

# Community Links Sex and Relationships (SRE) Policy

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## **Introduction**

### **Description of Community Links**

We have provided alternative education for young people excluded from school since 1978. All students attend the programme full time. Some return to mainstream education. Others take their exams at a Community Links centre. The programme enjoys high levels of achievement through awards, AQAs and students going on to Further Education. We work with schools in Newham and neighbouring boroughs. For young people at risk of becoming involved in crime, we offer a range of positive and inclusive activities. At the heart of these is teamwork but we also develop individual skills and confidence to help everyone reach their full potential.

## **Development of Policy**

### **The People Involved**

The policy was initially developed / reviewed by a working party which consisted:

- |                     |                                  |
|---------------------|----------------------------------|
| • Sophie Groenvynck | PSHE Co-ordinator                |
| • Sandy Davies      | Curriculum Manager               |
| • Grace Easton      | School Nurse Education otherwise |
| • Michael Bath      | Newham SRE Adviser               |
| • Justine Cottle    | Manager, Shine, Newham PCT       |

### **The Process Undertaken**

- The working group was briefed by Newham's SRE advisor
- The previous sex education policy and equal opportunities policy were all reviewed
- An audit of sex education in each year was undertaken by teaching staff.
- An audit of resources used in the school was undertaken
- Pupils were consulted on previous SRE provision and what might be included in SRE provision including members of Junior Sacre
- Staff were consulted on the policy
- Parents were consulted on the policy

## Purpose of the policy

The purpose of this policy is to explain the aims of SRE within Personal, Social, Health and Economic education (PSHEe). It also describes what we teach and the approaches we use.

This policy helps to ensure that the whole school community, parents, staff, governors and pupils have a shared understanding of the important area of the curriculum.

Within *Every Child Matters* there are elements of all 5 outcomes that directly relate to the teaching of SRE:

### **Be Healthy**

Sexually Healthy

Healthy Lifestyles

Mentally and emotionally healthy

### **Stay Safe**

Safe from maltreatment, neglect, violence and sexual exploitation.

Safe from bullying and discrimination

Safe from crime and anti-social behaviour in and out of school

### **Enjoy and Achieve**

Attend and enjoy school

Achieve personal and social development and enjoy recreation.

### **Making a Positive Contribution**

Engage in decision making and support the community

Engage in law abiding and positive behaviour in and out of school

Develop positive relationships and choose not to bully and discriminate

Develop self-confidence and successfully deal with significant life changes and challenges

### **Achieve economic well being**

Engage in further education, employment or training on leaving school

Live in households free from low income

The national **Teenage Pregnancy Strategy** (1999) aims to drastically reduce pregnancy among under-18s by 2010. In Newham there are higher than average rates of a STIs and unplanned Teenage Pregnancy. As a school we want to equip our pupils with the relevant knowledge, skills and attitudes to develop the self-confidence and self esteem to ensure they do not engage in early sexual activity. National and local Teenage Pregnancy Strategies identify effective SRE as an important contributory factor in the reduction of under-18 conception rates.

The **National Healthy School Standard** (NHSS, 1999) aims to support schools in the development of a whole school approach to health. Effective sex and relationships education is one criterion for a healthy school. Having an up to date SRE policy is a requirement for Healthy Schools status which the school is currently working towards.

## Links with other policies and programmes

SRE is taught within the *PSHCE programme* across all years.

The school has a drugs policy that shares common criteria with the SRE Policy.

The *confidentiality policy* has been developed separately from the SRE policy and is available on request. Confidentiality is referred to later in this policy.

Community Links is working towards *Healthy Schools Status* of which an effective SRE policy and Scheme of Work is a requirement.

The school also has an *anti bullying policy* to help ensure pupils are free from discrimination.

**Behaviour policy**

**Child Protection Policy**

## Moral and Values Framework

The students bring with them a rich mixture of cultures and religions and Community Links make every effort to emphasise the respect for the variety of beliefs and to recognise the concerns and sensitivities of these different cultures. Many of the students have low self-esteem and have difficult histories in their schooling. We are committed to the active promotion of self-esteem in all our students and the encouragement of the development of their self-confidence and sense of personal worth.

