



SEX AND RELATIONSHIP EDUCATION POLICY

1. INTRODUCTION

Sex and Relationship Education (SRE) should contribute to promoting the spiritual, moral, cultural, emotional and physical development of students and prepare them for the opportunities, responsibilities and experiences of adult life.

It develops an understanding of the importance of stable and loving relationships, family, respect, love and care. It is important, however, to recognise that students experience a range of family structures and care needs to be taken to ensure that there is no stigmatisation of students based on their home circumstances. It is also about the teaching of sex, sexuality and sexual health, in a safe and nurturing environment.

2. AIMS

- 2.1 To encourage a climate in which informed and sensitive discussion of personal relationships can take place.
- 2.2 To provide accurate and appropriate information on sexual matters at each stage in a student's development and to assist students in understanding the physical, sexual and emotional aspects of their own lives and the lives of others.

3. GUIDELINES

- 3.1 In accordance with Sex and Relationship Education Guidance (July 2000) the curriculum seeks to prepare students for an adult life in which they can:
 - develop positive values and a moral framework that will guide their decisions, judgements and behaviour;
 - be aware of their sexuality and understand human sexuality;
 - understand the arguments for delaying sexual activity;
 - understand the reasons for having protected sex;
 - understand the consequences of their actions and behave responsibly within sexual and pastoral relationships;
 - have the confidence and self-esteem to value themselves and others and respect for individual conscience and the skills to judge what kind of relationships they want;
 - communicate effectively;
 - have sufficient information and skills to protect themselves and, where they have one, their partner from unintended / unwanted pregnancy, and sexually transmitted infections including HIV;

- avoid being exploited or exploiting others;
 - avoid being pressured into unwanted or unprotected sex;
 - access confidential sexual health advice, support and if necessary treatment;
 - know how the law applies to sexual relationships.
- 3.2 PSHCE and Science schemes of work will reflect the details of the delivery of SRE.
- 3.3 Parents / carers will be informed about the timing of the SRE programme through curriculum information.
- 3.4 Under section 405 of the Education Act (1996) parents / carers have the right to withdraw students from any non-compulsory aspects of SRE. It is recommended that parents / carers discuss any concerns or issues they may have regarding SRE with the school before making any final decision.
- 3.5 Staff cannot offer, or guarantee, students unconditional confidentiality (see appendix 1 – Confidentiality Statement) If a student aged 13-15 discloses that she is having or contemplating having sex without coercion, the school makes every effort to persuade her to agree to her parents / carers being informed but, if she does not agree, the student's decision is accepted in line with Fraser guidelines. This would not apply where a student is involved in sexual activity on the school's premises or during a school visit, which would be a disciplinary matter. The Child Protection Policy should be followed if sexual abuse is suspected.
- 3.6 If a student under 13 discloses that she is having, or contemplating having, sex without coercion, the parents / carers will be informed, together with the police and / or social services, if appropriate.
- 3.7 Staff can provide students with information about different types of contraception, safe sex and how they can access local sources of further advice and treatment. Staff must not direct any individual to any particular course of action and must not give individual advice or recommendations on contraception.
- 3.8 Outside agencies will be used to support the delivery of SRE as appropriate. Health professionals are bound by their professional codes of conduct in one-to-one situations with individual students, but in a classroom situation, fulfilling the role of teacher, they will follow the school's confidentiality policy.
- 3.9 This policy should be read in conjunction with the PSHCE Policy and the Child Protection Policy. It can be found on the school website.

APPENDICES

1. Confidentiality Statement
2. Statutory guidance for schools

Reviewed: May 2015

To be reviewed: Summer 2018 unless legal requirements change.

CONFIDENTIALITY STATEMENT

1. AIMS

- 2.1 To ensure that all members of the school community understand their respective roles in relation to confidentiality.

2. GUIDELINES

2.1 Students

The School will ensure that students:

- 2.1.1 know that teachers cannot offer unconditional confidentiality;
- 2.1.2 know that if confidentiality has to be broken, they will be informed first and then supported as appropriate;
- 2.1.3 are reassured that their best interests will be maintained;
- 2.1.4 are encouraged to talk to their parents or carers and are provided with support to do so;
- 2.1.5 are informed of alternative sources of confidential help, for example, the school nurse, counsellor, GP or local young person's advice centre;
- 2.1.6 are given the opportunity to negotiate a Group Agreement for lessons where sensitive issues may arise. This Agreement should be behaviour focused and implementation should be consistent and rigorous. The ground rules should be agreed at the outset.

