



Sex Relationship Education Policy

Reviewed by:

Name:

Signature:

Date:

This policy covers all matters relating to Sex and Relationship Education at the UTC. It is based on national and local guidance and contains the following sections:

- **Context of the policy**
- **Aims and objectives of Sex and Relationship Education**
- **The Sex and Relationship Education curriculum**
- **The organisation of Sex and Relationship Education**
- **Delivering the Sex and Relationship Education curriculum**
- **Confidentiality and child protection**
- **Contraceptive and Sexual Health Services (CASH)**
- **Liaison with parents and carers**
- **Health and Safety**
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1. Context

Sex and relationship education (SRE) is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes. SRE should empower young people, build self-esteem, offer a positive and open view of sex and sexuality, and support sexual self- and mutual- acceptance and respect.

SRE is firmly rooted in the UTC's Personal, Social and Health Education (PSHE) and Citizenship Framework, and is also delivered as part of other curriculum areas such as Science and our learning for life (L4L) programme. It is one theme that is being developed in PSHE and Science as part of the Healthy Schools programme. This policy links with other school policies such as the anti-bullying policy and the equal opportunities policy.

2. Aims and objectives of Sex and Relationship Education

SRE supports and promotes students' "spiritual, moral, social, cultural, mental and physical development, and prepares them for the opportunities, responsibilities and experiences of adult life." (Section 351, Education Reform Act, 1996).

At the UTC, SRE is underpinned by the ethos and values of our school, and we uphold it as an entitlement for all our students. We recognise the need to work as a whole school community to ensure a shared understanding of SRE and the values underpinning it, and to deliver an effective programme that meets the needs of our students.

We are primarily concerned with:

- Encouraging the development of a range of appropriate personal and social skills in relation to SRE;
- Enabling young people to understand the nature of feelings and emotions and how they link to their physical and emotional identities;
- Encouraging students to develop qualities of empathy and the ability to respond emotionally to a range of relationships, identities and social situations;
- Fostering a range of personal and social skills such as communication, assertion and the development of self-esteem, which will enhance the young person's ability to lead a sexually healthy lifestyle;
- Facilitating the provision of factual information and an understanding of how this relates to the young person's life choices.

We aim to develop in our students an understanding of the biological, emotional, social, legal and moral aspects of sex and sexuality. We teach SRE within the wider context of building self-esteem, emotional well being, relationships and healthy lives. The SRE curriculum is concerned with:

- discussing of attitudes and values;
- developing a range of personal and social skills;
- providing factual information;
- developing understanding of factual information.

The objectives for SRE should match the age and maturity of the students involved. For KS4 our learning outcomes include:

Attitudes and values:

- to learn the value of respect, love and care;
- to learn to value and respect ourselves and others;
- to develop an understanding and valuing of diversity regarding for example; religion, family life, culture, gender identify and sexual orientation;

- to develop positive values and a moral framework that will guide decisions, judgements and behaviour;
- to promote a positive attitude to healthy lifestyles and keeping the young person safe, socially and sexually;
- to be aware of and comfortable with their sexuality.

Personal and social skills:

- to learn how to identify and manage emotions confidently and sensitively;
- to develop self-respect and empathy for others;
- to develop communication skills with peers, school, family and health professionals;
- to develop critical thinking, decision-making, negotiation and assertiveness skills;
- to develop an understanding of difference and an absence of prejudice;
- to develop an appreciation of the consequences of choices made;
- to develop the ability to understand the impact of external factors, such as the media, Internet, peer groups and to remain independent decision-makers;
- to learn how to assess risk and to develop strategies for keeping safe;
- to develop the ability to give and secure help;
- to behave responsibly within sexual and personal relationships;
- to learn how to recognise and avoid exploitation and abuse of self and others.

Knowledge and understanding:

- to learn about and understand the biological facts related to human growth such as puberty, reproduction, conception, pregnancy and birth;
- to understand human sexuality, reproduction, genetics, sexual health, emotions and relationships;
- to understand how the law applies to sexual relationships;
- to learn about contraception, condoms, emergency contraception and abortion;
- to learn about the routes of transmission, symptoms and treatment for sexually transmitted infections and HIV/AIDs;
- to be aware of the reasons for and benefits of abstaining from or delaying sexual activity;
- to learn about the responsibilities of parenthood;

- to understand the possible impact of risk-taking behaviour such as drinking or drug taking on sexual health;
- to learn about school-based, local and national sources of confidential information, advice and treatment.

3. The Sex and Relationship Education curriculum

SRE is firmly rooted in our school's Personal, Social and Health Education (PSHE) and Citizenship curriculum framework, and is delivered primarily through our Learning for Life (L4L) programme we are committed to developing students' social and emotional skills which is seen as a core aspect of SRE and therefore Social and Emotional Aspects of learning (SEAL) is delivered as part of the Learning for Life (L4L) programme and reinforced in other curriculum areas.

What and where?

The following is a brief summary of when each subject area is delivered:

Year Group	Curriculum areas
10	<p>L4L: Sexual relationships, including a focus on the physical, emotional and social processes of sex and reproduction, mental health, local agencies, parenting, contraception. Sexuality and social identity. Sex and alcohol.</p> <p>Science: secondary sexual characteristics, the role of various organs in sex and reproduction</p>
11	<p>L4L: Abortion, sexuality, risk taking behaviour and safer sex and related issues</p>

4. The organisation of Sex and Relationship Education

Co-ordination

SRE is co-ordinated by the lead teacher for L4L, who is responsible for the overall planning, implementation and review of the programme. The lead teacher for L4L

monitors the planning and delivery of content, provides appropriate resources, and offers guidance and support in the delivery and assessment of SRE.

