



# **THE CASTLE SCHOOL**

**Every Child Achieves. Every Child Belongs. Every Child Participates**

## **Relationships & Sex Education Policy**

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# **The Castle School, Taunton**

## **Relationships and Sex Education**

### **Introduction**

This policy is a 'stand alone' policy that comes under the umbrella of Personal, Social, Health Education and Citizenship (PSHEC) in the school. It takes account of the '*Sex and Relationship Education Guidance*' published by the DfEE in July 2000 that updated Circular 5/94 '*Sex Education in Schools*'. The policy has been drafted by a working party of the School Governors following consultations with pupils, parents and staff, together with local health education advisers and health promotion specialists and is based on a framework produced by a countywide multi-disciplinary group. A statement on Relationships and Sex Education is also to be found in the School Prospectus.

### **Rationale**

At The Castle School, we believe that effective Relationships and Sex Education (RSE) is essential if our pupils, as they grow, are to make responsible and well informed decisions about their lives. It contributes to promoting the spiritual, moral, social, cultural, emotional, mental and physical development of our pupils, preparing them for the opportunities, responsibilities and experiences of adult life.

We believe RSE should not be delivered in isolation, but be firmly rooted in our Personal, Social and Health Education and Citizenship programme, supplemented by Science and other subjects of our taught curriculum.

### **Definition of Relationships and Sex Education**

Relationships and Sex Education is lifelong learning about physical, moral and emotional development. It is about respect, love and care and the benefits of making and maintaining a stable marriage or relationship. We recognise that to be human is to experience sexual feelings, seek connections with other people and develop relationships, which may be physical or non-physical. Our teaching of relationships and sex education is applicable to all sexual orientations and will include teaching of sex, sexuality and sexual health.

RSE seeks to enable young people to feel positive about themselves, manage relationships and access the infrastructure of support available.

## **Aims and Objectives**

At The Castle School we aim to provide our pupils with an age appropriate RSE programme that is tailored to their physical and emotional maturity. In doing this, we acknowledge the value of contributing to a spiral curriculum. It should enable them to make positive choices about their sexual and emotional health, both now and in the future. We seek to achieve this aim by having three main elements to our programme as outlined in 'Sex and Relationship Guidance', DfE, Ref 0116/2000, p.5:

- ***attitudes and values***

learning to care about other people and being sensitive towards their needs and views;

learning the importance of values, and individual conscience and moral considerations;

accepting the differences between people and learning not to exploit them;

learning the value of family life, marriage, and the importance of stable, loving and caring relationships for the nurture of children;

learning the importance and responsibilities of the family unit for all its members;

learning to respect oneself and others and being honest, loyal and trustworthy in relationships;

learning to take responsibility for one's actions in all situations;

exploring, considering and understanding moral dilemmas; and developing critical thinking as part of decision-making.

- ***personal and social skills***

learning to manage emotions and relationships confidently and sensitively;

developing self-respect and empathy for others;

learning to make choices based on an understanding of difference and with an absence of prejudice;

learning how to make well informed and responsible decisions about their lives and developing an appreciation of the consequences of the choices made;

managing conflict;

learning how to recognise and avoid exploitation and abuse.

- **knowledge and understanding**

learning and understanding physical development at appropriate stages;

understanding human sexuality, reproduction, sexual health, emotions and relationships;

learning about contraception and the range of local and national sexual health advice, contraception and support services;

learning the reasons for delaying sexual activity and the benefits to be gained from such delay;

the avoidance of unplanned pregnancy.

We believe that RSE will be achieved by providing an environment and atmosphere where pupils feel safe, relaxed, not intimidated, but focussed; and where they have confidence and trust in the knowledge, ability and skills of their teachers.

### **Moral Framework**

Pupils will be taught RSE within a framework which models and encourages the following values:

- Being honest with themselves and others
- Developing a critical awareness of themselves and others
- Learning to show tolerance, understanding, respect and care for others
- Acknowledging the rights, duties and responsibilities involved in sexual relationships
- Developing an awareness and belief in one's own identity
- Having a positive attitude towards the value of stable relationships for the upbringing of children
- Acknowledging and understanding diversity with regard to religion, culture and sexual orientation
- Having self-discipline regarding their sexuality.

### **Working With Parents**

The school is committed to working in close partnership with parents and carers who are the key people in teaching their children about relationships and relationships. Parents/carers are welcome to discuss the school's RSE programme and to view the teaching materials and resources that will be used.

