rights based advocacy organisation that works to promote the rights of people with an intellectual disability.

Inclusion Ireland uses a human rights-based approach to its work. This recognises persons with an intellectual disability as rights holders with entitlements, and corresponding duty bearers and their obligations. Inclusion Ireland seeks to strengthen the capacities of persons with an intellectual disability to make their claims and of duty bearers to meet their obligations.

The vision of Inclusion Ireland is that of people with an intellectual disability living and participating in the community with equal rights as citizens, to live the life of their choice to their fullest potential. Inclusion Ireland's work is underpinned by the values of dignity, inclusion, social justice, democracy and autonomy.

## **Introduction**

Inclusion Ireland welcomes the opportunity to make a submission to the Education Committee on relationship and sexual education. The area of sexual relationships has formed a significant part of Inclusion Ireland's work over many years as we recognised that the paternal and over-protective attitudes and legislation were creating a harmful rather than protective environment for people with intellectual disabilities.

In the following submission, Inclusion Ireland wishes to briefly point out some of the barriers for people with intellectual disabilities in accessing good-quality sexual education and make some recommendations for change.

## **Relationships, Sexuality and Intellectual Disability**

Sexuality and intellectual disability has been an area that has been surrounded with taboo and paternalistic attitudes.

Much of the discussion around sexuality for people with intellectual disabilities is focussed on protection. The idea that people with intellectual disabilities are 'eternal children' devoid of the same desires as any other adult is a damaging preconception that has the potential to cause significant

harm. The thought that people with intellectual disabilities would like the possibility of exploring and enjoying their sexuality often seems to be considered an alien concept.

Major research conducted by the HSE<sup>1</sup> on sexual health promotion for people with intellectual disabilities showed that many staff working with people with intellectual disabilities are reluctant to provide sufficient sex education for fear of reprisal from parents or the organisation and concerns around capacity of the individual.

Until recently, our Criminal Law strongly reinforced this fear and the idea that people with intellectual disabilities should not have sexual relationships. Section 5 of the 1993 Criminal Law Sexual Offences Act, which was recently repealed made it a crime for a person to have sex with a person who is “mentally impaired” unless they are married to each other. ‘Mentally impaired’ was defined so broadly as to potentially include all men and women with an intellectual disability and mental illness.

Although the legislation has been repealed, it has caused untold damage over the 25 years or so that it was on statute. There were few convictions under this law but instead created a ‘chilling effect’ where individuals, their families and those who work with people with intellectual disabilities were afraid to discuss sexual relationships for fear of promoting criminality or reprisals. The potential criminal aspect represented a major barrier to delivery of sexual education.

Through our advocacy work, Inclusion Ireland has been contacted many times by workers involved in providing RSE in a variety of educational and training environments and the question is often asked “am I promoting the commission of a crime” or “will I be held responsible for this”.

Disappointingly, the law that replaced the 1993 Act<sup>2</sup> continues a trend of ‘categorising’ people with disabilities by creating the ‘protected person’ definition, which many people with disabilities could fall into. This approach is likely in violation of Article 23 on the United Nations Convention on the Rights of Persons with Disabilities regarding respect for home and the family which requires the elimination of discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others.

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<sup>1</sup> HSE - “Friendships and Taboos” 2009

<sup>2</sup> Criminal Law (Sexual Offences) Act 2017

Without the change in the Criminal Law, change in culture is unlikely. When the mere discussion of relationships and sexual relationships is a taboo, the chances of a high quality education system is essentially nil. That fear has meant a knock-on effect of a generation of people with intellectual disabilities having received inadequate or no relationship and sexual education.

We know that people with intellectual disabilities do have sex however and they form relationships and families and they should enjoy the same rights to each. People with disabilities and women in particular do not get the support they need in supporting these rights.

### **People with Intellectual Disabilities & Sexual Health**

Research has shown that persons with intellectual disabilities engaging in sexual activity are at high risk of Sexually Transmittable Infection (STI)<sup>3</sup> and that the aforementioned attitudes to sexual activity among people with intellectual disabilities can compromise the level of sexual health support received<sup>4</sup>.

People with intellectual disabilities are less likely to receive general education and information which in turn means that there is often insufficient knowledge to ensure safer sex. In addition people with intellectual disabilities often have limited access to affordable care should they contract an STI.

A report by the World Health Organisation has shown that children and adults with disabilities are more likely to experience violence, including sexual violence than their non-disabled peers and those with intellectual disabilities are most at risk.

Accessing healthcare can be difficult in general and accessing contraception can be a problem for many people with disabilities where they may need support to attend a GP. Women with disabilities are also more likely to be adversely affected by the Constitutional ban on abortion with travel out of reach for many reasons including poverty<sup>5</sup> and access to travel options and accessible information.

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<sup>3</sup> HSE 2009

<sup>4</sup> Department of Health, National Sexual Health Strategy 2015-2020

<sup>5</sup> More than double the general population

For people with intellectual disabilities who become parents, the Child Care Law Reporting Project by Dr Carol Coulter notes that of the principal reasons noted for care application, the largest single number (20%) were because of the mental illness or intellectual disability of the parent, usually the mother, higher than the statistics for abuse or neglect.

## **Sexual Education & Intellectual Disability**

Sexual education is critical for sexual health and for individuals who are most at risk of sexual ill-health, infections, crisis pregnancies and assault it is especially important.

Research however shows that the majority of people with intellectual disabilities receive little sex education<sup>6</sup> despite evidence that the provision of accurate education actually makes people with intellectual safer from exploitation.

As it currently stands, there is no specific Relationship and Sexuality Education programme for young people with an intellectual disability within the Irish school system although there are Curriculum guides on Social Personal and Health Education (SPHE) for intellectual disabilities developed by the National Council on Curriculum and Assessment (NCCA).

Many people who attend 'Special Schools' attend until they are 18 and do so under the umbrella of Primary Education with some 16% of people with intellectual disabilities finished school at primary level (compared to 5% of the general population). This means for those people they do not receive RSE or SPHE beyond a primary level.

It is neither appropriate nor respectful to presume that a primary-level relationship or sexual education is sufficient for young people with an intellectual disability approaching adolescence or adulthood and accessible materials relating to sexual education should be developed for this cohort.

The Curriculum guide for Primary schools (which include those Special Schools) has a heavy focus on personal care skills and relationships rather than sexuality itself. At post-primary level, the curriculum guide is for 'mild' intellectual disability and the Syllabus module concerning friendship and relationships and sexuality is given the working title "You've got a friend".

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<sup>6</sup> Irish Sex Education (2006)

Where Special School's do deliver RSE it can be mixed and one Special School has a publicly available Policy on Relationships and Sexuality, which focuses on the HSE 'Stay Safe' policy aimed at establishment of healthy personal relationships and the prevention of child abuse. The school policy lists behaviours that are 'appropriate' and 'inappropriate' (including Holding hands, Hugging, Kissing) and a procedure which focuses on redirecting the child, verbal reprimand and intervention. There is no focus within the policy of the benefits or positives of intimate relationships and how to foster these relationships in a positive manner

## **Conclusion**

A significant culture change is needed in Ireland in the ways that relationships and sexual education is delivered and this is especially so where so-called 'vulnerable' groups are involved.

There are signs that attitudinal change is beginning to take place, a survey by the National Disability Authority into Public Attitudes to Disability showed that 78% of people thought that people with intellectual disabilities had the same right to fulfilment through sexual relationships as everybody else. Although this figure is lower than that for physical or sensory disabilities, it is an increase from 2011 when the figure stood at 51%. This shows that there is still room for improvement but that a remarkable swing in attitude could be in train.

There is a responsibility now for legislators, policy makers, the media and advocacy organisations to take proactive steps, using the UNCRPD to continue the improvement in the public perception of disability and to campaign for a future where people with disabilities are not seen as 'eternal children' but rather as citizens who require the tools and education to access the rights to privacy, intimacy and sexual relationships in the same way as their peers.

## **Recommendations**

- Ireland has recently ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and must perform an audit of existing laws & policies for compliance, including the Articles relating to the right to equal status, privacy and family life.
- A review of laws and in particular the Criminal Law relating to sexual offences should take place with the UNCRPD as a guide.



- A review of approaches to relationship and sexual education for people with intellectual disabilities is urgently needed.
- Teaching training should include the use of easy to read materials and methodologies which engage young people with disabilities.
- A relationship and sexual education programme for young people, in easy to read and understand format should be developed.
- A training programme of education for so-called vulnerable adults who have left school must be introduced. This could be made available on a community-based level and through service providers such as disability service-providers where appropriate.
- The relationship and sexual education training programmes must be delivered in a neutral fashion. This is especially important as many disability service-providers are voluntary organisations (former religious orders) and ethos should have no impact on fact-based sexual education.
- Education programmes for parents (particularly mothers) with disabilities around parenting should be considered in response to the high numbers of children being taken into care on the grounds of disability should be advanced.

The Iona Institute

# Submission to the Joint Committee on Education and Skills on the planned revision of the Relationships and Sexuality Education programme

**Introduction:** Given the very tight deadline for submissions, we have restricted ourselves to setting our general principles that we believe should guide the planned revision to the RSE course. These are as set out below.

## **General principles**

### **1. Parents' wishes must be front and centre in any revision**

While a national curriculum can be proposed, parents must have a real input into adapting it to the needs of the local school. The new model of education emphasises partnership between the school, community and home. If this partnership is real, the views of the parents must be taken into account in this most sensitive of subjects. Parental involvement is essential as it is their children who are being taught and they are the primary educators.

### **2. RSE must be age-appropriate**

RSE must be age appropriate and must take into account the different levels of maturity that will be encountered in the same classroom. The most 'advanced' pupils should not set the pace for the more 'immature' pupils. It must be aimed at the average. Where possible, when it comes to more sensitive topics, it should happen in smaller groups than the standard thirty-plus pupils in a classroom. This has resource implications and should be factored in to the Education Budget figures if the government is serious about providing high-quality RSE.

### **3. Parents must be allowed to withdraw their children from RSE**

Parents must be allowed to opt their children out of RSE, just as they can opt them out of RE, and as with RE, this must be done with sensitivity by the school. The programme should be designed in a way that makes it unnecessary to do so, but the right should remain there for parents. It would be more than odd to teach respect and consent to individual pupils while denying it to their parents.

### **4. A value-neutral RSE programme is impossible**

It is impossible for RSE to be 'value-neutral'. No matter what it tries to do, values will be taught either explicitly or implicitly. For example, teaching pupils to respect each other is a value, and a good one. Factual and objective knowledge is an important cornerstone of any programme, but once a question is asked along the lines of, 'What should you do in this situation?' it is impossible to avoid value judgements. In another example, it is impossible to be value-neutral about sexting. It is a criminal offence and can lead to immense psychological damage when the images are inevitably shared beyond their original intended audience. Similarly, pornography (which is widely available and accessed before the teenage years) cannot be treated neutrally, as again, it has the power to influence young peoples' image of relationships, and numerous studies show that sexual relationships in porn are often misogynistic and violent. However, the approach to these areas should never be heavy-handed or designed to create fear, but instead

should calmly point out the reality of the porn industry and its well-documented exploitation of those who work in it. Again, it is important to tailor the approach to these issues to the maturity of the pupils, and these issues should probably be reserved to Sixth class.

#### **5. RSE classes must go beyond consent classes**

RSE must go beyond mere consent classes. The key term in relationships and sexuality education is relationships. From an early stage in RSE and elsewhere in the curriculum, children must be encouraged to think about what respect for the other means and that it involves wanting what is good for the other person, not just oneself. In order to be able to judge what is good for the other person, it helps greatly to know a person well. Why should respect in sexual relationships be any different? Most parents will want their children to be taught to get to know, like and trust the other person first, at a minimum, before any sexual relationship commences. Facts like the age of consent must be taught in a way that emphasises the positive impact of waiting until one is more mature. This is the approach taken by the B4uDecide.ie website which is aimed at slightly older pupils and it would be very strange if this approach were not taken with younger pupils.

#### **6. School ethos must be respected**

The ethos of the school must be respected. This isn't simply a question of respecting the religious ethos of a school. It is much more a question of respecting the ethos that is supported by the parents. If parents (for example) want their children to be taught RSE within a Catholic ethos, that must be respected.

#### **7. Constitution must be respected**

If the law forces a school to adopt an approach to RSE that is against the ethos of the school and against the wishes of parents, that might well be unconstitutional.

#### **8. Outside groups must not be banned a priori**

Outside groups should not be a priori banned from schools where the ethos of these groups and the ethos of the school is compatible and what they teach is also factual. Anecdotally, young people often find it awkward, particularly when they are the early stages of adolescence, to discuss sensitive issues with their teacher. No matter how much CPD an individual teacher may receive, not every teacher will be comfortable delivering the material, either. In many cases, outside facilitators who do this work all the time will do a very good job. On the other hand, there should be no imposition of speakers or facilitators who are in conflict with the ethos of a particular school. Again, we cannot teach consent as a value to young people and deny it to schools.

#### **9. RSE must teach respect for all**

Pupils must be taught to fully respect everyone else regardless of ethnicity, social class, religion, sexual orientation, appearance and so on. This is already a core part of the anti-bullying programme in schools, and RSE represents another place where this can be re-emphasised.

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20 April 2018

The Irish Family Planning Association welcomes the review by the Joint Committee on Education and Skills of sexual health and relationship education.

## **1. About the Irish Family Planning Association**

1.1 The Irish Family Planning Association (IFPA) submits these remarks on the basis of our many years of experience as a provider of sexual health services. Since 1969, the IFPA has worked to promote and protect basic human rights in relation to reproductive and sexual health, relationships and sexuality. The IFPA provides the highest quality reproductive health care at its two medical clinics in Dublin and ten counselling centres across Ireland. Our services include non-directive pregnancy counselling, family planning and contraceptive services, medical training for doctors and nurses, free post-abortion medical check-ups and educational services. In 2015, the IFPA medical clinics provided over 12,000 sexual and reproductive health services and provided information and support to 3,400 women and girls experiencing pregnancies that were unintended or that had developed into a crisis because of changed circumstances.

1.2 The IFPA has many years of experience of developing and delivering sexuality education and training to young people, parents, teachers, youth workers and carers, and was at the vanguard of sexuality education prior to the development of the Relationships and Sexuality Education (RSE) curriculum for schools. The IFPA currently provides a range of programmes, including a five-hour sexual health session which can be delivered as part of the RSE curriculum in Irish secondary schools. The IFPA also runs a programme called 'Speakeasy' which is designed to provide parents, guardians or carers with the information, skills and confidence needed to talk to their children openly about relationships, sexuality and keeping safe. Our 'Speakeasy Plus' programme focuses specifically on parents, carers and other service providers working with children who have disabilities or extra support needs. The IFPA has published a manual on Sexuality and Disability and worked extensively in the design and delivery of sexuality education programmes for young people with intellectual disability.

## **2. The need for comprehensive sexuality education**

2.1 Sexuality education plays a critical role in the preparation of young people for a safe, productive, fulfilling life by providing them with the means to protect themselves from the risks of sexually transmitted infections, unintended pregnancies, gender-based violence and gender inequality. High quality comprehensive sexuality education facilitates the development of accurate and age appropriate knowledge, attitudes and skills. It promotes positive values, including respect for human rights, gender equality and diversity. It fosters attitudes and skills that contribute to safe, healthy, positive relationships and provides an important opportunity to reach young people with accurate information before they become sexually active, as well as offering a structured environment of learning within which to do so.

2.2 The Citizens' Assembly and the Joint Oireachtas Committee on the Eighth Amendment processes have created an unprecedented momentum in relation to sexual and reproductive health and unintended pregnancy. Critically both bodies took a holistic approach to unintended pregnancy and recognised that repeal of the Eighth Amendment to allow for the provision of safe and regulated abortion services must be accompanied by measures to tackle unintended pregnancy. Provision of free contraceptive services to ensure that women and girls have access to the full range of the most effective modern methods is critical to reducing the level of unintended pregnancy. Comprehensive sexuality education is the indispensable primary healthcare measure to ensure that people in Ireland are equipped from a young age and throughout their lives to make informed decisions about their sexuality and relationships; are protected from sexually transmitted infection; and are empowered to avoid unintended pregnancy.

2.3 Furthermore, in a context where young people have greater exposure to sexually explicit material via the internet and social media, there has never been a greater need for high-quality, comprehensive sexuality education. This could not have been foreseen when the Education Act 1998 was enacted and allowed schools that have a religious ethos to prevent aspects of relationships and sexuality being discussed. But in the context of young people's lives in today's world, preventing comprehensive discussion of sexuality and relationships is harmful and exposes young people to risk. In its concluding observations to Ireland following its 2016 review of implementation of the United Nations (UN) Convention on the Rights of the Child, the UN Committee on the Rights of the Child called on the state to develop a comprehensive sexual and reproductive health policy for adolescents. <sup>1</sup>

2.4 Young people face increasing pressures regarding sex and sexuality including conflicting messages and norms. On the one hand sex is seen as negative and associated with guilt, fear and disease, but through the media and friends it is portrayed as positive and desirable. Such pressures may be perpetuated by a lack of accurate information, skills, and awareness of their rights and by gender expectations. Young people may feel that they lack a voice in a debate which is about them, but rarely involves them, or that the reality of their lives and the development of their sexual identities are not understood. This results in many young people being either unable or reluctant to seek help when they need it, and may prevent them from giving input within policy and decision making processes. <sup>2</sup>

2.5 The IFPA is committed to the provision and promotion of youth friendly services which are easily available to all young people irrespective of their age, sex, marital status or financial situation. We recognise the right of all young people to enjoy sex and express their sexuality in the way that they choose. We are committed to promoting, protecting and upholding the sexual and reproductive health rights of all young people. This includes the right to information and education on sexuality, and a right to pleasure and confidence in relationships and all aspects of their sexuality. Such information and education should enhance the independence

and self-esteem of young people and provide them with the knowledge and confidence to make informed choices. As Ireland's leading sexual health charity, the IFPA is deeply concerned at the public health impact of inadequate, inconsistent and poor quality sexuality education in many schools in Ireland.

2.6 In the IFPA's view, this represents a failure to provide young people with the means to protect themselves from unintended pregnancy and sexually transmitted infection, and is a derogation of schools' and, by extension, the state's safeguarding role.

2.7 We know from our training and education services that, while parents and teachers tend to be supportive of sexuality education, school ethos creates significant barriers to the delivery of an adequate level of information. Parents are frequently unaware that Boards of Management define school policy on this issue and that schools are not obliged to cover all aspects of sexual and reproductive health. For example, the IFPA has many times been obliged to turn down requests from schools to deliver sessions, because we are asked to omit references to contraception. We frequently encounter young people in our services who have not received basic education on matters of sexual health. We have concerns about inadequate attention to gender equality: the responsibility for avoiding pregnancy falls almost entirely on young women. And the specific RSE needs of LGBTQI youth are rarely addressed in any adequate manner in schools.

2.8 Failure to provide safe spaces where children, especially young teenagers, can raise questions, discuss concerns and clarify information about sexuality and sexual health exposes them to serious risk: we know from our training and education programmes that young people tend to uncritically accept social media imagery, language and portrayals of sexual behaviour as fact. Their expectations, attitudes and language can be unwittingly shaped by pornography, fantasy and misinformation and they may be unable to distinguish between healthy relationships and abusive or exploitative relationships. We also know that parents and teachers tend to be unaware of just how much sexually explicit material young people are exposed to on social media.

2.9 The IFPA works extensively with parents, carers, youth workers, and people with intellectual disabilities. We have concerns about the inadequate levels of preparation and support for carers in many settings to understand and address the sexual and reproductive health needs of vulnerable young people in institutional care settings, particularly LGBTQI youth.

2.10 If we are serious about meeting the sexual health needs of young people, the quality of sexuality education that young people receive in both school and non-formal settings should be assured through curriculum design, training, monitoring and evaluation and robust systems of accountability. In practice, however, it is frequently the knowledge and commitment of individual teachers, principals, youth workers or carers, rather than robust systems and structures that determine whether young people's sexual and reproductive health is adequately addressed.

### **3. Comprehensive sexuality education**

#### *Definition*

3.1 The United Nations Educational, Scientific and Cultural Organization (UNESCO), the UN specialised agency for education and the education sector, defines comprehensive sexuality education as a curriculum-based process of teaching and learning about the cognitive,



emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.<sup>3</sup>

### *Values*

3.2 Sexuality education should contribute to the formation of a fair and compassionate society by empowering individuals and communities, promoting critical thinking skills and strengthening young people's citizenship. It must provide learners with opportunities to explore and nurture positive values and attitudes towards sexual and reproductive health, and to develop self-esteem and respect for human rights and gender equality. It should empower young people to take responsibility for their own decisions and behaviours, and the ways in which they may affect others. It should aim to build skills and attitudes to enable young people to treat others with respect, acceptance, tolerance and empathy, regardless of their ethnicity, race, social, economic or immigration status, religion, disability, sexual orientation, gender identity or expression, or sex characteristics.

3.3 Evaluations of comprehensive sex education programs show that these programmes can help young people delay onset of sexual activity and increase condom and contraceptive use. Sexuality education – in or out of schools – does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates<sup>4</sup>. Sexuality education has positive effects, including increasing young people's knowledge and improving their attitudes related to sexual and reproductive health and behaviours.<sup>5</sup> Conversely, programmes that promote abstinence-only have been found to be ineffective in their stated aims of delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners and potentially harmful to young people's sexual and reproductive health and rights.<sup>6</sup>

### *Content*

3.4 The content of sexuality education must be based on facts and evidence related to sexual and reproductive health, sexuality and behaviours. It is critical that it is incremental and age-appropriate, with topics introduced gradually, so that it is responsive to the changing needs and capabilities of the child and the young person as they grow. It should be included within a written curriculum that guides educators' efforts to support students' learning. The curriculum must include key teaching objectives, learning objectives, presentation of concepts, and the delivery of clear key messages in a structured way.

3.5 Comprehensive sexuality education must address sexual and reproductive health issues, including, but not limited to: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS. Topics must be dealt with comprehensively and consistently and must be delivered to learners over time, throughout their education, rather than a one-off lesson or intervention.

3.6 As well as content on reproduction, sexual behaviours, risks and prevention of ill health, it is critical that sexuality education provides an opportunity to present sexuality in a way that includes its positive aspects, such as love and relationships based on mutual respect and equality. Sexuality education should promote the right to choose when and with whom a person will have any form of intimate or sexual relationship; the responsibility of these choices;

and respecting the choices of others in this regard. This choice includes the right to abstain, to delay, or to engage in sexual relationships.

3.7 Sexuality education must address safer sex, preparing young people for intimate relationships that may include sexual intercourse or other sexual activity. Education about consent is critical for building healthy and respectful relationships. And it is essential for young people who plan to have, or are already having sexual intercourse, to receive information about the full range of modern contraception, including the dual protection against pregnancy and STIs provided by condom use. A key goal of sexuality education should be contraceptive use at first sex. This requires understanding of specific risk and protective factors that affect particular sexual behaviours and skills to manage specific situations that might lead to STI, unwanted or unprotected sexual intercourse or violence. Young people must also learn about the supports available for sexual and reproductive health (e.g. counselling, testing and treatment for STIs/HIV; services for modern contraception, sexual abuse, rape, domestic and gender-based violence, abortion and post-abortion care and stigma and discrimination).

3.8 Sexuality education must address the needs of young people who are particularly vulnerable and disadvantaged, including, but not limited to: young people who are incarcerated or live in institutions or in direct provision centres; young people living in poverty; lesbian, gay, bisexual, transgender and intersex young people; and young people with disabilities.

### *Delivery*

3.9 International research on sexuality education bears out the IFPA's experience and suggests that the delivery of sexuality education is as important as its content, and that acceptability to young people is critical. A 2016 synthesis<sup>7</sup> of qualitative studies of young people's views of their school-based sexuality and relationships education from 10 countries, including Ireland, found that schools appear to have difficulty accepting that some young people are sexually active, leading to relationships and sexuality education that is out of touch with many young people's lives. Furthermore, the report found that although sex is a potent and potentially embarrassing topic, schools appear reluctant to acknowledge this and attempt to teach relationships and sexuality education in the same way as other subjects.

3.10 Young people express dislike of their own teachers delivering relationships and sexuality education due to blurred boundaries, lack of anonymity, embarrassment and poor training. To ensure that young people do not disengage from relationships and sexuality education and opportunities for safeguarding and improving their sexual health, therefore, relationships and sexuality education should be 'sex-positive' and delivered by experts who maintain clear boundaries with students. Schools should acknowledge that sex is a special subject with unique challenges, as well as the fact and range of young people's sexual activity.<sup>8</sup>

3.11 Recent (2017) research from the UK highlights particular challenges in delivery of sexuality education. On the one hand, delivery by teachers supports the sustainability of programmes and enhances school capacity in this area. On the other, sexuality education requires particular qualities, knowledge and experience: those who deliver relationships and sexuality education should be trained educators, have expertise in sexual health, and be sex-positive and enthusiastic about delivering relationships and sexuality education. Young people may also be more willing to trust in confidentiality if programmes are not delivered by staff who are familiar to students as form or subject teachers. In addition, external sexual health professionals should be involved in delivering relationships and sexuality education and close liaison should be maintained with relevant sexual health and advice services.<sup>9</sup>

3.12 The quality of sexuality education is enhanced by systematic involvement of young people, which ensures that education is needs-oriented and grounded in the contemporary realities of young people's lives. Ensuring that young people have an active role in developing, evaluating and improving curricula should be a priority.

#### **4. Sexuality education in Ireland**

4.1 A key goal of the National Sexual Health Strategy 2015-2020 is that everyone living in Ireland will receive "comprehensive and age-appropriate sexual health education and/or information and will have access to appropriate prevention and promotion services".<sup>10</sup> However, the provision of sexuality education in Ireland remains patchy and inconsistent.

4.2 Relationships and Sexuality Education (RSE) was introduced in 1997 and has been mandatory at primary and post-primary junior-cycle since 2003. Guidelines on the content of sexuality education<sup>11</sup> have been produced by the National Council for Curriculum and Assessment (NCCA), however they are not compulsory and schools can decide how to teach the content of the course based on moral or ethical considerations.

4.3 The Department of Education requires that all schools have a policy regarding the teaching of RSE and that it is taught from the beginning of primary school to the end of secondary school. According to the Department, the RSE policy should reflect a school's core values and ethos as outlined in its mission statement. While no aspect of the RSE programme can be omitted on the grounds of school ethos, the Department has stated that all elements of the programme "can and should be taught within the ethos and value system of the school as expressed in the RSE policy".<sup>12</sup> In practice, this means that not all schools provide comprehensive information on the full range of contraceptive methods.<sup>13</sup> Due to the departmental requirement, the provision of sexuality education is hugely varied and depends on the ethos and value system of individual schools.

4.4 Research (2007; 2010; 2017) on the implementation of RSE indicates that, in many schools, teachers may not feel adequately trained to deliver certain aspects of the programme. To bridge the gap, they can invite in external groups. While this includes organisations such as the IFPA which provides comprehensive sexual health information, conservative Christian agencies, such as Pure in Heart, which advocate abstinence from sex until marriage and do not provide comprehensive sexuality education also deliver presentations in schools. In addition, the textbooks on which staff rely to deliver RSE may have been produced by an individual or organisation that focuses exclusively on heterosexual relationships and wishes to promote abstinence until marriage.

4.5 There is a lack of transparency surrounding RSE that is not found in other areas of the curriculum. For example, there is currently no register of outside groups and individuals that deliver RSE content in schools and schools are not obliged to inform parents about visits from external agencies. Although the Department of Education has produced best practice guidelines regarding visitors to post-primary schools in the context of RSE, these external organisations are not vetted or inspected by the Department.

#### **5. Legal Barriers**

5.1 According to the Health Behaviour in School-aged Children Report 2014, 31% of 15-17 year-old boys and 21% of 15-17 year old girls report that they have ever had sex.<sup>14</sup> Of those who report ever having had sex, 73% reported condom use; with 31% of boys and 35% of girls reporting use of the contraceptive pill.

5.2 The law regulating access to contraceptives for adolescents is very unclear because the age of medical consent is 16 but the age of sexual consent is 17. The situation is further complicated by the fact that the law does not explicitly prohibit healthcare providers from delivering services to girls under the age of 16. These legal ambiguities can give rise to scenarios such as medical professionals refusing to provide sexual health services (including emergency contraception) to young people or doctors violating principles of confidentiality by contacting the young person's parents against their express wishes.

