



King's Academy Ringmer

“in pursuit of excellence”

Sex and Relationships Education Policy (SRE)

Date: Reviewed on 7 December 2017

1. Background and ethos

King's Academy Ringmer is a rural mixed 11-16 comprehensive school. It is of average size with 436 students on roll in years 7-11. There are similar numbers of girls and boys. The academy takes its students from a wide area, both rural and urban, where there are pockets of affluence and deprivation.

Every parent and every academy wants to see children grow up safely and be able as an adult to enjoy the positive benefits of loving, rewarding and responsible relationships, to be informed, comfortable with the changes during puberty and emotionally supported. Parents play a vital role in providing the building blocks for healthy and fulfilling social and personal relationships while protecting their children and young people from harm. They should lead on instilling values, but academies have a clear role in giving young people accurate information and helping them to develop the skills they need to make safe and responsible choices.

It is important that children start to build up the vocabulary and confidence to talk openly and positively about emotions, relationships and their bodies. Learning the words to describe feelings and emotions, the correct terms for parts of the Body and developing “health literacy” is vital for children to stay safe and seek help if they feel at risk or are being harmed. When cases of sexual abuse have come to light years after the event, parents, teachers and young people have spoken of their regret that SRE was started so late and that they/the child was unable to report it because they did not have the language and did not know that what was happening to them was wrong. There is now anecdotal evidence where parents acknowledge their gratitude to SRE in the academy because their child had had the confidence and language to tell when they have been approached inappropriately rather than after abuse has taken place.

In the 21st Century, children and young people are also exposed to sexual imagery and content in a wide array of media including adverts, the internet, video games, mobile phones, pop songs, TV and magazines. These media often present a distorted and inaccurate view of sex and relationships, and provide increasingly explicit images of sex and sexuality. In addition, some children and young people will use the new technology to bully and intimidate others or to place themselves in compromising positions e.g send revealing photos of themselves to girl or boy friends. Far from “destroying their innocence” SRE equips children and young people with the values, skills and knowledge to understand and deal appropriately with these social and cultural pressures.

The academy provides a safe place for children and young people to make sense of the information they have picked up from the media and also playground myths. Guided by a skilled teacher, children and young people are able to separate facts from fiction and clarify and strengthen their own values.

Some children start puberty as young as eight years old. SRE prepares children for the physical and emotional changes of puberty. Many parents do talk to their children about growing up before puberty starts – but where this is absent some girls describe their fear to see that they were bleeding when their periods started. Boys talk about feeling isolated from discussions which only seem relevant to girls and might turn to other sources of information such as the internet and pornography.

As children approach adolescence so the nature of their relationships with parents, carers and their peers begins to change. They want new experiences and want to form new friendships and relationships. SRE is critical in that it provides accurate information about social norms to correct the myth that “everyone is doing it” and can support young people in resisting pressure. While it is only the minority of young people who first have sex before the age of 16 and, while remaining sensitive to the ethos of the academy, it is vital that all young people have information about contraception. Currently approximately half of teenage conceptions end in abortion, indicating that they were unwanted or unintended. Many early sexual encounters are associated with alcohol consumption and coercion and these topics also need to be addressed.

In addition, the academy curriculum has a role to play in reducing the likelihood of sexist, sexual, homophobic and transphobic bullying occurring in part through addressing some of the underlying attitudes and values that underpin it. SRE within PSHE education is the most obvious location for specific coverage of issues relating to bullying, gender equality and sexuality.

SRE within PSHE education is an important part of a whole-academy approach to student well-being. Students who are happy in their relationships with peers and adults at academy are likely to be better able to learn. By addressing a range of personal and social issues and providing information about where and how to get help, SRE supports students who face difficulties to get help and thus helps them to stay on track with learning.

The legal position on SRE

Under current arrangements there are a number of requirements on academies in respect of SRE. These are set out in legislation and are as follows:

- The Education and Inspections Act 2006 places academies under a duty to promote the well-being of their students.
- The Education Act, 1996, as amended by the Learning and Skills Act 2000, requires headteachers and governing boards to have regard to this guidance; to ensure that students learn of the nature of marriage and its importance for family life and the bringing up of children, and that they are protected from unsuitable teaching and materials
- All secondary academies are required to provide SRE which includes (as a minimum) information about HIV/AIDS and other STIs (Education Act 2002).