The sex education programme will reflect the school ethos and demonstrate and encourage the following values:

- Respect for self and others.
- Take responsibility for their actions and the impact actions have on their family, friends, school and wider community.
- Respect for their family, friends, school and wider community
- The value of positive friendships, relationships and family life including marriage.
- Respect for an individual's religion, race, disability, culture, gender and sexual orientation.
- To be safe and free from harm including freedom from exploitation.
- Empower young people to understand their rights, self determination and autonomy and their self potential to make their own decision.

## Faith and Cultural Perspectives in SRE

Community Links believes that all young people from all faiths and cultures in the school have an entitlement to SRE that can support them on their journey through childhood to adolescence and adulthood. SRE should be sensitive to the range of different faiths in the school.

The school will ensure wide consultation with parents and the wider community to when developing its Scheme of Work and the resources it uses to be sensitive to the range of cultural and faith beliefs and values and to reassure parents.

When appropriate certain aspects of the SRE programme may be delivered in single sex groups.

The school will take account of religious festivals and celebrations to ensure as many pupils as possible can access the SRE programme.

## **Aims of the SRE Programme**

*“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” (Sex Education Forum, 1999).*

Sex education will be taught in the context of relationships. Topics and themes will be repeated from year to year in greater depth taking account of the pupil’s development.

In line with Government guidance (*Sex and Relationship Education Guidance, July 2000*) the school sex and relationship education aims to prepare young people for an adult life in which they can:

- Develop positive values and a moral framework that will guide their decisions, judgements and behaviour;
- Be aware of their sexuality and understand human sexuality
- Understand the arguments for delaying sexual activity
- Understand the reasons for having protected sex

In accordance with government guidance (The Learning and Skills Act, 2000) we want to make sure that young people:

*Learn about the nature of marriage and its importance for family life and the bringing up of children; and are protected from teaching and materials which are inappropriate having regard to the age and religious and cultural backgrounds of the pupils concerned.*

**The sex and relationship education programme at *Community Links* school will:**

- Teach about relationships, love and care and the responsibilities of parenthood as well as sex;
- Focus on boys as much as girls
- Build self esteem by developing positive attitudes and confidence in pupils;
- Teach the taking on of responsibility and the consequences of one’s actions in relation to sexual activity and parenthood
- Provide young people with information about different types of contraception, safer sex and how they can access local sources of further advice and treatment;
- Use young people as peer educators, e.g. teenage mothers and fathers;
- Give young people a clear understanding of the arguments for delaying sexual activity and resisting pressure
- Link sex and relationship education with issues of peer pressure and other risk taking behaviour such as drugs, smoking and alcohol;
- Ensure young people understand how the law applies to sexual relationships
- Discuss different types of relationships and different sexual orientations.
- Provide information which is easy to understand and relevant and appropriate to the age and maturity of the pupils;
- Include the development of communication and social skills;
- Encourage the exploration and clarification of values and attitudes.

## Organisation of Sex and Relationships Education

- **Co-ordination**

Sex education will be co-ordinated by the PSHE co-ordinator.

- **Who teaches SRE**

Group coordinators and support workers  
Through Science and the wider curriculum  
External Visitors  
School Nurse

- **Where SRE is taught**

Through the National Curriculum Science  
Through PSHCE lessons  
Informally through 1 to 1 s with Project Staff and School Nurse  
Invited Agencies including ShiNE and community police officer  
Health Drop ins  
Healthy Schools Multi Agency Health Conference Days

- **Content of sex education**

### **Year 7, 8 and 9**

- Puberty
- Cervical and testicular cancer
- Appropriate Language
- Pregnancy and how a baby is conceived
- Choices in Relationships
- Basic contraception
- STIs
- Services
- Safe relationships
- Sex and the law

### **Year 10 and 11**

- Testicular / Cervical / Breast Cancers
- Contraception
- STIs
- Abortion
- Assertiveness skills
- Cultural and religious perspectives
- Teenage Pregnancy issues
- Parenting Skills
- Marriage
- Making relationships work

NB: Topics will be repeated and differentiated throughout all the years depending upon the needs of the students.

### ▪ **How SRE is taught**

Learning methods, which involve children's full participation, will be used as much as possible. For example: whole class groups, smaller groups of pupils, case studies, role-play and drama, as well as individual quizzes / questionnaires and storyboards.

Single gender groups will be used as deemed appropriate and relevant.

Presentations from relevant external agencies and health professionals

Drop-ins, including 1 to 1 opportunities

## **Specific Issues Statements**

All the issues highlighted in this section will be addressed while ensuring pupils are referred to the values of their communities and to discuss the issues with their parents and families if they are able.