The lead teacher for L4L ensures that up-to-date materials and guidance are incorporated into SRE; leads, organises, and informs staff and the wider school community of current and emerging issues, and co-ordinates staff training where needed.

Staffing

The system for the delivery of L4L is involves the form tutor as part of their responsibility for their tutees wellbeing. Each form tutor is will support the delivery of SRE through our L4L programme that will engage specialist providers, or local expertise to ensure the quality of the provision and effective engagement from students.

One double lesson (1 hour 40 minutes) per two week is allocated to our L4L programme at KS4 & KS5. These lessons will develop a range of PSHE, SRE, SMCS together with elements of environmental and business education, including IAG.

Role of Governors

The governors have been consulted on this policy and have ratified it. The Education sub-committee of the full governing body will monitor and review the implementation of this policy.

Training and Development Needs

We will provide appropriate training for all staff and governors whenever necessary. This training should provide the opportunities for staff to clarify their own attitudes and assumptions about SRE, discuss appropriate teaching and learning methods for the delivery of SRE, and to update their knowledge and understanding of key issues.

External Visitors to provide Specialist Support

We will make the involvement specialist support groups and links with the community a key element in the delivery. This will include health professionals, and Theatre in Education groups may be involved at different stages of the programme. Group tutors will remain involved at every stage to ensure the cohesiveness of this approach.

Whenever visitors are involved, teachers will ensure that they have discussed and shared the planning, form and content of the input they intend to provide. Visitors will only provide input alongside teaching staff; the teacher will always be present and be responsible for classroom management. When visitors are used to support the delivery of SRE the planning tools from 'Effective use of visitors contributing to the PSHE and citizenship curriculum; Good practice guidelines for schools and visitors' will be used.

Visitors delivering SRE in a classroom setting need to follow the guidelines on confidentiality (as set out below) and work within the school's value framework and SRE programme. Where appropriate, students will be given the opportunity to ask questions and seek information confidentially.

Curriculum delivery

Curriculum planning for SRE is part of the whole school planning process for PSHE and Citizenship and is informed by any statutory.

PSHE is delivered in a range of forums, primarily through the form bi-weekly L4L programme. This will include outside speakers, dissemination of information in assemblies and small discussion groups.

Appropriate arrangements will be made for students who are withdrawn from SRE to continue their learning.

5. Delivering the Sex and Relationship Education curriculum

Teaching and learning methodology

Teachers and staff use a range of strategies to deliver SRE, focusing on active and experiential learning techniques. This will enable student participation and involvement in their learning and develop students' confidence in talking, listening and thinking about sex and relationships.

These techniques include:

- Establishing ground rules with students - as in all aspects of PSHE a set of ground rules helps create a safe environment.
- Using 'distancing' techniques.
- Using 'Philosophy for children' to provide students with the space to explore ideas relating to SRE, and to develop their ability to think critically, collaboratively, creatively, and in a caring way;
- Role play and other drama techniques
- Knowing how to deal with unexpected questions or comments from students.
- Encouraging reflection.

Resources

All resources are selected to ensure that they are consistent with the schools ethos and values and support the SRE aims and objectives. Care is taken to ensure resources comply with the school's equal opportunities policy.

Differentiation and Entitlement for All

At the UTC, we are committed to working towards equality of opportunity in all aspects of school life as described in our Equal Opportunities Policy and Race Equality Policy. We will make sure that our SRE programme is inclusive and we will consider the needs of specific groups, such as looked-after children, in the planning and delivery of our programme. The SRE programme is inclusive of all sexual orientations and will also seek to prevent homophobia, bi-phobia and transphobia.

Special Educational Needs and learning difficulties

Our students have different abilities based on their emotional and physical development, life experiences, literacy levels and learning difficulties, but we aim to ensure that all students are properly included in SRE, for example using differentiated materials (see Appendix C).

Some students with SEN may be more vulnerable to abuse and exploitation than their peers, and others maybe confused about what is acceptable public behaviour. These students in particular will be supported in developing skills to reduce the risks of being exploited, and to learn what sorts of behaviour are, and are not, acceptable.

Teachers may have to be more explicit and plan work in different ways in order to meet the individual needs of students with SEN or learning difficulties. Teachers will focus on activities that increase a student's assertiveness, communication and relationship skills, their self-esteem and understanding. Active learning methods and drama techniques will be used to do this.

Mixed and single gender groups

Generally SRE will be taught in mixed groups so that boys and girls are encouraged to work with each other. It is important that both boys and girls know about the experience of puberty for the opposite gender. However, the potential imbalance in the male/female cohort means that we will consider the need for single sex discussion groups at times.

Boys in the past may have felt left out of SRE if it had a narrow reproductive focus, the objectives of our SRE programme should encourage them to be included, able to participate and begin to explore issues around male identity.

Religion and Ethnicity

In our school, we seek to recognise the diverse beliefs of our religious and minority ethnic communities and aim to value and celebrate cultural diversity. In line with our Race Equality Policy, we will explore assumptions about different cultural beliefs and values and encourage activities, which challenge stereotypes. We will use a range of teaching materials and resources that reflect our cultural diversity and encourage a sense of inclusiveness.