- Academies must teach the statutory requirements of SRE within the National Curriculum Science Order for all phases. This includes the biological aspects of naming Body parts, puberty, reproduction and infection avoidance
- Section 405 of the Education Act 1996 provides the right of parental withdrawal from all or part of SRE provided at academy except for those parts included in the National Curriculum

2. Aims and Objectives

SRE has three main elements:

2.1 Values and attitudes

Because of the personal and social nature of the topics covered in SRE, values and attitudes are a central part of learning and moral development. There are clear values that underpin SRE including:

- mutual respect,
- the value of family life, marriage and of loving and stable relationships in bringing up children
- rights and responsibilities, for self and others
- commitment to safety and wellbeing
- gender equality
- acceptance of diversity, and
- that violence and coercion in relationships are unacceptable

2.2 Knowledge and understanding

SRE should also increase students' knowledge and understanding at appropriate stages by:

- learning and understanding emotional and physical development
- understanding human sexuality, reproduction, sexual health, emotions and relationships
- learning how to resist unwelcome pressures to be sexually active
- learning how to avoid unplanned pregnancy and STIs including learning about contraception and infection avoidance
- learning about pregnancy and the choices available
- learning about the range of local and national sexual health advice, contraception and support services available
- understanding the legal aspects of sexual behaviour
- learning about the links between sexual health and alcohol
- understanding the positive benefits of loving, rewarding and responsible relationships
- learning about the impact of coercion and violence and understanding that consent is critical.
- understanding the law concerning pornography

2.3 Personal and social skills

As well as knowing facts, it is important that children and young people develop personal and social skills to make informed decisions and life choices, including:

- learning to identify their own emotions and those of others
- managing emotions and relationships confidently and sensitively

- developing self-respect and empathy for others
- communicating openly and respectfully about sex and relationships
- making and carrying out decisions
- developing an appreciation of the consequences of choices made
- coping with and resisting unwelcome peer pressure
- managing conflict
- learning how to identify risk,
- challenging stereotypes derived from the media and pornography,
- recognising and avoiding exploitation and abuse, and
- asking for help and accessing advice and services.

3. Delivery

National research studies have looked at 'how' and 'when' SRE is taught. They found that:

- SRE is more effective if it starts before a young person first has sex
- SRE has more impact if both academy and home contribute to SRE
- SRE is more effective if teachers are trained and are able to involve children and young people in their learning through participatory techniques
- SRE has more impact on reducing sexual risky behaviour if it is taught through small group work with a focus on skills and attitudes (rather than knowledge)

Research evidence now confirms that there is a broad consensus and support for SRE in academies:

- Young people (96%) and parents (86%) support SRE
- Parents (86%) believe that they should talk to their children about sex and relationships
- Both parents and young people agree SRE should include relationships, peer pressure, contraception and STIs
- Parents (75%) agree that young people should have access to confidential contraception services

86% of parents believe there would be fewer teenage pregnancies if parents talked more to their children about sex and relationships

Please see APPENDIX I for details of the curriculum

Our partners

Our partners in the community have supported the development of this policy and their continued feedback, advice and guidance will be valued as the policy is implemented. The Academy has a good working relationship with:

- Sussex Police (and in particular with our Police Neighbourhood Academy's Officer, (NSO))
- The PSHE Advisory Team East Sussex County Council

Responsibilities

The Principal and the Governors are responsible for ensuring that this policy complies with all relevant legislation and for its successful implementation, evaluation, monitoring and review.

The Senior Leadership Team will support the Principal in all aspects of implementation, evaluation, monitoring and review and in ensuring appropriate staff training.

All staff will familiarise themselves with the policy and support its aims.

The Subject Leader for Humanities will be responsible for establishing an inclusive SRE programme using local guidance including the support of the PSHE & Healthy Academies Advisory team and in line with the forthcoming statutory duty to deliver PSHE Education to all students. The curriculum and this policy will therefore be informed by each other.

Parents and carers are responsible for supporting the aims of this policy and for supporting academy staff with its implementation.

Students are responsible for supporting the aims of this policy and using it to inform their behaviour.

Working with parents and carers

The partnership of parents and carers with our Academy is essential.

All lesson plans, schemes and resources are available to view on the e-learning portal.

Parents may withdraw their children from PSHE SRE lessons but not from National Curriculum Science lessons.

Inclusion and diversity

We recognise and value the diversity of our academy and of our wider community and the various and differing ideas and beliefs found within each. This SRE Policy reflects our diversity and is informed by it.

Our sex and relationships education programmes incorporate a range of different teaching styles and learning opportunities in order to meet the needs of all individuals and groups. We will be sensitive to cultural difference and to other background influences while prioritising our central commitment to the health, safety and well-being of all.