Up to date medical information will be given in discussion of these subjects, where appropriate. This could be from the School Nurse or other visiting Health Professionals, for example SHiNE, the young people's sexual health service based within Newham NHS Primary Care Trust.

### ▪ **Puberty**

All children need to know about puberty before they experience the onset of physical changes. When they arrive at the school we will ensure that the knowledge of puberty that they should have received in the primary school is reinforced and is made relevant for their age. This will include addressing emotional and physical changes and how young people can deal with these. It is important for boys and girls to understand the changes for their own sex, and for the opposite one.

### ▪ **Menstruation**

Programmes should include preparation for menstruation. Boys as well as girls will need to understand menstruation.

Research shows that about a third of girls are not told about periods by their parents and 10% receive no preparation at all before their first period.

Schools should also make adequate and sensitive arrangements to help girls cope with menstruation and with requests for sanitary protection.

(DfES SRE Guidance 2000)

### ▪ **Contraception**

Pupils need to be made aware of contraception long before they might need to use it and it should be addressed in a way that is appropriate to each pupil's age, experience and level of understanding. Teachers can give information about contraception to pupils under 16, including those methods of contraception that can help prevent against the transmission of HIV and other STIs – condoms and femidoms

However if young people below the age of consent seek personal contraceptive advice, teachers are advised not to provide it and should suggest that the young person seeks advice or from a medical practitioner or young people's clinic such as SHiNE.

However in line with the DfES SRE Guidance 2000 the school will deliver sessions that give full up to date information on contraception:

*Trained staff in secondary schools should be able to give young people full information about different types of contraception, including emergency contraception and their effectiveness...Trained teachers can also give pupils – individually and as a class – additional information and guidance on where they can obtain confidential advice, counselling and where necessary treatment.*

## ▪ **Abortion / Termination**

Young people need to be given accurate and up to date medical information about abortion from established reputable health professionals who have direct access to termination services. In the case of Newham this will be SHiNE, family planning nurses or school nurses.

When abortion is covered it should enable young people to know and understand about abortion, give them an opportunity to explore dilemmas, and help them to develop the communication skills needed to discuss it with parents and health professionals.

When abortion is covered it should enable young people to know and understand about abortion, give them an opportunity to explore dilemmas, enable them to know and understand about abortion and help them to develop the communication skills needed to discuss it with parents and health professionals. Young people need to have advice on the services available to them and how to access them.

Ensuring the delivery of non-directive education is essential if young people are to make informed choices. Teachers inviting an outside agency into school to complement their programme of work around SRE or Religious Education should ensure that visitors work to the same good practice standards as school staff.

Exploring the issues unintended pregnancy and abortion raise can be done in a safe, non-judgemental way which neither promotes nor stigmatises particular choices. The school and / or agency will:

- ◆ Provide a safe learning environment in which individuals are respected and able to explore and express their views
- ◆ Adopts an inclusive approach – for example, working from the assumption that a student in the group has direct experience of unintended pregnancy helps to ensure that language and activities do not alienate vulnerable young people.
- ◆ Utilise appropriate teaching materials and images.
- ◆ Discusses risk taking behaviour and how to reduce the risk of unintended pregnancy and sexually transmitted infections.
- ◆ Values all pregnancy choices equally so as not to stigmatise particular options.
- ◆ Gives accurate, impartial information about abortion in relation to health and the law.



- ◆ Helps to dispel fear, shame and guilt, which are obstacles to young people's learning.
- ◆ Values diversity and recognises that there is a spectrum of religious and secular views on abortion.
- ◆ Explores the ethical dilemmas abortion can present and enables students to form their own beliefs and opinions.
- ◆ Considers outside pressures and sources of influence in decision-making
- ◆ Signposts young people to impartial sources of advice and support.
- ◆ Emphasises young people's right to make and act on informed choices.

