

**RSPH Level 2 Award for Young Health Champions
(Unit 7 Understanding Sexual Health)**

**RSPH Level 2 Award in Understanding Sexual
Health**

Learner Assessment Workbook

Tutor Guide



Information for tutors and internal assessors

How to use this workbook

This workbook is provided for learners taking the RSPH Level 2 Award for Young Health Champions or the RSPH Level 2 Award in Understanding Sexual Health. It contains a number of tasks that learners need to complete in order to provide evidence that they have met the assessment criteria and learning outcomes for the qualification.

The workbook is not write protected, so tutors can enlarge the spaces provided for learner answers to suit their individual needs before printing (the spaces are larger in the learner versions of the workbook). Alternatively, if suitable facilities are available the workbook can be downloaded and completed by learners electronically.

Learners can be provided with the entire work book at the start of their course, or with individual sections for each assessment criterion / learning outcome for completion as they progress through the course.

Each section starts with the name of the learning outcome and assessment criterion, followed by a series of tasks for the learner to complete. At the end of the material for each learning outcome there is a page for the internal assessor to comment on the learner's work and state whether or not they believe the learning outcome has been met. There is no requirement for progression through the workbook to be in the order shown. The order can be varied to suit the course strategy of the tutor or the requirements of learners.

In order for a learner to achieve a learning outcome, the learner must provide evidence against each of the assessment criteria for that learning outcome. Evidence must be suitable and sufficient, learners who are able to provide appropriate answers for each of the tasks will meet the assessment criteria and achieve the learning outcomes.

Candidates with Special Assessment Needs

Tutors should contact RSPH in the event that reasonable adjustments need to be applied to learners' work. An example of a suitable reasonable adjustment would be a third person completing the workbook on behalf of the learner. The learner would need to dictate their responses to the tasks to the third person and have these read back to them to ensure that what is written is a fair reflection of the intentions of the learner. For further details please refer to the Regulations and Guidance for Candidates with Special Assessment Needs in the Centre area at www.rsph.org.uk

Additional Information for Tutors/Assessors

This tutor / internal assessor version of the workbook includes additional material and reference to specific points that should be covered by the tutor, and Marking Guidance for the assessor for each of the tasks. These are contained within text boxes as shown below.



Pages for the use of the internal assessor to comment on the learner's work have been omitted from this version of the workbook.

In all other aspects the workbook is the same as the Learner Workbook.

The workbook also includes as an appendix a complete set of case studies that are used for some of the tasks. Learner versions of the work book will not contain these case studies, tutors should print off the case studies from the appendix as and when required, ensuring that different learners receive different case studies if appropriate.

Assessment Procedure

Centres must register learners with RSPH as soon as they know how many learners will be submitting work and in advance of submitting the internally assessed and verified work. Centres should refer to the RSPH External Verification Procedure before submitting assessed learner work for external verification.

Centres will be invoiced for the learners registered and should expect to receive results and certificates for successful learners within four weeks of the EV receiving the workbook.

Workbooks that are completed electronically can be emailed to the EV (with their permission). Handwritten workbooks can be electronically scanned and emailed. Centres should note that learner work will not normally be returned.

Registration forms and the RSPH External Verification Procedure can be obtained from the Centre Area of the RSPH web-site.

Learning Outcome 1: Understand the Law on Sexual Relationships in the UK

1.1 Outline the purpose of the law and the meaning of consent

Tutor Guidance:

The purpose of this section is to understand the purpose of the law and meaning of consent. A presentation followed by a facilitated whole group discussion or break away into small groups with a feedback opportunity from each group to the whole group may support this.

Task 1

Using the information provided to you by your tutor and group discussion, outline what is meant by the following:

Definition of consent	
Age of consent	
The law on sexual activity between anyone under the age of 18 and a person in a position of trust	
The Fraser Guidelines	

Marking Guide:

The learner must clearly demonstrate an understanding of:

- **Definition of consent - for example a person willingly agrees to have sex or engage in a sexual activity – and they are free and able to make their own decision.**
- **age of consent to any sexual activity for both men and women;**
- **law on sexual activity between anyone aged under 18 and someone in a position of trust**
- **Fraser guidelines – the criteria followed by health professionals to assess maturity and competence of under 16s regarding contraception and sexual health**

Task 2

Read the case study below, then answer the questions

Case Study: Accessing Confidential Sexual Health Services/The Law.