Vulnerable groups

Research identifies that particular groups of young people may be at greater risk of developing unhealthy relationships and we are committed to developing a range of appropriate interventions and support for these students.

The staff know their students well and are skilled at and trained in identifying problems. Where appropriate, we are able to refer students to the Sexual Health Nurse who can provide specialist support. We will use the Common Assessment Framework (CAF) as a tool in order to make informed and consistent assessments.

We recognise that certain risk and protective factors can make students more or less vulnerable in certain situations.

To address identified problems we are able to offer a range of support services

- Referral to academy nurse

- Children and Adolescents Mental Health Services Team

Child protection, safeguarding and confidentiality

Our child protection policy ensures that all staff are alert to signs that a student's health or safety is under threat and have responsibility for referring any concerns to the designated senior person responsible for child protection. Concerns may be triggered by disclosure or by other information. Where child protection procedures are invoked, action will be taken through the appropriate system.

Our wider safeguarding responsibilities take account of the right of every child to be healthy and stay safe.

The health, safety and well-being of our students are paramount. We encourage trust, between teachers, students and parents. However, the boundaries of confidentiality will be made clear to students who will not be promised confidentiality where they (or another's) best interests may be compromised. Our child protection procedures are clear and where they are not appropriate we will work with the student to share information with an appropriate adult who will, most usually, be the parent/carer.

Implementation and dissemination

The Principal and board of governors are responsible for the dissemination and implementation of this policy, supported by the Senior Leadership Team.

The policy (which has been widely shared and consulted on during its developmental process) is available to all our stakeholders on the Academy website or on request.

Monitoring, evaluation and review

We will produce an annual report for our governors detailing the progress made against our agreed actions and targets.

This policy will be reviewed at least every three years.

APPENDIX I

SEX AND RELATIONSHIPS EDUCATION CURRICULUM

Key Stage 3 – Sex and Relationships Education in the Curriculum		
<p>PSHE: Non-statutory Programme of study: Personal Wellbeing (QCA 2007)</p>	<p>Science: Statutory Programme of study: (QCA 2007)</p>	<p>Questions to help schools to explore SRE within the national curriculum</p>
<p>The range and content that teachers should draw on when teaching the key concepts and processes include:</p> <ul style="list-style-type: none"> • examples of diverse values encountered in society and the clarification of personal values (a) • physical and emotional change and puberty (c) • sexual activity, human reproduction, contraception, pregnancy, and sexually transmitted infections and HIV and how high-risk behaviours affect the health and wellbeing of individuals, families and communities (d) • the features of positive and stable relationships, how to deal with a breakdown in a relationship and the effects of loss and bereavement (i) • different types of 	<p>Range and content should include:</p> <p>Organisms, behaviour and health</p> <ul style="list-style-type: none"> • The human reproductive cycle includes adolescence, fertilisation and foetal development • Conception, growth, development, behaviour and health can be affected by diet, drugs and disease <p>The curriculum should provide opportunities for schools to:</p> <ul style="list-style-type: none"> • Consider how knowledge and understanding of science informs personal and collective decisions, including those on substance abuse and sexual health <p>Explanatory notes:</p> <p>Sexual health: includes issues related to contraception, pregnancy and disease</p> <p>Diet, drugs and</p>	<ul style="list-style-type: none"> • What is normal physical development during adolescence and what is a positive Board image? • What is sexual attraction and sexual orientation and how does it vary between people? • How do friends, culture, faith and family influence beliefs and attitudes to sex and relationships? • How may our relationships with peers and family change during adolescence? • How do I feel about these changing relationships? • What skills do I need to cope with this? • What messages about our bodies, sex and relationships does the media present and how is this different to reality? • How does this make me feel? • What is my attitude to positive Board image, how does this vary for men/women/disabled people, and how are my views affected by peers, family, community and the media? • What affects our self-esteem – and how does