We accept that students and adults in our school may hold very different religious and cultural beliefs about SRE. We will encourage consultation and discussion with

students, parents and community leaders to ensure that we consider cultural, religious and linguistic needs in the development and review of our SRE policy and programme.

Whilst we will always try to work with parents to accommodate their wishes, we will also accept that parents can exercise their right to withdraw their children from SRE outside Science.

Consultation with Students

A key aspect in employing effective teaching and learning strategies is the involvement of our students in their learning. We will consult with them during lesson time and at school council meetings on issues they would like to cover and we provide opportunities for them to evaluate lessons, resources and teaching methods. We will attempt to use information from the 'Health Related Behaviour Survey' to support curriculum planning.

Recording and Assessment

PSHE is based on students' ability to express their opinions orally, rather than through written work. Questioning techniques, verbal feedback on a whole group and individual basis will underpin assessment in line with our ARR (AfL) Policy. Any student comments that raise concerns should be reported to the DSP in line with the child protection policy.

No summative assessment of PSHE is undertaken, but form tutors may discuss how students have engaged and responded to this programme in planned or ad hoc discussions with parents.

As part of the development of PSHE, each unit must allow the student to reflect on their emotional and social understanding of the issues involved.

Monitoring and Evaluation of the SRE Curriculum

Teachers and students will evaluate the lessons to aid future planning. Monitoring takes place through liaison between the lead teacher for L4L and class teachers. In addition students are involved in evaluating the programme – through the student council and an end of term questionnaire.

Liaison with partner schools

In order to promote *'lifelong learning about physical, moral and emotional development'*, it is important that we consider the SRE that students have done in their primary schools. We will work with our Primary Liaison team to develop important work in this area.

Specific Issues

We recognise that some aspects of SRE for teachers, students, parents and the wider school community may be considered sensitive or challenging. What constitutes a

sensitive/challenging issue is likely to vary according to the individual, group, place or context.

We respect the varied beliefs and values held by our school community. However, personal beliefs and attitudes will not influence the teaching of SRE. Teachers and all those contributing to SRE are expected to work within our agreed values framework as described in this policy and supported by current legislation and guidelines.

Teachers will be offered support and training to deliver the programme sensitively and effectively. This may involve support from the Lead Teacher for PSHE, the senior leadership team, outside agencies, and the school nurse.

Students may ask questions or seek information about specific issues. It is school policy to address these questions and provide information in a straightforward age and maturity appropriate way. The school nurse may be used to support this process. In this way, students will be offered reassurance and will have misinformation corrected.

See appendix A for the UTCs approach to specific issues (based on Sex and Relationship Education: Guidance for Schools 2003) and see appendix B for ideas on how to deal with difficult questions.

6. Confidentiality and child protection

The UTC is committed to acting in the best interest of all individuals within the school community. SRE should take place within a safe and supportive environment that facilitates relevant discussion. As part of discussions, all students will be informed of the limits to teacher confidentiality and will be told that teachers cannot keep confidentiality when the teacher is concerned about their welfare or safety or that of another child. Students will also be discouraged from making personal disclosures during PSHE lessons. As an integral part of PSHE students will be made aware of confidential sources of information. These confidential sources of help could include helplines such as Childline, the school nurse, the school counsellor or a local young person's advice service or local sexual health service. In this way students will be empowered to access support services, including sexual health advice and treatment if they require it.

As part of SRE at the UTC, students are encouraged to talk to a trusted adult, possibly a parent or carer, if they are having sex or contemplating doing so. Students will also be reminded that the age of consent for heterosexuals and same sex relationships is 16.

There may be cases where a member of staff learns that an under 16 year old is having or contemplating having sex. In this instance the student should be referred to the DSP who will then to speak to their parent or carer. Decisions to follow child protection procedures will be made depending on the age or maturity of the student, if it is not clear whether the young person consented to any sexual activity or if there is a large age gap between the young person and their partner.

If it is decided that it is not a child protection issue, then the best interests of the young person will be carefully considered. Attempts should be made to persuade the young person to talk to their parents, carer or older family member. The duty of care means that parents/carers should be informed at an early stage.

DFE Guidance states that schools ought also to ensure that the young person 'has been adequately counselled and informed about contraception, including precise information about where young people can access contraception and advice services'.

Referrals can also be made to health professionals, such as school nurses are bound by their professional codes of conduct in a one-to-one situation with individual students, but it is important that this code of conduct has been discussed with the Principal to avoid any potential conflict with other Safeguarding principles and agree what the health professional can offer pupils or students. Parents are informed of this different type of confidentiality.

Teachers and support staff are aware that teaching SRE can lead to student disclosures of abuse. All staff and visitors involved in the delivery of SRE are also clear that they cannot offer or give unconditional confidentiality to children in the school. Staff are also aware of school child protection procedures, local guidance and the DCSF's Child Protection circular 10/95 – "Protecting Children from Abuse: The Role of the Education Service". Staff will reassure students that, if confidentiality has to be broken, they will be informed first and supported.

Personal information about a student is only shared on a need to know basis and in the best interests of the child. Information about a student such as a pregnancy or their HIV status will not become a matter for general discussion among staff, but will always be shared with the appropriate line manager.

7. Contraceptive and Sexual Health Services (CASH) and guidance for students outside of the sex and relationship curriculum

As an integral part of the PSHE curriculum, students will be made aware of confidential sources of information. These confidential sources of help will include helplines, websites, local young person's advice centres and local sexual health services. In this way students will be empowered to access support services, including sexual health advice and treatment if they require it. Many of these support services are also listed in posters distributed throughout the school.