Katy is 15 and has been thinking about Contraception for a little while now but she is worried about speaking to her doctor about this. Katy's mum knows the doctor well as he has been their family GP since Katy was a baby. Katy knows a little bit about the different methods of contraception that are available as she remembers some Sex Education that was taught last year. She has been with her boyfriend Luke for 5 months now. He's 16 and just started college and she is anxious that he might be expecting sex soon as he's slightly older. She feels ready to go to the next level but wants to avoid getting pregnant. She's not worried about STIs as Luke has never mentioned sex with anyone else.

Who can Katy talk to?

What does Katy need to do?

Could Katy be ready for a sexual relationship?

What do Katy and Luke need to talk about?

If Katy and Luke were to have sex; would this be legal or illegal? Explain your response.

Would the doctor need to tell Katy's mum if Katy attended the GP Practice on her own to discuss contraception? Give a reason for your answer.

Marking Guide:

The learner is required to show how Fraser Guidelines would be used in this situation and the law surrounding confidentiality and consent. The learner should also establish the importance of open communication between Katy and Luke considering the areas of readiness, sexual history and methods of contraception.

Task 3

Case Study: Sexting

Tom and Hannah met at a mutual friend's 16th Birthday party. Tom, who is 16 already and Hannah, who is 15 got on really well and have spoken on messenger ever since. They talk and text for hours most days. They have met up a few times but they live more than 45 minutes away from one another therefore this makes it difficult for them to see each other.

Hannah and Tom were texting last night and Hannah sent Tom a picture of her lying in bed with the caption 'Really annoying that we don't get to see other that much' Tom replies, " We can, it might just have to be like this sometimes... fancy showing me a little more?"

What type of picture do you think Tom is asking for?

Is Tom or Hannah committing an offence by requesting and sending pictures of themselves? Give a reason for your answer.

Explain whether it is okay to send and receive pictures of children and young people under the age of 18.

What could happen if Hannah was to send a picture to Tom?

Marking Guide:

The key areas that are required in this case study are:

- How sexting can escalate from texting
- Their understanding of the law surrounding sexting and the distribution of images of children under the age of 18
- The legal consequences for Hannah if she was to send an explicit picture of herself to Tom

1.2 Outline the meaning of child sexual exploitation

Tutor Guidance:

The purpose of this section is to understand the meaning of child sexual exploitation: as defined by the Department for Education. A presentation followed by a facilitated whole group discussion or break away into small groups with a feedback opportunity from each group to the whole group may support this.

Task 4

Using the information provided to you by your tutor and group discussion, outline your understanding of what child exploitation means and cite any official sources eg NSPCC, Dept of Education etc.

Meaning of child exploitation

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Marking Guide:

The learner must clearly demonstrate an understanding of child exploitation and provide references to validate the origin of their understanding

Task 5

Read the case study below, then answer the questions.

Case Study: Grooming/Sexual Exploitation

Ben and Abi had been talking online via Messenger and Instagram for a few weeks. Ben received a friend request from Abi and although Ben didn't know her, she appeared to be of a similar age. They seemed to have lots in common and had private messaged one another most nights. Ben felt that he could really talk to her as they often spoke about each other's worries. On some occasions, they shared pictures of themselves. After a time, Abi asked if they could meet up, Ben was pleased she'd finally asked and agreed to meet in the town centre one evening after School.

On the day that they were due to meet, Ben waited for Abi to arrive but started to get concerned when no one of her description appeared. Instead, a male in his early 20s approached Ben, asking if he was waiting for Abi. The male explained that Abi wasn't coming and that he wouldn't tell anyone about their conversations or share the pictures they had sent online, as long as Ben agreed to have sex with him.