5.3 A 2011 report<sup>15</sup> by the Law Reform Commission recommended legislative reforms to allow for the views of mature teenagers to be taken into account in the context of consenting to or refusing medical treatment. The Commission recommended that young people under the age of 16 should be able to give their consent to medical treatment based on an assessment of their maturity and the presumption that their parents will usually be involved.

5.4 Legal barriers also remain with respect to the sexual and reproductive rights of people with intellectual disabilities. The recent repeal of Section 5 of the Criminal Law (Sexual Offences) Act 1993, which made it an offence to have sex with a "mentally impaired" person outside of marriage, is a welcome development. However, it is of concern that the new Criminal Law (Sexual Offences) Act 2017 failed to take a disability neutral approach and instead categorises someone with an intellectual disability as a "protected person".<sup>16</sup>

## **6. Research on RSE**

6.1 There is a lack of national monitoring and evaluation to accurately assess the effectiveness of the RSE programme. A 2013 study on the implementation of RSE found that practices and procedures to support planning for senior cycle RSE were not effective in the majority of schools – there were evident weaknesses in programme planning for senior cycle RSE in 62% of the 63 post-primary schools inspected.<sup>17</sup> Earlier studies (2007; 2010) have also identified problems with the implementation of RSE at senior cycle level.<sup>18</sup> Research (2003; 2007) also indicates that the time allocated to RSE decreases substantially once students reach third year of junior cycle.<sup>19</sup>

6.2 Studies (2007; 2010) suggest that many RSE teachers do not feel sufficiently trained or supported to teach the subject matter, which indicates that the training and support provided by the SPHE Support Service may need to be revised. According to the 2015 Lifeskills Survey, a majority of primary schools find teaching RSE either challenging (62%) or very challenging (12%).<sup>20</sup> And a majority of post-primary schools reported that teaching RSE is either challenging (62%) or very challenging (16%). Youthreach Centres ranked RSE as the second most challenging subject to teach—only mental health is considered a more challenging subject than RSE. Young people surveyed for the 2010 Lifeskills Survey recommended that teachers be better trained to deliver RSE, citing concerns that some teachers do not take the subject seriously or are afraid or embarrassed to talk about sex.<sup>21</sup>

6.3 Accord (the Catholic Marriage Care Service) is one of the most frequently used external facilitators for RSE delivery in primary schools. At post-primary level, Cura (Catholic pregnancy counselling service) is among the most widely used external agencies for RSE delivery.

6.4 In 2016, the HSE and Tusla published a report about the sexual health and sexuality education needs of young people in care.<sup>22</sup> It recommended that RSE should be made available to young people in care in their care setting as well as at school; however, the current provision of RSE varies greatly within and across care settings. The report also found that

more consistent training opportunities in RSE are required for social workers, social care workers and foster carers and RSE policies are needed in residential centres to promote the consistent delivery of RSE.

## **Recommendations**

1. The recommendation of the United Nations Committee on the Rights of the Child to develop a comprehensive sexual and reproductive health policy for adolescents should be implemented.
2. Guarantee the right of all young people to receive factual and objective information on relationships and sexuality regardless of schools' ethos.
3. The Department of Health guidelines on relationships and sexuality education should be revised to reflect international best practice in the provision of age-appropriate comprehensive sexuality education: i.e. based on facts and evidence related to sexual and reproductive health, sexuality and behaviours.
4. Topics should be introduced gradually and delivered incrementally in an age-appropriate manner that is responsive to the changing needs and capabilities of the child and the young person as they grow. A minimum number of hours per term should be allocated to sexuality education programmes in schools.
5. A clear set of goals and indicators for sexuality education should be established within the curriculum, including contraceptive use at first sex as a goal, with indicators measuring delivery of information about pregnancy, contraception and STIs.
6. Develop a robust system of inspection of sexuality education in schools, and provide training for school inspectors on the monitoring and evaluation framework.
7. Consultation with key stakeholders in the development of a revised CSE strategy should be a priority in the revision of the guidelines: youth organisations, school councils, sexual health organisations and experts, parents' organisations, teachers and experts on human sexuality, behaviour change and related pedagogical theory.
8. Encourage a whole school approach to the development of school policy on sexuality education involving Board of Management, parents, student councils and other key stakeholders, and in consultation with experts in sexual and reproductive health.
9. Train and resource specialist sexuality educators—including, but not limited to primary and secondary level teachers—who can deliver comprehensive sexuality education in schools, youth groups, care homes and other settings.
10. Take measures to ensure that RSE is available, and delivered by specialist sexual health educators, to young people in care, including incarcerated young people and young people with intellectual disabilities, in their care setting, as well as at school.
11. Provide a network of non-formal settings, such as Youth Cafes, where young people can access sexual and reproductive health information and services.
12. Develop a quality assurance framework for comprehensive sexuality education to ensure that implementation of sexuality education in schools and in non-formal settings can be robustly monitored and evaluated.
13. Remove the legal barriers to access to contraception by young people.

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<sup>19</sup> A 2003 survey found that RSE was available to 73% of first years in the schools surveyed; 69% of second year students; and 63% of third year students (*Implementation of Social, Personal and Health Education at Junior Cycle: National Survey Report*, Commissioned by the SPHE Support Service). According to a 2007 study, RSE was taught as part of SPHE in first and second year in 81% of the schools surveyed – however, this dropped to 58% in third year (*RSE in the Context of SPHE: An Assessment of the Challenges to Full Implementation of the Programme in Post-Primary Schools*, Commissioned jointly by the Department of Education and the Crisis Pregnancy Programme).

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## **INTO Submission to Joint Oireachtas Committee on Education and Skills**

20 April 2018

### **Relationships and Sexuality Education**



## **1. Introduction**

The INTO notes the recent announcement by the Minister for Education and Skills, Richard Bruton TD, to conduct a major review of Relationships and Sexuality Education (RSE) in schools. The Minister stated that the review would cover both the content of the RSE curriculum and support materials, as well as the teaching of the curriculum to students. While the INTO welcomes a commitment to review RSE, any reconsideration must be within the context of wider primary redevelopments which are currently underway by the National Council for Curriculum and Assessment [NCCA]. The INTO reiterates that there is an escalating workload issue in schools and any change or development must be mediated at a reasonable pace and within an agreed timeline to ensure effective implementation. Primary teachers are already balancing the demands of significant curriculum change in languages and mathematics. The INTO is of the view that curriculum change should be carried out in a pre-planned, strategic and developmental way within the context of the overall curriculum rather than a haphazard approach which involves a knee jerk reaction to every emerging issue in society.

## **2. Background**

The INTO has been to the fore in seeking the inclusion of social, personal and health education in primary schools, including education regarding relationships and sexuality. The INTO was very much behind the Stay Safe, the Child Abuse Prevention Programme and the introduction of RSE in the late 1990s. Relationship and sexuality education has been an integral part of the primary school curriculum for many decades. Following ongoing debate since 1986 in relation to the introduction of sex education in schools, an interim RSE programme was issued to schools in 1996 (Circular 2/95). In the revised primary curriculum, RSE became part of the wider Social, Personal and Health Education [SPHE] subject. The current RSE programme can be viewed in the context of the Education Act as it aims to provide opportunities for children and young people to learn about relationships and sexuality in ways that help them think and act in a moral, caring and responsible way.

An INTO survey conducted in 2005 showed that there is, in general, a favourable response from teachers to the teaching of SPHE. While there was overwhelming support for the introduction of RSE to schools from parents (93%), there was some initial trepidation on the part of teachers in taking on the role of teaching children about sensitive and personal matters. Some 73% of teachers surveyed felt uncomfortable teaching children about sexuality. However, it was noted that good in-service increased **confidence** levels **significantly** (INTO, 2006).

In the second phase of its review of the Primary School Curriculum (1999), the National Council for Curriculum and Assessment examined **teachers' perceptions of SPHE among other subjects (NCCA, 2008)**. In SPHE, the sensitivity of the content of RSE and teachers' own discomfort with teaching this content to young children was identified as a key challenge to curriculum implementation. RSE was considered of particular importance in the senior classes for children dealing with the challenges of adjusting to adolescence. Teachers said they were challenged by the sensitivity of some of the material, the difficulty in teaching some of the RSE content, and teachers' own discomfort or lack of training. The review also highlighted the demands of covering such a broad programme and of getting responses from

reluctant speaker[s]. Many teachers questioned their own preparation for teaching sensitive issues, particularly with older children.

### **3. Workload**

SPHE, and particularly RSE, can have a positive influence on the holistic development of children. SPHE is a very broad curriculum which promotes personal development and well-being for the child, providing children with skills for life. SPHE, however, must not be seen as a **cure-all for society's ills. SPHE cannot always be seen as a curricular response to address** all issues of concern to society. There is no doubt that schools have a very important role to play, but schools do not operate in isolation from broader society. Children are very much **influenced by values and practices that prevail in their home environment** and in the broader community. Schools are not the solution – only part of the solution.

Given the broad and encompassing nature of SPHE, teachers have cited a particular issue with this subject and curriculum overload (INTO, 2006; NCCA, 2008). Any review of the RSE programme should be considered in the context of the current workload in schools. An additional challenge associated with RSE is the time required to obtain parental request. The INTO survey concurred that the greatest obstacle to teaching SPHE was time, followed in order by, lack of resources, overcrowded curriculum, multi-grade classes, class size, lack of parental support, lack of CPD, broadness of subject, children not being serious, lack of focus among teachers, suitable content and lack of knowledge (INTO, 2006). Any review should acknowledge and seek to address these barriers in order to ensure effective implementation.

### **4. School Ethos**

As RSE has a moral, ethical **and spiritual dimension, its development is influenced by the** ethos and culture of individual schools. The school culture and environment provides approaches and a variety of learning experiences that help children to understand themselves, to tolerate others and to establish and maintain healthy patterns of behaviour. **Ongoing influences in the child's life such as family, religious, societal and moral beliefs** impact on schools in the formulation, development and implementation of SPHE policies, curriculum and programmes.

In this context, the INTO notes that the *Joint Oireachtas Committee on the 8th Amendment recommended that RSE 'information should be provided in an impartial and factual manner that is independent of school ethos'*. The current programme states that *'the School RSE Policy will have been developed in each individual school.... school policy will reflect the core values and ethos of the school'* (DES, 1998, p.7). Consequently, many schools have policies on RSE which reflect the ethos of the school and the values in the policy are often consistent with the overall characteristic spirit of the school. The relationship between school ethos and the State curriculum, will need to be addressed as part of the overall review of the Primary School Curriculum 1999, and particularly in the review of SPHE and RSE. Children should have a right to age-appropriate factual information and content, and to inclusive and age-appropriate pedagogies relating to relationship and sexuality education. Parents may also **have an expectation that the school's ethos will be reflected in their children's learning**. Teachers need clarity around any potential conflict that may arise in regard to the RSE curriculum, SPHE in general and school ethos.

## **5. Professional Development (CPD)**

In light of the sensitive and sometimes challenging nature of RSE, full and proper provision for CPD is essential to support teachers to feel confident and competent in teaching RSE. Heretofore, substitutable professional development for teachers in the broad area of SPHE, and more specifically in RSE, has been limited. During the implementation of the *Primary School Curriculum*, the Primary Curriculum Support Programme (PCSP) provided all primary teachers with two days in-service in relation to the SPHE Curriculum throughout the 2002-2003 school year. **A specific planning day for SPHE was not provided and schools** were expected to incorporate planning for SPHE in to their other planning activities in the school.

The Professional Development Service for Teachers (PDST) informed the INTO on a variety of more recent professional development programmes available to teachers to support RSE. The PDST are currently offering experiential and practical RSE Twin Workshops to teachers on teaching methodologies together with in-school support. The INTO believes that it is regrettable that substitution is not available for this particular workshop. Furthermore, in light of the importance of RSE, the INTO is concerned that the CPD will not reach all teachers in a systematic way. Teachers have reported that the quality of CPD in SPHE provided by the PDST has been of a high quality and has had a positive impact of teaching the subject (INTO, 2005). In that regard, the INTO recommended that the DES adequately resource the PDST to ensure that the provision of CPD is on a system-wide basis and accompanied by substitution. If the government are committed to a quality review of any aspect of the curriculum it must be accompanied with proper provision of CPD to ensure effective implementation.

## **6. External Agencies**

In the 2005 INTO survey, 96% of teachers considered SPHE to be an important subject in the curriculum. Nevertheless, RSE continues to be one of the aspects of SPHE where some schools invite an outside person to speak to pupils and in some cases parents as well. According to the INTO survey it is quite usual to invite outside people to deliver aspects of the curriculum including RSE. Teachers are considered to be the most appropriate person to teach all aspects of the curriculum as they have established relationships with the children, they know what stage the students are at, they know the sensitivities at any given time, and they know the maturity level of the class. RSE has unique challenges and requirements and different school contexts demand different approaches to RSE. The INTO is of the view that both class teachers and principal teachers are best placed to use their professional judgement to determine whether an external body is required to work with students on any aspect of the RSE programme. The use of external bodies should be in line with school policy.

## **7. Parental support**

Parental support is critical to the success of any curricular area, particularly RSE. Parents are the primary educators of their children and they provide the moral, cultural and familial values for young children. Since parents have the primary role in the social, personal and health education of their children, schools often provide them with opportunities to contribute to the development and implementation of SPHE in the school. Parents also

provide complementary and supportive assistance to teachers teaching RSE by attending RSE workshops in the school and by reinforcing the content of the RSE programme at home and in family life. The involvement of parents, health professionals and relevant community **members in planning, reviewing and supporting schools' SPHE plans is crucial to its success.** This partnership approach helps to provide children with a consistent experience in SPHE enabling them to make connections between their lives at home, in the school and in the community. On occasion parents prefer an outside agency rather than the class teacher to deal with RSE given their unique and important relationship with the child.

**Teachers find it difficult to implement or progress initiatives or programmes without adequate parental support. The INTO notes that the current RSE programme states that 'the school policy will include provision for the rights of those who wish to withdraw their children from RSE' (DES, 1998, p. 9). The INTO respects that parents have the right to withdraw their children from any aspect of the curriculum, however, withdrawing pupils can create significant challenges for teachers at local level. Therefore, the INTO recommends that the DES puts proper provision in place for schools to facilitate those parents who chose to absent their child from RSE.**

## **8. SPHE Programmes**

In general, the majority of teachers have found the structured programmes useful as a means of supporting the teaching of SPHE (INTO, 2006). The current RSE programme is non-prescriptive, rather it provide a menu of options for classroom lessons from which teachers can choose in accordance with their school policy on RSE. It is important that teachers and schools retain the autonomy to use their professional judgement to determine the most appropriate approach. Teachers are best placed to satisfy themselves that the content of materials which they use is appropriate to the needs of students and in line with their school RSE Policy and Programme.

The current curriculum supports '*Resource Materials for Relationships and Sexuality Education*' while originally relevant and useful needs to be updated to reflect developments since the 1990s. A new programme for RSE should endeavour to cover present-day issues such as the influence of social media and LGBTQ+ matters. For example, LGBT young people and children from families with same-sex parents often experience homophobic and transphobic bullying and prejudice in their schools and communities. Addressing different families through age-appropriate discussions and activities can help promote a more respectful environment. '*Different Families Same Love*' was created by the INTO in response to requests from teachers for educational resources following publication of the Anti-Bullying Guidelines for Primary and Post-Primary Schools by the Department of Education and Skills (DES) in 2013 and it was launched by the Minister of Education in 2015. It is now recommended as an additional resource to teach SPHE and RSE by PDST, and it is mentioned in the new Stay Safe programme that was updated in 2016. This valuable resource should be considered within the context of any RSE review as it includes good practice guidelines for inclusive schools, advice on class-appropriate use of language, and lesson ideas for all classes in primary school in line with SPHE curriculum objectives.

## **9. Conclusion**

The research carried out by the INTO in 2005 and the NCCA's curriculum review of SPHE are now over ten years old. Any revision of the current RSE or SPHE curriculum should be supported by further research to explore current experiences and practices in schools. The NCCA review of SPHE found that respondents prioritised the need to develop suitable resources for SPHE, especially in Gaeilge. Curriculum for RSE should continue to be developmental in nature and age appropriate in content and methodologies. A revised RSE curriculum also need to be accompanied by modern, up-to-date, and attractive resources and materials that are appropriate for primary schools in Ireland. Materials and resources also need to be available in Irish, at the same time as materials in English become available. Complementary programmes should also be developed to support parents and parent associations to support the teaching of RSE and SPHE in school.

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I am writing to you on behalf of the INTO LGBT Teachers' Group. The INTO LGBT Teachers' group is a sub-group of the wider INTO union and so consists of LGBT+ primary school teachers. One of the stated aims of the group is to work to ensure that primary schools are as inclusive as possible of LGBT staff, families and pupils. Over the last five years particularly (since the publication of the Anti-Bullying Procedures), the group have been involved in trying to support Irish primary teachers in ensuring that their classrooms are as LGBT inclusive as possible in order to combat homophobic and transphobic bullying. It is from within this remit that we are submitting to the review of sexual health and relationship education. We feel that as front line workers with children from 4 to 13, we have a good understanding of the ways in which these issues can affect this cohort (as well as their parents/guardians/carers).

### **Sexuality and Sexual Orientation**

Families are central to the formation of children's identity and are the primary lens through which they view their world. 'Myself and My Family' is a core strand unit of the Social, Personal & Health Education (SPHE) Curriculum and 'Family' features strongly as a theme in the current RSE materials at primary level. It is vitally important for ALL children to see their families represented in the course of these lessons. It is also essential to create a positive school climate that fosters respect and acceptance of all family structures.

Addressing different families through age-appropriate discussions and activities can help promote a more respectful environment in your classroom and in your school.

Unfortunately homophobic and transphobic bullying has been found to be widespread in Irish schools. It affects those who are LGBT, those perceived to be LGBT, those raised in families headed by LGBT parents, those with LGBT friends or relatives, those perceived to be outside the norms that constitute "feminine" and "masculine" behaviour and those that witness the bullying as bystanders.

Research has shown that bullying impacts negatively on a child's learning, their attendance at school, and their mental health and well-being (LGBTIreland Report, <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/lgbt-ireland-pdf.pdf>) Experiencing bullying behaviour and minority stress (experiences of stigmatisation, discrimination, social exclusion and harassment) can be attributed to the development of low self-esteem, self-harm and suicidal behaviour. These are all factors that impact negatively upon the formation of relationships as such any action that can be taken to prevent them is one which contributes to the development of healthy relationships right throughout life.

We would hope for a far more LGBT+ inclusive sexual education at post-primary level but in order to build the foundations for the possibility of LGBT relationships, the children must see LGBT identities represented in an age appropriate way in primary school (i.e. through the lens of different types of family). To this end, the group have produced a teaching resource which focuses on this positive representation; the Different Families, Same Love poster and lesson resources (all available at <http://www.into.ie/lgbt/EducationalResources/>). This resource shows how a topic like LGBT relationships can be introduced in a child-centred and age-appropriate way right from Junior Infants up.

We would most strongly advocate that whatever new materials are developed for primary level (whether specific RSE materials or as part of the wider redeveloped curriculum) are inclusive of LGBT identities. We firmly believe that the most developmentally appropriate way in which to do this is to begin with positive representation of all family types including same-sex headed families. Therefore, representation of LGBT families should be named in

the document e.g. “Paul’s dads spoke to him.” Picture books which could be utilised for this positive representation are compiled on the INTO LGBT Teacher’s Group’s webpage (<http://www.into.ie/lgbt/EducationalResources/ListofPictureBooksforInclusion.pdf>)

### **Gender identity**

Gender stereotyping has negative impacts for every child. Challenging gender norms and stereotypes needs to be overtly addressed in the syllabus from infants upwards. In infant classes children are already absorbing information and messages about gender e.g. “only boys are doctors”/“that’s for boys”. Gender stereotypes limit all children and through challenging these stereotypes a school becomes a more welcoming place for transgender and gender non-conforming children, as well as a more equal school overall.

DePalma (2013) conducted a participatory action research project based on the No Outsiders program piloted in schools in the UK. The project tackled homophobic and transphobic bullying and promoted the inclusion of LGBT people in the schools. The work of the No Outsiders project centred on: introducing gender and gender identity to children; examining gender stereotypes and the role we play in promoting the gender binary; looking at birth as a moment of cultural significance – the assignation of gender; a documentary on young trans people’s experiences and transgender rights and visibility in the wider media. DePalma found that children had an awareness of transgender issues, including the issue of South African Athlete Casher Semenya’s contested right to participate in women’s sporting events. For the RSE lesson on gender senior classes could address these issues. Media stories could include the transition of Caitlyn Jenner.

We would recommend deconstructing gender stereotypes as a lesson within the RSE program because how you perceive your own gender impacts on your interactions and relationship with others. Introducing the lesson with a book or story which deals with specifically gender and trans issues could be a good idea.

<http://www.welcomingschools.org/pages/looking-at-gender-identity-with-childrens-books/>

The lesson could then involve sorting objects from an Argos catalogue (or Smiths etc.) into girls things and boys things. Discussion would spark around gender neutral items. The teacher could then select the items they enjoy or use from both the girls things and boys things and the teaching point is: things do not have genders. Each child could then make a collage of all the things they enjoy from both piles.

### **In Practice**

Circular 22/10 recommends the following, as SPHE Best Practice: “Active learning is the principal teaching and learning approach recommended for the implementation of SPHE.” “Individual themes such as Relationships and Sexuality, Substance Misuse Prevention, Bereavement, Racism and Child Abuse Prevention should not be treated in isolation but rather in the context of the overall SPHE curriculum”

And in respect of this the following are some age appropriate examples of learning.

#### Examples of Curricular Links for the Inclusion of LGBT themed lessons:

##### **Junior and Senior Infants:**

**English:** The Family Book – Todd Parr

**SPHE:** Myself and Others, Me and My Family; Myself and the Wider World, Media Education;

**SESE, History:** Toys – girls’ and boys’ toys, discussion on why.

### **First and Second Class:**

**English:** And Tango Makes Three – Justin Richardson

**SPHE:** Myself and Others, Me and My Family; Myself and the Wider World, Media Education

**Arts, Visual Arts:** Creation of gender collages – cutting boys and girls toys from an Argos catalogue, discussing the stereotypes around them and then creating a collage of the items they would like to own regardless of assigned gender.

### **Third and Fourth Class:**

**English:** The Popularity Papers - Amy Ignatow

**SPHE:** Myself and Others, Me and My Family; Myself and the Wider World, Media Education - Different family types, representations of families in the media, representations of gender in the media, gender stereotyping and its effects

### **Fifth and Sixth classes:**

**English:** The Misadventures of Family Fletcher - Dana Alison Levy

**SPHE:** Myself and Others, Me and My Family; Myself and the Wider World, Media Education – Different family types, representations of families in the media, representations of gender in the media, gender stereotyping and its effects; LGBT people in the media.

Senior classes can engage in more topical issues, e.g. the Gender Recognition Bill was a news story with nationwide coverage in 2015.

#### **SESE, History:**

A historical study of Lydia Foy's fight for gender recognition in Ireland. The teachers would receive (or have online access to) a resource pack showing the timeline of transgender rights in Ireland and information on Lydia Foy as an example of an Irish transgender rights activist.

Links could be drawn between Lydia Foy and Martin-Luther King or Harvey Milk as international examples of human rights activists.

### **Recommendations**

- RSE materials must be inclusive of all family types, including same-sex headed families as this is an age-appropriate and child centred way in which to positive represent LGBT identities in the classroom.
- Pupils need to have an opportunity to interrogate gender and gender stereotypes as a prerequisite for healthy relationships
- Some conversations arising during the RSE modules of SPHE might lead to a child disclosing information about their sexuality or gender and as such it would be important to include in the document places where teachers and schools could access advice on how to proceed. One example for the primary classroom would be [http://www.into.ie/lgbt/Downloads/Respect\\_Primary\\_Teachers\\_Resource.pdf](http://www.into.ie/lgbt/Downloads/Respect_Primary_Teachers_Resource.pdf) , <https://www.rethinkingschools.org/articles/its-ok-to-be-neither-teaching-that-supports-gender-variant-children> and <https://www.dropbox.com/s/1wpo37oz3wv3nan/Gender%20Inclusive%20Schools%20Toolkit.pdf?dl=0> (Particularly of benefit to schools wherein a child has come out as transgender or non-binary. But the elements regarding deconstruction of gender stereotypes is equally beneficial across all schools.)
- Gender non-specific language should be used when referring to pupils within the writing of the document. Using “their” as a the gender-neutral as the third person singular (instead of his/her) is inclusive of non-binary students.
- Naming relevant organisations to refer the teacher/parents to would be helpful e.g. the Transgender Equality Network of Ireland (TENI); BeLongTo, ShoutOut etc.



### **Resources mentioned**

- DePalma, R. – *Choosing to lose our gender expertise: queering sex/gender in school settings*. Sex Education, 13:1, 1-15, DOI: 0.1080/14681811.2011.634145 (2013)  
<http://www.tandfonline.com/action/showCitFormats?doi=10.1080/14681811.2011.634145>
- DES (Department of Education and Skills) Anti-Bullying Procedures for Primary and Post-Primary Schools. (2013)  
<http://www.education.ie/en/Publications/Policy-Reports/Anti-Bullying-Procedures-for-Primary-and-Post-Primary-Schools.pdf>
- INTO (Irish National Teachers' Organisation), INTO LGBT Teachers' Group, GLEN (Gay and Lesbian Equality Network) – *Different Families Same Love Educational Resources*  
[https://www.into.ie/lgbt/EducationalResources/DifferentFamiliesSameLove\\_LessonResources.pdf](https://www.into.ie/lgbt/EducationalResources/DifferentFamiliesSameLove_LessonResources.pdf) ; [http://www.into.ie/lgbt/EducationalResources/DifferentFamiliesSameLove\\_Poster.pdf](http://www.into.ie/lgbt/EducationalResources/DifferentFamiliesSameLove_Poster.pdf) ; [http://www.glen.ie/attachments/Different\\_Families\\_Picture\\_book\\_lessons.pptx](http://www.glen.ie/attachments/Different_Families_Picture_book_lessons.pptx)
- INTO (Irish National Teachers' Organisation), INTO LGBT Teachers' Group, GLEN (Gay and Lesbian Equality Network) – *Respect: Creating a Welcoming and Positive School Climate to Prevent Homophobic Bullying*. (2015)  
<https://www.into.ie/ROI/Publications/InTouch/2015/GLENSupp/HomophobicBullying.pdf>
- LGBT Ireland report <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/lgbt-ireland-pdf.pdf>
- Gender Across the Grades - Gender Spectrum (USA)  
[https://www.dropbox.com/s/nm2b2k2n5gfa0mv/Gender%20Across%20the%20Grades\\_112514.pdf?dl=0](https://www.dropbox.com/s/nm2b2k2n5gfa0mv/Gender%20Across%20the%20Grades_112514.pdf?dl=0)
- Gender Inclusive Schools Toolkit - Gender Spectrum (USA)  
<https://www.dropbox.com/s/1wpo37oz3wv3nan/Gender%20Inclusive%20Schools%20Toolkit.pdf?dl=0>
- Circular 22/10  
[https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0022\\_2010.pdf](https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0022_2010.pdf)

Dear Chairperson,

First I would like to thank you and the Oireachtas Education and Skills Committee for the opportunity to make a submission. We would like to acknowledge the committee's continued interest in the student voice and the opinions of our membership. This is greatly appreciated and we hope it will continue into the future. The Irish Second-Level Students' Union works towards an education system where the views, opinions and contributions of students are respected in which students are recognised as an official partner in creating an education that is centred around and caters best for students.

This submission has been shaped by the National Student Executive of the Irish Second-Level Students' Union as well as a member's survey which has received over 780 responses in the last two days. We appreciate the opportunity to make this submission but wish to highlight that the invitation to submit was only received on the 16th of April and have therefore had a limited timeframe to conduct the survey. We will continue our research and compilation of students' views in relation to RSE and hope to have gathered more data in the coming weeks and can make that available to the committee upon request.