The school recognises the challenges of growing up and making positive and healthy decisions about relationships and wants to provide as much support as possible to all students, whatever their sexual orientation. There will be advice to students during and after the school day, including access to condoms, pregnancy testing, Chlamydia screening and emergency contraception from the Deputy DSP.

Research shows that this type of provision does not encourage sexual activity; when engaging with students, adults will remind them that 16 is the legal age of consent

for all and encourage students to think carefully about when they might want to engage in sexual activity (the delay approach). The purpose of the CASH is to provide further support, to meet the needs of students and contribute to a reduction in teenage pregnancy and STI rates.

School nurse

The UTC does not have an on-site school nurse but KS4 students will have weekly access to a school nurse at BACA when they take part in weekly PE lessons. If such support is needed more urgently, students will be able to phone the school nurse at BACA to discuss a health-related matter. The school nurse is able to provide condoms through the C-Card scheme, do pregnancy testing, Chlamydia screening and prescribe emergency contraception. The school nurse works under a professional code of conduct and will share information in the best interests of the young person. Information will be shared with parents/carers or the school with permission from the young person.

Parents/carers receive a letter in the enrolment pack informing them that the school nurse may ask to see their child and to notify the school if they do not wish their child to be seen. However, students can themselves visit the school nurse for health related matters.

Small Group Work

Some Year 10 students may be invited to join a boys or girls small group delivered by specialist staff at BACA. This small group work enriches the SRE curriculum for students who have missed lessons due to poor attendance or who need to revisit key areas of understanding. The focus is on building self-esteem, developing knowledge, assertiveness skills and exploring readiness for sex. Students often visit a sexual health clinic as part of this small group work. Parents and carers will be asked to give permission for their son or daughter to participate in these groups. Students will be encouraged not to disclose personal information during the group and the group work will be covered by this policy and the Child protection / Safeguarding Policy.

8. Liaison with Parents and Carers

Our school would like to share responsibility with parents and carers in the delivery of sex and relationship education. We are confident that good communication and sharing our philosophy, aims and purpose of SRE will enable parents/carers to support our SRE programme.

Parents and carers have the right to withdraw their children from all or part of the sex and relationship education provided at school except for those parts included in the statutory Science. Parents and carers who wish to exercise this right should talk with the student's form tutor. The issue of withdrawal will be handled, as sensitively as possible and alternative arrangements will be made for any child withdrawn from this aspect of the curriculum.

9. Health and Safety

Please refer to health and safety policy. It is important to remember that there are HIV infected and affected children and young people attending the UTC need to recognise that there is no legal obligation for this school to be told of the HIV status of any of our students, staff or parents. Consequently, we need to have good health and safety procedures securely in place.

10. Implementation of Policy

This policy, including the supporting guidance will be implemented and delivered by all staff. A summary of this policy precedes it.

11. Policy development process, monitoring and review

This policy followed a consultation process with the Brighton and Hove Healthy Schools Team, staff, governors, students and parents of the school. These groups were involved at different stages and in different ways in this policy development.

The review and monitoring of this policy will be the responsibility of the PSHE Co-ordinator and will include:

- Review of planning and guidance;
- Liaison with class teachers;
- Classroom, and session observation in line with other curriculum areas;
- Carrying-out a regular audit of provision in order to ensure we are meeting the needs of all our students and delivering an effective programme;
- Release time for the lead teacher to enable him / her to carry out the above.

Governors in liaison with the lead teacher for L4L will have the opportunity to observe SRE sessions. The PSHE Co-ordinator is available to discuss the SRE programme with them informally.

Appendix A: Specific Issues

Abortion

The purpose of sex and relationship education is in preparing students 'for the responsibilities and challenges of adult life' and abortion is one part of society. For example, 38% of teenage pregnancies ended in abortion in 1988. It is important, therefore, that as one aspect of a secondary sex and relationship education programme young people are aware of the choices that would be available in the event of an unplanned pregnancy, with abortion discussed as one of these choices. It is suggested that work around attitudes and dilemmas could be developed in Key Stage 4. The programme should:

- provide factual information about abortion and the law as it relates to abortion;

- provide information about what someone should do if they suspected they were pregnant;
- develop an understanding of abortion and the reasons why someone would chose to have an abortion;
- provide an opportunity for young people to explore the choices around unplanned pregnancy in a safe, non-judgmental environment e.g. adoption, abortion or bringing-up the child;
- develop communication skills to discuss sexual health issues, such as abortion with parents, carers and health professionals;
- explore the differing religious, cultural and moral attitudes towards abortion.

It is important that SRE policies and programmes recognise and respect that there are strongly held beliefs about abortion. Some of these beliefs are probably discussed in Religious Education (RE) and liaison with the RE department on this is essential.

When speaking about abortion in a classroom setting it is important to remember that there may be members of the class who have some personal experience of abortion. For example, a young person may have had an abortion herself, or may know of a family member or friend who has had an abortion. It is also worth remembering that miscarriage is also referred to as a spontaneous abortion. Therefore, it is important to point out the differences between the two and to make the point that many pregnancies end in miscarriages.

Contraception

Britain has the highest rate of teenage pregnancies in Western Europe. Knowledge of the different types of contraception and where to access contraception is a major part of the Government's strategy to reduce unintended teenage pregnancy. This element of the SRE curriculum is equally relevant to both boys and girls. The average age of first sex is 16, but teachers need to be aware that some students younger than 16 will be sexually active.