## ▪ **Sexually Transmitted Infections (STIs), including HIV/AIDS**

Teaching about HIV / AIDS and STIs includes:

- Helping pupils clarify their knowledge of HIV/AIDS and STIs
- Teaching them assertiveness skills for negotiating relationships and
- Enabling them to become effective users of services that help prevent / treat STIs and HIV

To reinforce these points the DfES SRE Guidance 2000 states that the key messages for sexual health professionals and teachers should be:

- *Information and knowledge about HIV/AIDS is vital*
- *Young people need to understand what is risky behaviour and what is not*
- *Sex and relationship education should inform young people about condom use and safer sex in general*
- *Young people need skills to enable them to avoid being pressured into unwanted or unprotected sex (this should link with issues of peer pressure and other risk taking behaviour such as drugs and alcohol) and*
- *Young people need factual information about safer sex and skills to enable them to negotiate safer sex*

***Please see Appendix 3: Procedures for supporting any members of the school community infected or affected by HIV***

## ▪ **Masturbation**

Young people need to be given accurate medical information and be able to discuss the different religious beliefs around this topic. Teachers need to ensure they are comfortable discussing this subject so as to be careful not to give incorrect information.

## ▪ **Relationships**

This will include discussion about feelings, relationships and values. It should help young people learn to respect themselves and others. In the early primary school years education about relationships needs to focus on friendship, bullying and the building of self-esteem.

Within the context of talking about relationships, children should be taught about the nature of marriage its importance for family life and for bringing up children. However children should be taught that marriage and stable relationships are key building blocks of community and society. This subject needs to be taught in a way so as not to stigmatise children due to their own family network or home environment.

## ▪ **Sexuality and Sexual Orientation**

The school upholds positive beliefs about diversity and wants to ensure pupils are not bullied or discriminated against. Also young people need to know that they will come into contact with a diverse group of people in their lives through work, leisure, family and friends.

In a lesson where homosexuality is discussed the teacher will ensure that the young people will know that homosexuality is legal and what the age of consent is for sex between two people of the same sex.

Young people, whatever their developing sexuality, need to feel that SRE is relevant to them, and sensitive to their needs. Teachers should be able to deal honestly and sensitively with sexual orientation. Teachers can be assured that they can discuss this subject within the classroom. Government guidance 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.

Homophobia should be challenged wherever and whenever it arises in schools. Homophobic bullying should be dealt with as unacceptable like other forms of bullying such as racial or because of a pupil's appearance because of the emotional distress and harm caused. (Social Inclusion: Pupil Support Circular 10 /99)

Section 28 has been repealed and did not in any case apply to schools

## ▪ **Childcare and Parenting**

This will include looking at the needs of children; explore the demands on parents and the responsibilities of parenthood.

## ▪ **Harassment**

This will equip young people to challenge stereotypes and address racial, sexual and homophobic harassment. It will help young people to learn to make choices based on an understanding of difference and an absence of prejudice. It will include information about support agencies and how to access them.

## ▪ **Abstinence Only Education**

In line with advice from the Sex Education forum and government guidelines abstinence is taught about in relation to pupils religious beliefs and personal beliefs. It is discussed in the context one of a range of decisions that young people make when deciding when to have sex.

The school does not believe in teaching abstinence as the only option available as this can cause stigma and embarrassment to young people and members of their families.

## ▪ **Rape and Consent**

Students will be made aware of up to date legislation about consent to have sex and what constitutes rape. They will need to know that consent means more than someone saying yes and that other factors can affect a person's ability to consent to sex. They will be given opportunities to discuss issues around:

- alcohol and how it affects a person's ability to consent to sex
- age of consent, including the law in relation to under 13s
- what constitutes safe and unsafe situations
- how rape affects the person who is raped
- support services for someone who is raped

## ▪ **FGM**

Female Genital Mutilation is illegal in this country. Students should be given information about FGM. External agencies from Newham PCT can assist in this area as it can be challenging for teachers and students.

## ▪ **Forced Marriage**

Pupils should be made aware of the issues around this subject. Further guidance should be sought from the Forced Marriage Union:

<http://www.fco.gov.uk/en/travelling-and-living-overseas/things-go-wrong/forced-marriage>

## **Teenage Pregnancy**

A pupil who becomes pregnant is entitled to no more than 18 calendar weeks authorised absence to cover the time immediately before and after the birth of the child. Absence for anti-natal classes and if the baby is ill should be classified as 'authorised'.

Pregnancy is never a reason for exclusion from school. However, a pregnant student must not incur unauthorised absences. She will be entitled to time for medical appointments. The school will provide suitable (according to age, ability and attitude) education to students who become pregnant. The school will oversee the setting and working of this work. The learning mentor will support.