Relationship and Sexual Education(RSE) is an area of huge importance to the Irish Second-Level Students' Union. We welcome the review of RSE, including matters relating to contraception and consent that the committee is undertaking. We have been lobbying on this issue over the past few years and will use this submission to highlight our recommendations and results of a recent membership survey. We believe there should be specific lessons in relation to sexuality, relationships, consent, gender identity, RSE in the digital age, sexual health and sexually transmitted infections, contraception, mental health and drug awareness with regards to consent. We also believe that there should be one RSE module for every school and that the patronage of the school should not impact on the type or quality of RSE that students receive. We believe all lessons should be gender normative and inclusive to all sexualities. Furthermore, we welcome the progression of the Provision of Objective Sex Education Bill to committee stage.

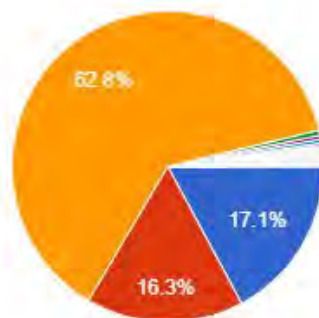
## Section 1:

### Results from Student Survey:

#### Question 1

What programme are you doing?

741 responses



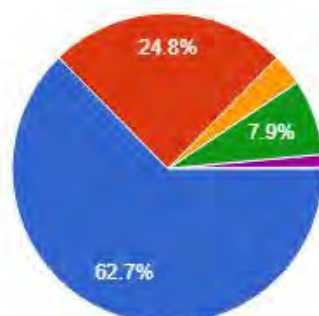
1-96.1% of respondents are secondary school students. It's important to note that we would have active members who would be in their first year of college.

1.1-When asked when was the first time they had received sexual education, the results varied. We found that the majority of students said that they first received some form of sexual education in 6th or 5th class of primary school. However, there were also many students who stated that their first encounter of sexual education was in transition year of secondary school.

#### Question 2

In this past year, how often did you have RSE?

747 responses



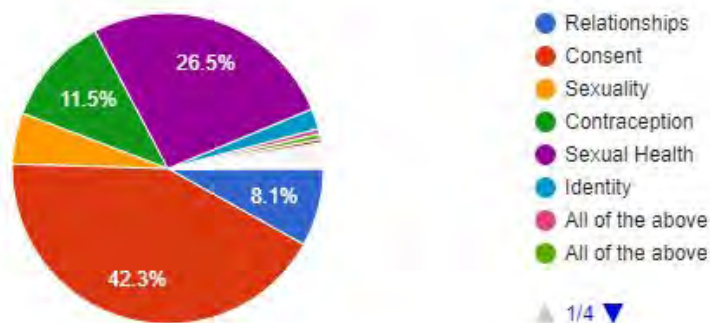
2-This was a particularly worrying result as it shows that only 7.9% of students stated that they had regular RSE classes over the past year with 87.5% of students saying they had RSE not regularly or not very regularly.

These results emphasise the need for regular RSE classes. The results would also suggest that most schools are in breach of the curriculum guidelines on sexual education. Some of our members have stated they receive RSE classes weekly and others have said every two months. This clearly shows the disparity between schools. ISSU firmly believe that RSE classes should be frequent and timetabled accordingly especially for senior cycle students.

Question 3:

What would you rate as the most important aspect of RSE?

751 responses



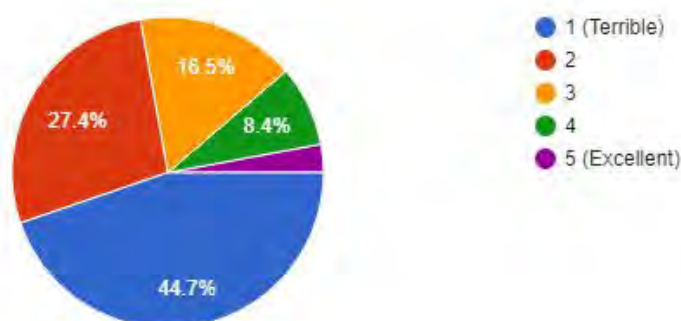
3: Interestingly, 42.3% answered that they rated consent as the most important aspect of RSE. Sexual health (26.5%) and contraception (11.5%) combined was 38%.

ISSU notes with concern the lack of education surrounding consent, which is widely available at 3rd level through workshops and campaigns. ISSU believe that the topic of consent and consent workshops should be mandatory as part of a revised RSE module.

Question 4:

How would you rate the teaching of this aspect?

751 responses



4: Worryingly, 72.1% of students stated that the teaching of this aspect was terrible (44.7%) or bad (27.4%). ISSU believe that it is not necessarily the teacher's fault for these results. It may be the content or lack of content which contributes to student's disapproval or a lack of appropriate teacher training. ISSU believe that it is essential that the proper training is put in place for teachers if they are to be the main providers of RSE.

Question 5:



5: 28.1% of students stated that they received no information about contraception in school. ISSU finds this statistic extremely worrying and think it's unacceptable that such a high percentage of respondents received no contraception education at all. ISSU recognises contraception education is proven to lower the rate of teenage pregnancies and the rate of sexually transmitted infections amongst teenagers.

5:1- Students who stated they had received contraception education were then asked what types of contraception were discussed. Of the 71.9% who answered yes (565), the following percentage said they discussed:

97.3% - male condoms	84.2% -the contraceptive pill	32.4% - female condoms
21.9% - diaphragm	22.5% - the cervical cap	27.3% - Intrauterine
45.5% - the contraceptive implant (the bar)		13.5% - Spermicide
27.6% - the hormonal coil	21.8% - the hormonal injection	28% - the patch

These results show that although there are high results for condoms and the contraceptive pill, other forms of contraception are not being adequately discussed.

5:2 - Students were then asked if they were taught how to use the contraception. 78.1% answered no. 21.9% said yes. ISSU believes that there should be practical advice on how to safely use condoms and other types of contraception as part of a revised RSE module.

Question 6: Have you learned about consent in school? (774 responses)

65% of students said no. 35% said yes.

6: As stated in paragraph 3, ISSU believe that the topic of consent and consent workshops should be mandatory as part of a revised RSE module.

Question 7: Have you learned about sexuality in school? (771 responses)

61.2% of students said no. 38.8% said yes.

7: 61.2% of students have not received any information regarding sexuality in school. ISSU firmly believes that as part of a reformed RSE, all lessons should be inclusive of all genders and sexualities.

7.1: Students who stated they had received sexuality education were then asked what types of sexuality were discussed. Of the 38.8% who answered yes(299), the following percentage said they discussed:

29.2%- Asexual	67%- Bisexual	82.7%- Gay
80.2%- Hetrosexual	75.3%- Lesbian	17.6%- Queer
16.4%- Pansexual		

Question 8: Have you learnt about gender identity in school? (770 responses)

85.7% of students said no. 14.3% said yes

8.1: Student who stated they had received gender identity education were then asked what types of gender were discussed. Of the 14.3% who answered yes (110), the following percentage said they discussed:

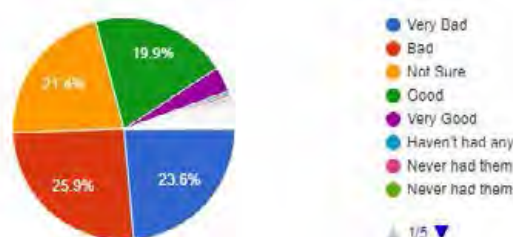
7.6%- Androgynous	9.4%- Agender	9.4%- Bigender
15.8%- Binary gender	13.5%- Binary sex	28.7%- Cisgender
86.5%- Female	8.8%- Genderqueer	14.6%- Intersex
71.9%- Male	60.8%- Transgender	

In a recent report published by TENI, ‘for many young trans individuals, education and education-related services are the primary influence which affects their gender identity and gender expression’. ISSU recognises the difficulties faced by transgender students in expressing their gender within second-level schools in Ireland. Transphobia can result in prejudice, discrimination and violence. ISSU advocates for the introduction of gender neutral bathrooms (or a third option other than binary labelled) in Irish Schools.

Question 9:

Have you had RSE classes dealing with Mental Health and how would you rate them?

730 responses



9: The results for this question highlight again, the disparity between student's experiences of mental health education in secondary school. ISSU notes with concern that many students have not been supported in developing coping mechanisms to prevent and deal with mental health issues or the knowledge of the resources or supports available. ISSU recognises that external workshops can be far more effective than content delivered by an existing teacher in the school.

ISSU firmly believe that there should be mental health education as part of a revised RSE module which:

- enables students to recognise different types of mental health issues
- teaches students the coping mechanisms needed to deal with mental health issues or heavy periods of stress, including how to deal with the breakup of a relationship
- teaches students how to support a peer in a crisis situation and where to refer.

Question 10: Do you feel that LGBTQ+ issues and relationships have been discussed and explained sufficiently? (762 respondents)

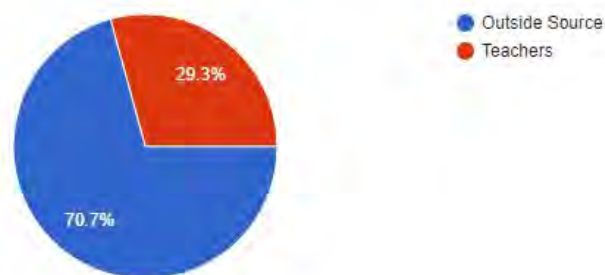
87.3% of students said no. 12.7% said yes

10: That students should be made aware of the diversity of genders and sexualities before they leave the education system. ISSU condemns the level of homophobic and transphobic bullying in second level schools, which can be extremely distressing for LGBTQ+ students. ISSU believes this topic should be covered in SPHE and RSE in all schools regardless of religious patronage and we welcome the progression of the Provision of Objective Sex Education Bill to committee stage.

Question 11:

Do you feel it would be beneficial for an outside source to teach RSE in schools or teachers?

769 responses



11: 70.7% of student would find in beneficial for an outside source to teach RSE in schools. ISSU recognise that this may require additional resources but this is already occurring in some schools. If outside sources are not to be brought in, ISSU insists that teachers be adequately trained to provide proper RSE teaching.

Further recommendations.

### **1: Sexual health and drug awareness education**

Following a survey carried out by the ISSU in 2017 in conjunction with drugs.ie we have determined that 95% of young Irish people have said that they find cannabis easy to access (MDMA 58%, Cocaine 37%) while in comparison 88% said the same about alcohol.

ISSU note that the dangers of drug use are not outlined to students in Ireland resulting in use without being educated on the related harms. Our research illustrates how sexual activities and psychoactive drug use interact to cause harm.

ISSU believe that these topics should be integrated into the reform of the RSE program in schools. Our research suggests that both issues related to sexual activity and drug use are dealt with separately. Therefore

ISSU recommend that a medium for dealing with a combination of the two would be beneficial for students.

### **2: Digital Sexual Education**

ISSU applauds the work of Webwise in conjunction with the Garda Síochána. ISSU believes that the #Beinctrl resource should be mandatory reading as part of a reformed RSE module. The #Beinctrl resource are tips to protect yourself online.

ISSU also acknowledges the Lockers resource which is also produced by Webwise in conjunction with the Garda Síochána. This resource gives information for schools around the sharing of explicit self generated images. It also acts as an SPHE resource on the non-consensual sharing of intimate images. ISSU believe this should remain part of a revised RSE module.

### **3: RSE Providers**

ISSU firmly believe that those who are to provide the teaching of RSE (whether that be an outsider or the subject teacher) should not influence the class with personal opinions and must remain neutral in all aspects of debate or divided opinion in the class.

All lessons should not be influenced by religious beliefs as this subject should be taught completely without bias.

### **4: RSE Subject Content and Topics**

Relationships:

- Positive relationships with SOs, family and friends
- How to handle breakups and relationships during stressful life experiences
- Abuse in relationships (emotional, physical, mental)
- Stigmatisation

Sexuality:



- All of the sexualities on the LGBTQ+ spectrum
- Advice on coming out
- Positive reinforcement in regards to tolerance

#### Consent:

- The importance and relevance of consent for the sexually active.
- What consent is, and why it's not a grey area

#### Gender Identity:

- All of the gender identities on the LGBTQ+ spectrum
- Information for students regarding facilities that will aid students with gender reassignment surgery
- Promoting tolerance in the area of change in gender expression and identity

#### RSE in the Digital Age:

- How to be safe using apps like Tinder, Grindr, etc,
- How to keep yourself safe from predators online
- The law with regards to the sharing of explicit images to be taught from 1st year onwards.
- Reference to credible websites that provide additional information on these topics (like Spunout.ie)

#### Sexual Health:

- All forms of contraception, how to use them and the pros and cons of their used.
- A comprehensive list of STD/Is and how to contract them
- A list of facilities/services to turn to in the case of STD/Is, unplanned pregnancy etc

#### Mental Health:

- A list of services/facilities for young people struggling with maintaining positive mental health to go to (such as Jigsaw)
- Highlighting the importance of taking care of your mental health
- How relationships and sexuality can affect mental health
- Explaining conditions such as anxiety, body dysmorphia, eating disorders and addiction, and highlighting the importance for getting help for such conditions

**END**

### **Appendix 1: Selection of student responses at the end of the survey**

I feel that lgbt topics are not talked about enough in rse, I do think that so far we have been taught consent and contraceptives quite well but we don't do rse enough, only for two or 3 weeks in a year. I really think that lgbt rse education should be compulsory to teach because I really feel I don't know enough I could have benefitted from it a lot more in 1st year ( in 2nd year now)

It should be mandatory all year round every year from 5th class till 6th year. We only had it odd times over the years and only for a little while, not everything was covered that should have been and RSE is such an important, practical topic needed for everyday life so it should be prioritised in secondary schools (in my primary school it was once a year but I feel that that was sufficient given the age)

My experience with sex ed has been a disgrace. The current system is so outdated and from my experience does not reflect what we need to know. Contraception and gender identity has never been discussed and the only sexuality discussed beside heterosexual is gay (not even bisexual). My teacher also claimed that transgenders don't exist and refused to discuss the upcoming referendum. Things like that are extremely damaging and unfortunately many people turn to their friends or online sources which can often be misleading or wrong. Talking about mental health is a bit better but still below the standard it should be. I really hope things change for upcoming students.

I find there's still a taboo or embarrassment around the topic of sex and this prevents students from getting comprehensive, in depth and useful information.

RSE is often included in 'Religion' classes in Senior Cycle, which leads to teachers trying to include the "Catholic church's approach" to contraception/relationships/sex etc. which is frankly irrelevant and shouldn't be presented as valid and equal as scientific fact

There needs to be a definite overhaul of the current system. There needs to be more updated sex Ed in regards to consent and gender identity and sexuality

As a 6th year student we have had no RSE in the past 2 years. How come everything suddenly changes when you go to college? The college student council gives out condoms while teachers are afraid to talk about sex in schools. Sex Ed, from what I have seen, is about reproduction more than pleasure or enjoyment. Most teenagers are not having sex with the purpose of having a baby. It is for pleasure. This needs to be taught in schools

Just needs to be taught better, earlier, and continuously throughout education, and to make it more normalised to talk about these things. Each thing I personally have been taught is something I wasn't taught properly and had to ask my parents about it later. Everything is taught too vaguely so this should be improved

Teachers should not shy away from discussing such vital topics. I am in an all-girls-catholic-school so we never learn about anything except religion

There is still a sort of awkwardness around this subject and teachers still feel like it's inappropriate to talk about this even to senior cycle students.

I believe having people like aids west talk to students about sex ed is important because they would know more details on each topic, and are willing to talk about a wide range of topics. I also believe the basics of sexuality and safe sex should be taught in 6th class at the same time the sex talk is initially given. If you're going to teach kids how to have sex, you should tell them how to do it safely, what things to be careful of, and at least explain that being straight isn't the end all be all. No detail has to be given on sexualities but when every sex ed and puberty book goes on and on about how young girls will start to notice boys in a new way and vice versa while mentioning no other options, it becomes somewhat ridiculous. At least explain to kids that gay and bi people exist and that it's not to be ashamed of or looked down on. It might stop a lot of bullying

Mental health really needs to be addressed in these classes it's pushed to a side and we're taught nothing about it, apparently we're getting better with dealing with mental health but how can we deal with it or help other people with mental health issues if it isn't taught or talked about

I don't mind whether it's an outside source or teachers. The quality of the education is more important to me. There's always room for improvement. I have noticed a significant improvement in RSE in my school though in recent years.

I think it's important not to focus too much on LGBTQ+ community as it represents such a small part of the general population as I feel it alienates us as heterosexual.

RSE classes are not used to the full potential to teacher students of this aspect in their lives. Students go into the world not knowing a lot of things but they shouldn't have to especially since they have a class especially for this matter. Most students aren't thought about conception or safe sex, just not to have it at this age. Students with gender and sexual confusion aren't thought how they feel is normal. This leads people to be at a disadvantage when leaving school as they are have no prior knowledge of sex, sexuality, etc.

I believe that there should be a class for senior cycle (possibly in fifth year as sixth years need to be attending all classes) on contraception, their role in intercourse, harmful effects of some uses (the bar), services available (STD testing clinics, where to get morning after pill etc). I also believe a life skills class should be mandatory for every school to teach teenagers how to care for a child and themselves independently.

In my mixed school, the teacher teaching it was very hush hush about it. It was very here's what's in the book nothing else. She almost seemed awkward about it and it was just not good enough.

We focused mostly on the mechanics of the menstrual cycle, pregnancies and were told to use condoms and some other forms of contraception for girls, but only one or two were properly explained... This was all before the junior cert though, and there's been no follow up in senior cycle, other than the religion teacher telling us that abortion is bad, if that counts and sexuality education?

My teacher is very forward thinking and discusses the things that apparently aren't covered in the Irish system. I feel that this ignorance is a lot down to students not engaging so the updated curriculum must take this into account. Introduce it at an earlier age and encourage discussion and student feedback maybe even critical thinking.

Ireland must learn of the RSE system in the Netherlands. There children as young as five learn about sexuality and consent from the age of 5

Schools are falling in line with catholic teachings of subjects far too much, hence the poor sexual education that Irish students receive. As a college student now, I feel I would have benefitted more from more education in sexual health and consent, especially consent

My personal opinion is that it should be mandatory for all teenagers ages 15+. For me there isn't really a need to discuss LGBTQ+ community however I must acknowledge that my community are left leading and the attitude to this community is "well of course it's ok, why wouldn't it be?". So objectively I can understand if someone wpukd feel it was necessary if they were part of a more conservative community but based purely on my experience it isn't necessary. RSE to me boils down to is everyone happy and safe everything else is an extra.

I think in some cases teachers are perfectly capable of addressing these issues in the classroom but like all subjects not all teachers are so good. However it's hard to know would all outside individuals be of a high standard either and practically it's hard to see how it would work

I think it would be beneficial if students also had the opportunity to explore different value systems in relation to relationships and sexuality from a neutral perspective

t only talks about cisgendered heterosexual relationships and sex. Gender identity and sexuality needs to be introduced, ideally in primary school but it would be excellent if it was there at all. Any questions I had about safe queer sex were dismissed as 'this information goes for any relationship', but it doesn't when there is no penis for the condom to go on. Info about foreplay, anal, toys (and maintenance thereof) should be given, and would apply to all sexualities, but particularly to queer relationships.



## **JMB Submission on Relationships and Sexuality Education to the Oireachtas Joint Committee on Education and Skills**

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### **Introduction**

The Joint Managerial Body/Association of Management of Catholic Secondary Schools (JMB/AMCSS) presents this submission as representing the perspective of post primary faith schools on the provision of Relationships and Sexuality Education.

### **Who we are**

The Joint Managerial Body (JMB) was founded in 1972 to represent the interests of all voluntary secondary schools in the Republic of Ireland. It is the main decision-making and negotiating body for the management authorities of almost 380 voluntary secondary schools. The JMB comprises two founding organisations: AMCSS, the Association of Management of Catholic Secondary Schools and the ISA, the Irish School Heads' Association, representing the Protestant Schools in the State.

### **Relationships and Sexuality Education – a Faith School Perspective**

Education cannot be deemed to be holistic in any sense if it ignores either our actions or the spiritual or moral basis of the values that inform such actions. Neither can we be deemed to be fulfilling our school mission statements, the majority of which cite ‘development of the whole person’, if we ignore the values and the humanity underpinning our sexuality and sexual activity. It is therefore incumbent upon schools to engage fully with parents in the development of high-quality programmes of relationships and sexuality education (RSE) congruent with the ethos of the school and setting out to educate, in the truest sense, the values, understandings and actions of the generation of young people in their care.

Setting the scene for the delivery of RSE at local level requires the establishment of a school policy which clearly articulates the context and content of the programme and engages, in particular, with the parent perspective. Informing what actually transacts within the RSE classroom equally demands a high level of engagement between teaching staff, school leadership and the support services.

Parents choose a school for their children which most closely reflects their family values and aspirations. All schools, whether established by the State or by one or other voluntary groups

such as religious orders, a diocese or a Trust, espouse a vision of the human person and give expression to a particular ethos. Some people argue that schools should adopt a neutral stance in relation to religion. The inference is that religion is a matter of personal choice and should be kept in the private sphere. However, those who would exclude religion from school also espouse an ethos of their own. They impart a worldview, a philosophy of life, just as much as the person of faith.

The position of Catholic schools in relation to sex education was outlined in a Church document, *Familiaris consortio*:

‘Sex education, which is a basic right and duty of parents, must also be carried out under their attentive guidance, whether at home or in educational centres chosen by them’.

Our commitment to the integration of Gospel values into the curriculum and daily life of the school means that the ethical and moral frameworks underpinning what is taught within RSE classes are congruent with Church teaching on sexual morality, within the particular faith tradition - Catholic or Protestant in the case of JMB schools.

This does not mean that an embargo exists around any truly human experience or that faith schools will not discuss or engage with any particular aspect of the curriculum. The exact opposite is the case. The fully human nature of Jesus Christ means that nothing truly human is alien to God and cannot be alien to true educators either. Such authentic holism cannot exclude engagement with the LGBTQ continuum of human sexual identity and expression but what does characterise the Christian classroom is the character and quality of the engagement in seeking truly human answers:

In the Christian anthropological perspective, sex education must consider the totality of the person and insist therefore on the integration of the biological, psycho-affective, social and spiritual elements. A fundamental objective of this education is an adequate knowledge of the nature and importance of sexuality and of the harmonious and integral development of the person towards psychological maturity, with full spiritual maturity in view. (*Lumen gentium*, Documents of Vatican II, 1964)

To this end, JMB/AMCSS as an organisation and JMB schools on an individual basis have been closely associated with the development, consultation and piloting of both the SPHE (incorporating RSE) curriculum at Junior Cycle and the Senior Cycle RSE programme and materials. It is nonetheless incumbent upon school management at local level to ensure such programmes are compatible with the school’s ethos and that parents have had their rights to consultation respected as well as their right to withdraw their child from RSE classes.

Concern has been expressed in recent times that provision of RSE classes across the post-primary sector has been less than universal or complete. It is the position of JMB that once the rights of parents (and students over 18 years of age) have been respected, the RSE curricula at both junior and senior levels should be delivered in all schools with respect for the characteristic spirit of the school and with the highest levels of professionalism and care.

The outcomes of a Comhairle na nÓg study in 2010 which pointed to apparent deficits in RSE provision at senior cycle in particular constituted a ‘wake-up call’ for school communities and those charged with supporting them in this important curricular area. Though the apparently stark outcomes (which reflected solely ‘student voice’) have subsequently been challenged by more comprehensive data indicating much greater levels of compliance, there nonetheless remains an obligation on schools to ensure provision of RSE across the school cohort.

The element of the findings pointing to high levels of apparent discomfort on the part of some teachers reflected student perceptions and not those of the professionals concerned. There remains however, an ongoing challenge in this area which can only be remediated by high quality in-service and ongoing professional support for teachers. A reduction in the professional support service for teachers in RSE in recent years represents an opportunity for statutory bodies such as the Oireachtas Committee to engage with both HSE and DES in maintaining such support across the system.

The provision of SPHE classes across junior cycle is not an option for schools and should be universal. The RSE element of the SPHE curriculum is similarly prescribed from 1<sup>st</sup> to 3<sup>rd</sup> year, with the caveat of an opt-out for parents, but challenges to provision include the availability of teachers trained and willing to teach this element as it is sometimes the practice that this section of the curriculum is delegated to a teacher with a specific interest, skills and willingness to teach it. As a matter of priority, DES should invest in a new round of training opportunities for teachers to maintain and increase the pool of such educators available for scheduling into RSE classes.

*‘Good teachers are essential. I had a teacher in 1<sup>st</sup> year and no one got anything out of SPHE. However, I have had two good teachers which benefited everyone.’*

Comhairle Survey comment

A Comhairle finding that the RSE element of Junior Cycle SPHE and also at Senior Cycle was taught exclusively in Religious Education classes in a number of schools requires comment. The training of RE teachers incorporates the spectrum of ethical and moral paradigms found in society and such teachers are often well placed to comfortably and confidently engage in discussions around sexual ethics, particularly at senior cycle level. These is not to say that science, biology and home economics teachers may not also be called upon or volunteer to offer support in the teaching of the biological aspects of human reproduction or sexuality or that they should be restricted to such a limited input. What this debate does point to is the need to adequately train and professionally develop RSE teachers in their own right – developing expertise in every aspect of both the course materials and the likely questions necessarily arising in the classroom setting. The development of a post-graduate diploma course in SPHE/RSE is particularly to be recommended.

The policy of age appropriateness has always formed a central pillar of provision of RSE education in schools, particularly as it relates to the question of sexual consent. The concept could, however, be widened to incorporate conceptual appropriateness in that students with

SEN or English language deficit or those at particular ends of the maturity scale should be provided with a differentiated model of teaching and engagement with this critical subject area. Local school management is best placed to identify such needs but yet again, such nuanced practice will demand high-calibre teacher professional development and school leadership awareness.

Engagement with young people in schools and other fora on the subject of RSE is welcome. Just because an educator has taught something doesn't mean it has been learned and feedback is an essential element of any evaluation of a programme's effectiveness. It is essential, however, that outcomes be triangulated against other sources such as inspectorate reports, DES statistical feedback from schools or other data from the education partners. For example, the 2010 Comhairle survey statistic that 63% of student respondents claim to have 'never had an RSE class' does not stand up to scrutiny at any level.

#### *Assist parents to provide relationships and sexuality education in the home*

There are critical elements in a child's education which demand higher than usual levels of school-family mutual awareness and at least some level of genuine partnership in achieving the holistic goals of the educational enterprise. RSE, in all its forms, represents such an imperative.

For all its convenience and ubiquity, IT as a medium for enriching the RSE project at home and in school has its limitations. Analogous to older generations being given a 'little book', told to go away and read it and subsequently asked if there were 'any questions?', the provision of audio-visual resources and websites are devoid of the most important component which is the immediate presence and availability of a loving and caring adult, emotionally and cognitively equipped to support and nuance this 'holy ground' of a child's or young person's emerging sexual awareness and personal values. That said, the development of up-to-date digital and hard-copy resources to support parents, guardians and teachers would be most welcome and JMB will be happy to engage in the developmental and consultation activities around such initiatives into the future.

Parents and guardians need face-to-face contact with the school on this matter also. Beginning with general information sessions and offering individualised meetings with school personnel where required represents a basic level of engagement. The development of an RSE policy must also involve the parent representative body in the school as well as the staff, student council, Board of Management and trustees. The relationship between home and school on this issue must be a trusting one and this can only be developed by maintaining high levels of awareness and communication.

This is equally true of the relationship between 'outside' agencies and school communities. School management is charged with the duty of ensuring everything that happens in the school community is congruent with its ethos. Specific areas such as religious education, faith formation, pastoral care and relationships and sexuality education necessarily demand greater levels of alertness in this respect than, for example, many of the other subjects on the



curriculum. Building up high level of trust between external agencies and school management should therefore represent a priority for all.

JMB is aware that the Minister has written to the NCCA to seek a professional review of the landscape of RSE provision in our schools. JMB is encouraged by the scope of this work which will include:

- How the RSE curriculum is planned, how it is taught and how parents are involved;
- That the entire curriculum is being taught in schools to a high standard;
- The role of the classroom teacher in teaching the curriculum and the appropriate level of supports which are currently being provided by external providers;
- What time is given to it, what resources are being provided, and what support materials are being used;
- How effective is the continuing professional development opportunities which are currently provided by the Department and other bodies to RSE teachers.

JMB will, of course, engage fully with this process and looks forward, in particular, to the subsequent investment of new ideas, energy and resources into this most important of educational enterprises.