In secondary schools, teaching about contraception should include:

- raising awareness of the importance of contraceptive use in reducing the risk of unintended pregnancy and sexually transmitted infections;
- information about different types of contraception, including emergency contraception;
- to be aware of the reasons for and benefits of abstaining from or delaying sexual activity;
- information about the law as it relates to accessing contraception, where contraception can be accessed locally and the confidential nature of these services;

- information about who and where they can go to for confidential advice about contraception (including helplines and websites);
- consideration of the advantages and disadvantages of various types of contraception in terms of effectiveness and prevention of STIs;
- discussion of combining different contraceptives for example, using the combined pill to prevent pregnancy and condoms to prevent STIs;
- acknowledgement and discussion of the different religious views on contraception;
- practising condom skills;
- developing communication and negotiation skills;
- awareness of the impact of drinking and/or drug use on safe contraceptive use.

The DCSF SRE Guidance 2000 states that trained teachers can also give students – individually and as a class – additional information and guidance on where they can obtain confidential advice, counselling and, where necessary, treatment. Health professionals, providing they follow the Fraser Guidelines are able to give confidential advice and prescribe contraception to under-16s. Health professionals including the school nurse can support lessons on contraception and accessing services.

It is important that teachers work within the values stated in their school policy and do not air their own opinions or prejudices about certain contraceptives. It is important that teachers are up to date on recent developments related to contraception and in particular emergency contraception and are aware of local services.

Family Life

The importance of marriage and family life is stressed in the DCSF SRE Guidance 2000. Students should be taught about the nature and importance of marriage for family life and bringing up children. However the guidance recognises that there are strong and mutually supportive relationships outside marriage and that ‘teaching needs to be sensitive so as not to stigmatise children on the basis of their home circumstances’.

It is important for schools to understand the broad range of experiences that children and young people have of family life and to be sensitive to them. It is important to reflect this in displays and teaching activities. For example, an activity about family and who we look like in our family may be very difficult for an adopted child. A happy and caring family life can happen in a wide variety of settings. Equally any form of ‘family’ can be a source of oppression. The broad range of experiences that children and young people have of family life may include one or more of the following:

living in nuclear or extended family groupings;

living with siblings or relatives other than parents;

living in single parent families;	living between two homes;
living with an adoptive family;	living in foster homes;
living with lesbian, gay, transgender or bisexual parents/carers;	living in residential homes;
living as refugees;	living with
living in poverty and deprivation;	parents/carers/relatives/siblings who for example, are abusive, have mental illness or have learning difficulties.
living in a family in which they are the main carer;	

It is important that staff and students understand the responsibilities and commitment involved in child rearing and the impact of parents/carers on child development. This can begin in primary schools with a parent bringing a new baby into the classroom and the children being given an opportunity to discuss what this baby may need. A recommendation from the Ofsted Report on Sex and Relationships is that more attention should be given in secondary schools to education about parenthood.

Teaching about family life could include:

- learning the value of family life, marriage, stable and loving relationships for the nurture of children
- opportunities to explore and value the range of families in society
- discussion about the roles and feelings of parents and carers
- teaching about the role and responsibilities of a parent, and the qualities of good parenting
- opportunities to explore the impact of separation, divorce, step-families, bereavement and illness on families and how to adapt to changing circumstances
- information about where families can get support
- encouraging students to seek support from family members

HIV/AIDS, Sexually Transmitted Infections (STIs) and Sexual Health

There are HIV infected adults and students attending school and schools need to recognise that there is no legal obligation for them to be told of the HIV status of any of their students or students. Consequently, schools need to have good health and safety procedures securely in place.

Since 1995 there have been significant increases in the number of diagnoses of genital chlamydia infection, genital warts and gonorrhoea. The rises were steepest in 16-19 year olds. Some STIs, such as syphilis, can cause long-term physical health consequences. Left untreated for example, chlamydia can lead to pelvic inflammatory disease and infertility. HIV is also on the increase.

Young people need to be aware of the risks of contracting a STI and how to prevent it. Although the emphasis on sex and relationship education should be on prevention of infection, through abstaining from or delaying sexual activity and teaching the reasons for safe sex, students also need to know about diagnosis and treatment.

The Ofsted Report on Sex and Relationships states that teaching about HIV/AIDS is receiving less attention than in the past despite the fact that it remains a significant health problem and recommends that the coverage of HIV/AIDS is enhanced. Teaching about HIV/AIDS and STIs at secondary school level should include:

- an examination of young people's attitudes, values and their responsibility towards self and others;
- providing information about the routes of transmission, symptoms and treatment for STIs and HIV/AIDS;
- an understanding of what is risky behaviour and what is not;
- developing student skills to avoid being pressured into unwanted or unprotected sex;
- practice and development of condom skills and knowledge about where to access condoms;
- developing student awareness of the impact of drinking and / or drug use on safer sexual practice;
- provision of information about local services which provide diagnoses and treatment for STIs;
- opportunities to explore and challenge some of the ignorance, myths and prejudices about HIV and AIDS.

Sex and relationship education could also provide knowledge and information about other health issues related to the sexual and reproductive organs such as:

- providing knowledge about other infections that affect the sexual organs, but are not necessarily sexually transmitted such as candida (thrush) and cystitis;
- discussing the importance of self-examination for early detection of breast and testicular cancer;
- discussing the possible link between early sexual activity in young women and cervical cancer;
- discussion of the need for women to have smear tests, starting in their early twenties;
- discussion of issues around infertility, miscarriage and impotence.

