

## CMF submission to Scottish Government consultation: Delivery of relationships, sexual health and parenthood (RSHP) education in Scottish schools- draft statutory guidance

### 1. Is the draft introduction clear on the status and application of the guidance?

**No**

We welcome the statement in the draft guidance saying: '*Parents and carers have the right to have their children educated in conformity with their own religious and philosophical convictions.*' We note, however, that the guidance only recommends consultation with parents as 'good practice.'

We strongly recommend that the guidance be amended to make it a requirement that schools consult parents on RSHP content to ensure that it is '*in conformity with their own religious and philosophical convictions.*'

RSHP education dealing with contentious issues around religious and philosophical convictions should only be taught to children and young people old enough to understand and assess the arguments critically. Convictions based on theories that are unproven or unsupported by a robust evidence base must not be taught as fact.

The guidance closely follows recommendations made in the report by the 'LGBTI Inclusive Education Working Group.' This group was politically appointed and contained a number of representatives from LGBT activist groups. We are concerned that the political agendas of lobby groups should have been given such a platform and that their (often radical) views have influenced the Working Group's recommendations for RSHP education.

We ask that the guidance make clear two things regarding the LGBTI Inclusive Education Working Group:

- i) that the Group included representatives of LGBT-promoting, politically active lobby groups, and
- ii) that the Group's recommendations do not carry the power to mandate the content of the RSHP curriculum, nor to insist that their recommendations be applied across other areas of the curriculum.

### 2. A) How clear is the purpose of the relationships, sexual health and parenthood (RHSP) education section?

**A) Unclear**

The guidance says that RSHP will be taught primarily in PSE and RMS lessons. The wording leaves open the possibility that RSHP content will also be included in other aspects of the curriculum. In this way, issues of contention could be raised in any or all parts of the curriculum. We believe the guidance should make clear if this is the intended outcome and specify that in such circumstances the school would be required to consult in advance with parents. Parents must have the right to remove their children from any lesson where the beliefs and convictions those parents seek to encourage in their children could be undermined or leave those children confused. Guidance should make clear to schools and to parents that parents have the right to view materials and resources that will be used to deliver RSHP education in any lesson and in any part of the curriculum.

3. **A) Is the guidance sufficiently clear in relation to the rights of parents and carers and is the process for withdrawing a pupil sufficiently clear? B) Is the process for withdrawing a pupil sufficiently clear?**

**A) Unclear**

**B) Unclear**

Again, the guidance states that 'it is good practice for schools to regularly involve parents and carers in discussions on curriculum content, including RSHP education.' 'Good practice' is not the same as 'required practice.' We respectfully request that schools' obligation to consult with parents over curriculum content be stated clearly as a requirement.

The first paragraph of the guidance under Withdrawal from RSHP Education contains two apparently conflicting sentences. The first states: 'This option [to withdraw] should be made known to parents and carers and their views respected.' The second states: 'The option of withdrawal should be balanced with the child's right to education.' The first suggests that parents' views will be 'respected' in the sense that those views will determine the outcome - the child will be withdrawn. The second suggests that the parents' views may be respected but not necessarily acted upon if, in the school's view, the child's 'right to education' - the benefits to be gained by attending the lesson - outweigh the parents' objection. The reader is left wondering if the assurance initially given to parents will prove to be little more than an empty promise in practice. We appeal for clarification - in the event that parents' wishes do not align with the school's opinion, which takes precedence?

To the cynical parent, the next paragraph will communicate something like this: Appropriate alternative activity will be provided for a child who is withdrawn from RSHP, in consultation with the child and its parents/carers. This is not a binding responsibility on the school, and it may be that, in practice, a suitable alternative activity cannot be provided, in which case any potential negative impact on the child's curricular progression will be explained to parents/carers. In brief: We'll do what we can to provide a suitable alternative, but if for any reason we cannot, then we'll let you know.

The guidance once again seems to give with one hand and take away with the other. The reader is left unsure of the school's true priority - the education of the child in a collaborative partnership with parents, or the determination by the school to impose its 'inclusivity' agenda, regardless of the family's beliefs.

In addition, we suggest that the guidance specify that parents have the right to withdraw their children from RSHP education wherever in the curriculum it is taught, not just in PSE or RME lessons.

4. **How effective is the guidance in explaining the key issues of a whole school approach alongside a positive school ethos and culture are highlighted to teachers in delivering relationships, sexual health and parenthood education?**

**Not Effective**

The guidance states that RSHP education 'should be presented in an objective, balanced and sensitive manner within a framework of sound values...' We can agree with the intent, but without clearer definition it is meaningless. It does not spell out what those values are, nor how they are evaluated as 'sound.'

The guidance closely follows recommendations made in their report by the 'LGBTI Inclusive Education Working Group,' a group that included LGBT activists with an ideological agenda, lobbying for political change. In our view, their beliefs and values are highly subjective, at odds with biological realities, and have not been shown to lead to an increase in human flourishing. They cannot be described as 'sound' and guidance rooted in them is likely to be unbalanced and incomplete.