**John Curtis, JMB General Secretary**

**19<sup>th</sup> April 2018**

# Submission on Sexual health and Relationship Education

## About LGBT Ireland

LGBT Ireland is a national charitable organisation working to improve the visibility, inclusion and rights of LGBT people living in Ireland. Through our telephone, online and face to face services we provide confidential support and information to thousands of LGBT+ people and their family members each year.

Informed by the issues and experiences raised through our frontline services, we also provide training and advocacy support to ensure that LGBT people's voices are heard in policy and practice developments which effect that lives.

## Contacts to our support services in relation to RSE:

In 2017, we responded to 1,957 contacts to our helpline and instant messaging support services, while over 63,000 people visited our website [www.lgbt.ie](http://www.lgbt.ie) for support and information. The majority of contacts (79%) to our instant messaging service were from young LGBT+ people under the age of 25 years, while 55% were under the age of 18 years.

For these young people their experiences in school plays a fundamental part in whether they can accept and express their LGBT+ identity. Lack of visibility, isolation and homophobic and transphobic bullying within school, continues to be problems faced by many of the young people who contact us.

We also support parents and family members of LGBT+ people. Last year a number of contacts from parents, related to concerns regarding the lack of visibility and inclusion of LGBT identities and relationships in the RSE programme being delivered in their schools. These parents noted frustration and concern about the negative impact this was having on their children's overall self-esteem and belonging.

Alongside concerns regarding the emotional impact of the lack of visibility of LGBT identities in the RSE curriculum, we would also have major concerns regarding the impact this is having on the sexual health of young LGBT+ people. In our services, we frequently talk to young people who have very limited or no understanding of risks associated with unprotected sex and of safer sex practices.

With the rates of HIV and other STIs continuing to rise in Ireland, we need to educate young people properly so that they can stay healthy. In 2016, 508 people were newly diagnosed with HIV in Ireland, with sex between men the predominant route of HIV transmission accounting for just over half of diagnoses (51%).<sup>1</sup>

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<sup>1</sup> <http://www.hivireland.ie/hiv/hiv-in-ireland/>

## Recommendations

We would recommend that the review of the RSE education programme consider the following:

- The new curriculum should equip young people with knowledge to assist them to make healthy and respectful choices about their bodies and relationships. The curriculum needs to be inclusive and informative of all types of romantic relationships, sexual orientation, gender identity and safer sex practices.
- Schools and teachers need to be equipped to teach the revised curriculum to ensure they have the knowledge and skills to provide accurate relationship and sex education which is inclusive and embracing of LGBT+ identities.
- It is imperative that the religious ethos of a school cannot influence the content or implementation of sex education.

**Mary O'Donnell**

19/04/2018 00:05

To "rsereview@oireachtas.ie" <rsereview@oireachtas.ie>  
cc

Subject Rse review teachers view

Just to say when is parental responsibility going to be brought back around this whole area. We, in primary schools, have been delivering RSE Ed for years now where the emphasis is on Respect, I am not sure about second level. We, however, only have children for 25 hours a week, hardly the biggest influence in their lives. Parents must show good example themselves, be careful what views are expressed in their presence, be tolerant, be there for them. Know that parenting is an 18 year commitment and more. I could go on. Im a parent myself we have a huge responsibility and duty of care. We cant dump this on schools and others . I would like to see a very public campaign outlining this view. PARENTS MUST DO THEIR JOB IF THEY CHOOSE TO HAVE CHILDREN.

Sent from my HTC

Michael O'Shea

19/04/2018 18:46

To RSE <RSEreview@oireachtas.ie>  
cc

Subject Suggestions

Committee Chair Fiona O'Loughlin, TD

In the year 2000 I completed a Masters of Education in the Faculty of Social and Health Sciences and Education at the University of Ulster - "An Evaluation of the Relationships & Sexuality Programme in a Post-Primary School". The second level school I worked in was in the Republic of Ireland. I am retired at this point. Hopefully there have been great improvements since then. Nevertheless I offer my recommendations at that time.

Michael O'Shea

Recommendations

To Academic Researchers:

Because of the lack of research into the sexual lives of young people in Ireland today, at least until very recent times, there is an immediate and pressing need for such research.

To the Department of Education and Science / RSE Training Support Services for Schools: On-going support in the form of teacher training and development of teaching resources is essential. Support for parents / guardians in their role as the first teachers of relationships and sexuality to their children is also necessary. A renewed effort needs to be made to communicate with teachers, parents and students about the purpose and content of the RSE Programme.

To the Initial Teacher Training Institutions:

There is an urgent need to introduce a course on SPHE / RSE for all students taking the Initial Teacher Training Programme.

To the Focused School Management and Co-ordinators:

An RSE committee made up of representatives from management, teachers, parents and students should be set up on a formal basis, as soon as possible. A re-evaluation of the role of co-ordinator of SPHE / RSE needs to be undertaken. A co-ordinator, with the status of Assistant Principal should be appointed to carry out the task of implementing a Policy and Programme of SPHE / RSE. In the immediate future an RSE Programme should be taught from First to Sixth Years on a cross curricular basis. In the long-term, in addition to this approach, one class period a week should be provided for each class group for SPHE / RSE.

Teaching resources for RSE should be added to. A system should be put in place to make these resources easily accessible to members of staff. A specially equipped class-room should be set up for teaching SPHE / RSE. The class period allocated for SPHE should be time-tabled at a

suitable time. Ongoing evaluation should be built into the RSE Policy and Programme. The RSE Programme should be evaluated in the light of these present research findings, taking into consideration the opinions of teachers, parents, students and past students.

Teachers:

Teachers should be given the opportunity to obtain the skills and knowledge necessary to support the personal and social development of the young people in their charge. This should be done both by in-house training and the use of outside agencies. Active learning methods should be used in the teaching of SPHE / RSE.

Parents:

Parents' evenings or workshops should be held to allow open discussion of the school's RSE Policy and Programme. Facilities should be made available for individual parents / guardians to come and discuss related issues or problems in the school. Courses should be developed by the school, which would support parents in their task as educators of their children with regard to relationships and sexuality.

Students:

All students deserve effective relationships and sex education which complements that provided by their parents and prepares them for healthy and fulfilling relationships. The needs of both girls and boys should be met. Special efforts should be made with students who are perceived to have had inadequate preparation for life with regard to relationships and sexuality in the past. This group includes boys, gay students, students with learning difficulties, students with disabilities and students in care.

Sent from my iPad

# Written Statement by the National Council for Curriculum and Assessment to the Joint Oireachtas Committee on Education and Skills on 'Sexual Health and Relationship Education'

## April 2018

### Introduction

On Tuesday 3<sup>rd</sup> April 2018, the Minister for Education and Skills, Richard Bruton T.D., wrote to the Chairperson requesting that the National Council for Curriculum and Assessment undertake 'a major review' of Relationships and Sexuality Education (RSE) in schools. The letter noted that the review should encompass the curriculum for RSE, the support materials for this area of the curriculum, but also 'the delivery of the curriculum to students'. This latter dimension of the review reflects commentary in research and evaluation over the years since its introduction that many of the issues related to the experience of RSE in schools have to do with its implementation as much as its specification or provision.

There have been significant developments in the curriculum for RSE in recent years, as part of broader developments related to Social, Personal and Health Education (SPHE). RSE is included as part of SPHE in the Primary School Curriculum. A new short course for SPHE, including substantial learning outcomes in the area of RSE, was developed and introduced in 2015 as part of the junior cycle developments and the new curriculum area of Wellbeing. In 2011, a new curriculum framework for senior cycle SPHE was published; it is built around five areas of learning, one of which is RSE. Notwithstanding these developments, the Minister expressed the view that there is a need to 'undertake a comprehensive review across all stages of education to ensure that it is fit for purpose and meets the needs of young people today in modern Ireland'.

Specifically, the NCCA's review will encompass the following aspects of RSE:

- Consent, what it means and its importance
- Developments in contraception
- Healthy, positive sexual expression and relationships
- Safe use of the internet
- Social media and its effects on relationships and self-esteem
- LGBTQ+ matters.

The review will also consider ‘the experience and reality of RSE as delivered in schools’, providing an opportunity for teachers, students, principals and parents to be consulted about RSE in particular contexts such as:

- How the RSE curriculum is planned, how it is taught and how parents are involved
- That the entire curriculum is being taught in schools to a high standard
- The role of the classroom teacher in teaching the curriculum and the appropriate level of supports which are currently being provided by external providers
- What time is given to it, what resources are being provided, and what support materials are being used
- How effective are the continuing professional development opportunities which are currently provided by the Department and other bodies to RSE teachers.

The letter outlined how the review of RSE should inform wider reviews currently taking place in the NCCA, notably primary curriculum review and redevelopment and senior cycle review.

The Minister’s request and the Review of RSE will be discussed at the next meeting of the NCCA, which takes place on 3rd May 2018. Clearly a ‘major review’ of this kind, multi-dimensional in nature, will require careful consideration and planning but the NCCA will respond to the DES at the earliest possible date with an assessment of how the review work will be conducted, together with a timeline for its completion.

The commencement of a review of ‘sexual health and relationship education, including matters relating to contraception and consent’ by the Joint Oireachtas Committee on Education and Skills is noted. Given that the NCCA’s consideration of its review of RSE is at an early stage, this submission to the Committee has been limited to an outline of the scope and nature of that review, as set out by the Minister.

Ends.



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*NPCpp – Working towards a better education system for all*

## **Written submission to the Joint Committee on Education and Skills on the topic of sexual health and relationship education, including matters relating to contraception and consent**

Committee members,

The National Parents Council Post Primary (NPCpp) are grateful to the joint Committee for the opportunity to make this submission on behalf of parents of students attending post-primary schools in Ireland.

The purpose of the review is to examine how

- Information on sexual health and relationship education, including matters relating to contraception and consent can be delivered within our schools and
- How content and delivery of information related to the wider issues of healthy/positive sexual expression of relationships, LGBTQ + issues can be promoted

NPCpp propose to address the following areas in our submission:

- The elements acknowledged to bring about high implementation of RSE within our schools
- A one off poll in the Journal.ie
- The case for teaching consent at post primary
- A change in perspective for the future

**Directors:** P. Rolston, P. Beddy, E. Bell, S. Bennet, J. Carr, B. Dennehy, M. Fanning, R. Hemeryck, D. Hogan, C. Kelly, R. MacMahon, A. Mulligan, J. Murphy, G. O'Hara, S. O'Riordan, M. O'Shea.

**President:** Geoffrey Browne, **Company Secretary/Director:** Michael Mulry.

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### **The elements acknowledged to bring about high implementation of RSE with our schools**

We feel there must be reference to the existing programmes currently active in our schools. In commenting on the introduction of an enhanced or changed programme for SPHE/RSE it must be acknowledged that the success of such additional information being delivered to students can be measured to some extent by the success of the delivery of existing programmes.

In 2007 An Assessment of the Challenges to Full Implementation of RSE in the Context of SPHE Programme in Post-primary Schools was reported on. This was undertaken three years following the full implementation of the RSE programme in 2003. This report highlighted a number of barriers to the implementation of the program and a number of factors that would help in the implementation of the program. While this report was over 10 years ago, experience on the ground tells us, as parents, that little has changed in the implementation this program and in the program itself, while much has changed for the students in receipt of this program.

In 2007 Barriers to this program were

	% of schools agreeing
The overcrowded curriculum	82%
The need to complete so many courses in so many subjects	71%
Discomfort of some teachers in teaching RSE	71%
The pressure of examination subjects	67%

Table 4 Factors that would help 'a lot' or 'somewhat' in implementation of the RSE programme in post-primary schools

	% of schools agreeing
An expanded SPHE Support Service	87%
Increased in-service provision	84%
More outside facilitators in schools	80%
Greater involvement of parents	58%
Changes in the RSE programme	37%

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This report also detailed the elements which brought about a high level of implementation of the RSE programme. These elements are still relevant ten years later and are, by in large, a matter of common sense and a realistic investment in the delivery of any programme.

**Co-ordination of SPHE/ RSE:** Schools with a successful or high rate of implementation had a committed SPHE co-ordinator who worked with SPHE teachers and the entire staff to prioritise SPHE and RSE. The coordination of SPHE was designated as a Post of Responsibility by school management within the school.

**Parental involvement:** Parents were consulted at the time of drawing up the RSE policy and were regularly informed about the content of RSE.

**Status:** SPHE/RSE was prioritised and valued by all staff members. The subject enjoyed status in the planning of school 'business' generally and also among the students.

**Teacher training:** A pool of well-equipped teachers using experiential learning methodologies for RSE. The School also provided additional funding for staff wide training. Teachers used personal time to train in SPHE/RSE and there was a high level of access to extra training services.

**Teacher comfort:** Teacher comfort is an essential point. When teachers were uncomfortable and unsure of what they were teaching or how they should teach the programme the school experiences a reduced success rate of implementation. Where the school confronted RSE issues in a positive manner teachers had more confidence and comfort with the delivery. Teachers in schools with a high implementation rate were trained in facilitating openness and confidentiality amongst students. They also showed a personal level of confidence in negotiating any ethos issues. They were supported by a clear RSE policy, school management, and a clear and open relationship with parents.

**Clarity among teachers about what can be taught:** Teachers were confident about the boundaries of acceptability within RSE teaching and moved comfortably through all aspects of the RSE programme in accordance with the school's RSE policy.

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**Student perspectives and understanding:** Students have confidence in their RSE teachers and enjoy RSE classes. They are reasonably or very satisfied with the programme content and generally feel comfortable and able to discuss relationships and sexuality. Students are consulted about RSE policy and the programme, possibly through the mechanism of the Students' Council.

**Whole-school support:** A large number of staff trained in SPHE/RSE. High level of openness and flexibility around RSE teaching and timetabling. Regular planning and evaluation of RSE progress, sharing of ideas, and 'moral support'. Actively and explicitly outlining to parents how RSE is taught.

These would be clear indicators as to some of the resources, supports and strategies that would need to be in place for the successful introduction of any content.

In particular we feel the following factors are essential

- Teacher comfort and knowledge
- Parental involvement
- Student Involvement
- An agreed RSE policy
- Priority and planning

In the schools with a low implementation rate it was found that fundamentally teachers avoided teaching the subject due to personal discomfort with the topic of sexuality. Teachers were extremely nervous about the topics they could 'safely' address and consequently avoided certain or all aspects of RSE teaching. This resulted in students feeling that teachers were disinterested in and uncomfortable with RSE.

Parents also feel that programmes delivered by individuals external to the school can bring about a more positive and open delivery of this type of programme.

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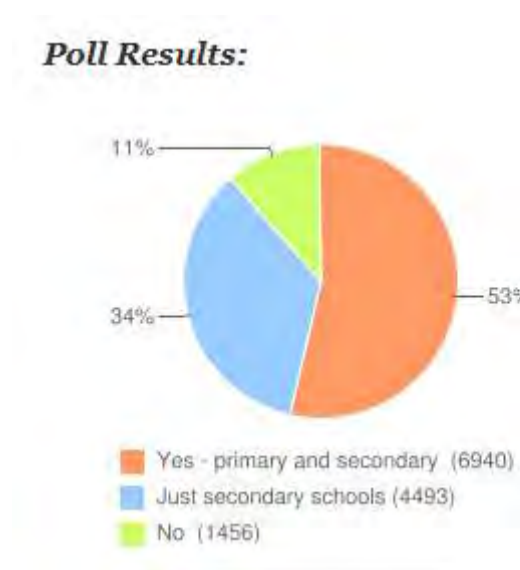
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### **A one off poll in the Journal.ie**

In a recent survey the Journal.ie asked the question: **Do you think schools should teach about consent?**

There were 12,889 responses to this survey with only 11% against the teaching of consent in schools. 34% were in favour of teaching consent at second level only but the majority, 53%, were in favour of teaching consent at both primary and secondary level.

### ***Poll Results:***



While this is a 'pop-up' survey, without means to validate the responses, it is an indicator of a positive reaction to the teaching of consent in schools.

### **The case for teaching consent at Post Primary**

There has been a steady introduction of Consent classes at third level, some compulsory, some facilitated by the colleges and some facilitated by student unions. Students attending these have expressed the opinion that third level is too late as the age of consent is 17 and a percentage of students do not attend third level.

Technology and access to instant and extensive information has impacted on the type of content we now need to deliver in any health related subject in our schools. The many advances in media and the manner in which programmes are now streamed into homes

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mean that young people receive informal and unsupervised information about relationships and sexuality outside of the classroom setting. Young people are already exposed to a variety of sexual practices and attitudes through the media, particularly social media, television, film and magazines from a relatively young age.

Social media has changed the way young people relate to each other. It has also meant that students at a young age are sharing inappropriate images of a personal nature with each other.

We know that children access pornography at a much younger age because of the internet and the recent “Net Children go Mobile” report confirmed that over 21% of children had seen sexual images either on or off line in the past 12 months. The type of content being viewed is influencing young people’s sexuality and influencing their expectation of what the relationships within a sexual relationship should be.

A Special Eurobarometer, Gender-based Violence Report published in November 2016 highlighted disturbing attitudes. This survey presented a series of different situations to respondents and examined whether any of these can ever justify sexual intercourse without consent.

More than one in four respondents think sexual intercourse without consent can be justifiable. Overall, 27% say sexual intercourse without consent may be justified in at least one of the situations proposed. Respondents are most likely to say this about being drunk or on drugs (12%), voluntarily going home with someone (11%), wearing revealing, provocative or sexy clothing or not clearly saying no or physically fighting back (both 10%). This was a European study and included Ireland.

The ability to give consent is also relevant. The Sexual Health and Attitudes, Galway (SHAG) Report was carried out by Elaine Byrnes, doctoral researcher, and Dr Padraig MacNeela of the School of Psychology at NUIG. Data from 1,691 participants was analysed for the report, with women accounting for more than two-thirds of the respondents, while 53% were single, 46% were in a relationship, and 1% were married or divorced.

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One aspect covered in the survey was the role of alcohol — 76% of females and 69% of males agreed they are less nervous about sex after drinking, while 35% of females and 58% of males agreed they had sex with people with whom they wouldn't if sober. It also found that 31.5% of females and 57% of males find it harder to say “no” to sexual advances after drinking.

The extent of alcohol consumption also influenced some results: 43% of female and 39% of male frequent binge drinkers reported regretted sexual experiences, compared to 25% of female and 31% of male infrequent binge drinkers, 12% of female and 13% of male rare binge drinkers, and just 3% of both females and males who never engaged in binge drinking. Among issues relating to consent, the report found that 50% of females and 58% of males agreed or strongly agreed that they would just keep moving forward in sexual behaviours or actions unless their partner stopped them. It also found that 12.5% of females and 2.5% of males reported ever having experienced sexual contact where physical force or threats to physically harm them were used, while 20% of females and 5% of males reported ever having experienced sexual contact being attempted using physical force, or threatening to cause physical harm that was not successful.

### **A change in perspective for the future**

NPCpp feel that positive reinforcement should be the method employed in teaching these issues to students as opposed to the negative, i.e. don't talk to strangers, don't dress in a particular way, don't drink alcohol, don't share pictures, etc. We need to teach our children to be aware of what they are saying 'Yes' to.

We should be helping pupils gain skills and resources that lead to personal development. We need to help them to improve their self-concept and personal interaction skills. Parents know from raising their own children that a focus on confidence building and knowledge are the core to responsible choices in life.

The world is moving so fast that parents and teachers need ongoing training and education themselves to keep up with requirements to educate and protect our children. It is

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incumbent on All educators - teachers, schools, DES, parents and youth clubs to work together to ensure that the required 'education for life' is delivered properly and effectively to our children.

Common sense and statistics tell us that education on alcohol is a significant part of any education on consent. This demonstrates that we should move away from a narrow definition for any planned education programme. Consent is a broad subject and is relevant to all areas of a student's life.

Peer pressure, the pressure of fitting in and the influence of social media all need to be counteracted with the ability to establish a greater control over their own lives. Making educated and informed decisions in this area of life is the key to empowerment. Sexuality education should have an emphasis on communication skills, negotiation skills and problem solving skills. Our students need to be socially cognitive and empowered to make their own decisions in all personal aspects of their lives and have the ability to resist enforced pressure from others.

***NPCpp – Working towards a better education system for all***

**Directors:** P. Rolston, P. Beddy, E. Bell, S. Bennet, J. Carr, B. Dennehy, M. Fanning,, R. Hemeryck, D. Hogan, C. Kelly, R. MacMahon, A. Mulligan, J. Murphy, G. O'Hara, S. O'Riordan, M. O'Shea.

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**National Parents Council (Primary)**  
**Submission to the Joint Oireachtas**  
**Committee on Education and Skills**



**Supporting Parents**  
**Supporting Children**

**April 2018**

## **Introduction**

National Parents Council Primary (NPC) is the representative organisation for parents of children in primary or early education. NPC was established as a charitable organisation in 1985, under the programme for Government, as the representative organisation for parents of children attending primary school. It received statutory recognition in the Education Act 1998.

### **NPC Vision**

NPC want to see an Ireland where **every** child has the opportunity to reach their full potential.

### **NPC Mission**

NPC exists to ensure that all parents are supported and empowered to become effective partners in their children's education. NPC will work to increase the capacity and capability of the primary education sector, to achieve true partnership and deliver better outcomes for all children.

### **NPC's Key Activities are:**

Representing the parents' voice in primary education

Advocacy

Building participation

Service delivery

### **NPC Service Delivery**

NPC services are aimed at empowering parents so that they can support their children in all aspects of education.

### **Helpline**

The NPC helpline is a national confidential service for parents. The helpline staff listen, and gives information and support to parents to help them make the best possible decisions for and with their children.

### **Training and Development**

The NPC Training and Development programme is a national programme of training, development and support for parents. The purpose is to empower parents to play an active part in their child's education at every level.

**Website** The NPC's website [www.npc.ie](http://www.npc.ie) aims to provide parents with information regarding primary education. The site also allows parents an opportunity to give NPC their views regarding primary education issues.

## **NPC Submission**

NPC welcomes the opportunity to make a submission to Joint Oireachtas Committee on Education and Skills in relation to their review of sexual health and relationship education, and wishes to comment on some of the themes that have particular relevance to parents.

NPC notes the short time frame in making this review and thanks the committee for its direction regarding the acceptability of making this submission in bullet form to aid compliance with the time frame.

In the first instance NPC would like to welcome the Committee's review of sexual health and relationship education. It is important that all curriculum areas are reviewed regularly to ensure that they are following up to date evidence based best practice. As parts of the current Relationships and Sexuality Education (RSE) programme have not been updated in over twenty years it seems that the RSE curriculum is overdue for a review. This is particularly urgent for children who are now living in an increasingly sexualized world. Children are increasingly exposed to information and images that are beyond their maturity and they can often struggle to make sense of. The RSE programme is part of the resources along with family and peers that children have to manage in this challenging environment.

Due to the tight time frame for this submission it has not been possible to consult parents specifically on this topic. NPC would welcome a further period to consult with parents directly on this issue if this was feasible.

NPC is in contact with parents on an on-going basis however and does deliver services to parents regarding the RSE programme in schools which enables us to keep abreast of the issues for parents. NPC delivers helpline and training services to parents. Specifically, NPC provides a training programme on-line and face to face for parents entitled "Supporting Parents to Support their Children to Build Healthy Friendships and Relationships". These sessions support parents to develop strong relationships with their children but also explore what children are learning within the RSE programme in their schools.

Some of the main issues that parents raise at primary school level include:

- **Age appropriate** information - in trying to respond to children's queries regarding sexualisation in the media parents are often concerned children need information earlier and earlier.
- Relationship development including friendships
- Social media
- Sexualisation of Media and advertising
- Content of the RSE programme and how it is taught in school
- Morals and ethics and where they fit into today's world
- Increased tolerance and prevalence of sexualised language

In addition to these issues, NPC believes that the RSE programme in primary schools should look at the area of consent in an age and context appropriate way. It is essential that parents and children are involved in the discussion of planning and teaching the RSE curriculum. It is also essential that parents are supported to support their children in the areas of relationship and sexuality education so that there is a partnership between home and school in this important curriculum area.

How the RSE curriculum is taught in school and by whom, should be reviewed with input from all stakeholders, and special attention and effort should be put into getting the parents and child opinion both at a national policy and at a school implementation level.

NPC welcomes this review and welcomes the opportunity it has been given to feed into the discussion. NPC would be eager to consult with parents directly to give a more direct parents' voice to the committee if the committee felt that this would be useful.



# **Submission to the Committee on Education and Skills on the review of Sexual Health and Relationship Education**

**National Youth Council of Ireland**

**National Youth Health Programme**

**April 2018**

## **1. Introduction**

The National Youth Council of Ireland (NYCI) is the representative body for 51 voluntary youth organisations in Ireland, 380,000 young people, 40,000 volunteers and 1,400 paid staff (NYCI Indecon Report) <sup>1</sup>. NYCI functions to represent the interests of young people and youth organisations. NYCI's role is recognised in legislation (Youth Work Act) and as a social partner. The NYCI aims through its member organisations and its representative role to empower young people to participate in society as fulfilled confident individuals. The work of the Youth Council is based on principles of equality, social justice and equal participation for all. In achieving these aims the NYCI seeks the emergence of a society in which young people are valued citizens who can make a meaningful contribution to their community.

**1.1** The National Youth Health Programme (NYHP) is a partnership between the National Youth Council of Ireland, the HSE and the Department of Children and Youth Affairs. The NYHP's work has, and continues to be informed by key strategic and policy developments within the Health Sector. The HSE Health Promotion Strategic Framework (HSE, 2011) promotes a 'settings based approach' for health promotion in Ireland. The youth setting is identified in the Strategic Framework as a key setting for health promotion. The NYHP works to develop and build the capacity and sustainability of youth health promotion across the youth sector in line with evidence based and evidence informed practice. This is achieved through;

- Building a culture of health and wellbeing across the youth sector
- Working in partnership with NYCI member organisations and the wider youth sector
- Supporting the practical application of learning and continuous professional development that enhances the knowledge, skills and approaches of youth workers, volunteers and their services
- Putting youth service and youth worker needs at the centre of our thinking

## Key Strategic Themes

<b>01</b> Support the development of effective, sustainable, evidence informed youth settings which are focussed on enhancing the health and wellbeing of young people across Ireland	<b>02</b> Facilitate the wide scale application of effective and sustainable health promoting and service improvement practices	<b>03</b> Gather youth sector experience and translate knowledge on youth health and wellbeing in order to achieve better outcomes and strengthen links with national policy
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**1.2.** The NYHP endorses a settings based approach, focusing on the broader determinants of health rather than simply addressing individual and behavioural risk factors. The approach is underpinned by values such as empowerment, public participation, equity and partnership.

**1.3.** Sexual health is a specialist area of work for the NYHP, working in partnership with HSE Sexual Health and Crisis Pregnancy Programme. Working in collaboration with the Sexual Health Crisis Pregnancy Programme, three training programmes have been developed:

- B4u Decide (Relationships and Sexual Education)
- Understanding Young People and Pornography
- Developing a Sexual Health Policy: Good Practice in Sexual Health Promotion

In addition, since September 2017, the NYHP co-facilitate on the HSE 10 day Foundation programme in Sexual Health Promotion.

**1.4.** The NYHP and NYCI also contribute at a national level to a number of key strategic groups and committees which include:

- LGBTI+ (strategy working group)
- SENYPIC (Sexual Health Education Needs of Young People in Care)
- Sexual Health and Crisis Pregnancy Advisory Group
- Sexual Health and Crisis Pregnancy Sexual Health Promotion Training Strategy

## 2. Background

2.1. In 2015, the NYHP conducted a rapid mental health needs assessment among youth work organisation to investigate Mental Health needs of young people. The main issues identified as affecting health and wellbeing included Body Image (90%), Relationships (77%) and Sexuality (66%)<sup>2</sup>. In 2018, the NYHP conducted a rapid needs assessment on Young Men's Health, the key issues affecting the health and wellbeing of young men include Relationships (73%), Confidence (76%), Sexuality (60%) and Body Image (53%)<sup>3</sup>.

2.2. At a national level, research shows that these needs are similar throughout Ireland. Research conducted by Túsla and the HSE Sexual Health and Crisis Pregnancy Programme on 'The sexual health and sexuality education needs of young people in care (2016)<sup>4</sup>' found that for young people in care:

- Feeling emotionally secure and stable and having good social skills are a key basis for good sexual health.
- Friends played an important role in their lives.
- Nearly all those interviewed were sexually active before the age of 17 years.
- Very few said they used contraception consistently during early sexual encounters- attributed to alcohol.
- Some young women said they relied on men to carry and use condoms
- Strong theme particularly among young women of regret and coercion.