Outline the process that was happening to Ben whilst talking to 'Abi' Online.

Explain the factors that indicate whether Ben is able to consent freely to this man's request for sex.

What could Ben have done in terms of his safety when meeting 'Abi'?

Who can Ben talk to about this situation?

Marking Guide:

The learner must clearly demonstrate an understanding of grooming/exploitation.

- **Outline the grooming process Ben has experienced and what led them to this conclusion**
- **Explain how Ben is being coerced into sex – explain if Ben can freely say no**
- **State what precautions Ben could have taken. This could include but is not restricted to; taking along a friend and not sharing pictures of himself**
- **The learner should identify a responsible adult such as a teacher, youth worker, parent, police officer**

1.3 Identify services that can support individuals at risk of sexual exploitation

Tutor Guidance:

The purpose of this section is to explore the services which can support individuals at risk of sexual exploitation. A presentation followed by small group work with a feedback opportunity from each group to the whole group may support this.

Task 6

Identify three services that can support individuals at risk of sexual exploitation. Give a brief description of the service

Service	Description

Marking Guide:

The learner must clearly demonstrate an understanding of:

- The services available and the type of service on offer. They can include government agencies and charitable organisations

Learning Outcome 2: Know that there is a range of sexual relationships

2.1 List THREE different sexual relationships

Tutor Guidance:

The purpose of this section is to encourage the learner to consider different sexual relationships. A presentation followed by a facilitated whole group discussion or break away into small groups with a feedback opportunity from each group to the whole group may facilitate this.

Task 7

You should discuss with others in your group different sexual relationships.

In the space provided below list and briefly explain **THREE** different sexual relationships.

Sexual relationship	Brief explanation

Marking Guide:

The learner must list three different types of sexual relationship. They could include;

- Heterosexual
- Same sex
- Consenting
- Non-consenting
- Long term
- Casual
- Polygamous
- Monogamous

Learning Outcome 3: Understand factors that may result in high risk sexual activity

3.1 Define what is meant by high risk sexual activity

Tutor Guidance:

The purpose of this section is to encourage the learner to explore the term 'high risk'. Following a presentation, either a whole group discussion or break away into small groups with a feedback opportunity from each group to the whole group may facilitate this.

Task 8

You should discuss with others in your group what is meant by 'high risk' sexual activity. In the space provided below define high risk sexual activity.

Marking Guide:

The learner must define what is meant by high risk sexual activity. The learner could include;

- **Sexual activity with multiple partners**
- **Sexual activity without the use of condoms**
- **Unprotected mouth-to-genital contact**
- **Having a high-risk partner (one who has multiple sex partners or other risk factors).**
- **Having sex with a partner who injects or has ever injected drugs**

3.2 Describe THREE social factors that could lead to high risk or unwanted sexual activity

Tutor Guidance:

The purpose of this section is to encourage the learner to explore the wider social factors that could lead to high risk or unwanted sexual activity. Either a facilitated whole group discussion or break away into small groups with a feedback opportunity from each group to the whole group may support this task.

Task 9

After discussion with other learners, choose **THREE** social factors and describe how they could lead to high risk or unwanted sexual activity.

Social norms	Media	Socio-economic Status
Education	Culture	

Social factor	How can this lead to high risk sexual activity?

Marking Guide:

The learner must describe at least three social factors that could lead to high risk or unwanted sexual activity. The learner needs to show an awareness of social factors and be able to describe how/why these could lead to high risk or unwanted sexual activity. They may include;

- **Social norms**
- **Socio-economic factors**
- **Cultural factors**

eg. **Social norms.** An individual may perceive all their peers as having sex at parties so it would be normal for them in a similar situation to also be having sex.

3.3 Outline THREE factors that are individual specific that could lead to high risk or unwanted sexual activity

Tutor Guidance:

The purpose of this section is to encourage the learner to explore the individual-specific factors that could lead to high risk or unwanted sexual activity. Either a whole group discussion or break away into small groups with a feedback opportunity from each group to the whole group may facilitate this.