The guidance must make clear that the teaching of RSHP will include contested areas such as LGBT relationships, gender identity, diversity of family structures, etc, and must reflect the fact that they are contested. It is clear that the guidance, as currently drafted, leans towards the LGBTI Inclusive Working Group's ideological agenda, and our appeal is that the guidance be more balanced, and at least make clear that there are people who hold a different view that is equally acceptable and worthy of respect in a democratic society.

The guidance should clarify, indeed emphasise, that teachers' rights of conscience will be respected; no teacher should fear that they will be required to affirm or promote views with which they disagree.

For RSHP to enable children to build healthy, positive relationships, including digital relationships, we suggest the guidance should recognise that:

- i) healthy relationships are characterised by kindness, trust, loyalty, respect and selflessness
- ii) true friends do not coerce, bully, abuse, or betray each other; they do not pressurise one another into sexual activity, and uphold the law regarding consent; they do not disclose confidences
- iii) for relationships to be truly free, they must be conducted within moral and legal boundaries that are in place to ensure flourishing
- iv) parents/carers cannot effectively support and guide children who will not communicate or confide in them

**5. Is the guidance sufficiently clear in supporting consent and healthy relationships having a greater focus in relationships, sexual health and parenthood education?**

**No**

Developing healthy relationships should of course be a focus of RSHP education. We welcome the attention given to digital relationships and digital respect but feel that the guidance could do much more to sow a vision of truly 'healthy' relationships.

We contend that healthy relationships are kind, honest, and loyal. They are respectful of 'the other' and never coercive. Confidentiality should be treasured and observed, both digitally and verbally. The concept of 'honour' and integrity in relationships could be emphasised and further developed in the guidance. Likewise, we suggest that marriage be presented as a lifelong commitment and 'worth waiting for' as far as sex is concerned. The tired and ineffective advice to make sex 'safe,' coupled with easily accessible contraception, has failed to give young people a compelling vision of relationships committed for life.

Children should be taught in an age-appropriate manner that does not encourage risk-taking but does recognise that TikTok and other platforms are busily sowing an unhealthy vision of relationships into ever younger minds.

Openness towards parents/carers should be encouraged as a general principle, whilst being watchful for those situations where abusive behaviour at home may be a risk.

We welcome the emphasis on teaching consent, both legal and moral, in the guidance.

**6. Is the guidance sufficiently clear in ensuring faith and belief is accurately captured in relationships, sexual health and parenthood education?**

**No**

We welcome the comments in the guidance around sensitivity to, and respect for the different faith backgrounds represented in the school community. But we feel the wording should explicitly require schools to:

i) consult with parents to better understand how their faith shapes their worldview, and in particular where the values and beliefs they seek to instill in their children could be at odds with the prevailing worldview of society at large;

ii) encourage staff to ensure that those with minority beliefs can hold and express them freely in class, without fear of discrimination, wherever in the curriculum RSHP teaching is delivered.

**7. Is the guidance sufficiently clear in ensuring gender inclusive language is used to deliver relationships, sexual health and parenthood education?**

**No**

Guidance should distinguish clearly between restrictive gender stereotypes and disputed gender ideology. There should be no blurring of the distinction between the factual biological binary of natal sex and the disputed ideological claim of gender identity as chosen, flexible, and unrelated to biological sex.

We strongly disagree with the statement in the guidance that RSHP should 'reflect healthy relationships within diverse sexual and gender identities.' The statement may be consistent with 'gender theory' but should not be taught as if it were a proven fact.

The guidance sets out to be 'gender inclusive.' If, by that, the guidance implies that terms based on biological sex should be avoided, then we would strongly contest such guidance. It must not be seen as inappropriate for teachers or pupils to use terms based on biology, such as 'boy' or 'girl.' Nor should the unfailing use of 'preferred pronouns' be the touchstone of orthodoxy for a 'gender inclusive' school. Staff who use a trans-identifying pupil's given name, whether inadvertently or so as not to be complicit in what they see as a deception, should not face disciplinary procedures. 'Inclusion' cannot justify exclusion. Similarly, no pupil should be coerced into referring to another pupil as if that child had truly changed their sex. Children are not so susceptible to gender ideology - they clearly recognise that it is not possible to change one's biological sex. A school that requires children to collaborate in a misconception is being driven by a politicised ideological agenda, not an educational one.

To permit 'social transition' in the school context without consultation with parents is inconsistent with the stated conviction of the guidance that 'education is a partnership between school and

parents' in which the ultimate responsibility rests with parents. The guidance should reflect that involving parents is an essential aspect of safeguarding.

**8. Is the guidance sufficiently clear in explaining and including VSC/DSD/intersex people in relationships, sexual health and parenthood education?**

**No**

It is clear that young people with DSDs want to be treated like everyone else but are not like everyone else. We recognise the challenge involved in producing guidance that demonstrates sensitivity, an understanding of a complex reality, and an awareness of the incoherence between the stated desires of young people with DSDs who want their 'variations' to be acknowledged AND to be treated like everyone else. It's a 'no win' task.