2.3. Similarly according to research by Growing up in Ireland (GUI, 2016)<sup>5</sup>,

- 42% of 17/18-year-olds reported being sexually active and this was more likely among males than females.
- Males were also more likely to have multiple partners, as were those from more socially disadvantaged backgrounds, who were also less likely to use condoms or contraception frequently, compared to the most advantaged youth.



- Around one-fifth of 17/18-year-olds felt peer pressure to have sex (particularly males), whilst a small proportion reported that they were afraid of losing a partner through not having sex with them (particularly females).

**2.4.** These findings are further compounded by the online resources young people utilise to access information on sexual health and activity. A recent report by the NSPCC (2016)<sup>6</sup> on ‘the impact of online pornography on the values, attitudes, beliefs and behaviours of children and young people’ found that:

- By age 15, children were more likely to have seen online pornography (65% of 15-16 years olds)
- More boys view online pornography through choice than girls
- On first viewing pornography, young people report a mixture of emotions including curiosity, shock and confusion however, these emotions subside on repeated viewing whether pornography is deliberately sought out or, accidentally viewed
- Substantial minorities of older children wanted to try things out they had seen in pornography with a greater proportion of boys stating this than girls.

**2.5.** In relation to ‘Sexting’ Irish teens were found to be the 4<sup>th</sup> highest in Europe for sending sexually explicit images, videos or text messages (Sheri Bauman, 2017 and Irish Examiner, 2017)<sup>7</sup>. In addition to this, a study carried out by Zeeko in UCD (2017)<sup>8</sup> found that 13% of secondary school students sent nude/semi-nude photos or videos and the rate of sexting rises as teens get older with boys were twice as likely as girls to ‘sext’ (17% vs 9%).

**2.6.** Statistics released by the Health Protection Surveillance Centre (2018) illustrate that during 2017, STI’s increased by 10% in comparison with 2016 figures and the highest rate of SII notifications were among those aged less than 30 years.

**2.7.** Within the youth work sector, the needs and issues which have been identified above are addressed through the delivery and implementation of the programmes the NYHP currently deliver.

**B4u Decide** aims, to support young people to delay the onset of early sex until they feel ready. To achieve the aim, accompanying objectives have been identified which include:

- To explore the role of friendship in the development of healthy relationships
- To understand the role played by the media and peer pressure on young people and early sex
- To enable young people to develop skills in how to say 'No' and resist pressure
- To enable young people to explore the concept of consent
- To educate the young people on the importance of contraception
- To facilitate young people to discuss the impact of pornography on relationships

**Understanding Young People and Pornography** aims to develop the skills and confidence of those working with young people in addressing the issues of pornography. The objectives include:

- To define pornography
- To explore the topic of pornography
- To understand why young people engage with pornography
- To understand the impact of pornography on young people

**Developing a Sexual Health Policy: Good Practice in Sexual Health Promotion** aims to strengthen the organisational environment for the delivery of sexual health programmes and will consider the development of policy and good practice. The objectives include:

- To examine the context for addressing the sexual health needs of young people
- To discuss the role of organisation in relation to this work
- To examine the support needs of workers and organisations in the area of sexual health
- To identify rationale and process for policy development
- To explore good practice with regard to sexual health education programmes

2.8. Since April 2016, the figures below indicate the various sexual health trainings delivered by NYHP and numbers of participants trained throughout the Ireland.

Training	No. of Trainings Delivered	No. of Participants Trained
B4u Decide	5	64
Understanding Young People and Pornography	11	171
Developing a Sexual Health Policy: Good Practice in Sexual Health Promotion	8	96
10 Day Foundation Programme in Sexual Health Promotion (led by HSE)	2	30
<b>Total</b>	<b>26</b>	<b>361</b>

### 3. Policy Context

3.1. The work that NYHP carries out in relation to sexual health fits under various national policies and strategies which include:

- **Healthy Ireland (HI):** The framework for improving health and wellbeing of the Irish population. The vision of HI is where everyone can enjoy physical and mental wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

**Action 3.1, Action 3.4, Action 4.8, Action 4.9**

- **National Sexual Health Strategy 2015- 2020:** Everyone in Ireland will experience positive sexual health and wellbeing.

**Goal 1: Sexual Health promotion, education and prevention:** Aims to provide everyone living in Ireland with comprehensive and age appropriate sexual health education and/or information and will have access to appropriate prevention and promotion services.

- **Better Outcomes Brighter Futures 2014-2020:** To make Ireland the best small country in the world in which to grow up, raise a family and where the rights of all children and young people are respected, protected and fulfilled.

**Outcome 1: Active and Healthy:** All children and young people are physically healthy and able to make positive health choices, have good mental health, have a positive and respectful approach to relationship and sexual health.

- **National Youth Strategy 2015-2020:** To enable all young people to realise their maximum potential, by respecting their rights and hearing their voices, while protecting and supporting them as they transition from childhood to adulthood.

**Outcome 1, Objective 1: Active and Healthy:** Young people enjoy a healthy lifestyle, in particular with regard to their physical, mental and sexual health and wellbeing.

- **Value for Money and Policy Review: 7 potent mechanisms**

**Communication skills:** essential for a successful transition to work or training, for independence, and to access a range of life opportunities, to attainment, in forming positive relations and in reductions in re-offending

**Relationships:** A beneficial change in young people's relationships with older adults through their participation in positive activities can be transferred to academic learning and may lead to better outcomes

**Emotion Intelligence:** Ability to manage feelings by knowing one's own emotions, as well as recognising and understanding other people's emotions. This is vital in managing relationships.

#### 4. Recommendations

4.1. A holistic and comprehensive approach to sexual health and wellbeing is necessary. This involves recognising and supporting the different aspects of healthy sexuality which includes developing young people's knowledge, skills and attitudes in relation to:

- Relationships

- Gender identity
- Contraception
- Emotional intelligence
- Identifying and accessing information from safe and reliable sources
- Accessing sexual health services

**4.2.** Implement B4u decide throughout the youth work sector and school setting, in order to ensure consistency of messaging in relation to young people's sexual health. To achieve this, additional capacity is needed within NYHP to provide this training in a timely fashion in response to the needs that have been identified by the youth work sector in this area.

**4.3.** Work has been underway in the youth work sector in relation to consent where this concept has been integrated into existing programmes. It is important that this work is highlighted, recognised and continued. It is also vital that there is a consistency of messages for young people in relation to consent therefore, there is a need for communication and collaboration between relevant sectors in this regard in order to integrate the concept of consent in all relevant programmes and initiatives.

**4.4.** Evidence illustrates the impact of pornography on young people therefore, it is vital the research findings are collated and key learnings identified and formally shared to relevant sectors. From this, the learning can be integrated into programmes across all relevant sectors. The establishment of a working group to develop quality standards in relation to the resources, programmes and online information with regard to young people's holistic sexual health. The working group should consist of representatives from the relevant sectors including statutory sectors such as HSE, Túsla and An Garda Síochána, with the welfare of the young people as the focus of this work.

**4.5.** The establishment of a working group is essential in order to develop a shared approach to underage sex, the use of social media with regard to 'sexting' and revenge pornography taking account of the implications of Children's First Legislation (2015) and the Criminal Law Sexual Offences Act (2017).

## References

1. National Youth Council of Ireland (2012), Assessment of the Economic Value of Youth Work
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3. Rapid Needs Assessment on Young Men's Health (2018), National Youth Health Programme (unpublished)
4. The Sexual Health and Sexuality Education Needs of Young People in Care (2016), Sexual Health and Crisis Pregnancy Programme (unpublished)
5. Growing Up in Ireland (2016), Risky Health Behaviours and Sexual Activity. <https://www.esri.ie/publications/growing-up-in-ireland-risky-health-behaviours-and-sexual-activity/>
6. NSPCC (2016), 'I wasn't sure it was normal to watch it'. <https://www.nspcc.org.uk/globalassets/documents/research-reports/mdx-nspcc-occ-pornography-report.pdf>
7. Irish Examiner (2016). <https://www.irishexaminer.com/breakingnews/ireland/irish-teens-have-one-of-the-highest-sexting-rates-in-europe-739123.html> (Accessed on April 2018).
8. Zeeko (2017), The Digital Trend Report 2017. [http://zeeko.ie/zeeko-digital-trend-report-2017-irish-kids-online/](http://zeeko.ie/zeeko-digital-trend-report-2017/zeeko-digital-trend-report-2017-irish-kids-online/) (Accessed on April 2018).
9. Health Protection Surveillance Centre (2018), Sexually Transmitted Infections (STIs) in Ireland 2017, Provisional Data. PowerPoint Presentation. Dublin.

## **1. One Family**

One Family was founded in 1972 as Cherish and provides support, information and services to people parenting alone, those sharing parenting of their children, those going through separation; as well as to people experiencing an unplanned or crisis pregnancy. One Family believes in an Ireland where every family is cherished equally, and enjoys the social, financial and legal equality to create their own positive future. Full information on One Family can be found at [www.onefamily.ie](http://www.onefamily.ie).

## **2. Introduction**

This is a very brief submission as we were not formally notified of this consultation process but we are extremely interested in ensuring that there is an appropriate review of RSE and a radical restructuring of school-based provision in this area. One Family welcomes the opportunity to submit to the Joint Committee on Education & Skills and appreciates your interest in this important issue.

One Family is funded by the **HSE's** Sexual Health and Crisis Pregnancy Programme for a number of services including crisis pregnancy and post-abortion counselling; general counselling for people parenting alone; supports for parents with care experience; a national helpline service; parenting programmes and supports; and adult education training programmes.

We have integrated the promotion of sexual health awareness into much of our work with parents and we recognise the primary importance of parental skills and confidence in this area. However the provision of a realistic and appropriate school-based sexual health and relationships education is also vital once it is resourced and provided by competent and confident educators.

Confidence, knowledge and communication skills are the cornerstones of healthy adults who are able to manage sexual relationships more competently. These are skills that can be built upon over many years of a **child's** and young **person's** life by schools, out of school organisations as well of course by parents and family.

The positive outcomes from a comprehensive factual sexuality education system are evident and other jurisdictions should be reviewed so as to establish clarity on the connections between the provision of a range of sexual health services with positive health outcomes eg The Netherlands.

This is an extensive subject so we regret our contribution is limited as there are many additional issues and challenges we are not able to address in this document. If there are further opportunities to contribute on this topic, One Family would welcome them.

### **3. Recommendations**

#### **3.1 Children**

A child-centred approach should be taken as paramount to the development of materials, training and education in this area. The wellbeing and needs of children should over-ride challenges in relation to educators. Adults should be appropriately challenged to meet the needs of children around sexual health and relationship education.

*Better Outcomes, Brighter Futures* has a relevant commitment:

1.11 (under Outcome 1: Active and Healthy)

*Complete and implement a National Sexual Health Strategy as a strategic framework for the sexual health and well-being of the population, ensuring access for young people to age-appropriate information and services about relationships and sexual health.*

The provision of factual, age appropriate information on all aspects of relationships and sexuality education in schools or alternative settings is critical and this may require a radical shift in thinking and provision of education in this area.

Teaching children about sexual health and relationships demands a gentle, continuous flow of information that should begin as early as possible. The degree of detail will increase as the child grows and develops. This approach ensures that when it is developmentally appropriate to discuss consent and contraception, young people will already be familiar with the broader subject matter and with such concepts as bodily autonomy, pleasure and respect.

*“The emotional and physical foundation for a person’s experience and expression of their sexuality begins in infancy and is developed in many subtle ways through the preschool years”* (HSE’s Foundation Programme in Sexual Health Promotion; course material). Normalising these conversations from an early age is key to ensuring that the lines of communication remain open.

Gender equality should be an essential part of sexual health education and a critique of gender roles results in better outcomes for all.<sup>1</sup>

#### **3.2 Teachers and Educators**

It is essential that children and young people have the opportunities to explore their attitudes and experiences of sensitive issues with appropriately trained personnel.

These issues could include the purpose of sexual relationships, unplanned or crisis pregnancy, parenting at a young age, abortion, consent, communication with a sexual partner, sexual pleasure, contraception, safer sex, boundaries,

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<sup>1</sup> <https://www.theatlantic.com/health/archive/2015/04/when-sex-ed-teaches-gender-inequality-sex-gets-safer/391460/>



sexual assault/rape, the influence of alcohol/drugs/peers, effective decision-making and more.

It has been debated in Ireland about the suitability of teachers to undertake this type of work given workloads, education, the role of schools etc. These issues will have to be tackled in order to develop a shared vision and way forward for children and young people.

Again other jurisdictions may be invaluable in offering learning opportunities about how to develop this.

A critically important message for young children to receive around sex and **sexuality is that a trusted adult is ‘askable’**. Where the relevant adult is uncomfortable with the topic and this discomfort is left unnamed, there is a risk that a sense of shame and the subject matter would become synonymous.

This is a risk that would need to be proactively managed to ensure a curriculum was deliverable in real terms. We may need to be innovative about how delivery can be achieved so that sexual health and relationship education in primary and secondary schools can be facilitated by appropriately trained facilitators.

### **3.3 Parents/Guardians**

It is essential that parents are offered supports to explore their own feelings around sex, sexuality and relationships in order to develop their confidence and comfort levels as well as their knowledge and skills in talking to their children about the issues.

**“Parental involvement in sex education can have a positive impact on the subsequent behaviour of young people, encouraging later sexual initiation, higher prevalence of protective behaviours and greater confidence in negotiating sexual relationships” (National Sexual Health Strategy, 2015-2020).**

Parents can be afraid to talk to their children about sex and sexuality because the topic was never discussed with their own parents when they were growing up. This cycle needs to be broken. Supports for parents to be able to discuss sensitive issues with their children are essential and again we may need to be innovative in how this is achieved.

There are issues still to be resolved about children who live in foster families or other care settings where sensitive issues arise in relation to sexual health. The state and carers must have clarity in order to support the child or young person and ensure best outcomes for them.

**Ends**

SUBMISSION 20 April 2018

Re call by the Committee on Education and Skills  
for Submissions from interested groups and individuals on its Review of Sexual Health and  
Relationships Education including Contraception, Consent and Related Matters

I am a former pharmacist and author of two books on contraception, abortifacients, human sexuality, marriage and Catholic Church teaching.

I outline a few key summary points, on which I – and medical and nursing colleagues - are happy to elaborate in public session:

- 1) The promotion of graphic sexual education, under the guise of “sexual health” or “consent” training is an appalling, adult-mediated assault on innocence of youth.
- 2) Nowhere in the world can it be convincingly demonstrated that such graphic sex education has lowered abortion rates, reduced sexual activity or lowered promiscuity.
- 3) Catholic Church teaching and the scriptures teach that the beautiful act of sexual intimacy is solely and exclusively the right of husband and wife alone, who are faithful, in life long marriage, and no-one else.
- 4) Comprehensive nationwide education of parents and youth on chastity and God’s plan for marriage and human sexuality is the only appropriate, effective way of addressing increasing promiscuity.
- 5) No adult, politician, policy former or committee member would wish to find themselves in the unenviable position of being on the receiving end of Christ’s admonition:  
*“Whoever causes one of these little ones who believe in me to sin. It is better a millstone be tied around his neck and he be cast into the sea.”* Matt 18:6.

Statistics and studies are available to support the key assertions above.  
I and colleagues would be pleased to elaborate on request.

Sincerely

Patrick McCrystal  
BSc Pharmacy  
Executive Director  
Human Life International Ireland

Submission regarding review of sexual health and relationship education including contraception, consent and related matters. 19<sup>th</sup> April 2018

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Name – Paul F. Dubsky

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Email – [paulfdubsky@me.com](mailto:paulfdubsky@me.com)

Born in Dublin 1951. Married with 4 adult children, 3 sons married with children. Youngest, a daughter, single.

My children and grandchildren (currently attend schools in Prague, The Hague and Verden, Germany) have been in a variety of schools in Ireland and in other EU States.

Please note my recent cooperation with the Health Review Board below -

You are invited to participate in a survey identifying current and upcoming health services and systems research priorities within Ireland and the EU. - HRB

*I confirm that I have no objection to remain on your database, to participate in reviews or to mentor others. – Paul F Dubsky*

Thank you again for your role as a HRB public reviewer in 2017, the work you done as a reviewer was of great value. – HRB

This is a very brief note and is intended to serve as ‘an opener’ considering the tight deadline of 12 noon tomorrow.



**RCNI Submission**  
**To the Committee on Education and Skills**  
**Regarding the review of Sexual Health Education**  
**and matters relating**

**April 2018**

### **Introduction – Rape Crisis Network Ireland (RCNI)**

Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence. The RCNI role includes the development and coordination of national projects such as using our expertise to influence national policy and social change, and supporting and facilitating multi-agency partnerships. We are owned and governed by our member Rape Crisis Centres who provide free advice, counselling and other support services to survivors of sexual violence in Ireland.

### **Introduction**

RCNI is very glad to be making a submission to the Committee on these issues. The increasing ubiquity of messages about sex and sexual relationships in our cultural spaces, many of them harmful and violent, means that it is imperative that we agree our core standards on lawfulness, respect and dignity and fully engage our institutions and structures to ensure our children and young people understand the basic shared values of their own community.

The impact of harmful sexual behaviour are many fold on young people, their mental health, their relationships, and their futures and on society as a whole. In many ways it can be understood that our historically ambiguous attitude towards sexual liberation has resulted in silence, paralysis and gaps. Our absence from this space has allowed those who seek to monetise sex to subvert and pornography all matters sex to the detriment of almost everyone bar those who profit. The facts of our cultural context means that silence cannot be neutral. Silence simply permits the pornographers to set the moral standard for our children.

RCNI would, in the short space of time and resources in drafting this submission, like to make a key point to you and that is that the ambiguity with which we have treated sex education has been baked into our governing and bureaucratic structures and those need to be addressed if we are to serve our children adequately in this matter.

#### **Structure:**

1. RCNI knowledge base
2. The policy landscape
3. How we use the word ‘prevention’
4. Three aspects of education and prevention

### **1. RCNI knowledge base and background to this Submission**

RCNI has been engaging with the question of education and prevention since our inception. Some key highlights:

- Developed the national standard on awareness raising to move sexual violence prevention education from a victim focus approach to a prevention bystander focus, it was adopted as national policy guiding all government spending on awareness raising in this area.
- Worked with USI in 2013 to incorporate consent into their sexual health 3<sup>rd</sup> level education and awareness initiatives.

- Developed a partnership with Foróige nationally to integrate sexual violence prevention into their youth development training which has been rolling out for the past 5 years with the support of Crisis pregnancy in the HSE.
- Worked with the HSE, Crisis Pregnancy Programme within Healthy Ireland to develop 7 modules for inclusion in the B4Udecide RSE programme for 11 – 14 year olds. These modules centre on personal self-awareness, empathy, communications and consent.
- Developed a Transition Year programme alongside the rest of the RCC sector and were the principal beneficiary partner in a successful European Union bid to draw down the funds to equip the roll out of this programme from four rape crisis centres across the country.
- Commissioned 3<sup>rd</sup> level based research to understand consent behaviour out of which was developed the Smart Consent programmes and further research in this area. In the research young people themselves identified how unprepared they felt for the complexity of negotiating sexual activity and they strongly recommended consent workshops be delivered at school age.
- Development of RCC bystander programme which has been rolled out in some 3<sup>rd</sup> level institutions.
- Advised Kent University team in devising their sexual harassment prevention programme content.
- A member of the RESPECT network which is an interagency 3<sup>rd</sup> level coalition to look at how 3<sup>rd</sup> level institutions respond to and prevent sexual violence.

## 2. The Policy Landscape

Some pertinent strategies and structures:

- **Sexual Health Strategy 2015 - 2020** - Dept. of Health
- **Domestic, Sexual and Gender based Violence national Strategy 2016 - 2021**– Dept. of Justice and Equality
- **Bullying Action Plan 2013** – Dept. of Education and Skills
- **Better Outcomes, Brighter Futures 2014 - 2020**– Dept. of Children and youth Affairs
- **National Counsel for Curriculum and Assessment** - Dept. of Education and Skills
- **The National Youth Strategy 2015 – 2020** – Dept. of Children and Youth Affairs

Each of these strategies have a role in ensuring children and young people have access to the education and supports they need to prepare them to make healthy decisions about their sex lives. Each of them have responsibility to ensure that children and young people have the opportunity to enjoy safety from violence and safe places to learn, grow and develop. Each has gaps. Each join up, or do not join up, in a range of ways.

For example the Sexual Health Strategy is consciously not inclusive of sexual violence. The Action Plan on Bullying is less consciously exclusive of sexual bullying. The Domestic, Sexual and Gender Based Violence National Strategy has actions on developing relevant programmes for 2<sup>nd</sup>, 3<sup>rd</sup> level and youth reach but defers to the Dept. of Children and Youth Affairs on all matters to do with the child.

## RCNI Submission to Joint Oireachtas Committee on Education and Skills

It is doubtful to us that there is any one location that has the full picture or oversight in this area. All the policies and strategies are focused elsewhere but include aspects of sex and consent education. It would seem inevitable that matters would fall through the cracks.

For example in the DCYA's National Youth Strategy a diagram appears listing the youth policy context,

<https://www.dcy.gov.ie/documents/publications/20151008NatYouthStrat2015to2020.pdf>

FIGURE 3: NATIONAL POLICY CONTEXT INFORMING THE NATIONAL YOUTH STRATEGY



Complicated as this landscape is, it is not comprehensive as might be noted from the screen shot included (apologies for the poor resolution), it is missing the National Strategy on Domestic, Sexual and Gender based Violence 2010 – 2014.

### **3. How we use the word ‘prevention’**

To make oversight of whole of government actions in the area of sexual health education consent and harm and violence prevention even more complicated, different strategies, policies, Departments and Agencies use the word ‘prevention’ to mean different things.

Both the WHO and UN have laid out separate categorisations of prevention. RCNI find it helpful to use the categorisation of Primary and Secondary prevention (WHO in health settings also uses tertiary but we find little application for that distinction in this subject area).

Primary prevention is the whole of population approach that seeks, through generalised intervention, to stop the issue from arising in the first place.

Secondary prevention seeks to respond to risk and harm eg find ways to identify those at risk of harm and intervene or ensure access for those who are harmed and provide supports.

It is our experience that these distinctions are not widely understood or standardised and so often policies promote their ‘prevention’ work when what they mean is particular forms of secondary prevention and almost no primary prevention.

One of the most egregious impacts of this in our view is that the schools action plan on bullying abandoned sexual harassment on the proviso that sexual harms were crimes and thus fall into the camp of Dept. of Justice activity and Tusla, Children first. Children first is almost entirely secondary prevention, so a gap opens up whereby schools have no national primary preventative strategy or action plan regarding sexual harassment (notwithstanding some excellent generalised whole of school ethos and values programmes), instead we find ourselves waiting for children (largely teenagers) to be harmed before we intervene.

Clarity and agreement at all policy levels as to what level of prevention they are engaging in is essential as we are not to abandon some of our most vulnerable children to gaps between support structures.

### **4. Three aspects of education and prevention**

Three areas of activity that are shared across this policy landscape. None are sufficient on their own we need a whole of system approach.



## RCNI Submission to Joint Oireachtas Committee on Education and Skills

- **Content:** Curricula and programme content, in and out of school settings, to deliver evidence based proven effective prevention programmes and sexual health fact based information.
- **Context:** schools and other locations having responsibility, policy and guidance to proactively ensure safe to learn environments. Eg we have no whole of school policy on sexual harassment, there is no guidance for schools on how to deal with an environment of sexual harassment. We know that in the absence of guidance authorities can often default to minimisation and silence.
- **Care:** How do we respond once an inappropriate action has happened, a child has been targeted or harmed, or a child has a sexual health crisis? Is it a whole of school bullying response, an individual child protection response, a health response? Is this a division of labour that centres, supports and protects children? We believe it may not be.

### Conclusion

We would be concerned that the division of labour across government has not always worked to deliver a coherent and holistic approach to sexual health, consent and the prevention of sexual violence programmes and whole of system approaches to young people.

**RCNI recommend a comprehensive review of the policy landscape from the point of view of sexual health and the prevention of sexual violence for children and young people with the view to consideration being given to a whole of government approach being adopted.**

RCNI would very much welcome further engagement with the Committee on these matters and would be happy to attend in person to develop our submission further, or to supply more information on any point raised in it.

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April 2018

# Submission to the Joint Committee on Education and Skills on behalf on ShoutOut



## Brief introduction

ShoutOut is a registered charity which delivers workshops in schools to tackle LGBTQIA bullying and exclusion. We started in 2012 and since then have delivered nearly 700 **workshops across the Island of Ireland. That's a reach of over 20'000 students. As well** as student workshops we also deliver educational training to teachers, parents and guardians, youth workers and social workers. We feel education is the best way to tackle exclusion and stigma. We have spent many hours with young people across the Island discussing LGBTQIA issues, and the lack of inclusivity in RSE is very apparent. Due to this we feel strongly that any update to the curriculum must be LGBTQIA inclusive and positive.

## Factual Information

### Research

The statistics around LGBTQIA young **people's mental health and sense of belonging is** troubling. A recent study\* found that LGBTQIA young people were twice as likely to self-harm, three times as likely to attempt suicide and four times as likely to experience severe stress, anxiety and depression than their non-LGBTQIA peers.

This, in no small part, is due to a feeling of being isolated, **and "other", which is** compounded by the lack of discussion about LGBTQIA identities in schools. It only stands to reason that clear, non-biased discussion of LGBTQIA identities will help bridge the gap which has been formed over decades of silence.

Pertaining specifically to school, this same report showed only 20% of LGBTI students felt they belonged completely in their school, leaving 80% who did not. 67% of young people witnessed LGBTI bullying in school. 1 in 4 missed or skipped school to avoid negative treatment due to being LGBTI, and 1 in 4 considered leaving school early.

Young people of Ireland are entitled to an education, but when their place of education is unsafe for them they are effectively being denied this right. We feel inclusive RSE is one way to tackle this problem along with methods currently being carried out by ShoutOut such as teacher training and open spaces for discussion in workshops.

\*LGBTIreland Report, 2016

## Experience of ShoutOut

We have spent many hours discussing LGBTQIA issues with secondary level students and as such have made several observations.

Firstly, in the vast majority of cases, we are informing both teachers and students alike of the existence of intersex people. Considering intersex people make up 1.7% of the population there is an unjustifiable lack of knowledge about this.

Because the young people have never heard of variance in sexual characteristics, and often the teachers confirm they have also not heard of it, they can be reluctant to accept this information despite it being factual. This shows a big gap in education which must be addressed.

We also observe a fundamental misunderstanding about trans identities at all levels of secondary school leading to isolation, bullying and sometimes physical violence for trans young people. Many times, ShoutOut workshops are the only time trans identities will be discussed in the school and only for those who were present that day, in a school which invited us in. This type of education should not be left to chance like this and has led to the fostering of intolerance among many young people towards trans people.

We have noted that much of the homophobic attitudes expressed stem from a complete lack of understanding about consent. Particularly observed in all-boys schools, homophobia is at first an aggressive display of hatred. However, when this is explored further many boys express that they would be unwelcoming to anyone who came out because they are afraid that they will be sexually pursued by a gay classmate despite the lack of them experiencing this, or knowing of anyone having experienced this. Their lack of understanding around consent makes them feel that they will not be asked for consent and will be harassed just because someone is attracted to their gender. (One would then be concerned about the young women these boys interact with).

## Specific Recommendations

### Biological Sex

Biological sex is constantly being forced into a false dichotomy in schools. People have no real sense of the many variations that exist in sexual characteristics and as such people feel like they are "other" if their sexual characteristics differ to what they have been told to expect. We feel RSE should include information on the variety of ways humans can display sexual characteristics and the reality that chromosomes do not always determine sex, and sex does not always determine gender.

Although this is not the focus of this exercise, ShoutOut feels strongly that this should be included in the science and biology curriculum as well, so LGBTQIA identities can be woven into the narrative of learning.

### Gender, and how it differs from sex

Gender and sex should be discussed and differentiated in RSE. As well as this gender roles should be discussed, how they change over time or due to culture, and how people should not feel defined by them.

## Minority orientations

Minority orientations are those outside heterosexuality including, but not limited to, lesbian, gay, bisexual, asexual, and pansexual. Because these identities are in the minority this means people are often assumed to be heterosexual until told otherwise. Because of these assumptions, people who are a part of minority orientations can feel isolated.