Task 10

The following are individual specific factors that could lead an individual to take part in high risk or unwanted sexual activity:

Peer pressure	Alcohol/Drug use	Mental health issues	Self-esteem
Family	Personal beliefs	Role models	Employment

Select **THREE** of these factors (or other factors that are not listed above) and, in the space provided below, state how these factors could lead to high risk or unwanted sexual activity.

Factor	How this factor could lead to high risk or unwanted sexual activity.

Marking Guide:

Suitable explanations should be given eg peer pressure may lead to high risk or unwanted sexual activity because the individual feels they have no choice but to participate in the activity.

Learning Outcome 4: Understand the personal and social consequences of high- risk sexual activity

4.1 Outline THREE possible effects on health of high-risk sexual activity.

Tutor Guidance:

A possible activity for this is to split the learners into groups and ask them to brainstorm the effects that high-risk sexual activity could have on health. They then need to give a brief description of the effect on health that the high-risk sexual activity could have.

Task 11

In the table below, give **THREE** examples of the possible effects on health that high-risk sexual activity could have, followed by a brief description of the effect.

Effect	How does this affect health?

Marking Guide:

Some possible effects on health that high risk sexual activity could lead to and how these could have an effect on health could include:

- **STIs (sexually transmitted infections):** Symptoms of having an STI include: stomach pain, pain when urinating, discharge and in some cases no symptoms at all (the person would not know they were infected).
- **Unplanned pregnancy:** effect on health of being pregnant.
- **Loss of self esteem:** regret about having sex, emotional and mental health effects
- **Infertility due to STI**
- **Physical trauma:** pain, bruising, possible secondary infections.

4.2 Describe THREE sexually transmitted infections and their possible effect on health

Tutor Guidance:

The task below could again be by group work, or by individual research

FYI: AIDS (Acquired immune deficiency syndrome) is NOT an STI. HIV disease becomes AIDS when the immune system of someone who has HIV is seriously damaged.

Individual learners or groups could be given specific STIs to research.

Task 12 Match up the STIs with their symptoms

Chlamydia	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: auto;"> Unusual discharge from the penis or the vagina, needing to go to the toilet more than usual to wee. Pain when weeing. </div>
Herpes Simplex	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: auto;"> Fever, raised temperature, sore throat, body rash. </div>
Gonorrhoea	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: auto;"> Itching in the affected areas. Inflammation and irritation in the affected areas caused by scratching. Small spots of blood on your skin that are also caused by bites. </div>
Genital Warts	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: auto;"> Can be symptom free </div>
HIV	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: auto;"> Tingling or itching on or around the genital area. Appearance of small, painful blisters. </div>
Pubic Lice	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: auto;"> Painless sore, most commonly found round the genitals. Rash on the body, Flu-like symptoms. </div>
Syphilis	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: auto;"> Can take over a year to develop after infection with the virus. Are not always visible. Can only be tested for if they are visible. If visible they present as a cauliflower-looking spot. </div>

Marking Guide:

Some sexually transmitted infections and their possible effects on health could include:

Chlamydia:

Unusual discharge, pain when passing urine, unusual bleeding (for women), stomach pain, bleeding during or after sex, white/cloudy and watery discharge from penis, pain when passing urine.

Gonorrhoea:

Unusual discharge from the penis or the vagina, needing to go to the toilet more than usual to wee, pain when weeing.

Herpes Simplex (genital)

Tingling or itching on or around the genital area, appearance of small, painful blisters.

Genital Warts:

Can take a long time (over a year) to develop after infection with the wart virus. Are not always visible. Can only be tested for if they are visible (the virus can be in the body without the person knowing if they are not visible on the body). If visible they present as a cauliflower looking spot.

Syphilis:

Painless sore, most commonly found round the genitals, rash on the body, flu-like symptoms.

HIV (Human Immunodeficiency Virus):

Fever, raised temperature, sore throat, body rash.

Pubic Lice:

Itching in the affected areas, inflammation and irritation in the affected areas caused by scratching, small spots of blood on your skin that are also caused by lice bites.