A parent or carer, who is concerned about any element of this policy, or is unhappy about their child's participation, should discuss their feelings with the

Headteacher. Parents have the right to withdraw their children from all or part of those aspects of the RSE programme which are NOT part of the statutory National Curriculum Science Orders. If requested, alternative arrangements will be made for individual pupils, but it is hoped that this will not be necessary. If so, parents should consult with the Headteacher to discuss appropriate arrangements.

### **Content and Organisation**

The organisation of RSE is no different from other curriculum areas. It is delivered through planned programmes within Science, RE, English, PE, IT and PSHEC. In addition, contributions may be made through other subjects such as Child Development, which may be an option and not taught to all pupils. Occasionally, issues about RSE may arise spontaneously in other lessons (eg while studying English Literature) where it is not the main focus of the lesson. This is not considered to be part of the planned RSE programme and parents or carers cannot withdraw pupils in these circumstances.

Normally, male and female pupils will be taught together. However, when deemed appropriate, there may be occasions when pupils are taught in separate gender groups.

The intention is for all our pupils to achieve the age-related learning outcomes recommended by OFSTED in their report entitled 'Sex and Relationships' published in 2002.

Where visitors are invited to deliver aspects of the RSE programme, the school follows the guidance in '*School use of visitors and outside agencies in health promotion*' published by the Somerset Healthy Schools Team, 2001. Visitors will be used to support not supplant, the role of the teacher and they will always be accompanied in the lesson by a teacher. Visitors will always be fully briefed on their contribution to the programme and will be given a copy of the current policy beforehand.

Aspects of RSE are encompassed within the ethos of the school and may be delivered through:

- PSHEC lessons
- Core and foundation subjects
- Assembly time
- Tutorial periods
- Focus days e.g. World AIDS Day
- Collapsed timetable days
- Theatre in Education visits
- Project/theme lessons

The RSE programme will be delivered by:

- Specific teacher/s or a dedicated team of teachers
- The School Nurse (or other specified visitor/s or agency).

A range of teaching approaches will be used which include didactic and participatory methods eg small group work for discussion, etc. (**See examples in 'Sex and Relationship Education Guidance', DfE, Ref 0116/2000, pp22-24**).

The overview and co-ordination of the taught curriculum is the responsibility of the PSHEC Co-ordinator/Manager in the school. The School Leadership Team will always identify staff who have the appropriate skills, qualities and knowledge to teach the more sensitive and contentious aspects of RSE. Continuous professional development and training will always be provided to ensure a high level of expertise for teachers involved in delivering the RSE programme in the school.

### **Equal Opportunities**

RSE is inclusive of all students; they have an equal entitlement to good quality RSE. The programme will be delivered in line with the school's Equal Opportunities policy within an atmosphere of mutual respect. The whole school community will support an approach which ensures that no individual will be discriminated against on grounds of gender, race, disability, religion or sexual orientation.

If a pupil is absent from school (eg through illness, school refuser) and does not participate in the RSE programme, the school will ensure that teaching materials are made available. Resources selected to support the programme will be free from cultural bias wherever possible and will avoid gender, race, disability or sexual orientation stereotyping. The programme will be sensitive to the needs of all pupils in the school.

The school will not discriminate against any member of the school community who is infected or affected by HIV.

### **The Sexual Offences 2003**

The Sexual Offences Act 2003 became law in May 2004. A full copy of the Act can be found on [www.six.somerset.gov.uk](http://www.six.somerset.gov.uk). The Act outlines the law with regard to non-consensual offences including, rape, assault by penetration, sexual assault and causing a person to engage in sexual activity without consent.

Specific detail is given regarding child sexual offences (under the age of 16) and rape and other offences against children under 13.

It is clear that those who act with the purpose of protecting a young person from pregnancy, STIs, protecting their physical safety or promoting their emotional well being, will not be guilty of arranging or facilitating a child sex offence. This applies not just to health professionals but to anyone acting in the best interests of the young person, such as teachers, youth workers,

Connexions PAs, social care professionals and parents. Young people under 16, including under 13s, can continue to seek contraceptive and sexual health advice or treatment in confidence.

The aim of the Act is to protect young people from abuse or exploitation. It is not intended to prosecute mutually agreed sexual activity between young people of a similar age where there is no evidence of exploitation.

The statement below has been agreed by Home Office to explain the Act to young people

*'In England and Wales, the law on Sexual Offences has been updated. Under this law, the legal age for young people to consent to have sex is still 16, whether you are straight, gay or bisexual.*

*The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime.*

*Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.*

*Under the Sexual Offences Act you still have the right to confidential advice on contraception, condoms, pregnancy and abortion, even if you are under 16. But remember, whatever your age, you shouldn't have sex until you feel ready."*

The Act also outlines the law relating to the abuse of children by those in a position of trust. It is an offence for a person aged 18 or over intentionally to behave in certain sexual ways in relation to a child aged under 18, where the adult is in a position of trust in respect of the child. This applies to any person over the age of 18 working with a position of trust in an educational establishment. The offence covers all children under 18, however it is principally designed to protect young people aged 16 and 17 who, even though they are over the age of consent for sexual activity, are considered to be vulnerable to sexual abuse and exploitation from particular classes of persons who hold a position of trust or authority in relation to them.