## Trans identities, gender identity and gender expression

Transgender identities should be fully explained giving students a comprehensive education in gender alignments, gender identity and gender expression. Specifically, the way gender identity and expression are different. Young people need to know that many trans people have known their gender identity from as young as 3 years old, and when they come out as trans they are not suddenly deciding something but aligning their gender identity and their gender expression in a new way.

Trans people may or may not take medical steps in their journey, but whether or not they **will, or have, is not anyone's business but their own.**

Gender identity should not be expressed as a binary concept. As mentioned above sex is often wrongly forced into a pure dichotomy, and similarly so is gender. Gender exists on a spectrum and the concept of non-binary or third genders have been seen in virtually every society since written record.

Some people identify with the sex assigned to them at birth (cisgender), some people do not identify with the sex assigned to them at birth (transgender), but everyone has a gender identity and gender expression.

## Sexual activity as a spectrum

Sexual activity is a spectrum of different acts and should not be limited simply to the act of intercourse. Many people have different wants and desires which will manifest in a variety of ways with their partners, or with themselves.

Because young people are taught that sex is one specific act, those who have disabilities which preclude them from taking part in that act feel excluded. Sex means different things to different people, with the common unifying factor being consent between individuals.

Similarly, some may not experience sexual desire but may experience different forms of attraction.

## HIV and stigma

Many young people think only gay and bisexual men can contract HIV, and do not realise that it is a condition anyone could be living with. In 2016, men who have sex with men made up 51% of diagnoses, with 28% among heterosexuals, 16% unknown, 4% among intravenous drugs drug users and 1% mother to child transmissions.

RSE should include information regarding the effective treatment of HIV. They should know that someone with HIV who is taking medication may have an undetectable viral load and therefore will not transmit the virus.

Although it is beyond the purpose of this exercise, we feel the HIV and AIDS epidemic in the 1980s should be apart of the history curriculum.

### Fluidity of identities

It should be highlighted that identities, including gender identity and sexual orientation, are not always a static concept and people can change over time. **If someone's identity does** change over time that is no reason to be disrespectful. There should be no stigma attached to a shift in identity which occurs later in life, as many young people may have adults in their life that come out and be confused by this change.

Similarly, all identities should be respected and not challenged. In particular, bisexual people **face much discrimination under the idea that it is a "phase" that someone will grow out of.** Bisexual people make up the majority of the LGBT community but even the number of bisexual people does not stop the stigma around this identity.

While most bisexual people will identify as bisexual for their entire lives, they are still faced with being erased as either gay or straight depending on the gender of their romantic or sexual partner(s).

### Assumptions

As humans we all make **assumptions, every day. It's part of how our brains work, to fit** things into categories so we can assign information about it from past experiences. **However, sometimes our assumptions are wrong and that's OK. We feel this is an important** concept to be introduced in RSE as it greatly pertains to relationships and personal wellbeing.

This is particularly applicable to LGBTQIA people because the unifying factor between all the identities contained in LGBTQIA is that it is outside what is assumed of people. People assume that people are heterosexual, or cisgender, or perisexual (non-intersex), or allosexual (not asexual), or monosexual (not pansexual or bisexual). This is why we have **the concept of "coming out"; LGBTQIA people have to let people know that they** are not what has been assumed.



## **Submission to the review of Sexual Health and Relationships Education – Solidarity, The Left Alternative – 20 April 2018**

There is a need to greatly change the manner in which Relationships and Sexuality Education is delivered in schools. The issue of school ethos must be changed as any review done can come up with excellent content but it can fail to be delivered given the position of ethos in the Education Act 1998.

There is a very short period of time to make a submission to the committee and our Deputies have sought an extension on the deadline. As a result, our submission will be a summary of our position rather than a more developed contribution we would have liked. We would point members of the committee to the speeches made by Deputies Ruth Coppinger, Mick Barry and Paul Murphy in the second stage debate on the Provision of Objective Sex Education Bill 2018 and also the first stage speech by Deputy Paul Murphy. Our Deputies are very willing to appear before the committee and take part in the committee discussions on this important topic.

### **Problems arising from religious based ethos**

The delivery of RSE in schools is best described as patchy. There are examples of schools that provide an excellent relationships and sexuality education and there are very dedicated teachers throughout the education system. The most significant issue with the current system is the lack of training for teachers and the problems of school ethos inhibiting how content is delivered.

The Education Act 1998 makes schools legally accountable to their patron for the implementation of the school ethos, which is often a religious based one. The 1998 Act also places obligations on the Minister to factor in ethos when setting the curriculum for all subjects.

Ethos has a particular impact on RSE given that the ethos of many schools is one where there are particular religious based views on relationships, sexuality, LGBTQ+ matters, and contraception.

Young people have made contact with our Deputies outlining how there are major problems in classrooms with the delivery of RSE. Often questions on contraception are not answered, sexual activities that do not lead to possible procreation is often not dealt with, LGBTQ+ people are not included in many RSE classes where the focus is on married heterosexual relationships.

Often there is the delivery of a model which tries to discourage young people from engaging in sexual activity rather than fully informing them of sex and relationships and empowering them to make their own informed decisions.

There have been particular complaints made to our Deputies about the role of outside organisations in the delivery of RSE content. Deputy Coppinger has asked parliamentary questions to the Minister

on this matter which shows that religious based outside organisations have even been in the State run ETB sector.

Often schools rely on outside speakers to deliver RSE content. Teachers feel under prepared, under resourced and not adequately trained.

There are no strict regulations on outside bodies delivering RSE and this is particularly troublesome as many have a strong anti-abortion message. Discussion on the termination of pregnancy should be done in a factual, objective and age appropriate manner by professional teachers, rather than being a matter covered by religious based outside speakers.

There are also problems with outside bodies that are religious based as they often will not cover areas in a balanced way such as LGBTQ+ relationships and sexuality, artificial contraception or sexual activity that may not lead to conception.

The issue of consent has received high attention over the past weeks, and has been subject of legislative change. There is not an adequate delivery of consent classes. Students' Unions report a very low knowledge of consent among their membership coming from schools. Many schools are segregated by sex and this, combined with inadequate RSE, can lead to a poor atmosphere and poor attitudes not being easily dealt with.

LGBTQ+ students feel particularly isolated and excluded in RSE classes. The gender identity covered is often just male and female with non-binary people, transgender people and gender fluid people not being included in many RSE classes. The education on sexual activity tends to focus on reproductive sexual intercourse and does not cover the sexual activity LGBTQ+ people and heterosexual people engage in. This leads to young LGBTQ+ being ill-informed on many issues. There is also a major mental health issue with the exclusion of LGBTQ+ people from the curriculum and the 'hidden curriculum'.

Those with intellectual disabilities are often not fully included in RSE. Organisations that advocate on behalf of them say that they are not given the life skills needed to deal with sex and sexual relationships. This places them in an even more vulnerable position. Any review needs to include how those with intellectual disabilities are educated.

### **No constitutional barrier.**

There is no constitutional barrier to the delivery of high quality RSE in all schools. Indeed, there is a constitutional obligation on the state to deliver standards in education (Article 42.3.2) regardless of the ethos of a school. There is also recognition in the Constitution of the rights of the child (Article 42A).

There is a right of religious institutions to exist and to organise charitable and religious work. This is a right Solidarity supports; there is a right for everyone to have a religion and to not have a religion. However, there is no constitutional barrier on quality RSE in all schools that teaches young people comprehensive and factual information. The Oireachtas is fully entitled to make laws to set the

balance of rights and we believe it is time to legislate to set the balance in the direction of the rights of young people and the wider right of society, and away from that of the right of institutions.

The constitution does allow parents and institutions impart their religious views and this would not be prevented by changing the law and removing ethos from RSE. Under the Provision of Objective Sex Bill 2018 religion class could still teach a religious based view on relationships to those who do not opt out of religious instruction.

### **Model we need**

- There is a need to remove religious based ethos from the RSE curriculum so that there are no restrictions on the delivery of the best possible relationships and sexuality education.
- The Provision of Objective Sex Education Bill 2018 needs to have its committee stage and the NCCA should be able to write a new curriculum without being hampered by ethos restricting content or delivery.
- We need to have an approach that teaches about consent in a way that empowers people to be informed and to know how to say no to sexual activity, and to say yes to sexual activity. Young people should be educated and be trusted to make their own decisions without judgement.
- LGBTQ+ people need to be fully included in the curriculum and the delivery of the curriculum. LGBTQ+ students are in every classroom and the curriculum should be very mindful of this.
- It is the right of young people to get sexual health education and relationships education. The Department should be able to inspect the delivery of RSE so that this right is vindicated in all schools.
- We need to see training of teachers, including on-going training, and a major investment in RSE delivery.

### **Conclusion**

Given the very limited time that was given to organisations and individuals to make submissions this submission is short and not as comprehensive as we would like. We would direct members of the committee to the speeches made by Deputies Coppinger, Barry and Murphy in the debate on the Provision of Objective Sex Education Bill 2018 and also to the email sent to the committee on 20 April 2018 which outlines some of the organisations that would greatly add to the discussions at the committee.

### **Solidarity – the Left Alternative**





## **Brief submission to the Joint Oireachtas Committee on Education & Skills on the topic of Relationships & Sex Education.**

### **Background**

SpunOut.ie is Ireland's youth information website created by young people, for young people. We provide information to empower our peers to make decisions for active, happy and healthy lives. The site has 165,000 readers a month and is led by an Action Panel of 140 young people from all around Ireland who decide the content needs and design the campaigns SpunOut.ie runs and supports. The organisation is funded by the Health Service Executive, Department of Children & Youth Affairs and Department of Community & Rural Development.

### **SpunOut.ie Readership**

The SpunOut.ie website had over 165,000 readers in March 2018, up 41% on the same month in 2017. The top article in March was a factsheet busting myths about sex which was read by over 14,000 young people. Over 17,000 young people last year used our site to find the details of free STI screening clinics, so far this year that number is 14,000. Over 11,000 young people visited SpunOut.ie to read about consent in the aftermath of the recent rape trial in Belfast. Our site is widely used by young people looking for more information about relationships, sex and sexuality because of poor school provision.

### **Relationships & Sex Education**

Young people deserve access to an age-appropriate, comprehensive, factual, inclusive, quality and non-judgemental relationships and sex education. SpunOut.ie has long advocated for improvements in the consistency and quality of Relationships and Sex Education in schools across Ireland. We know some schools and teachers are doing an excellent job, while many are leaving students down and failing to equip them with the information they need in the real world. Schools have too much autonomy on the issues covered and teachers do not have enough support, in terms of both training and hours, to be able to adequately deliver the subject. Rather than just take our word for it, we have asked young people across Ireland to tell us what RSE is like right now, and the suggestions they have for how to improve it. We are including the fresh data from the survey below and hope to present the committee with a list of recommendations for the review of RSE in the coming weeks once the qualitative data has been analysed.

## **Survey of young people on the topic of RSE**

On Wednesday 18th and Thursday 19th of April, we conducted a survey of young people aged between 16 and 20 years old from across Ireland on the topic of Relationships & Sex Education. The 14 question survey invited young people who are currently in school or who have recently been in school to tell us what issues were covered (and not covered) as part of their formal RSE education.

It also asked for their opinion on the quality of the overall education received, what they think should be added to the curriculum and for any other comments they had. While we're still analysing the qualitative data from the survey, we can provide the following high level results now and follow-up with a more in-depth analysis at a later date.

### High level RSE survey results

- 1,466 young people aged between 16 and 20 from across Ireland participated
- 21% of respondents identified as LGBTI+, 67% did not, and 12% were not sure
- 76% confirmed they had received some form of RSE in school, 18% said they did not
- Of those who did, they rated the quality of the RSE received as follows:
  - Excellent - 2%
  - Very good - 6%
  - Good - 13%
  - Fair - 30%
  - Poor - 47%
- 58% of respondents said the RSE they received did not include information on consent
- 32% of respondents said the RSE they received did not include information on STIs
- 79% of respondents said the RSE they received did not include information on LGBTQI+ sex & relationships
- 31% of respondents said the RSE they received did not include information on different forms of contraception
- 87% of respondents said the RSE they received did not include information on abortion
- When asked what topics they felt RSE should have included more information about;
  - Approximately a third of respondents said consent,
  - Approximately a fifth of respondents said contraception,
  - Approximately a fifth of respondents said abortion,
  - Approximately a fifth of respondents said LGBTQI+ sex & relationships



# Stratford College

*Co-educational Secondary School*

18<sup>th</sup> April, 2018

Mr. Alan Guidon  
Clerk to the Committee,  
Joint Committee on Education & Skills,  
Leinster House,  
Dublin 2.

Dear Mr. Guidon,

## **Re Invitation to make a Written Submission**

Thank you for your invitation to make a written submission to the Joint Committee on Education and Skills on the matter of its review of the Relationships and Sexuality Education (RSE) programmes at primary and secondary level.

As there is a short time to respond we would make the following brief comments.

It is timely that these programmes are reviewed given that it is over 20 years since their introduction and in light of the enormous changes in society that have occurred since then.

We understand that the National Council for Curriculum and Assessment (NCCA) will be undertaking a comprehensive review of the programmes, resources and Continuous Professional Development. The NCCA is best suited to undertake this and we look forward to its recommendations.

Our current RSE policies support Jewish religious teaching for those of the Jewish faith and the rights of all our parents in these matters.

Our unique school communities and ethos may well be sensitive to some proposed changes, therefore, we look forward to being given the opportunity to consult with our stakeholders and comment on the revised specifications following this review.

Again, thank you for your invitation and we wish the Committee well in its endeavours.

Yours sincerely,

Patricia Gordon  
Principal, Stratford College.

Claire Harrington  
Principal, Stratford N.S.

Principal: Ms. Patricia Gordon    Deputy Principal: Ms. Siobhan Reynolds



## **Teachers' Union of Ireland**

### **Submission to Joint Oireachtas Committee on Education and Skills regarding the review of sexual health and relationship education (April 2018)**

#### **Introduction**

The TUI represents teachers and lecturers (17,000+) employed by Education and Training Boards (ETBs), voluntary secondary schools, Community and Comprehensive (C&C) schools and the institutes of technology.

The TUI would like to thank the committee for this opportunity to make a submission on the review of sexual health and relationship education.

#### **Background**

On April 3<sup>rd</sup>, 2018, the Minister for Education and Skills wrote to the National Council for Curriculum and Assessment (NCCA) asking it to carry out a review of Relationships and Sexuality Education (RSE). The press release issued by the DES specifically asked the NCCA to review:

- Consent, what it means and its importance
- Developments in contraception
- Healthy, positive sexual expression and relationships
- Safe use of the internet
- Social media and its effects on relationships and self-esteem
- LGBTQ+ matters.

### **View of the TUI**

The TUI welcomes the review of the RSE programme, particularly given that it has been twenty years since the last review of the programme. The context in which Irish education operates has changed significantly in the last twenty years and a review of RSE is timely. However, it is important to make a number of key points in relation to the review.

Schools have a clear responsibility for delivering the RSE programme but, in the broader societal context, parents/guardians and families clearly have a primary responsibility in terms of fostering values and practices in relation to sexual health and relationships that are positive and underpinned by respect for oneself and others. Indeed, Article 42 the Irish Constitution cites the family unit as the 'primary educator'.

It should be noted that teachers generally would not consider their delivery of the RSE programme to be constrained by what was prescribed twenty years ago. They have had to take into consideration developments in the intervening period. Therefore, they routinely address matters such as marriage equality, LGBTQ+ issues, consent, contraception, safe use of social media etc. Indeed, not only are these matters addressed through RSE but are also often captured as part of other subjects such as Religious Education, Politics and Society, Computer Science, CSPE, SPHE/Pastoral Care and are also expected be included in revised subject specifications for Leaving Certificate Applied ICT.

Schools need to be able to decide which teachers are best suited to teaching sensitive matters such as sexuality. These teachers must be able to access high-quality CPD to enable them to carry out this sensitive task. The DES has a responsibility to provide this CPD at a time and venue that is convenient to teachers.

The TUI has a concern that RSE is not available equally in all school settings. The TUI strongly supports the Constitutional protection of religious freedom but also believes that RSE should be available to all students unless the parents of a student explicitly ask for their child to be exempt. The availability of RSE should not depend on the religious ethos or otherwise of the individual school.

As outlined above, many schools support the teaching of RSE through the Religious Education programme. Religious Education is an academic exam subject in many schools. For example, in

2017 28, 045 students took RE in Junior Cycle and 1,408 took it in the leaving Certificate examination (SEC, 2017). It should not be confused with faith formation. Regrettably, circular 13/2018 which was issued by the DES in February 2018 makes precisely this mistake by confusing 'religious instruction and worship' with 'religious education'. The issuing of this circular may have a detrimental impact on the ability of schools to deliver RSE as many schools, especially ETB schools, deliver Senior Cycle RSE through the RE class whilst avoiding any teaching of faith formation or matters of religious doctrine.

It is important to note that RSE is considered a vital part of the Wellbeing area of learning in the revised Junior Cycle. The Wellbeing programme is a 'whole school activity'. It is quite possible that the opt-out provided for in circular 13/2018 may jeopardise the ability of schools to provide the Wellbeing programme and may in fact constitute a breach of the Junior Cycle agreement between the TUI and the Minister for Education and Skills. This is because it is not clear if circular 13/2018 makes RE, and hence possibly RSE, optional. The TUI is deeply concerned about this matter.

The TUI is aware of reports that some materials and/or speakers being used to support the delivery of RSE in some schools may not be in line with best practice of independence and the provision of non-directive expert knowledge. The TUI believes that it can be useful for schools to use outside materials and/or speakers to support particular parts of the RSE programme. However, it is important that schools are confident that the materials or speaker are in line with best practice and that particular agendas are not pushed by the materials or speaker. It would be helpful to schools if the DES could develop additional resources that schools could then have confidence in using.

The issue of cyber-security has received significant attention recently. Matters such as sexting for example are clearly part of good quality RSE. In March 2018 the Oireachtas Joint Committee on Children and Youth Affairs issued a report on the topic of cyber-security and made recommendations regarding schools, such as cyber-safety education being part of the curriculum. However, the TUI would like to remind both the Committee on Education and Skills and the Committee on Children and Youth Affairs that 'risky' internet behaviour usually, by its very nature, happens outside of school premises. Parents have a clear responsibility regarding the safety of their children outside of school and it may be unconstitutional for schools to take over that role.

## **Conclusion**

The TUI would like again to thank the Committee for this opportunity to make a submission. The review of RSE is welcomed by the TUI. The TUI believes the review to be timely. Schools have an important role to play in the area of RSE but responsibilities also fall to parents, communities and the DES. The great educational theorist Larry Cuban once said that “when society gets an itch schools get scratched”. Schools have responsibilities but so too does society. Schools are neither the cause of all societal problems nor the solution to all of society’s ills.

### **Acronyms**

C&C	Community and Comprehensive
CPD	Continuing Professional Development
CSPE	Civics, Social and Political Education
DES	Department of Education and Skills
ETB	Education and Training Board
ICT	Information and Communications Technology
NCCA	National Council for Curriculum and Assessment
RSE	Relationships and Sexuality Education
SPHE	Social, Personal and Health Education
TUI	Teachers’ Union of Ireland

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Teaching Council



## **Introduction**

The Sexual Health Centre is a Not for Profit, Voluntary Sector/Non-Governmental Organisation (NGO). It is situated at 16 Peter's Street in Cork City and its charity number is CHY 19919. The Sexual Health Centre is now in its 30th year. Its vision is for a society where (i) people are able to understand, acknowledge and express their sexuality, (ii) people are able to understand, acknowledge and respect the sexuality of others and (iii) fewer people experience STIs and crisis pregnancies. In achieving this, the mission defines the Sexual Health Centre as "an innovative and creative organisation that facilitates people's need for clear and unambiguous information and support regarding their sexual health, while advocating for positive social change". Our values include but are not limited to Equality, Dignity and Respect, Accountability, Quality, Inclusion and Transparency. We believe that (i) sexuality is an integral part of everyone, (ii) that everyone has the right to feel confident, assertive and safe to express their sexuality and (iii) that being listened to in confidence and accepted without prejudice can alleviate feelings of shame and isolation. The organisation team is focused on delivering health promotion workshops and interventions centred on education, support and facilitation. It works with a broad spectrum of society including but not limited to:

- Young people
- People living with a disability,
- LGBTQ+ community,
- Sex workers,
- Addiction service users
- Vulnerable adults
- Migrants

Until December 2017 the Sexual Health Centre delivered sexual health education programmes to primary and secondary schools in Cork city and county. Due to a funding cut, this programme is no longer available. During the period of delivery, the programme transformed to meet the changing needs of an evolving Ireland. In the final year, the programme covered areas including sexual health, relationships, consent, pornography, contraception, sexuality, reproductive health, sexually transmitted infections, sexual pleasure and sexual misconduct. The programme also provided a forum for young people to consider their sexual health and ask questions of a facilitator, experienced in the nuanced detail required to successfully support young people's sexual health and wellbeing. The programme delivered by the Sexual Health Centre was developed to compliment the RSE and SPHE curricula in schools.

### **Information to be considered by committee**

Traditionally, sexual health was primarily concerned with reproductive health and its fundamental contribution to society. However, since 1974 a global shift broadened societies view of sexual health requirements to encompass a more holistic approach. This ideology was supported by the World Health Organisation (WHO, 1975) when they first published and acknowledged sexual health in terms of pleasure, the right to information and the enrichment of personal relationships. The Relationship and Sexuality Education (RSE) Programme has been a required component of the curriculum at primary and post-primary level since 1996. In 2003, RSE was integrated into a broader health education programme, Social Personal and Health Education (SPHE). Most recently, the National Sexual Health Strategy signals the State's recognition of its responsibility to ensure that children and adolescents receive relationship and sexuality education that is comprehensive in order to help them attain the knowledge, understanding, attitudes and skills required for healthy sexual expression. The strategy also names the requirement for a partnership approach involving non-governmental organisations in addressing the education, information and support service needs of children and adolescents in relation to sexual health and wellbeing.

Sexual development and exploration are important developmental tasks of adolescence and emerging adulthood (Arnett, 2000; Impett et al., 2006). Supporting this development requires the implementation of a comprehensive sex education programme. Schools are the primary setting for sexual health education, outside of the home. Clearly there is a need for mandatory, streamlined sexual health programmes so that interventions are effective. Incomplete or incorrect interventions hinder the impact of comprehensive sex education (Bartholemew, L et al, 2011). Goldman (2008) defines comprehensive sexuality education as a programme "that addresses biological and reproductive knowledge, rational, moral and ethical values, communicating skills, decision-making, negotiating relationships skills, socio-cultural understandings, and self-concept and self-esteem enhancement within the context of being a participative member of society and a responsible citizen, integrated in a cross-curricular and multi-subject approach and delivered professionally through each level of school life". Comprehensive sexual health education acknowledges that many young people will become sexually active (Collins et al, 2002). In fact, the majority of young people report sexual activity in advance of 18 years of age (UNICEF, 2011). An updated sex education curriculum requires a partnership approach across education, charity and community organisations that equips young people with the information, skills and opportunity to understand their values and access services so that they can have safe, fulfilling and enjoyable relationships. (Sex Education Forum).

There is considerable Irish and international evidence that suggests those who receive good quality RSE are more likely to delay their sexual debut. (Kirby 2007, UNESCO 2009). Comprehensive sex education provides young people with the opportunity to explore the advantages of waiting until they are ready for sex. Research suggests young people strongly favour classes which are delivered by external partners and deal with relationships, sexuality and sexual health (Hyde and Howlett, 2004; Mayock and Byrne, 2004). Others suggest the inclusion of information on condoms and where to access services. (UNFPA,2012). It is important to note that:

- The Health Protection Surveillance Centre reports that Sexually Transmitted Infections are a growing public health concern amongst young people in recent decades. In parallel, research has shown that the age of first intercourse has fallen. The likelihoods of contracting chlamydia are higher amongst those whose sexual debut is earlier than the norm (O'Connor, 2015).

- Adults and young people in the out of school setting are particularly vulnerable to models presented as 'legitimate' sexuality, the portrayal of men as sexual predators and lack of acknowledgement of the diversity of sexual feelings and practices. As a result, they are likely to disengage from the programmes. (Pound et al 2016).
- Contextual factors and their effects are important and include: new population groups (religious and cultural differences), the influence of the media and social media, concerns about sexual abuse of children, changing patterns and attitudes to sexuality, the growing acceptance of diversity.

**Facilitation:** While many people believe that teachers should deliver RSE because they know their students, research notes this was actually a barrier due to the level of embarrassment among students and a breach of their boundaries (Pound et al 2016). Students wanted a sense of privacy, impartiality and acceptance. The research found that there were dangers of "blurred boundaries" and that teachers may be inherently unsuitable because of the nature of the relationships. The report recommends highly trained, specialist RSE teachers.

In addition, teachers' belief systems, their personal attributes, teacher training, school policies, schools support for the adoption and implementation of RSE, other curriculum pressures and inconsistent monitoring of delivery and implementation all impact on the quantity and quality of relationships and sexuality education present in our schools. Many studies caution against the implementation of uncoordinated, fragmented interventions.

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## **Recommendations**

A comprehensive review of sex education in Ireland should consider:

- **Partnership:** In their multi-national and multi-cultural study of evidence over a 25-year period, Pound et al concluded that “the evidence indicates that young people dislike having their own teachers deliver RSE”. And, “even if excellent RSE curriculum materials were produced, the success of those materials would depend in very large part upon the educator delivering them” (Pound et al 2016).
  - Sex education delivered in partnership with youth friendly sexual health services experienced in the nuanced detail required to aid the facilitation of knowledge, awareness and behaviour change is required (UNESCO,2011). The programmes delivered by the Sexual Health Centre were and are tailored to the established and expressed needs of young people so that they can be relevant and responsive to emerging issues. Working in partnership with schools to complement the SPHE curriculum supports evidence that acknowledges the value of a package of interventions using a variety of measures, giving complementary messages. (Durlak JA, 2008).
- **Sexuality:** Young people often find the pressure to define their sexuality overwhelming. Sexual education needs to incorporate a global view of sexuality into the curriculum.
- **Pornography:** Pornography consumption is a growing public health concern. A recent meta-analysis of 22 studies between 1978 and 2014 from seven different countries concluded that pornography consumption is associated with an increased likelihood of committing acts of verbal or physical sexual aggression, regardless of age. A 2010 meta-analysis of several studies found “an overall significant positive association between pornography use and attitudes supporting violence against women.” Pornography and it’s link with sexual misconduct must be addressed.
- **Contraception:** Previous research notes that sexual health education without information about contraception is not effective. (Guttmacher Institute, 2007; Kirby 2007 and 2008; Trivedi 2007). Schools in Ireland which operate under a catholic ethos can object to information about contraception being taught in their schools. The Sexual Health Centre programme focused on creating a relationship of trust amongst teachers and principals so that contraception was an accepted integral part of the programmes. Sexuality education was associated with later sexual debut and the use of contraception at first sexual intercourse. This positive influence continued into adulthood where those who had received sexuality education were more likely to access STI tests and services (McBride et al in the ICCP report number 10).
- **Responsive:** Evidence shows that RSE is most effective if it is age appropriate and responds to the needs of young people as they mature (Ofsted 2010). Sex education needs to start in primary schools and continue into secondary school. It should deliver accurate information about services and sexual health while also providing opportunities to reflect upon the values, knowledge and skills required to negotiate healthy sexual relationships (Sex Education Forum, 2010).
- **Inclusive:** As the definition of sexuality has broadened to include pleasure, the education supporting young people needs to incorporate a broader view of sexuality into the narrative. The review of sex education needs to incorporate information about HIV, STIs, unwanted pregnancies in addition to issues such as knowing your own boundaries, feelings, relationships etc. in a sex positive context (Wiefferink et al, 2005; Hodzic, 2003). Sex education must promote protective behaviours and reduce the negative consequences of sexual ill-health.