Pregnant school girls and school age mothers will remain on the roll of the school. Reintegration will be attempted where possible, although there may not be enough time if the student is in year 11.

The Teenage Pregnancy reintegration officer and Connexions advisor can provide advice to the young woman or young father about accessing childcare.

### ***When the School becomes aware that a pupil's pregnant:***

The child protection officer should be notified when it comes to the attention of a member of staff that a student is pregnant. Teachers should make it clear to students that they cannot guarantee or offer students confidentiality.

A member of staff who finds out that a student is pregnant should ensure that the pupil is directed to the designated member of staff responsible for teenage pregnancy. They will ensure that she receives full information about services in her local area, knows how to access them and has the opportunity to talk through the options available to her.

In cases where a pupil has decided to continue with her pregnancy the pupil should be advised that the Head teacher and nominated LEA officer will need to be informed so that arrangements can be made for her continuing education. The Head teacher and appropriate pastoral manager should make sure that the pregnancy is dealt with sensitively by teachers and pupils within the school.

The nominated member of staff is not obliged to tell the pregnant pupils parents or carers, but should take steps to encourage the young woman to talk to her parents and carers.

If a young woman in public care becomes pregnant, the teacher with responsibility for looked-after children should be involved in discussions and review of the care plan for the young person to ensure that her educational needs are considered alongside her other needs.

A school age mother should have an individual care plan.

Staff who need to be aware of the students' condition should be alerted eg. School Nurse, School First Aider, Head of Faculty for PE.

- **School age fathers**

The school should acknowledge the additional need that school age father and fathers to be may have. If a member of the staff finds out that a student is a father or a father-to-be they should follow the same procedure as when they find out a girl is pregnant.

If appropriate, flexibility should be offered to the timetable and curriculum. Access to a counsellor can be offered, or help from other agencies such as Connexions.

### **Answering difficult questions**

Sometimes an individual pupil will ask an explicit or difficult question in the classroom. Questions do not have to be answered directly and can be addressed individually later. Individual teachers must use their skill and discretion in these situations and refer to the deputy head if they are concerned.

Teachers should not feel that they have to give an answer if they are not sure or do not want to for any reason but must do what they can to ensure pupils have access to the relevant information, if appropriate

If outside visitors are being used to deliver elements of SRE it may be possible to consult with them to answer these questions by getting the pupils to write down questions for the visitors.

### **Confidentiality and Child Protection**

The classroom cannot be deemed to be a confidential environment and young people should be made aware of this when **Ground rules** are being established at the beginning of the sessions.

As a general rule a child's confidentiality will be maintained by the teacher or member of staff concerned, though it cannot be promised to the students. If this person believes that a child or others are at risk or in danger, the member of staff will inform the young person that this information needs to be shared and the reasons why.

**Community Links Child Protection Procedures – Pan London CP guidelines**

## **SRE for children and young people with learning difficulties**

The school believes that children with learning difficulties should have equal access to the SRE program. Advice is taken from school nurses, the local sexual health providers and the speech and language therapy service. The content of the SRE program for pupils with learning difficulties is roughly divided into:

- Body parts
- Gender
- Feelings
- Public and private
- Relationships
- Life cycle

Active methods of group work are used. These methods use a variety of ways of communicating and are not only verbal. They include circle work, matching and sequencing pictures, storytelling, drama and mime. Some of the ways that we work include:

- Setting up working agreements from the start, such as no-one will be expected to ask or answer a personal question; it also provides clarity about what will need to be passed on if there is a genuine concern
- Use of distancing techniques, e.g.: case studies
- Using group building activities to form a co-operative and safe group
- Giving a variety of opportunities for developing and practising skills like decision making and assertion
- Using distancing methods like stories, case studies, drama and 3D models to allow discussion about matters without referring to people in the group
- Using ritual and repetition to promote learning, for example using the same song or activity to start the session
- Building on what has gone before by returning to similar content at each stage
- Drawing on a wide range of materials, including visual, aural and tactile.

## **SRE, Equal Opportunities and Inclusion**

Community links is committed to working towards equality of opportunity in all aspects of school life.

The school will work to ensure that the policy and programme is relevant to:

Boys as well as girls

The range of cultures and faiths of pupils at the school and within UK society

Pupils with special needs

Lesbian, gay and bisexual pupils

All resources and methods will be as inclusive as possible and guidance will be sought on the most accessible resources relevant to the needs of the pupils in our school.