## **Specific Issues**

### Personal Beliefs

The personal beliefs and attitudes of teachers will not influence their teaching of SRE.

### Language and Ground Rules in Lessons

All staff teaching SRE will set ground rules in their classes. For example:

- \* *no one (teacher or pupil) will have to answer a personal question*
- \* *no one will be forced to take part in a discussion*
- \* *the only language used will be easily understood and acceptable to*

*everyone in the class*

*\* only the correct names for body parts will be used*

*\* meanings of words will be explained in a sensible and factual way.*

Students will be involved in the negotiation/setting of these rules. Distancing techniques will also help to avoid the inappropriate disclosure of information. These may include case studies, role play and speaking in the third person.

#### Dealing with difficult questions

We have a variety of strategies for dealing with difficult questions. For example:

- if a question is too explicit or is inappropriate, the teacher will attend to it later, on an individual basis and a decision will be taken whether or not to inform the child's parents/carers;
- if a child makes a disclosure that causes the teacher concern then they should follow child protection procedures established within the county (See *'Child Protection Handbook', 2000 Somerset Area Child Protection Committee*).

#### Contraception

*Secondary Schools* - Trained staff are able to give pupils full information about different types of contraception, including emergency contraception, and their effectiveness and appropriateness. Individual advice cannot be given to pupils. Trained staff can, however, give both individual pupils and groups of pupils additional information and guidance on where they can obtain confidential advice, counselling and, where necessary, treatment.

#### Abortion

*Secondary Schools* - Pupils will consider the moral and personal dilemmas involved in abortion, euthanasia and genetic engineering. Part of the discussion will necessarily involve the media's drive to portray human bodies as perfect and how this can feel to those who do not perceive themselves as fitting into that model. Our school will be conscious of every student's life, both as a child and as a potential parent and will be sensitive and supportive to those who are, or may perceive themselves to be, impaired. All discussions will necessarily be respectful of all pupils regardless of differing cultures, religions, abilities, or sexual identity and gender. Pupils may also debate issues related to abortion in subjects such as English, Religious Education and Drama.

#### Awareness of Breast Cancer / Testicular Cancer

It is important that students are made aware of the benefit of self-examination in the early detection of breast and testicular cancer.

#### Safer Sex, HIV/AIDS and Sexually Transmitted Infections (STIs)

STIs are major causes of ill health which can have long-term physical and psychological health consequences.

Teaching about safer sex remains one of the Government's key strategies in reducing the incidence of HIV/AIDS and STIs. In recent years there has been a significant increase in the number of individuals diagnosed with genital infections, including chlamydia, genital warts and gonorrhoea.

Young people may become complacent. Therefore, teaching includes :

- Helping students to clarify their knowledge of HIV/AIDS and STIs.
- Teaching them assertiveness skills for negotiating relationships.
- Enabling them to become effective users of services that offer advice on prevention and treatment of STIs.

### Teaching About Gay, Lesbian and Bisexual Relationships

The diversity of sexual orientation found within society may also be reflected in the school community. Students will need to be given information regarding access to relevant support agencies. The school will seek to ensure that SRE is relevant and positive for all students, and that teaching about sexuality is undertaken by teachers who are trained and comfortable with such issues.

'Sex and Relationship Education Guidance', DfE, Ref 0116/2000 makes it clear that schools should

*'make sure that the needs of all pupils are met in their programmes.'* (p12)  
This guidance also states that *'The Secretary of State for Education and Employment is clear that 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.'* (p13)

It would be insensitive if gay, lesbian, bisexual and transgender issues were only addressed in limited or negative contexts or prejudice eg teaching about HIV/AIDS. The school will therefore seek to take account of different sexual orientations throughout SRE. For example, there may be a number of occasions where, in order to avoid the impression that programmes are based on an assumption of heterosexuality, it is appropriate to use inclusive language such as 'partner' rather than 'boyfriend/girlfriend'.

Homophobic bullying (ie based on perceived gay or lesbian sexuality) is totally unacceptable. The school has a specific Behaviour/Anti bullying Policy. All teachers are aware of this policy and a copy is available on request.