- “RSE should be ‘sex-positive’ and delivered by experts who maintain clear boundaries with students. Schools should acknowledge that sex is a special subject with unique challenges” (Pound et al, 2016). Sex education should reflect the “range of young people’s sexual activity, otherwise young people will continue to disengage from RSE and opportunities for safeguarding and improving their sexual health will be reduced” (Pound et al, 2016).
- Young people criticised sex education that was overly biological or narrow problem oriented or that presented sex outside of its erotic context. They wanted greater openness about sex, what it involves, how to have sex. Young women in particular wanted to discuss emotional aspects of sex and relationships. (Pound et al, 2016)
- Young people say that they are not sufficiently consulted about their needs, that sex education starts too late, is too biological, stresses negative rather than positive aspects, is not comprehensive and is poorly delivered. (Pound et al, 2016).
- **Consent:** Consent is a required element of each sexual experience. Recent research noted that young people viewed consent in four distinct themes:
  1. An endorsement of the traditional sexual script;
  2. That women are responsible for performing oral sex;
  3. That men's consent to sex can be aggressive; and
  4. That men utilise deception to obtain consent to sex.
    - “Findings suggest that men are conceptualised as sexual initiators and women as sexual gatekeepers, and that men's sexual pleasure is primary whereas women's experience of pleasure is secondary” (Jozkowski, 2012).
    - A lack of informative, evidence based research is available in relation to sexual consent among young people.
- **Support tools:** Recently, Bystander Intervention workshops delivered by the Sexual Health Centre have provided a platform to support young adults in tackling the culture of sexual misconduct in Ireland. This training programme provides young people with the tools and supports required to effectively intervene. The current review of sexual education should consider the tools, support structures and services it will provide young adults to assist their positive sexual health and wellbeing.
  - Furthermore, sex education should provide information on local support and testing services which are freely available to the public and that young people are entitled to access on an on-going basis.
- **Tailored interventions:** A number of groups in Irish society require tailored programmes to support their sexual health and wellbeing requirements. The Sexual Health Centre currently deliver tailored programmes to vulnerable young people as well as individuals living with an intellectual disability which take account of issues including sexual health, esteem, relationships, consent, pornography, contraception, sexuality, reproductive health, sexually transmitted infections, sexual pleasure and sexual misconduct.
  - As young people, ‘othered’ from society in out-of-school setting are more likely to disengage from sexual health education programmes (Pound et al, 2016), tailored programmes on an on-going basis are required.
  - The *UN Convention on the Rights of Persons with Disabilities* recognises that persons with disabilities require the same range, quality and standard of programmes as provided to other persons including the area of sexual and reproductive health. The Sexual Health Centre delivers tailored workshops to individuals living with an intellectual disability in partner organisations.

## Submission to the Joint Committee on Education and Skills on behalf of Transgender Equality Network Ireland (TENI)



### Introduction

Over the past two decades there has been increased awareness of gender identity issues. In addition, there has been a growing capacity to understand the issues experienced by transgender (herein trans) people. Consequently, more young people are finding the **courage to 'come out' and transition while still in school. For many young trans people, an early transition can dramatically improve their quality of life.**

The Gender Recognition Act 2015 formally recognises trans people in their preferred gender. The Act makes provisions for 16 and 17-year-olds to be legally recognized, which in turn, will require schools to treat students according to their preferred gender and not the one assigned at birth. The act does not allow for children under the age of 16 to be recognized. **However, trans people are 'coming out' at increasingly younger ages and there is a growing cohort of young trans people in the education system.** Young people under 16 are particularly vulnerable in primary and post-primary schools as they will be unable to attain legal recognition and the associated protections.

There is an urgent need for a targeted, evidence-based programme to support young trans people in primary and post-**primary schools. A school's response should be holistic and integrated**, where the support of the student is the key consideration in every response.

This should include a curriculum that explains what it means to be trans and teacher training to deliver said curriculum.

TENI would also like to support the recommendations made by our colleagues in ShoutOut.

### About TENI

TENI is a non-profit organisation supporting the trans community in Ireland. TENI seeks to improve the situation and advance the rights and equality of trans people and their families. Our vision is an Ireland where trans people are understood, accepted and respected, and can participate fully in all aspects of Irish society.

TENI sits on the Sexual Health and Crisis Pregnancy Programme Committee.

### Background

There is a growing body of international research on trans people, including the development of gender identity, prevalence of trans people in society and their experiences in the education system. A report on research conducted in Northern Ireland on trans and

gender-variant young people by the Institute of Conflict Research<sup>1</sup> stated that service providers and policy makers need to take proactive approach to erode the cultural inertia that is marginalizing young trans people and preventing many of them from reaching their full potential. It also recommended that gender identity and trans experiences be integrated into the school curriculum and that the process should include relevant community and voluntary groups.

## Gender Identity Development

**"As gender development progresses in children, an acceptance and personal expression of a gender identity occurs. Traditionally, this has been called the core gender identity. Evidence suggests that this expression usually takes place by age 2-3 years. The gender role may not necessarily be well defined until age 5 years, although, in some cases, it is evident earlier."**<sup>2</sup>

**"Lucy was three years old when she first told us that she was not a boy but a girl. At first, my ex-husband and myself thought it was just childish chatter and used to tell her "no, you're a boy", but she wouldn't give up. She kept saying she was a girl, over and over."**<sup>3</sup>

Trans people are increasingly articulating their gender identity at a younger age. While some argue that these young people are too immature to make such declarations, new research suggests this is not the case. A recent study with 32 trans children, aged 5 to 12, found that the gender identity of these children was deeply held and is not the result of confusion about **gender identity. The researcher's noted, "While future studies are always needed, our results support the notion that transgender children are not confused, delayed, showing gender-atypical responding, pretending, or oppositional — they instead show responses entirely typical and expected for children with their gender identity."**<sup>4</sup>

Research is currently being conducted by University Limerick and TENI, exploring gender identity and gender norms in primary schools and will be completed by December 2017.

## Experiences of Trans People in Schools

For many young trans individuals, education, and education-related services, are the primary influence which affects their gender identity and gender expression. Trans young people recount many diverse experiences within the education sector. These experiences are shaped by numerous, intersecting factors – such as institutional support, access to resources and family relationships. The results from the Trans Youth Survey suggest that trans young people experience significant levels of isolation, exclusion, and discrimination in school settings. The survey found:

- Only 26% of respondents felt that their educational institutes acknowledged their gender identity.

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<sup>1</sup> Grasping the Nettle: <http://ofmdfmi.govuk/grasping-the-nettle-transgender-youth-living-in-ni.pdf>.

<sup>2</sup> Ghosh, S (2012) Gender Identity. *Medscape Drugs and Diseases*. Available here: <http://emedicine.medscape.com/article/917990-overview>

<sup>3</sup> Schneider, E (2013) *An insight into respect for the rights of trans and intersex children in Europe*, Council of Europe, Strasbourg.

<sup>4</sup> *Transgender Kids Show Consistent Gender Identity Across Measures* (2015) Association for Psychological Science, Washington. Available here: <http://www.psychologicalscience.org/index.php/news/releases/transgender-kids-show-consistent-gender-identity-across-measures.html>



- Only 16% of respondents said they could wear a uniform specific to their gender identity.
- Only 27% of participants reported that their name and pronouns were respected in general and for official purposes in their educational institutes.
- Only 18% of students felt their gender was respected in terms of their use of gender segregated facilities such as bathrooms and locker rooms.
- Only 9% of participants felt their gender identity was respected in terms of sports teams/physical education classes.
- Only 15% of participants said that their educational institute had specific policies to protect trans students.

In the LGBTIreland report<sup>5</sup>, the largest survey of LGBTI people in Ireland, trans young people in secondary schools were found to be especially vulnerable to victimisation and bullying, particularly in relation to their gay and lesbian counterparts. This report found that:

- 52% of trans respondents reported bullying in school.
- 36% of trans students reported that they did not feel they belonged in school.
- 31% of trans respondents missed or skipped school to avoid negative treatment.

This report also highlighted that those who had experienced homophobic or transphobic bullying in school had statistically significantly higher scores on the depression, anxiety and stress scales and lower scores on the self-esteem scale.

### TENI's work in schools

TENI provides training to staff and students in primary and post-primary schools. The school usually initiates this engagement. Sometimes a student discloses that they are transgender to a school counsellor and the school seeks advice regarding best practise supporting that student. Very often it is the parent who approaches the school to look for support for both their child, who is trans, and sometimes for siblings. School trainings are given to the entire staff (including administration) in the form of a presentation. Consultations are also facilitated to formulate a transition plan with the main stakeholders in the school and family members.

Primary schools and post-primary schools seek training and advice that covers a broad understanding of what being transgender is, social and medical implications and they also look for advice on how to inform other students, **particularly those who are within the student's** immediate peer group. They are often anxious with how to address the concerns of the parents of other students, particularly in a primary school setting. Occasionally, there has been evidence of both parents and teaching staff who struggle with the concept of trans, either due to religious or political beliefs. These concerns have been addressed in the past, by further discussion, education and the help of journal articles or information evenings for parents.

In 2016, we delivered 64 trainings to 3,405 students, staff, and administration in educational settings. This includes 38 trainings in first and second-level schools. TENI works closely with

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<sup>5</sup> Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F., Smyth, S. (2016) *LGBTIreland Report*. NOSP, BeLonG To & GLEN.

staff and administration to ensure that trans young people are supported and safe. In the last academic (2016/17) year we delivered:

- 9 trainings to 220 staff and administration at 1st level.
- 30 trainings to 1,150 staff and administration at 2nd level.
- 4 lectures to 200 student primary school teachers at 3<sup>rd</sup> level.

TENI also delivers trainings directly to students to raise awareness about trans issues. This year we have delivered nine trainings to 770 students at 2nd level.

We regularly receive requests for support for school under the remit of the Joint Managerial Bodies and delivered two workshops at their conference in Killarney last year. Similarly, we provide support and training for other managerial bodies such as Educational Training Boards, **Association of Community and Comprehensive Schools, Teachers' Union of Ireland, and the Association of Secondary Teachers Ireland**. We are currently working with the National Association of Principals and Deputies to develop guidelines and a template policy document for schools to access as a starting point when supporting a transgender student.

## Recommendations

- That up to date and comprehensive gender and sexuality education is a mandatory part of the RSE curriculum for all schools. This module should contain:
  - Variation of sex characteristics
  - The difference between sex and gender
  - Transgender identities, gender identity and gender expression
  - Fluidity of identity
- That gender identity is spoken about in an age appropriate manner at all stages of the RSE curriculum in both primary and secondary schools to reflect the ages at which trans individuals are aware of their identities.
- That sexual health education should be trans inclusive and there would be an **awareness that people's anatomies may be different from the norm. Trans people** are recognised as a vulnerable population by UNAIDS and so it is vital that the sex education that is provided meets their needs.
- Trans people also are more likely to experience sexual assault and harassment<sup>6</sup>. It is vital that conversations around consent and destigmatisation of trans identities occur during RSE classes.
- Anecdotally, trans people are known to have issues around body positivity, in fact having a negative body image is often viewed as an essential part of the trans experience. This can lead to issues around eating disorders and self-harm along with overall poor mental health. It is important that inclusive body image education is spoken about in schools.
- It is vital that teachers are provided with comprehensive training to deliver this resource.

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<sup>6</sup> Haynes, A. & Schweppe, J., 2017. *STAD: Stop Transphobia and Discrimination - Report 2014-2016*, Dublin: TENI.

TENI is available and would ask to come and speak to the committee about any of the above recommendations.

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# **Submission on Sexual Consent Programme in Higher Education**

**Trish Murphy  
Trinity College Dublin**

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19<sup>th</sup> April 2018

## Vision

This submission proposes a comprehensive Sexual Consent Programme for Irish Higher Education institutions, approaching the issue from three distinct angles: (These programmes can be adapted for second level settings).

- 1) Annual Sexual Consent workshops provided for identified groups in college, with supplementary online materials and videos available for the whole college community.
- 2) Bystander training workshops provided on how to intervene safely when non-consensual activity is being observed
- 3) First responder training provided for specific identified individuals who are likely to be the first person told about instances of non-consensual sexual activities (e.g. tutors, Students Union and other non-professional staff).

For this programme to be a success, it is important that it be:

- Fully funded and resourced
- Tailored to the local context to ensure that it is culturally sensitive and fully inclusive of all genders and sexual orientations
- Delivered as a genuine collaboration between students and staff.
- Sex-positive, and not just focused on legal issues or sexual assault.
- Well promoted across campus, in person through academic and extra-curricular channels, and online through social media

The goal would be to create a culture of consent in the institution, where all students can recognise issues of sexual consent, talk about them and be effectively supported in situations of sexual assault or rape. It also aims to increase the confidence of academic and support staff in addressing these issues when they arise.

## Background

The 2013 Say Something survey by the Union of Students in Ireland found that 16% of respondents had experienced an unwanted sexual experience at their current institution. In 2015 TCDSU conducted a survey which revealed that 1 in 4 women and 1 in 20 men at Trinity had had a non-consensual sexual experience. The survey also highlighted issues around harassment and stalking.

While such issues were seen to be covered by existing college policies and procedures around Dignity and Respect, it was this research that prompted the decision to address the issue more directly, in the development of Sexual Consent workshops.

The surveys given to students before participating in the first TCD Sexual Consent workshops in 2016 showed that the percentage of students strongly agreeing with the statement 'I feel well informed about sexual consent' was only 22.9%. This rose to 64.7% after completing the workshop.

## Sexual Consent Programme in TCD

Sexual Consent workshops have now run for two years in TCD – 2016 and 2017.

The workshops were a student-led initiative, supported by staff of the college (specifically the Student Counselling Service).

The first pilot in 2016 followed the outline of the SMART Consent workshops that had been developed by NUIG. There was a working collaboration between the Students Union, the counselling service, the tutorial service and a steering committee was set up to oversee the pilot project.

Staff and student facilitators were trained to facilitate the workshops and an admin team put in place to resource the workshops. Each workshop was facilitated by a pair – one staff member and one student.

The workshops were voluntary but all students in halls of residence (1<sup>st</sup> years) were timetabled by the Students Union to attend a workshop that lasted for approximately 1 ½ hours. The main aim was to get conversation and understanding going about what consent was and to have this as an ongoing topic during the year.

In the second year, changes were made to the programme based on feedback from participants and facilitators. This led to a complete revamp of the workshops both in content and delivery for 2017. It was deemed essential to ensure that the content was inclusive and non-heteronormative to reflect the diversity of participants.

In 2017, almost 100% of the target population attended the workshops and there was very positive feedback garnered from all the participants. Although the workshops were not mandatory, they were promoted in such a way as to have them seen as a normal part of the orientation to college and college residence. The aim of increasing conversation and understanding of consent was achieved and there was lots of anecdotal evidence that students were chatting about FRIES (the new acronym for Sexual Consent) in nightclubs and on nights out.

Requests came in from various societies and clubs to run consent workshops and it is currently being considered how this can be facilitated in busy working schedules. Students Union class reps would be another possible target for these workshops, to increase reach across departments and faculties.

Full details of the current Sexual Consent programme can be found in the report attached separately.

Future goals of this programme in TCD are to add in the second and third strands of bystander training and first responder training to build on the college community's capacity to adequately respond to issues of sexual consent. These are dependent on resources and funding.

The success of the Sexual Consent workshops in TCD was largely due to the joint Student union and staff commitment to this issue. The difficulty is that the Students Union members change each year and the transfer of knowledge and commitment needs to be re-affirmed each year. However, we feel strongly that this joint approach is what has made these workshops so successful and we have a commitment to continuing this.

The College is in a position to offer huge support to someone attending the workshops who might feel they have been in receipt of non-consensual sex and each participant got a leaflet detailing all the supports available to them. We feel this backup is essential and also that students can access this support in a confidential setting.

The Consent workshops have a sex-positive approach and this allows all participants to attend without fear of being scapegoated. Also, cultural differences were taken into account and single gender workshops were offered for those who might find these more comfortable.

## Recommendations for Action

To expand the scope of the Sexual Consent Programme nationwide, we recommend the following:

- 1) Funding provided by Government for a collaborative project between Union of Students in Ireland and Trinity College Dublin to develop the following materials, based on international best practice
  - Sexual Consent in Higher Education Workshops Manual
  - Bystander Training Manual
  - First Responder Manual
  - Multimedia content on the topic of Sexual Consent in Higher Education (videos, fact-sheets, quizzes, handouts, graphics, cartoons etc.)
- 2) Funding provided by Government to individual Higher Education institutions to cover the costs of the following
  - Training for specific staff and students as facilitators in the three different types of workshops
  - Revision of the workshop materials to suit the individual needs of any given institution.
  - Delivery of workshops and trainings (staff time, materials, refreshments etc.)
  - Promotion of the Sexual Consent Programme on campus

## Further questions:

Further questions can be answered by contacting either Trish Murphy 087 2340666 / 01 8961407 or contacting the TCD Students Union and speaking to the welfare officer Damien McClean.

Trish Murphy first worked in the area of sexuality and education in the early to mid-1980's when a group of professionals got together under the auspices of the Irish Family Planning Association to train teachers, youth workers and social workers to work with young people in the area of sex education. This was also a response to the AIDS crisis that was occurring at the time. 2 and 3 day courses were run for interested people for a period of about 10 years and we stopped when the department of education revamped their RSE programmes.

Trish continues to train and teach in the area of sexuality and she is a founding member of Psychosexualtherapy.ie: a teaching and training organisation set up to up-skill and offer competency to existing mental health professionals in the area of sexuality and sexual difficulties. Particular expertise is offered in the area of porn issues and LGBTQ issues. When the Student Union in Trinity College called for Sexual Consent training, Trish was already working in the Student Counselling Service and she, with colleagues, worked with the Students union to set up pilot sexual consent workshops.



*- 'They-were so-student-and-young-  
person-friendly.' -*

# Sexual Consent Workshops- The Trinity Model

A report on the pilot project of  
providing Sexual Consent  
Workshops to Fresher Trinity  
Students 2016

Aoibhinn Loughlin, Trish Murphy, Aidan Seery  
March 2016

## Section 1: Why run consent workshops?-the issues

### 1.1 TCDSU Sexual Consent Survey

In 2015 TCDSU released the results of a survey of the student population on sexual consent. 1,038 students responded to the survey. The results showed that, of the group of survey respondents, 1 in 4 women and 1 in 20 men at Trinity had had a non-consensual sexual experience. These range from verbal to physical sexual assault. The data from the TCDSU survey are not inconsistent with those shown in the Say Something Survey Conducted by the Union of Students in Ireland in 2013 and the SAVI Report conducted on behalf of the Rape Crisis Network Ireland in 2001. What appears is a consistent level of experienced sexual assault that does not appear in Garda figures indicating that although sexual assault is occurring it is not being reported. The USI survey in particular outlines the reasons for this including i) Not seeing the incident as non-consensual (although defined as such in Irish Statute) ii) Fear of not being believed or taken seriously iii) Out of fear of backlash from the assailant or of jeopardising their lives.

### 1.2 Rationale within the TCD Strategic plan

This initiative is aligned to at least three commitments that are to be found in the TCD Strategic Plan 2014-19. These are:

#### *A2.1: Transition to College*

The transition to university is the first step in a transformative journey. It is a transition to the life and traditions of Trinity College, as the student's chosen university, and to new friends and experiences. We will support and enhance these transitions by delivering programmes, resources and services that increase personal, social and academic connections, thereby accelerating the student's entry into the collegiate community. [TCD Strategic Plan, 2014, p. 28]

#### *A2.3: Student Services, Tutorship and Registry*

Trinity aims to support its students' development through a broad experience of scholarship and community. The Student Services, the Tutorial Service, and Academic Registry strive to enhance the student experience. The Student Services do so through the integrated nature of their delivery, thereby enabling and promoting physical and mental well-being, and increasing the student's awareness of his or her strengths and abilities.

The Tutorial Services provide students with confidential help and advice on personal as well as academic issues, and college tutors act as advocates for students in academic appeals and in matters of discipline. The Academic Registry provides an integrated, service-focused team that supports all stages of the student lifecycle with an ethos of respect, professionalism, efficiency, and innovation.” [TCD Strategic Plan, 2014, p. 29]

#### *A2.4: Student-led Activity*

Trinity recognizes that participation in extra- and co-curricular activities enhances both the intellectual and personal development of students. The motivation and enthusiasm for a vibrant student experience arises from student-led activity. The role of the university is to create an environment that fosters and encourages student initiative through clubs and societies. Trinity also recognizes the importance of individual initiatives in local, national and international engagement. The university’s primary task will be to ensure that its academic and administrative structures allow and encourage student-led activity to flourish.

### **1.3 The Trinity Model and Initiative**

On the basis of the TCDSU survey and other data available, the SU took the initiative to develop Sexual Consent Workshops for Trinity. Bringing together interested parties from College, specifically the Senior Tutor and the Student Counselling Service, a decision was made to pilot workshops for incoming Freshers’ students in Trinity Hall in September 2016. These workshops would be based on work that had been carried out by the SMART project team at the School of Psychology at NUI Galway. To this end, training was provided to a team of facilitators made up of counselling staff, tutors and students by the NUIG team with further input from the Dublin Rape Crisis Centre [DRCC]. The workshops with students then took place from the Sunday to Friday of Freshers’ week with up to three sessions per day and approximately 60% of incoming Fresher students attended the workshops. This model for Consent Education of a Student Union project initiative with explicit support from College is unique in the Irish HE sector.

### **1.4 Did consent workshops address the issues?**

Following each workshop session, an evaluation sheet was distributed to all participants and the data generated from the exercise was then analysed by the SMART group in Galway. Funding for this research was provided by the Confederation of Student Services in Ireland [CSSI] on foot of a joint application by TCD and NUIG.

Three factors were assessed in NUIG Smart Consent's analysis of the TCD Consent Workshops, based on the data from 215 completed evaluation sheets: Student Feedback, Consent Preparedness, and Positive Attitude [towards sexual consent].

Student Feedback was highly positive across the board. For each of the workshop activities, results were usually 4.00 out of 5.00 for the 10 components that made up the workshop. SMART Consent found that up to 60% of participants rated some of the activities at the maximum rating of 5.00 out of 5.00, with the mean rating of the workshop as a whole an impressive 4.46 out of 5.00.

Consent Preparedness was measured by students' self-efficacy and perceptions of social norms across 6 items, both pre- and post- workshop. Scores on 5 of the items improved significantly, particularly the mean score on the item 'I feel well informed about sexual consent' which changed from 3.81 to 4.63, with the percentage of students strongly agreeing with this item rising from 22.9% to 64.7%. The percentage of students who strongly agreed with the item 'I have all the skills I need' grew from 17.8% to 48.0%. For single males, this change was from 11.8% to 48.8%. This is a shocking result - and further highlights the benefit of the consent workshops, particularly to male students.

The third factor, Positive Attitude, again compared pre- and post- workshop results, and showed a statistically significant increase after students completed the workshop, particularly male students. The change in attitude for female students was not significant, who had a high pre-workshop result, with the largest change observed in the item 'Most people that I care about feel that asking for sexual consent is something I should do'.

From these results we can see most definitely an improvement in students' understanding and attitude toward sexual consent after completing the TCD Consent Workshops, as well as their impression of the workshop project as a whole through their engagement in and enjoyment of the workshop activities. Thus, it is fair to state that the workshops impacted our students incredibly positively, and on the whole equipped them with the tools they needed to have more positive, consensual sexual experiences.

## **Section 2: The Logistics of the 2016 Workshops**

### **2.1 Workshop Facilitators**

The model that was agreed upon at meetings of the ad hoc Steering Committee was that the workshop sessions would be facilitated by a two-person team of one staff member and one student. Both were to be trained in a one-day training event led by the SMART team from NUI Galway [see section 2.2]. Below are some further details of personnel and lessons learned.

#### **2.1.1 Student Facilitators**

Because of the sensitive topic of the workshops it was decided that only students who had been trained priorly in active listening would be invited to apply to facilitate the workshops. These included Peer Supporters (S2S), Welfare Committee members (SU), and Niteline volunteers. Other student facilitators included the JCR Welfare Officer, JCR President, and SU Gender Equality Officer, due to each having been involved in the organisation of the workshops from the outset.

In subsequent focus groups run by the Students' Union, participants noted the benefits of having students facilitate the workshops as: 1) they felt "on the same level" so it was "easier to talk to them" about sensitive issues, 2) they felt student facilitators were more likely to have had similar experiences to the participants and thus be able to relate; and 3) the language they used was more relevant to the students particularly given their age.

#### **2.1.2 Staff Facilitators**

This year the staff facilitators came from three college services: counsellors from the Student Counselling Service, tutors from the Tutorial Service, and Assistant Wardens from Trinity Hall. The selection of staff facilitators was mostly delegated to the directors of each of the three services.

Student facilitators noted having staff facilitating alongside them as 'helpful', with many describing that having a more experienced person assisting them in the running of the workshop made them feel more at ease. They also believed that students would feel more comfortable attending a workshop whereby there was a professional also facilitating. Some concerns from student facilitators however included that at times, the staff facilitator took charge of the workshop facilitation, resulting in the student facilitator being solely responsible for changing the slides on the presentation and thus not having an equal chance to engage effectively in the facilitation.

Staff Facilitator Costs

The costings for the Student Counselling Staff were as follows.

ACTIVITY	DAYS	Rates	Totals
<b>TRAINING OF FACILITATORS</b>			
Counsellors x 6	6	€318.10	€1,908.60
<b>PREPARATION &amp; MEETINGS</b>			
Counsellors x 4	0.5	€159.05	€636.20
<b>RUNNING WORKSHOPS @ 2.5 Hrs ech.</b>	20 Wrk/Shops	€106.03	€2,120.60
<b>TRAVEL TIME 2 Hrs</b>	5	€84.84	€424.20
<b>REFRESHMENTS</b>		€150.00	€150.00
<b>STAFF CO-ORDINATORS TIME - MEDIA</b>	0.75	€238.59	€238.59
<b>CLEAN UP AFTER SESSIONS</b>	1	€318.10	€318.10
<b>PROJECTED COST</b>			
		<b>TOTALS</b>	€5,796.29

**2.2 Training**

Training was organised to be held on one day in an attempt to make it more accessible to students who were not living in Dublin during the summer, and to lower the amount of time staff facilitators had to be absent from work. The first half-day was a 'Disclosure Training' run by the Dublin Rape Crisis Centre, with the second half-day having facilitators observe a SMART Consent workshop.

There were a number of issues highlighted with respect to the training. Student facilitators reported finding the DRCC training as 'tedious', 'triggering' and 'mostly irrelevant', with staff facilitators outlining that due to their roles they already had this knowledge and expertise. With respect to the SMART Consent training, both student and staff facilitators noted that there was no specific training element to this, and that one run through of the workshop was not enough to familiarise themselves with the content. Facilitators however enjoyed taking part in the workshop, particularly the games and discussion aspects.

Training Costs

DRCC	€500	SU
SMART Consent	1500	CSSI Grant - Senior Tutor's Office

### 2.3 Workshop content

The consent workshop content was designed by SMART<sup>1</sup> Consent NUIG. The SMART Consent model had been informed by findings from research undertaken with an Irish student population, for the first time in Ireland. The SMART Consent workshops had been attended by members of the TCDSU Consent Working Group, who reported they were both relevant and relatable, hence these were chosen as our preferred model.

However, prior to the workshops being delivered, there were some concerns from a number of collaborators in the TCD consent programme who had viewed these workshops previously. It was noted that the content was very heteronormative and male-blaming. Hence, the SU Welfare Officer was in frequent liaison with SMART Consent NUIG to adapt their workshops to suit the TCD environment. Content was changed to include same-sex relationships, and one heterosexual scenario where the male student was the suggested perpetrator was substituted with one where the female student was instead. Some of these concerns were not completely dispelled in the course of this pilot study and others also emerged, such as the overemphasis on the role of alcohol and other substance abuse in the continual securing of consent. The experiences with the SMART content have been reviewed and consequences for the future have been drawn [see below].

There were a number of games around consent and sexuality within the SMART Consent training day workshop that were removed without much explanation for the TCD model. Student and staff facilitators reported enjoying these games very much and regretted that they were not part of the workshops they facilitated.

### 2.4 Materials

Materials for the workshops and facilitator training were mostly provided by the Students' Union. This included the ordering, payment, collection and delivery of printed materials for the training and workshops, and payment of refreshments. The JCR Welfare Team assisted with the collection of refreshments from the local shop.