Sexuality

The DCSF SRE guidance 2000 sends a clear message that “It is up to schools to make sure that the needs of all students are met in their programmes, young people, whatever their developing sexuality, need to feel that sex and relationship education is relevant to them and sensitive to their needs ... teachers should be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support. There should be no direct promotion of sexual orientation.”

The content of sex and relationship education should be ‘inclusive’, so that all young people’s needs are met, whether they are heterosexual, homosexual or bisexual. Assumptions should not be made that all young people are or will be heterosexual or that they come from families with heterosexual parents. Specific lessons should be concerned with exploring and challenging prejudice and homophobia. At secondary school level reference should be made in sex and relationship education policies as to how sex and relationship education will address the needs of lesbian, gay, bisexual and unsure young people and challenge homophobia. In addressing issues related to sexuality in the policy, sensitive consultation with governors, parents/carers, and staff is a prerequisite.

Teaching about sexuality can cause anxiety for teachers and parents and carers. Some of this anxiety has arisen from Section 28 of the Local Government Act, 1988. Section 28, however has now been repealed.

Both primary and secondary schools need to be able to deal effectively with homophobic bullying and homophobia and homosexuality should be addressed in whole school policies such as bullying and equal opportunities. Homophobic bullying makes schools unsafe for those teachers and students who are lesbian and gay as well as supporting a value system that is based on injustice and oppression.

Secondary school sex and relationship education should include:

- discussions about sexual identity and orientation;
- developing an understanding that sexuality is an important part of an individual’s personality, but not necessarily a defining part;
- opportunities to begin to gain an understanding of the nature of sexuality particularly during a period when they themselves are unsure about and developing their own sexual identity;
- information about the age of consent for heterosexual and homosexual intercourse;
- developing tolerance and empathy towards people who are different;
- opportunities to challenge prejudice and discrimination.

Appendix B: Dealing with questions

A key objective for sex and relationship education is to provide an environment in which children and young people feel able to ask questions. Children and young people should be encouraged to discuss sex and relationships with their parents, carers and older family members, but if they ask a question in school then this question should be answered. Having a set of ground rules provides boundaries over what is appropriate and not appropriate and about how to respond to unexpected questions or comments from students in a whole-class situation.

Question boxes can also be used for students to ask questions anonymously, this also provides teachers with time to prepare appropriate responses. Appropriate question box questions could be typed and distributed for small groups of students to try and answer.

Suggestions for responding to questions:

- If a question is of a personal nature, remind the student of the ground rule: 'no one has to answer personal questions'.
- If a teacher or member of staff does not know or is unsure of an answer, they will say so and explain that they will get back to the student later (and try to specify when). Alternatively the question can be put into the question box.
- Colleagues, the PSHE Co-ordinator and the school sex and relationship education policy can be consulted for support and guidance on responding to a challenging question.
- It may be important to clarify what is meant by the question. Students / students can be asked how much they already know about the answer to the question or why they are asking the question.
- Lengthy or complicated responses are not usually necessary; a simple and concrete piece of information offers clarity and may avoid confusion. The issue can then be placed within the context of the schools SRE curriculum. "At the moment we are looking at 'X', in year 9 you will look at 'Y' in more detail." It may also be appropriate to provide the young person with ideas about where to go for further information i.e. the school nurse, websites (that have been checked out as appropriate), helplines, family members.
- Recognise different views are held, for example, about contraception.
- If a question is very explicit (for example about a particularly kind of sexual activity) and seems too old for the year group arrange to respond in the next lesson. This will provide time to come up with an appropriate response. Such questions may indicate sexual abuse or access to pornography and will need careful handling.
- If you have concerns about sexual abuse, follow the guideline's highlighted in the staff handbook regarding child protection procedures i.e. contact Student Services Coordinator or Key Stage Manager immediately.

- If a student needs further support, s/he could be referred to the school nurse, school counsellor, helpline or outside agency.

Appendix C: Teaching and Learning

The handbook for the Certification of the teaching of PSHE programme contains useful standards that provide a good checklist for the teaching of PSHE and SRE. This can be downloaded from www.wiredforhealth.gov.uk

Ground rules

Some examples of SRE ground rules. It is a good idea to try and have no more than five, as any more will prove difficult to remember and uphold.

- Be kind to each other...therefore no put downs
- No personal questions
- Listen to each other
- Be honest...therefore say what you feel and believe and not what you think you should say, e.g. for the teacher or your friends
- Have fun
- Join in if you can... therefore you can pass
- Keep confidentiality
- Use words we all feel comfortable with

Active learning strategies

The following active learning strategies encourage students to practise skills, use their knowledge and understanding, explore and exchange views:

- Discussion & sharing ideas
- Listening exercises
- Case studies and scenarios
- Trigger drawings, story boards, photographs as a basis for problem-solving
- Role-play and discussion
- Videos and films
- Using puppets
- Questionnaires and quizzes
- Story telling
- Attitude grids

Consultation with students

Such as through:

- Graffiti sheets, where students write their responses to a session.
- Question Boxes, students are given the opportunity to write down any questions or concerns they have and post them in a question box, which the teacher can open and consider first before responding to the students.
- Circle-time sessions, with the focus on evaluating a particular aspect of SRE.
- Devising and completing questionnaires.
- Using continuum lines, where students can respond to a question on an aspect of SRE by standing on an imaginary line of 1-10, e.g. how helpful did you find that session?
- Review the SRE programme through the school council.