### Confidentiality

*'Schools must be absolutely clear about the boundaries of their legal and professional roles and responsibilities. A clear and explicit confidentiality policy should ensure good practice throughout the school which both pupils and parents understand. Teachers cannot offer or guarantee absolute confidentiality.'*

*'It is only in the most exceptional circumstances that schools should be in the position of having to handle information without parental knowledge.'*

('Sex and Relationship Education Guidance', DfE, Ref 0016/2000. p.30)

Parents/carers will be informed of the school's confidentiality policy. The school will be acting in loco parentis. Whenever a pupil makes a disclosure, they will be persuaded to talk to their parents or carers. Child Protection issues will be addressed if necessary; but if not necessary, the wishes of the pupil will be taken into account.

Information about local advice and support is available to pupils in the welfare office and from Heads of House where everyone can see it in private.

Different codes of conduct apply to different professionals working in our school. Through the dissemination of our Confidentiality Policy students, parents, staff and health professionals working with us are aware of the different roles people have within the school, the confidential support available and how confidentiality works in practice.

i) Counselling Service.

The school provides a counselling service that is available to students. The Head of House refers students to the counsellor where appropriate. Other students can be referred to professionals working with the school as part of the locality team. Where a lesson is missed the class teacher is informed that the student had an appointment. Staff are informed that the counselling is confidential between the counsellor and the student. The counsellor works to national professional guidelines on confidentiality and LEA child protection procedures.

Parents/carers are informed of the counselling service through the Head of House. Students and parents/carers will be informed of the child protection limit to confidentiality.

(ii) Doctors, Contraceptive & Sexual Health Service Clinics.

Through RSE lessons students will be made aware of the confidential support available from doctors and local clinics (including the child protection qualification). The School Nurse runs a drop-in clinic (Chinwag) in school during a lunch time. There is a separate policy overseeing this, agreed by Governors.

(iii) School staff.

Staff may encounter the situation where it appears that a student under 16 is about to disclose that they are in or are about to begin a relationship involving sexual intercourse or that they believe they may be pregnant and/or are seeking contraceptive advice. At this point staff should indicate that they wish to help the student in their situation but that they cannot offer or guarantee absolute confidentiality.

If a student talks to a teacher at an inappropriate time the teacher should talk to the student again before the end of the day. 'School Nurse Drop-In Guidelines' published by Somerset Health Authority state that:

*'The teacher should be able to discuss the issue with an appropriate*

*colleague whilst retaining the anonymity of the pupil...Teachers do not have to break a confidence if, in their professional judgement, it is in the best interest of the student. They are not legally bound to inform parents or the headteacher of any disclosure unless the headteacher has requested them to do so. Teachers should only break confidentiality if they believe that a student is at risk of physical or sexual abuse.'*

Staff **must** follow child protection guidelines. Members of staff who are not health care professionals must not give individual contraceptive advice. It is also appropriate to remind students of information about access to support that is available in the school or has been outlined in lessons. These actions (suggesting that students see specific members of staff or reminding them of information) do not involve a requirement to inform parents/carers. Similarly, as students under 16 are able to access doctors or clinics for contraceptive advice, where a member of staff advises students to seek medical advice at a GP's surgery or clinic there is not a requirement to inform parents/carers. However students will always be encouraged to talk to their parent/carer and will be supported in so doing. In each circumstance the best interests of the young person will be seen as paramount.

(iv) Youth Service

Members of the Youth Service working in the school will follow the guidelines for school staff above.

(v) Confidentiality in lessons.

Staff teaching RSE have a duty of care and may wish to make a ground rule that opinions and ideas expressed in discussion should not be repeated outside the lesson. Again it must be stressed that no absolute confidentiality can be promised. Clearly a lesson situation is also a significantly different context to a conversation with an individual. Students should be reminded of this difference. Through distancing techniques and ground rules students should understand that lessons are not an appropriate place to disclose personal information.

### **Monitoring and Evaluation**

The RSE policy is monitored and evaluated through an annual review process involving pupils, parents, teachers, PSHE Co-ordinator, School Leadership Team, and the Governing Body.

## Learning outcomes

### Taken from 'Sex and Relationships', Ofsted Report, 2002

The following statements are offered as illustration of learning outcomes for SRE for each key stage. They give a basis for planning work to develop knowledge and understanding, values and attitudes and personal skills in SRE. They draw on DfE and other guidance on SRE and they reflect elements of the non-statutory framework for PSHE.

We present them in this format in the hope that they might be useful to schools

- (i) as an audit tool
- (ii) as a monitoring device
- (iii) for other curriculum developments.

In the right hand column you may wish to add the year, key stage, curriculum area or other school activity where each learning outcome is addressed.