2.2 Parents / carers

The school will ensure that parents / carers:

- 2.2.1 understand the school's policy in relation to confidentiality;
- 2.2.2 are encouraged to talk to their children and opportunities to support them in this are built into school planning.

2.3 Staff

The school will ensure that staff understand:

- 2.1 the school's policy in relation to confidentiality;
- 2.2 that they cannot offer unconditional confidentiality to students;
- 2.3 the boundaries agreed by the school in relation to sensitive issues;
- 2.4 the agreed procedure for recording and reporting disclosures and the nature of access to this information.

2.4 Headteachers and School Governors

Headteachers and School Governors should monitor:

- 2.4.1 disclosures to staff within the agreed boundaries in the school. (If disclosures are frequent this may point to deficiencies in young people's awareness of, or confidence in, sources of confidential medical advice. This should be addressed in the school's PSHCE programme).
- 2.4.2 for consistency in implementation of the policy, ensuring boundaries are not being overstepped and that new staff receive information about this policy during their induction.

2.5 Specialist Agency Involvement

- 2.5.1 Outside agencies working with the school will work within the agreed framework for Agency Involvement.
- 2.5.2 Outside the teaching situation, health professionals (such as School Nurses) can give one-to-one advice or information to a student on a health-related matter and exercise their own professional judgement as to whether young people have the maturity to consent to medical treatment. (The criteria for making such a decision can be found in the Fraser guidelines). Any competent young person, regardless of age, can independently seek medical advice and give valid consent to treatment.

2.6. Boundaries

The following has been agreed by school staff:

- 2.6.1 If there is any possibility of abuse, school's child protection procedure should be followed.
- 2.6.2 If a student discloses information at an inappropriate time or place, the teacher should make every attempt to talk to the student again before the end of the school day.
- 2.6.3 If the teacher is unclear about the seriousness of the disclosure, it is important to try to clarify the issue with a trusted colleague, without giving the name of the student, before deciding to share the information

STATUTORY GUIDANCE FOR SCHOOLS

1. ACCESS TO CONTRACEPTION – THE FRASER GUIDELINES

These guidelines, derived from a court case judgement, state that sexual health treatment can be provided to under-16 year olds without the knowledge of their parent/s, as long as:

1. The young person understands the advice and has sufficient maturity to understand its moral, social and emotional implications.
2. The person providing the sexual health advice and/or condoms cannot persuade the young person to inform their parents, or allow the volunteer/staff member to inform their parents that they are seeking contraceptive advice.
3. The young person is very likely to begin or continue having sexual intercourse with or without contraceptive support and would be at risk of pregnancy or sexual infections.
4. Unless the young person receives condoms or contraceptive advice their physical or mental health will suffer.
5. The young person's best interest require the worker or volunteer to give information about where to get contraceptive or sexual health advice or condoms or all options with or without parental consent.

Treatment includes:

- Discussing sex, sexual health and relationships
- Providing forms of contraception and contraceptive advice
- Providing abortion services

2. AGE OF CONSENT

The age of consent for sexual intercourse in heterosexual and same sex relationships is 16 years of age.

Sex and Relationship Education (PSHCE) in Key Stage 3 and Key Stage 4 (subject to review October 2015)

In accordance with Sex and Relationship Education Guidance (July 2000) the curriculum seeks to prepare students for an adult life in which they can:		Yr 7	Yr 8	Yr 9	Yr 10	Yr 11
1	develop positive values and a moral framework that will guide their decisions, judgements and behaviour.	✓	✓	✓	✓	✓
2	be aware of their sexuality and understand human sexuality.			✓	✓	✓
3	understand the arguments for delaying sexual activity.			✓	✓	✓
4	understand the reasons for having protected sex.			✓	✓	✓
5	understand the consequences of their actions and behave responsibly within sexual and pastoral relationships.	✓	✓	✓	✓	✓
6	have the confidence and self-esteem to value themselves and others and respect for individual conscience and the skills to judge what kind of relationships they want.	✓	✓	✓	✓	✓
7	communicate effectively.	✓	✓	✓	✓	✓
8	have sufficient information and skills to protect themselves and, where they have one, their partner from unintended / unwanted pregnancy, and sexually transmitted infections including HIV.			✓	✓	✓
9	avoid being exploited or exploiting others.			✓	✓	✓
10	avoid being pressured into unwanted or unprotected sex.		✓	✓	✓	✓
11	access confidential sexual health advice, support and if necessary treatment.	✓	✓	✓	✓	✓
12	know how the law applies to sexual relationships.			✓	✓	✓