Appendix D: Teaching and Learning

Agenda setting

Activities should be used to find out what students already know and have strong feelings or opinions about. This should make an impact on lesson and programme content and delivery making clear links with the worlds of children and young people outside the school. Activities could include writing ideas and responses on displayed graffiti sheets; quizzes; paired interviews; rounds; question boxes or human bingo.

Distancing techniques

All students need help to discuss sensitive issues and develop their decision-making skills in a safe environment. Techniques to depersonalise discussion can avoid embarrassment and polarised debate as well as protect privacy and include role-play; use of third person; case studies with invented characters and the use of stories, magazines, photographs and videos.

Values clarification

A critical objective of SRE is to help students develop their values and their attitudes to relationships within a moral framework. A number of methods enable students to compare their views with others and to appreciate the spread of opinion in a group. Misunderstandings and assumptions will need attention and challenging. Students can form an attitude continuum to show how strongly they hold a view; visual images can be discussed; cards with beliefs or opinions written on them can be sorted into agree/disagree or important/not important piles for discussion and comparison with other groups

Problem Solving

Problem solving about relationships and situations associated with sexual health is a key and complex skill that is an essential component of an SRE programme activities

should give opportunities to practice personal and social skills to include clarifying the problem, generating different solutions and evaluating and selecting the best way forward. Methods could include using problem page activities; conflict resolution strategies and a carousel or fish bowl arrangement to encourage lively paired work with a rehearsal of a specific solution or skill, such as saying no to unwanted sexual pressure.

Encouraging reflection

Learning from experience necessarily involves reflection and is crucial as it encourages students to consolidate what they have learned and form new understanding, skills and attitudes. Time should be set aside during and at the end of a session for the group to discuss what has happened, based on the following questions: What happened? How did I feel? What did I learn? How can I apply what I have learned?

Appendix E: Faith and Religion

As stated in the example policy it is important that a school's SRE programme values different faith, religious and secular perspectives. Furthermore, we need to create a safe framework in which parents and carers from faith communities and members of the wider community understand more about SRE, are able to discuss their views and beliefs and to feel involved with the process of developing SRE.

One aspect of this would be for teachers to further develop knowledge of different faith perspectives on SRE. However, it is equally important that assumptions are not made about an individual or a family from a particular faith background as they may hold very different views. Faith, Values and Sex Education, Sex Education Forum 2002, has an excellent section on different faith perspectives. In East Sussex and Brighton and Hove, the LEA Travellers' services can provide information and resources on gypsy traveller views on SRE. The following may also be of help in developing understanding.

Religion and Contraception

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Baha'i Faith

'The Baha'i Faith began in Persia in the middle of the last century. Its founder, Baha'u'illah (meaning Glory of God) lived from 1817–1892, and is regarded by Baha'is as a messenger of God. His teachings centre on the unity of humankind and of religion, and include the harmony of religion and science, the equality of men and women, and the abolition of prejudice.

The bearing of children is regarded as one of the main reasons for the institution of marriage, but the details and extent of contraceptive practice are left to the conscience of the couple. Many Baha'is will not use methods that may work by preventing the implantation of a fertilised egg'.

Source: National Spiritual Assembly of the Baha'is of the United Kingdom. Information Office. Members of the Baha'i faith as hospital patients: some notes for nurses, doctors, and health care workers.

Buddhism

'Buddhists are the arbiters of their own destiny. Cultural and other influences apart, they are free to act according to their own insights and understanding. They are, however taught to act responsibly and to take complete responsibility for the effects of these actions. In acting thus, they would be guided by certain personal undertakings. Foremost amongst these would be the undertaking to avoid intentional harm to any living (breathing) thing, cultivating as integral to this, genuine attitudes of loving kindness (metta) and compassion (karuna) with regard to them.

Birth control by means of contraception is not ordinarily a problem for Buddhists, as harm cannot by definition be done to a non-existent being. As Buddhism is open to personal interpretation, attitudes to this and other questions will vary depending on levels of education and understanding of the surrounding culture'.

Source: The Buddhist Society.

Catholicism

'For the past twenty years Roman Catholicism has been struggling with the tension between the traditional position of the central teaching authority of the church on population issues and various moves to change the doctrine. Pope Paul VI in the papal encyclical Humanae Vitae (1968) restated the traditional Catholic condemnation of artificial contraception stating that every conjugal act had to be open to the transmission of life. The same document encouraged the development and refinement of natural family planning methods acceptable to official church teaching. Population problems are usually discussed within the context of economic and political development. The official view is challenged by a number of Catholic scholars who feel that it is right of individuals to follow their own conscience. In fact, a large number of Catholics in western societies practice all methods of contraception'.

Source: Roman Catholic Bishops' Conference for Marriage and Family Life.

Christian Science

'Members of the Church of Christ, Scientist, are not counselled in personal matters, and are therefore free to make their own decisions regarding family planning. However, the Christian Science text book Science and Health with key to the scriptures, by Mary Baker Eddy, has an entire chapter on marriage and describes its purpose as 'the legal and moral provision for generation among humankind'. At the same time, great emphasis is placed on mutual respect and compassion, morality, spiritual growth, and the Biblical law of the Ten Commandments and the Sermon on the Mount.

Christian Scientists depend on prayer for healing, and not on medical aid. This means that they prefer to be free of drugs and all forms of medication, including the contraceptive pill. Freedom from sexual activity is not uncommon between couples wishing to progress spiritually or during pregnancy’.