Those statements marked with an asterisk are part of the National Curriculum Science requirements.

By the end of Key Stage 3

<b>7</b>	<b>Pupils will be able to:</b>	
a)	manage changing relationships	
b)	recognise risk of personal safety in sexual behaviour and be able to make safe decisions	
c)	ask for help and support	
d)	explain the relationship between their self-esteem and how they see themselves	
e)	develop skills of assertiveness in order to resist peer pressure and stereotyping	
f)	see the complexity of moral, social and cultural issues and be able to form a view of their own	
g)	develop good interpersonal skills to sustain existing relationships as they grow and change and to help them make new relationships	
h)	be tolerant of the diversity of personal, social and sexual preference in relationships	
i)	develop empathy with the core values of family life in all its variety of forms	
j)	recognise the need for commitment, trust and love in meaningful relationships which may manifest themselves in a variety of forms, including marriage	
k)	recognise the stages of emotions in relation to loss and change caused by divorce, separation and new family members and how to manage their feelings positively.	

<b>8</b>	<b>Pupils will know and understand:</b>	
a)	that fertilisation in humans is the fusion of a male and a	

	female cell*	
b)	the physical and emotional changes that take place during adolescence*	
c)	about the human reproductive system, including the menstrual cycle and fertilisation*	
d)	how the foetus develops in the uterus*	
e)	how the growth and reproduction of bacteria and the replication of viruses can affect health*	
f)	how the media influence understanding and attitudes towards sexual health	
g)	how good relationships can promote mental well-being	
h)	the law relating to sexual behaviour of young people	
i)	the sources of advice and support	
j)	about when and where to get help, such as a genito-urinary medicine clinic.	

9	<b>Pupils will have considered:</b>	
a)	about when and where to get help, such as a genito-urinary medicine clinic.	
b)	how they see themselves affects their self-confidence and behaviour	
c)	the importance of respecting difference in relation to gender and sexuality	
d)	how it feels to be different and be discriminated against	
e)	issues such as the costs of early sexual activity	
f)	the unacceptability of prejudice and homophobic bullying	
g)	what rights and responsibility mean in relationships.	

By the end of Key Stage 4

10	<b>Pupils will know and understand:</b>	
a)	recognise the influences and pressures around sexual behaviour and respond appropriately and confidently seek professional health advice	
b)	manage emotions associated with changing relationships with parents and friends	
c)	see both sides of an argument and express and justify a personal opinion	
d)	have the determination to stand up for their beliefs and values	
e)	make informed choices about the pattern of their lifestyle which promote well-being	
f)	have the confidence to assert themselves and challenge offending behaviour	
f)	develop qualities of empathy and sympathy and the ability to respond emotionally to the range and depth of feelings within close relationships	
h)	work co-operatively with a range of people who are different	

	from themselves	
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11	<b>Pupils will have considered:</b>	
a)	the way in which hormonal control occurs, including the effects of the sex hormones*	
b)	some medical uses of hormones including the control and promotion of fertility*	
c)	the defence mechanisms of the body*	
d)	how sex is determined in humans*	
e)	how HIV and other sexually transmitted infections affect the body	
f)	the link between eating disorders and self-image and sexual identity	
g)	the risks of early sexual activity and the link with the use of alcohol	
h)	how the different forms of contraception work and where to get advice	
i)	the role of statutory and voluntary organisations	
j)	the law in relation to sexual activity for young people and adults	
k)	how their own identity is influenced by both their personal values and those of their family and society	
l)	how to respond appropriately within a range of social relationships	
m)	how to access the statutory and voluntary agencies which support relationships	
n)	how their own identity is influenced by both their personal values and those of their family and society	
o)	how to respond appropriately within a range of social relationships	
p)	how to access the statutory and voluntary agencies which support relationships in crisis	
q)	the qualities of good parenting and its value to family life	
r)	the benefits of marriage or a stable partnership in bringing up children	
s)	the way different forms of relationship including marriage depend for their success on maturity and commitment	

12	<b>Pupils will have considered:</b>	
a)	their developing sense of sexual identity and feel confident and comfortable with it	
b)	how personal, family and social values influence behaviour	
c)	the arguments around moral issues such as abortion; contraception and the age of consent	
d)	the individual contributions made by partners in a sustained relationship and how these can be of joy or benefit to both	
e)	the consequences of close relationships including having children and how this will create family ties which impact on their lives and those of others.	

### **Acknowledgements**

**This document was first produced in January 2003 in consultation with staff and pupils from Heathfield Community School, Halcon Primary School, Brent Knoll Primary School, South Petherton Infant School, West Somerset Community College and Frome Community College. Other contributors to this document were:**

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