4.3 Identify THREE possible effects on the individual due to an unwanted pregnancy

Tutor Guidance:

This could again be by group discussion and feedback. Learners need to think about the consequences of an unwanted pregnancy. They then need to give three effects that this may have on the individual, and a brief description of the possible effect.

Task 13

What are the possible effects of an unwanted pregnancy? Identify **THREE** possible effects and provide a brief account for each.

Effect	Description

Learning Outcome 5: Know how to provide help and support to the individual with regards to their sexual health

5.1 List THREE organisations which provide services for individuals relating to sexual health and outline the services provided.

Task 14

List **THREE** agencies or organisations which provide services relating to sexual health and give a brief description of the services/help provided.

	Name of service	Description of service / help provided
1		
2		
3		

Marking Guide:

The learner needs to give three agencies/organisations that provide services that could help with sexual health, with a description of the services that these organisations/agencies provide.

They could include:

- **NHS: Sexual health treatment/contraception as well as advice and information**
- **Doctors: Treatment/contraception, advice and information**
- **Brook: Young people's sexual health services: treatment/contraception, advice and counselling**
- **School nurse: Sexual health advice as well as treatment and contraception**
- **Marie Stopes: Sexual health services/clinic advice and information**
- **Youth worker: Advice and information**
- **Health Trainer: Advice and information, 1-1 support**
- **Health champion: Information and signposting into services**

5.2 Describe THREE ways an individual could be supported to improve their sexual health

Tutor notes:

The activity for task 15 (and task 16) could be preceded by a whole group discussion, possibly utilising one of the case studies provided. The case studies that support this task and task 16 can be found in Appendix 1. Two case studies should be provided to individual learners who will then use them to complete tasks 15 and 16.

Task 15

You are provided with two case studies. How can the individuals in your case studies be supported in improving their sexual health? You can use one or both of your case studies to describe **THREE** ways in which the sexual health of people can be supported. Please use the boxes below for your answers.

1
2
3

Marking Guide:

Answers could include:

- **Supportive friends and family**
- **Delaying sexual activity**
- **Using contraception consistently**
- **Feeling supported by their sexual partner/s**
- **Having regular sexual health check ups**
- **Accessing sexual health information through leaflets, the web or through agencies and organisations**
- **Health trainer: support with 1:1 sessions**
- **GP to seek treatment, advice or information**
- **NHS services to seek treatments, preventions or advice and information**
- **Not being stigmatised. Stigma can be a barrier for people using services**
- **Services being non-judgemental**
- **Services being open at hours to suit different people (out of work hours and school hours)**

5.3 Identify THREE barriers to changing behaviour with regards to sexual health and how these can be overcome

Task 16

Using the case studies that you have been provided with and the table below, identify **THREE** barriers to changing an individual's behaviour regarding their sexual health. For each barrier that you have identified, state how the barrier could be overcome.

Peer pressure	Family	Disability
Low self-efficacy	Embarrassment	Culture

Barrier	How to overcome barrier
1.	
2.	
3.	

Marking Guide:

The learner must list three barriers to changing behaviour with regards to sexual health and give a description of how these can be overcome. They could include:

Low self-efficacy: People need to feel that they can change behavior in order to change. For example, people who felt that this would not be possible because of certain barriers would have a low efficacy. People need to feel that they will be able to (for example) use a condom every time they have sexual intercourse (this would need high efficacy).

Social Support: Good social support such as supportive family, friends, partner will help towards positive behaviour change. Unsupportive family, friends can be a barrier.

Peer pressure: Being pressured by friends or community to act in a certain way. Could be overcome by educating family, friends and community on the benefits of changing behaviour.

Fear of the unknown / our own personal beliefs: Not knowing what to expect from the behaviour change can be daunting. People will have their own beliefs about what the outcome of behaviour change will look like (this could be a negative outlook). This can be overcome by seeking professional advice and support and reliable information through leaflets and the internet on the changes expected.

Age: Being young can mean taking more risks in life, alternatively being older can mean not taking the risk to change. This can be overcome by education on what to expect and the belief that you can change.