<p>relationships, including those within families and between older and young people, boys and girls, and people of the same sex, including civil partnerships (j)</p> <ul style="list-style-type: none"> • the nature and importance of marriage and of stable relationships for family life and bringing up children (k) • the similarities, differences and diversity among people of different race, culture, ability, disability, gender, age and sexual orientation and the impact of prejudice, bullying, discrimination and racism on individuals and communities (m) 	<p>disease: This includes...the effect of drugs such as alcohol, tobacco and cannabis on mental and physical health. It also includes the effects of bacteria and viruses, such as those associated with sexually transmitted infections.</p>	<p>self-esteem affect our emotional health and relationships with others?</p> <ul style="list-style-type: none"> • What factors makes a loving and happy relationship? • What factors can make relationships unhappy? • What is equality in relationships and what are the characteristics of unequal relationships? • What is the value of stable relationships and how are people affected by separation and loss? • What are the different ways of expressing sexual intimacy, and what are the associated risks of STIs and pregnancy? • What is the law on consent to sexual activity? • What do I understand about consent in relationships? • What skills and attitudes do I need to develop in relationship to it? • How do I assess risk in sex and relationships? • What are some of the influences on our choices about sex and relationships and how can I deal with peer pressure? • How do males/females behave differently in relationships and what other choices do they have? • How does alcohol and drugs affect sexual behaviour? • What are sexually transmitted infections, how are they transmitted, treated,
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		<p>tested and prevented (including condoms)?</p> <ul style="list-style-type: none"> • What is the role of hormones in the menstrual cycle and how does fertility change with age? • How do women get pregnant and what sexual activities can / cannot lead to conception? • What choices does a woman have if she gets pregnant, including keeping the baby, abortion and adoption? • What are the different types of contraception including emergency contraception and how are these used? • How can I talk to my parents or a trusted adult if I need help and advice? • What can I expect from contraception and sexual health services and where and when are these services available?
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Key Stage 4 – Sex and Relationships Education in the Curriculum		
PSHE: Non-statutory Programme of study: Personal Wellbeing (QCA 2007)	Science: Statutory Programme of study: (QCA 2007)	Questions to help schools to explore SRE within the national curriculum
<p>The range and content that teachers should draw on when teaching the key concepts and processes include:</p> <ul style="list-style-type: none"> • the effect of diverse and conflicting values on individuals, families and communities and ways of responding to them (a) • how the media portrays young people, 	<p>Schools should be taught:</p> <p>Organisms and health</p> <ul style="list-style-type: none"> • Human health is affected by a range of environmental and inherited factors, by 	<ul style="list-style-type: none"> • How can conflict arise in relationships with my peers, family and others and how can I deal with it? • What are my relationships values? • How can good communication lead to more understanding and fulfilling relationships?

<p>Board image and health issues (b)</p> <ul style="list-style-type: none"> • the benefits and risks of health and lifestyle choices, including choices relating to sexual activity and substance use and misuse, and the short and long-term consequences for the health and mental and emotional wellbeing of individuals, families and communities (d) • where and how to obtain health information, how to recognise and follow health and safety procedures, ways of reducing risk and minimising harm in risky situations, how to find sources of emergency help and how to use basic and emergency first aid (e) • characteristics of positive relationships, and awareness of exploitation in relationships and of statutory and voluntary organisations that support relationships in crisis (f) • parenting skills and qualities and their central importance to family life (h) • the impact of separation, divorce and bereavement on families and the need to adapt to changing circumstances (i) • the diversity of ethnic and cultural groups, the power of prejudice, bullying, discrimination and racism, and the need to take the initiative in challenging 	<p>the use of misuse of drugs and medical treatments</p>	<ul style="list-style-type: none"> • What are some of the sources of power in relationships including financial, emotional, age and gender and what are the options in relationships where power is unequal? • How skills do I need to resist pressure to do things I don't want to do - from peers and in a sexual relationship? • What can I do to retain control in risky situations? • How can I cope with strong feelings such as anger, sadness, desire and love? • What are the features of different methods of contraception and what protection do they offer in terms of STIs and pregnancy? • Is responsibility for contraception and protection shared in relationships and how can responsibility be negotiated? • How do alcohol and drugs affect sexual decision-making and what strategies can reduce the risks? • What are the responsibilities of being a parent and what skills do I need? • How can I contribute to challenging bullying, homophobia, sexism and discrimination? • What are some of the social and personal impacts of having an STI, for example HIV, and how can social stigma be challenged? • What is my attitude to the way in which the media present sex and
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<p>this and other offensive behaviours and in giving support to victims of abuse. (j)</p>		<p>relationships and how is reality distorted, for example in pornography?</p> <ul style="list-style-type: none"> • What sexual and reproductive rights do I have as a young person (including rights relating to information, healthcare, confidentiality and the law)? • How can I talk to my parents or a trusted adult if I need help or advice? • What is the full range of services, help and information available to me including local contraception and sexual health services, counselling, pharmacists, GPs, drop-in services for young people, telephone help-lines and internet sites? • Am I confident enough to access help and support?
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