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<sup>1</sup> SMART refers to ) All **S**exual orientations, state of **M**ind, all forms of sexual **A**ctivity, all **R**elationships and **T**alking

*Costings for Materials:*

Cost Item	Details	Cost/€	Cost bearer
Training materials	Printing	20	SU
Printed workshop materials	Scenarios, thumbs up/down, evaluation forms, percentage cards, sign-in sheets	640	SU
Physical workshop materials	Post-it notes, markers, pens, name labels, rope	30	SU
Refreshments	Tea, biscuits etc for attendees	50	SU
Travel	Delivery of printed materials to Hall	20	SU



## 2.5 Administrative work

The administration of the TCD Consent Workshops was at large completed by the SU Welfare Officer. The ad hoc Steering Committee comprised of SU representatives, representatives of the JCR team, Senior Tutor and a representative of the Student Counselling Service did not form an administrative sub-committee to take on this work and so a considerable burden was placed on the SU Welfare Officer.

Task	Completed by
- Obtaining agreement from staff and student facilitators' supervisors: SCS, S2S, Niteline, Welfare Committee	SU Welfare Officer
- Designing & distributing application form to potential student facilitators	SU Welfare Officer
- Reviewing forms and selecting facilitators	SU Welfare Officer, SU Gender Equality Officer, JCR President, Trish Murphy SCS
- Organising volunteer training: Booking trainers, printing materials, booking rooms	SU Welfare Officer
- Altering content of workshops to be in line with TCD's aims	SU Welfare Officer, Trish Murphy SCS, Ralph Astley S2S
- Funding of DRCC training	SU
- Funding of SMART Consent training	CSSI grant (Senior Tutor's Office)
- Scheduling and pairing of facilitators	SU Welfare Officer
- Scheduling of supervisors	SU Welfare Officer
- Scheduling of attendees	SU Welfare Officer
- Creating sign-in sheets & ordering/purchasing materials	SU Welfare Officer

## **2.6 Timing**

The workshops for students were offered at different times of the day from Sunday 18<sup>th</sup> September to Friday 23<sup>rd</sup> September. The Sunday sessions, held in the afternoon and evening, were popular and well attended but those planned for Monday did not attract the same attendance as most students were in College for most of the day and then socializing in the evening. Sessions from Tuesday to Thursday also attracted good attendance but those on Friday saw only small numbers as many students left Dublin early on Friday to return to families. Attendance and popularity were closely monitored and lessons learned for the future

## **2.7 Location**

Locating the workshop sessions in Trinity Hall had many benefits. In general, the facilities available were very good and, of course, the population targeted for this pilot project were in the immediate vicinity, so that the facilities were accessible and somewhat known to them, probably leading to a greater sense of comfort and ease. The one location in Trinity Hall that proved less than optimal was the canteen due to the fact that it is not a closed space and suffered from traffic of people. The shop adjacent was also noisy leading to some disruption. Finally, the venues had to be cleaned and tidied each day which placed quite a burden on the JCR team and this aspect had not been foreseen adequately in the planning. Once again, a lesson was learned for the future.

## **2.8 Attendees & recruitment**

At every point and in all communications to students, College, and the media, it was made clear that these workshops were being offered on a voluntary basis. However, it was clearly the intention and in the interest of the TCDSU and College that as many students as possible would attend. As a result, the marketing of the workshops was most important. The SU and the JCR made full use of their social media presence to advertise and highlight this project. The result of this intense campaign was the generation of a culture of expectation that each student would attend. It is likely that the 'sign-in' sheets also had the effect that students felt that they should attend. In addition to the intense marketing, the JCR and the welfare team visited apartments to remind students about the workshop sessions an hour in advance and even collected groups when it was time to attend.

### **Section 3: Conclusions, Lessons Learned and Future Plans**

In summary and viewed overall, this pilot project was a success with regards not only to the numbers attending but also the response of students as measured by the research carried out by SMART NUIG. The model of the Student Union led initiative with the official support of College can also be considered a success.

However, it emerges quite clearly from what has gone before in this report that the pilot resulted in a number of lessons learned that will impact on any plans to extend this initiative to all Trinity students. The key learning points are indicated below and these are followed by a summary of plans for this project in 2017.

#### **1. Content**

It is evident from the data and anecdotal comment that the content must be changed: the SMART acronym does not fit well, restricted interaction, and the scenarios that were used were still too heteronormative. Future workshops should link into students where they are in terms of how much sexual experience they have, There was need for more small group exercises.

#### **2. Facilitation**

Facilitation training needs some expansion to include 'boundaries training' and further work on ice-breaker exercises. Facilitation would also be enhanced by full-day commitments. The model of a staff member co-facilitating with a student should be retained with emphasis placed on the full participation of the student facilitator.

#### **3. Administration**

There is need for an active sub-committee of any Steering Group to take on the administrative tasks associated with the Consent workshops. There is need to ensure sufficient support for practical matters of materials, venue preparation and cleaning.

#### **4. Funding**

The pilot project in 2016 would not have been possible without the CSSI funding and the future of this project depends crucially on adequate funding based on a full-cost analysis. Some of the costs involved are indicated above but further work is required to generate complete estimates that take in materials and travel as well as personnel costs.

### **Future Plans**

An initial review of the pilot carried out in February 2017 suggests the following:

- a. A further pilot project with amended content is required before any move to extend this project to a wider student cohort. This pilot would/could be carried out again in Trinity Hall in September 2017
- b. A Steering Committee with representation from SU, Senior Tutor, SCS and JCR would continue to oversee the second pilot.

- c. Sub-committees of the Steering Committee for facilitation and administration should be established.
- d. The second pilot should be fully costed and funding identified to support this next step.

### **Next actions**

1. It is planned to workshop the content for the second pilot at the end of May 2017. The group to carry out this task would comprise: 2 SU representatives, 2 tutors and 2 counsellors. The result of this exercise will be an information pack for facilitators to be used in training in September.
  2. A focus group data generation exercise will be carried out in May 2017 to garner further input on content, administration and practical matters with facilitators and JCR members who were part of the project last year.
  3. A one-day facilitation training day will be held in the first week of September following a period of recruitment for the second pilot.
  4. Information leaflets and 'sticky' posters to be designed for student to take with them at the end of the workshops
-

## Section 1: First pilot project 2016

The first pilot project of providing Sexual Consent Workshops to Fresher Trinity Students occurred in 2016. The rationale, the logistics and the outcomes of that project are documented in a written report. In section 3 of that report, the following suggestions were made for the second pilot project in 2017

- Changes in content
- Increased facilitation training
- Establishment of an administrative committee to take on the practical and administrative side of running the workshops
- Full costings developed to cover the entire running of the workshops, including materials, training, travel and personnel costs

## Section 2: Running the 2017 workshops

### 2.1 Workshop content

In summer 2016, a working group met to review the content of the workshops and make adjustments. The need for change was identified through

- Participant feedback sheets
- Facilitator feedback
- Participant focus group

It was decided that a new workshop would be developed specifically for TCD. The working group comprised of staff and students: the SU Welfare Officer, the outgoing and incoming Gender Equality Officers, the Senior Tutor and three staff of the Student Counselling Service. Following this initial day-long meeting, the following decisions were made:

- There would be no PowerPoint presentation. The emphasis would move from didactic presentations to interactive discussions.
- The FRIES acronym for consent would be introduced and provide structure to the workshop.
- The workshop would aim to become more inclusive and less heteronormative, through the content and the case examples.

The new workshop content was drafted by the working group throughout the summer.

### 2.2 Recruitment

The second pilot would retain the model where a staff member and a student co-facilitate the workshop together. Feedback had indicated that students would like to take a more active role in the facilitation, so the decision was made to emphasise training or public speaking in the recruitment process, rather than just an interest in the area or experience with active listening.

The SU welfare officer made an open call for facilitators. The previous year, only students with active listening experience (such as the gender equality officer, S2S, and the JCR) were invited to apply.

We decided on a written application and a short informal interview. Most interviews lasted around 5-10 minutes, and this was just to make sure that the facilitators were confident enough to give a workshop. It also gave us a chance to explain the role,

and for them to explain their experience, or lack thereof (which was helpful to bring into our training).

For the face to face, the JCR welfare officer, SU welfare officer and Gender equality officer were invited to each interview. These three officers also decided on the rankings of facilitators.

Any applicant who was not successful as a facilitator was offered to join the admin committee.

Staff recruited were members of the Student Counselling Service and tutors.

## 2.3 Training

Training took place over one full day in Trinity Hall.

The morning session was facilitated by Trish Murphy, Student Counselling Service. It focused on facilitation skills.

The afternoon session began with a full run-through of the workshop, to give facilitators a chance to experience it as attendees. Facilitators were then assigned their pairs and their day, and given an hour to meet in their pairs to discuss how they would deliver the workshop, assign who would lead on each section and do some practice.

82% of participants felt the training prepared them 'very well' for the role. The remainder felt it prepared them 'well enough'. None reported that the training was inadequate.

Refreshments were provided by a local deli and paid for by the Senior Tutor's Office.

## 2.4 Admin Team

A Student Union admin team was set up in response to the huge amount of organisation and administration that was required to run the 2016 workshops.

The admin team consisted of two students, the SU welfare officer, the JCR welfare officer and a member of the Halls welfare team. Membership was limited to those strongly interested in being involved, instead of a set number.

The tasks of the admin team included the following:

- Preparation and distribution of promotional materials for the workshops
- Purchase and distribution of materials for the workshops (stationery, printed materials, snacks and refreshments).
- Ensuring the rooms were ready before each workshop. Replenishing supplies as needed.
- Assigning students to specific workshops by house
- Directing students to the workshops on the day as they arrived
- Keeping attendance records

One main task carried out was the allocation of students to workshops. They also managed the consent email ([consent@tcdsu.org](mailto:consent@tcdsu.org)) so students who could not attend had somewhere to reschedule or opt out.

By assigning students by house, it meant two things. Firstly, it was easier to organise and to promote workshops, leading to less confusion to people's assigned workshop. Secondly, we could promote the workshops as a first time to bond with your new housemates as a joint activity.

## 2.5 Promotion

Students were assigned to a specific workshop based on their house number, and asked to reschedule if they could not attend. Consistent branding was used by the Communications officer in the SU. The workshops were promoted in the following ways

- **Assigned houses for welfare team**

Each house in Trinity Hall has an assigned member of the JCR welfare team, which was an asset for the promotion of these workshops. Welfare team members went to the assistant warden's meetings for their assigned house and spoke about consent workshops, and reminded each house of the time for their workshop.

- **Flyers in houses**

Before freshers weekend, The JCR went around to every house and put a piece of paper on the fridge of each apartment detailing when their consent workshop would take place, and how to rearrange it if they could not attend. Fridge magnets (with the branding and information of FRIES) was also used with the flyer. Our hope was that much more students would read, and leave a flyer on the fridge rather than a flyer on the counter (that could easily be discarded). We invested in branded magnets as we felt it was unlikely that a magnet would be thrown away as quickly as a flyer or other branding.

- **Facebook promotion**

The main method of promotion was through the Trinity Hall JCR Facebook group. Promotion started on the Facebook group on the first day of freshers weekend, the Friday evening. The initial post in the main Facebook group detailed the full workshop timetable.

Each day the welfare officer of the SU or the JCR shared to the Facebook page what houses would have their workshop that day, and the house Facebook groups for those houses also were posted in, by the welfare team member of that house.

- **Door-to-door promotion**

Half an hour to an hour before the workshops were due to start, the JCR and SU welfare officer, as well as the assigned welfare team member for each house, went door-to-door in the houses to make sure people knew about the workshop, and to remind them to attend.

## 2.6 Scheduling

Once again the workshops were scheduled for the residents' first week in Trinity Hall, starting on the Sunday after their arrival.

For each time slot, two workshops were running concurrently. Students were directed to one until it was full and could begin, and then remaining students were directed to the other.

Date	Time	No of workshops	Total attendance
Sunday 17 <sup>th</sup> Sept	11am	2	204
	1pm	2	
	3pm	2	
Tuesday 19 <sup>th</sup> Sept	4pm	2	128
	6pm	3	
Wednesday 20 <sup>th</sup> Sept	4pm	2	107
	6pm	2	
Thursday 21 <sup>st</sup> Sept	4pm	2	197
	6pm	2	
<b>TOTAL</b>		19	636

## 2.7 Locations

The workshops were due to run in two locations – the welfare room and the library in Oldham House. The fact that the workshops no longer used PowerPoint slides, and therefore had no need for technology, allowed a certain amount of flexibility. When groups got too large, they were moved to Blue room. On one occasion the decision was made to run a third workshop due to large numbers being in attendance and the availability of two extra facilitators on site.

## 2.8 Attendance

As detailed above, total attendance for the workshops was 636, representing ~91% of first year students resident in Trinity Hall and eligible to attend.

The success in attracting such large numbers to attend was attributed to the active promotion of the workshops by the SU and JCR, the assignment of students to a particular workshop by house, and the active follow-up of students with regard to their attendance. The workshops were voluntary, and it was never stated that it was mandatory to attend, but the communication about the event depicted it as a normal part of their introduction to Halls.

## 2.9 Costings

Staff Costs (Student Counselling Service)			
	Time	Rate	Total
Preparation and meetings	2 days X 3 counsellors	318	1908
Facilitation Training	1 day x 5 counsellors	318	1590
Running workshops	20 workshops	84.80	1696
Materials			
Refreshments (training day)			70



Stationery		130
Printing		15
Flyers and promotional materials		800
Refreshments (workshops)		668
<b>Overall Total</b>		1683

## Section 3: Feedback, Lessons Learned and Future Plans

### 3.1 Participant feedback

Participants were asked to complete a very simple feedback questionnaire to assess their satisfaction with the workshop and any recommendations they would have.

*Summary of results of feedback survey to be included here*

### 3.2 Facilitator feedback

Facilitators filled out an online feedback survey approximately 5-6 weeks after the running of the workshops. They gave feedback on the content of the training, the content of the workshops, the running of the workshops and suggestions for the future.

Overall the feedback on the workshops, how they were organised, and how they went was overwhelmingly positive.

The following comments and suggestions were also made

- Preparing facilitators for direct questions about rape and sexual assault
- Facilitators need a break between workshops
- Workshops should have had limited numbers. Overcrowded workshops were difficult to manage.
- Student/Staff pairings worked really well

### 3.3 Conclusions

Based on both attendance numbers and feedback from participants and facilitators, the second pilot project was an overall success. The new content and delivery methods were deemed a much better fit for TCD. The addition of an admin team and the involvement of the JCR welfare team greatly facilitated the smooth delivery of the workshops. The consent workshops are a positive, proactive and effective way to address the issue of sexual consent on campus.

### 3.4 Future plans

Although long-term plans may include rolling out these workshops to all freshers in TCD, the short to medium-term plan requires that this current model first be fully embedded as it stands before any expansion is considered. The steering committee makes the following recommendations:

- The sexual consent workshop programme in Trinity Hall be fully funded by the college as per the costings outlined in section 2.9 above
- A coordination structure is consolidated to oversee the continued delivery of the project. A Steering Committee with representation from SCS, SU, JCR and Senior Tutor's Office should hold responsibility for the project. Sub-committees could then be established to work on content, facilitation, promotion, administration etc.
- The consent workshops to be embedded in Trinity Hall as a standard part of the orientation programme. Other workshops in college can be facilitated as requested by specific groups (societies, sports clubs, Students Union etc.)
- Recruitment of student facilitators to begin in April 2018, and details of the workshops to be agreed and confirmed before the end of term. Facilitator training could also happen before the end of term, as the workshops will run in August this year.
- Increase number of concurrent workshops to 4, and have the majority happening over the first weekend when students move in to Trinity Hall.
- Consultancy can be provided to other agencies who wish to run a successful sexual consent workshop programme, and a fee will be charged for same.
- If funding is provided by college or external sources, a website and video about sexual consent should be created so that all TCD students can benefit from the information. The steering group can manage this.



**Review of Sexual Health and Relationship  
Education, Including matters relating to  
Contraception and Consent.**



**Union of Students in Ireland**  
*Aontas na Mac Léinn in Éirinn*

## **The Union of Students in Ireland: Overview**

The Union of Students in Ireland (USI) is the sole representative body for students in Ireland and represents 354,000 students in over thirty member colleges across Ireland, North and South. Throughout its history, USI has worked relentlessly in the pursuit of student rights in all areas of the student experience.

USI runs many initiatives in relation to sexual health and consent throughout every year.

Most notably our sexual health campaign (S.H.A.G Week -Sexual health awareness and guidance) which consists of a national roadshow where we give out information on contraception, STI's, condom demonstrations, healthy relationships and consent. We also disseminate over 20,000 sexual health packs which contain a condom, a sachet of lube and information on STI's, Consent and how to use a condom/dental dam.

Apart from our sexual health week, we also run online sexual health campaigns which are gender neutral and inclusive of all sexualities. In 2013 we conducted research on Sexual Violence, Harassment and abusive relationships named the "Say Something" Survey.

The report focused on the following areas; Unwanted Sexual Experiences, Physical Mistreatment, Harassment, Obsessive Behaviour and Information on Campus. Some of the key findings highlighted in the report include:

- 16% of respondents experienced some form of unwanted sexual experience while at their current educational institution.
- 1 in 5 women surveyed experienced some form of unwanted sexual experience, with 11% experiencing unwanted sexual contact.
- Just 3% of respondents who had an unwanted sexual experience reported it to the Gardaí.
- The largest proportion of victims of unwanted sexual experiences identified the perpetrators as being acquaintances.
- 10% of women and 5% of men experienced obsessive behaviour that made them afraid or concerned for their safety.

- 19% of men and 17% of women have been photographed or filmed without their consent.
- Over 10% of men and 8% of women have had photographs or videos circulated online without their consent.
- 3 out of 10 women respondents experienced comments with a sexual overtone that made them feel uncomfortable.
- 51% of the women surveyed discussed the issue of sexual violence with their friends, only 38% of men did.

Lesbian, Gay, Bisexual, Transgender students.

- LGBT students account for 14.72% of respondents. The survey data suggests that LGBT students were more likely to have experienced the behaviours examined in the study than non-LGBT students:
- 17% of LGB students were the victims of obsessive behaviour as against 11% of non-LGB students.
- 22% of LGB students experienced physical violence compared to 14% of non-LGB students.
- 25% of LGB students recorded having an unwanted sexual experience compared to 14% of non-LGB students.

While the number of Trans respondents was insufficient to draw firm conclusions, they indicate even more pronounced levels of students experiencing physical and sexual violence.

The Vice President for Welfare of USI currently sits on the HSE Sexual Health Communications committee and the HSE Sexual Health and Crisis Pregnancy Programme committee.

## Third Level Education and Young People

**National Framework:**

USI recommends that the HSE (Health Service Executive) and HEA (Higher Education Authority) set up a group with USI and relevant bodies such as AHEAD (Association for Higher Education Access & Disability), CSSI (Confederation of Student Services Ireland) and ISHA (Irish Student Health Association) to ensure there is cohesive sexual health education with a focus on STI's, Contraception, Healthy Relationships and Consent.

Under current structures students have sometimes received little or inadequate sexual health education, and so third level education is often a key source of information around sexual health, consent and relationships.

We need to work together to ensure students and young people receive the most relevant information to them that is inclusive of all genders, binaries and sexualities.

Consultation and inclusion of organisations such as TENI (Transgender Equality Network Ireland) and Belong To as will ensure inclusion and cohesive sexual health material and resources.

**Online Resources:**

With the recent streamlining of sexual health resources to a HSE website on many aspects of sexual wellbeing, USI recommends utilising this to its full potential with targeted resources for young people, who are still beginning to navigate personal and physical sexual relationships, and further explore sexuality.

**STI Testing:**

A key part looking after our sexual health is ensuring our health is looked after. USI recommends that free STI testing be available in every HEI and county.

Sexual Health checks should be a regular part of maintaining overall health and to reduce the risk of long term after effects and further spread of infection to others.

Health Protection Surveillance Centre (HPSC) provisional records show that in 2017, there were 5200 cases of young people diagnosed with either, chlamydia (n=3730), gonorrhea (n=872) or genital herpes (n=598), representing an 11.2% increase of these STIs in this age group (15-24) when compared to 2016 figures.

**Campaigns:**

For all upcoming educational campaigns, USI recommends that they consider the wide range of diversity, sexualities and binaries that exist, and ensure gender neutrality wherever possible to ensure inclusivity.

**Contraception:**

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USI believes that access to contraception is important for all citizens including young people to have access to free contraception, knowing which contraception choice is best for them. Having free contraception is important to ensure there are no barriers to access.

### **Crisis Pregnancy:**

Crisis or unplanned pregnancy can occur at any time. USI recommends that supports and literature including all 3 options which is un-biased, factual and easily accessible to any pregnant person or anyone in a support capacity.

### **Consent:**

Many students' unions and HEI's are already running consent classes for 1st years and subsequent years. USI recommends consent classes be supported as part of orientation programmes in every HEI.

## **Second Level Education**

### **Curriculum**

USI recommend a standardised curriculum for all second level schools, so that all students are afforded the equal right to sexual health education.

USI also recommends that the curriculum be evidence based and free of any religious ethos or influence.

### **LGBTI+**

USI recommends inclusion of LGBTI+ within all modules and curriculum relating to sexual health, consent and healthy relationships.

### **Consent**

USI recommends consent classes and space to explore healthy relationships be a key part of sexual education throughout second level.

### **Contraception and STI's**

USI believes that students need to be armed with factual information to ensure they can make informed decisions when it comes to their sexual health.

## **Primary School**

### **Consent and Healthy Relationships**

USI recommends that curriculum should include consent and healthy relationships at primary level. This is key in development and fostering of dialogue around consent,

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healthy relationships and what they feel they should look like. LGBTI+ inclusion also needs to be insured to include all students at primary level.



## Appendix 2

### Committee Membership

#### Joint Committee on Education and Skills

Deputies: Thomas Byrne (FF)  
Kathleen Funchion (SF)  
Catherine Martin (GP)  
Tony McLoughlin (FG)  
Hildegarde Naughton (FG)  
Fiona O'Loughlin (FF) [Chair]  
Jan O'Sullivan (Lab)

Senators: Maria Byrne (FG)  
Robbie Gallagher (FF)  
Paul Gavan (SF)  
Lynn Ruane (Ind)

#### Notes:

Deputies nominated by the Dáil Committee of Selection and appointed by Order of the Dáil on 16 June 2016.

Senators nominated by the Seanad Committee of Selection and appointed by Order of the Seanad on 22 July 2016.

Deputies Carol Nolan, Ciaran Cannon, Joan Burton, and Jim Daly discharged and Deputies Kathleen Funchion, Tony McLoughlin, Jan O'Sullivan, and Josepha Madigan nominated to serve in their stead by the Twelfth Report of the Dáil Committee of Selection as agreed by Dáil Éireann on 3 October 2017.

Senator Trevor Ó Clochartaigh resigned with effect from 27 February 2018.

Senator Paul Gavan nominated by the Seanad Committee of Selection and appointed by Order of the Seanad on 8 March 2018.

Deputy Josepha Madigan discharged and Deputy Hildegarde Naughton nominated to serve in her stead by the Twentieth Report of the Dáil Committee of Selection as agreed by Dáil Éireann on 1 May 2018.

## Appendix 3

### Orders of Reference

#### a. Functions of the Committee – derived from Standing Orders [DSO 84A; SSO 71A]

- (1) The Select Committee shall consider and report to the Dáil on—
- (a) such aspects of the expenditure, administration and policy of a Government Department or Departments and associated public bodies as the Committee may select, and
  - (b) European Union matters within the remit of the relevant Department or Departments.
- (2) The Select Committee appointed pursuant to this Standing Order may be joined with a Select Committee appointed by Seanad Éireann for the purposes of the functions set out in this Standing Order, other than at paragraph (3), and to report thereon to both Houses of the Oireachtas.
- (3) Without prejudice to the generality of paragraph (1), the Select Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments, such—
- (a) Bills,
  - (b) proposals contained in any motion, including any motion within the meaning of Standing Order 187,
  - (c) Estimates for Public Services, and
  - (d) other matters
- as shall be referred to the Select Committee by the Dáil, and
- (e) Annual Output Statements including performance, efficiency and effectiveness in the use of public monies, and
  - (f) such Value for Money and Policy Reviews as the Select Committee may select.
- (4) The Joint Committee may consider the following matters in respect of the relevant Department or Departments and associated public bodies:
- (a) matters of policy and governance for which the Minister is officially responsible,
  - (b) public affairs administered by the Department,
  - (c) policy issues arising from Value for Money and Policy Reviews conducted or commissioned by the Department,
  - (d) Government policy and governance in respect of bodies under the aegis of the Department,
  - (e) policy and governance issues concerning bodies which are partly or wholly funded by the State or which are established or appointed by a member of the Government or the Oireachtas,

- (f) the general scheme or draft heads of any Bill,
  - (ag) scrutiny of private members' Bills in accordance with Standing Order 148B, or detailed scrutiny of private members' Bills in accordance with Standing Order 141,
  - (g) any post-enactment report laid before either House or both Houses by a member of the Government or Minister of State on any Bill enacted by the Houses of the Oireachtas,
  - (h) statutory instruments, including those laid or laid in draft before either House or both Houses and those made under the European Communities Acts 1972 to 2009,
  - (i) strategy statements laid before either or both Houses of the Oireachtas pursuant to the Public Service Management Act 1997,
  - (j) annual reports or annual reports and accounts, required by law, and laid before either or both Houses of the Oireachtas, of the Department or bodies referred to in subparagraphs (d) and (e) and the overall performance and operational results, statements of strategy and corporate plans of such bodies, and
  - (k) such other matters as may be referred to it by the Dáil from time to time.
- (5) Without prejudice to the generality of paragraph (1), the Joint Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments—
- (a) EU draft legislative acts standing referred to the Select Committee under Standing Order 114, including the compliance of such acts with the principle of subsidiarity,
  - (b) other proposals for EU legislation and related policy issues, including programmes and guidelines prepared by the European Commission as a basis of possible legislative action,
  - (c) non-legislative documents published by any EU institution in relation to EU policy matters, and
  - (d) matters listed for consideration on the agenda for meetings of the relevant EU Council of Ministers and the outcome of such meetings.
- (6) The Chairman of the Joint Committee appointed pursuant to this Standing Order, who shall be a member of Dáil Éireann, shall also be the Chairman of the Select Committee.
- (7) The following may attend meetings of the Select or Joint Committee appointed pursuant to this Standing Order, for the purposes of the functions set out in paragraph (5) and may take part in proceedings without having a right to vote or to move motions and amendments:
- (a) Members of the European Parliament elected from constituencies in Ireland, including Northern Ireland,
  - (b) Members of the Irish delegation to the Parliamentary Assembly of the Council of Europe, and
  - (c) at the invitation of the Committee, other Members of the European Parliament.
- (8) A Select Committee appointed pursuant to this Standing Order may, in respect of any Ombudsman charged with oversight of public services within the policy remit of the relevant Department or Departments, consider—

- (a) such motions relating to the appointment of an Ombudsman as may be referred to the Committee, and
- (b) such Ombudsman reports laid before either or both Houses of the Oireachtas as the Committee may select: Provided that the provisions of Standing Order 111F apply where the Select Committee has not considered the Ombudsman report, or a portion or portions thereof, within two months (excluding Christmas, Easter or summer recess periods) of the report being laid before either or both Houses of the Oireachtas.

**b. Scope and Context of Activities of Committees (as derived from Standing Orders)**  
**[DSO 84; SSO 70]**

- (1) The Joint Committee may only consider such matters, engage in such activities, exercise such powers and discharge such functions as are specifically authorised under its orders of reference and under Standing Orders.
- (2) Such matters, activities, powers and functions shall be relevant to, and shall arise only in the context of, the preparation of a report to the Dáil and/or Seanad.
- (3) The Joint Committee shall not consider any matter which is being considered, or of which notice has been given of a proposal to consider, by the Committee of Public Accounts pursuant to Standing Order 186 and/or the Comptroller and Auditor General (Amendment) Act 1993.
- (4) The Joint Committee shall refrain from inquiring into in public session or publishing confidential information regarding any matter if so requested, for stated reasons given in writing, by—
  - (a) a member of the Government or a Minister of State, or
  - (b) the principal office-holder of a body under the aegis of a Department or which is partly or wholly funded by the State or established or appointed by a member of the Government or by the Oireachtas:

Provided that the Chairman may appeal any such request made to the Ceann Comhairle / Cathaoirleach whose decision shall be final.

- (5) It shall be an instruction to all Select Committees to which Bills are referred that they shall ensure that not more than two Select Committees shall meet to consider a Bill on any given day, unless the Dáil, after due notice given by the Chairman of the Select Committee, waives this instruction on motion made by the Taoiseach pursuant to Dáil Standing Order 28. The Chairmen of Select Committees shall have responsibility for compliance with this instruction.