The guidance responds to the challenge by lumping together under one label (VSC) the 40 or so different conditions that are characterised by ambiguous or atypical genitalia, even though the experience of people across the VSC/DSD spectrum varies widely, as does that between any two people with the same 'variation.' It does so to fit with its politicised 'inclusion' agenda, but as a result is vulnerable to the accusation of oversimplification and categorisation.

Understandably, people with DSDs resent being drawn as a 'category' into the current debate around sex and gender; they are fearful that DSDs are being weaponised and misrepresented in that debate, by both sides, and that their own concerns get lost as a result.

We agree that VSC/DSD young people should be included in RSHP education, if they and their parents wish it. However, we feel that, in the attempt to be 'inclusive,' insufficient weight is given in the guidance to the very real difficulties and lifelong implications of people born with such 'disorders.' For disorders they are, and any attempt to characterise them merely as 'variations' downplays their significance and consequences and is likely to limit the care and support given by the school community.

**9. Is the guidance sufficiently clear in ensuring relationships, sexual health and parenthood education is lesbian, gay, bisexual and transgender inclusive?**

**No**

Neurology and neuroimaging techniques clearly show that those parts of the brain associated with the development of a person's sense of identity continue to change and mature into that person's mid-20s. The notion that a person is 'born with' a particular sexual orientation, or that their sense of identity is formed and fixed in early childhood, has no basis in science. For RSHP education to embrace the idea that a child can be 'born in the wrong body' is to promote a notion as dangerous as it is unproven.

It is clear, following the revelation of inadequate assessment at the Tavistock and Portman clinic, and the interim findings of the Cass Report, that the medical profession is rethinking its own guidance on the management of children with gender confusion/dysphoria. The pause button has been pressed in medicine, and we strongly argue that pressing ahead with the affirming model in schools would be, at the very least, irresponsible and, at worst, potentially disastrous for a generation of children.

Guidance should state these developments in public policy clearly. Children identifying as trans should be managed on a 'watchful waiting' basis, as studies show that at least 80% of them will

desist and identify in a way congruent with their natal gender by the end of puberty. Early affirmation may commit gender incongruent children and young people to long-term 'treatment' with puberty blockers and trans sex hormones who would have desisted naturally had a more watchful approach been taken. Children 'coming out' as LGBT should be understood as still in the process of development, the endpoint of which cannot be known.

None of this is to suggest that LGBT-identifying children should be ridiculed or resisted. The school community should of course be a place of welcome for all, regardless of sexual orientation, gender identity, race, religion, etc. But it should be remembered that orientation and identity are still developing characteristics and may continue to change throughout the years at school and beyond.

The LGBTI Inclusive Education Working Group recommendations are not binding on schools and the guidance should state that LGBT-inclusive education across the curriculum is not mandatory. As it stands, the guidance gives the impression that not only is LGBT-inclusive education something it wishes to support across the breadth of the curriculum, but that it is also compulsory. This is misleading and points to an underlying ideological agenda.

The statement in the guidance that says that RSHP should 'reflect healthy relationships within diverse sexual and gender identities' is blatant gender theory propaganda. It lacks anything in the way of a robust evidence base and again suggests that the guidance is shaped by gender ideology. To teach such a theory as if it is fact will make it very difficult for pupils to disagree openly without being accused of transphobia or hate speech. It would be tragic indeed if guidance aimed at preventing discrimination should inadvertently end up fostering it. The aim, surely, is to foster a school culture where differences of opinion can be discussed in a courteous and respectful manner and bullying of all kinds become as unthinkable as it is unacceptable.

**10. Is the guidance sufficiently clear in explaining the requirement for pupils with additional support needs to have relationships, sexual health and parenthood education?**

**No**

We agree that all children and young people must have the same opportunity to develop their knowledge and understanding of healthy, safe, respectful and loving relationships. Children with additional needs are more likely to experience harmful sexual behaviour, as either perpetrators or victims.

Relevant and effective, age-appropriate RSHP education may help to protect and support them, and we agree that children with additional needs should be included. Whether or not they can access 'an age-appropriate education in line with their peers' must be left to the discretion of educators, in consultation with parents. In practice, it may be more realistic to gear their RSHP education to their 'effective' age, rather than to their peers.

We suggest the guidance should specifically state that the content of the RSHP education must first be agreed with the parents/carers of children and young people with additional needs.

**11. Does the guidance provide sufficient resources and signposts to support teachers in delivery of relationships, sexual health and parenthood education, if not, which resources do you think are missing?**

## **Insufficient**

We strongly suggest that the following amendments be made to the list of resources commended in the guidance:

- i) That Stonewall Scotland be excluded from the list. Stonewall is a political lobby group actively campaigning to advance an affirmative LGBT agenda. In our opinion, political activism should not be brought into schools;
- ii) As the name implies, LGBT Youth Scotland exists to affirm, support and promote LGBT-identifying young people in Scotland. Their materials present the LGBT agenda in an uncritical way. Children and young people reading or watching them could be encouraged to question their own sexual orientation or gender identity, to destabilising effect.

We recommend the resources of Lovewise be included ([lovewise.org.uk](http://lovewise.org.uk)).

RJT November 2023