Having a disability: Society could judge people with disabilities. For e.g. someone with a learning difficulty could be deemed as not being a sexual being and could therefore miss out on sexual relationships. This can be overcome by educating society on equality.

Embarrassment: Talking to someone about sexual health may seem embarrassing and fearful for some people. To overcome this self confidence needs to be increased and a more acceptable approach to talking about sexual health by society can be achieved through education in schools, through parents, teachers, youth workers and other supportive organisations that work with people.

Appendix 1: Case Studies for Task 15 and Task 16

Peter aged 20
<p>Peter is in his first year at university, and has made lots of friends and loves the social side of things that it has to offer. He recently made a couple of new friends who are older than him, and who like nothing more than going out most nights to the student bar. The last night they were out, Peter took someone back to his place. They were both pretty drunk and ended up having sex. Peter didn't use a condom. His mates have told him that it doesn't matter because they don't use condoms and they never get any sexually transmitted infections.</p>
Sheema aged 15
<p>Sheema is a 15-year-old Muslim girl and is in the last year of school. In the canteen at lunchtime she overheard a group of pupils talking about different methods of contraception. Sheema missed out on sex education at school as her parents felt this is something that she doesn't need to know about until she has finished her studies. Sheema wants to learn more about contraception, as well as other things such as sexual relationships but is afraid to ask her parents, and thinks her friends will laugh at her as they probably know it all anyway.</p>
Tony 17
<p>Tony is 17 and has recently become sexually active. He hasn't got a long term partner, however he has a few sexual partners and uses condoms inconsistently. When Tony has sex with someone and doesn't use a condom he gets really anxious, then ends up spending the morning at the sexual health clinic. The nurse always tells him to use condoms but Tony says they are too expensive to buy and coming to the clinic to get them is really inconvenient for him, so he only uses them if he has them to hand.</p>
Barbara 44
<p>Barbara is a single woman who has recently started dating a man she met through a friend. Barbara is feeling she would like to take things further sexually. Barbara's friend has advised her to get a sexual health check before having sex with a new partner. Barbara has never been to a sexual health clinic before and thinks that they are only for people who have something wrong with them, and is also quite anxious that someone in her community will see her and think she has an STI!</p>
Simon 48
<p>Simon works in the city as a very successful business man and likes to work hard and play harder. He often works long days, and at the weekend goes out socialising with his mates. Recently Simon has been getting a lot of pain when he pees, which has been getting more and more painful. He has done a bit of research on the internet and can't believe that it may be an STI! Simon is in denial about this as the only person he has slept with without using a condom was a while ago and she didn't look like she had an STI.</p>
Ivy 21
<p>Ivy is in her last year of university. She is really excited to be finishing her course as she is going to go travelling. The last time Ivy had sex with her boyfriend the condom broke. Ivy was really worried about this as the last thing she wants, is to get pregnant. Her boyfriend has advised her that it is ok because he has read on a website that as long as you use a condom you can't get pregnant.</p>

Chloe 43

Chloe is 43 and has been with her partner for 1 year. They have recently decided to stop using condoms in their relationship as it is monogamous. Chloe realises that she will have to use another form of contraception to prevent her from getting pregnant. Chloe has heard from her friends that long acting reversible contraception such as the implant or coil can make you moody and make you put on weight. Chloe is really worried that this could be true as she doesn't want to put on weight or have mood swings, so she delays going to see the nurse.

Darren 37

Darren is a gay man who is in an open relationship with his partner Rob. They have been together for 3 years. Darren often goes onto gay men's dating websites and meets with men for sex. Recently he has been going to parties and having sex with lots of different men. Although Darren has agreed with his partner that he will always use condoms, sometimes he doesn't remember the next day if he has used them or not, because at the parties there are a lot of drugs and alcohol on offer, which Darren often decides to use. Rob has recently demanded that Darren goes for a full sexual health check up as he doesn't believe that Darren uses condoms all of the time. Rob also thinks he has got symptoms of an STI and is blaming Darren for giving it to him.