Source: The First Church of Christ, Scientist.

Church of England

Contraception is acceptable to most in the Church of England, as long as it is mutually acceptable to both partners. It is generally agreed that parents have a responsibility to decide the number and spacing of their children, decisions based on the needs of existing children, prospects for maternal and child health and the particular social context. However, the Anglican tradition allows for a wide range of views, all of which are held sincerely and reached after much thought and prayer.

Source: General Synod of the Church of England. Board for Social Responsibility.

Church of Jesus Christ of Latter Day Saints (Mormons)

‘In planning a family, husbands must be considerate of the health and welfare of the their wives. Married couple should seek inspiration from the Lord in meeting their marital challenges and rearing their children. Both male and female sterilisation should only be considered where medical conditions seriously jeopardise life or where a person is not judged mentally competent and not responsible for his or her actions. Even then, such an action should only be considered after the person has consulted with the Bishop and received divine confirmation, through prayer.

Source: The Church of Jesus Christ of Latter Day Saints. Health and Medical practices.

Hinduism

Hinduism is a way of life as well as a religion. The Orthodox Hindu worship is centred on the home, and the eldest member performs religious and ceremonial rites with all the family present. Hinduism is primarily in favour of reproduction (pro-natalist), with many Hindus believing that it is their duty to produce a son, since only sons can perform the funeral rites that enable a man’s soul to go to heaven. Sons are therefore needed to say prayers to ensure the survival in the next world. (a son is known as a ‘putra’ – he who saves from hell). Contraception is therefore not generally practised until after the birth of a son or sons when the parents feel confident that they are unlikely to die without a son. Hindus are also given to believe that ‘semen is the elixir of life’ and are advised to observe partial abstinence from sex, especially during religious festivals. Abortion is prohibited except where the life of the mother is in jeopardy.

Humanism

Humanism is not a religion but an ethical system of beliefs. Humanists base their morality on human responsibility for their own lives and concern for the quality of life of others. Great emphasis is placed on tolerance and open mindedness.

Humanists are strong advocates of family planning. They believe that the use of contraception is justified as it 'can prevent the misery of unwanted pregnancies and unwanted children and if it can avoid the damage to women's health often caused in the past by repeated pregnancies.

They do not share the view of some religions that the only purpose of sex is to have children, but regard it as an expression of love and a healthy enjoyable experience to be shared within a loving relationship. They are however aware that the sexual freedom that contraception has brought carries responsibilities with it. A lack of consideration for the feelings or health of another is considered immoral.

Text approved by the British Humanist Association.

Islam

Whilst pre-marital sex is prohibited, a sexual relationship is seen as an important and necessary part of married life, both for the purpose of having children and to ensure that the sexual needs of the couple are satisfied within a legitimate relationship.

Contraception has been judged permissible in certain circumstances:

- To space childbearing thus promoting the health of all children in the family. For example to protect the health of an existing child who may not yet be weaned.
- Where there is fear for the physical and mental well being of the mother.

Coitus interruptus, the withdrawal method, was practised by early Muslims with the tacit approval of the prophet Muhammad (peace be upon him.) Some Muslim jurists have inferred from this that other non-permanent methods such as condoms, cap, IUD, and oral contraceptives are also permissible. Abortion is never permitted as a means of birth control. Allah tells us in the Qur'an:

Kill not your children for fear of want. We shall provide sustenance for them as well as

for you. Verily the killing of them is a great sin.

Qur'an 17:31 YA

Vasectomy too is strictly forbidden. Although female sterilisation may be permissible, this is only when there is a medical opinion that the woman's life would be endangered or her mental health seriously affected by a pregnancy, which could not be prevented by other legitimate means.

Text approved by Dr S Darsh of the Islamic Shari'ah Council.

Jehovah's Witnesses

'Jehovah's Witnesses believe that family planning and contraception are matters for personal conscientious decision, with the exception that abortion and contraceptive methods which may work by preventing implantation of a fertilised egg are incompatible with their religious beliefs'.

Source: Watch Tower Bible and Tract Society of Pennsylvania.

Judaism

The sources in Jewish law state categorically that a man may not use any form of contraception. However, as any mention of females and contraception was omitted from the sources, most if not all use this omission to interpret that females may use contraception. However, for those that believe no 'physical impediment' may be used, even for females, oral contraception may constitute an exception as the pill does not interfere in any way with the natural act of intercourse and the male seed is not directly destroyed. Even the very religious, who may have many children, may seek and be given permission from a Rabbi to space their children to preserve their own health, which is always of paramount importance. It is popular in the Jewish population for a couple to have at least one boy and one girl. However, if a woman's life would be at risk by becoming pregnant, even for the first time, she would be under no pressure to bear a child.

Text approved by the League of Jewish Women.

Sikhism

Sikhs believe in monogamy and great importance is attached to high moral character and sexual morality. One of the five Ks (Religious Symbol) of Sikhs is Kachhahra, which is a special pair of shorts worn as an undergarment by all initiated Sikhs, both men and women. This highlights the importance attached to sexual morality in Sikhism.

Traditionally in Sikhism, like many other religions, the family size used to be large. However, attitudes today are beginning to change. Birth control through the use of contraception is an acceptable practice within Sikhism and the family size is usually small. As there is no actual religious prohibition, acceptance of family planning has grown in line with social and cultural changes.

Review

This policy will be reviewed biennially