## **Working with the Whole Community**

- **Parents and Carers**

Community Links is committed to working with parents. Parents are consulted in the development of this policy and are informed when SRE is being delivered and are invited to look at resources during lunchtime or after school meetings.

Sex education materials will be available to parents who wish to supplement sex education in school or who wish to deliver sex education to their children at home.

- **Withdrawal from the SRE programme**

Under the Education Act 1993 their parents can withdraw pupils from part of the sex education that is outside the compulsory elements contained in the Science National Curriculum.

Parents can withdraw their children only after consultation with the school and only after they are made aware of the content of the SRE programme and the possible consequences on their child's health.

- Initial contact from home either through letter or telephone call.
- Parents are invited to meet the head of PSHE to discuss concerns and to look at materials. She will talk with the parents about the child's possible negative experiences or feelings that may result from exclusion and the ways in which these can be minimised.
- If parents still want to withdraw their child they need to put their request in writing
- The parent's withdrawal is only valid for 1 year and the process has to be done on a yearly basis.

- **Pupils**

The student committee will be consulted on the content of the SRE policy and will be asked what they want in their SRE sessions.

## **Evaluation and Assessment**

The policy will be reviewed using a consultative process, which identifies teachers', pupils' and parents' feedback on the sex education programme.

A variety of informal evaluation activities have been built into the programme. Teachers are required to keep their own personal evaluation of each lesson, which will be analysed by the co-ordinator.

Elements of sex education in the science curriculum will be assessed formally

## **Drop ins**

Currently drop ins are held usually once a month at different venues. Shine is the lead agency in these drop ins, along with Healthy Schools, Create, Alternatives., etc. The

aim is to provide pupils with information on health issues including sexual health and drugs, and to support them to access a range of health services locally.

## **Condom (C) Cards**

This Section highlights the main parts of the Condom Card scheme. Currently Shine will distribute the condom cards and condoms at their drop-ins at Community Links venues.

Currently no staff members at Community Links will distribute condoms or Condom cards

### **▪ Introduction**

#### **Background**

Half of the under 16s and a third of 16 to 19s in the UK use no contraception the first time they have sex. Teenagers who don't use contraception have a 90% chance of conceiving in a year. New cases of sexually transmitted infections in the UK, such as Chlamydia and Gonorrhoea, have more than doubled over the past six years with the most significant rise amongst young people. Yet levels of awareness of Chlamydia, which can lead to infertility, are extremely low. One survey suggested that almost three-quarters of those aged 16 – 24 had not heard of the disease (Health Committee – Sexual Health 2003).

The Newham Teenage Pregnancy Strategy aims to reduce the number of under 18 conceptions 55% by 2010 (on 1998 baseline figure). The Strategic Plan takes a broad approach to tackling this aim, with actions that include delivery of SRE in formal and informal settings, provision of young people's sexual health services, peer education, and communication campaigns. One of the actions is to improve young people's access to condoms. To do this the Newham Teenage Pregnancy Strategy Group, in conjunction with its partners – SHiNE and Connexions, has developed a condom distribution scheme. The scheme is based on good practice collected from other areas that have been delivering condom distribution schemes.

### **▪ Aims and Objectives**

#### **Aims**

- Reduce teenage pregnancy in Newham
- Reduce the spread of sexually transmitted infections

#### **Objectives**

- Increase the number and accessibility of outlets from which young people can access condoms for free in the London Borough of Newham
- Increase the number of young men accessing sexual health services
- Increase the number of young people accessing condoms



## ▪ **Principles and Values**

### **C-Card Principles**

- Young people do not need to be sexually active to join the C-Card Scheme
- All young people accessing the scheme are treated with respect, avoiding negative discrimination
- Young people have the right to make their own choices and decisions (unless the welfare or legitimate interests of themselves or others are seriously threatened)
- The scheme should promote and ensure the welfare and safety of young people
- The scheme operates within the overall safeguarding young people agenda.

### Working with sexually active young people

When any young person aged 18 and under applies for a c-card the worker needs to check that they are not in any danger. The Bichard assessment criteria help professionals to find out whether young people are in a consensual relationship that is free from abuse and harm. This needs to be done sensitively and if concerns are raised, professionals need to follow their organisation's Child Protection Guidance and protocols.

#### ▪ **Under 18s – The Bichard checklist**

Should you tell the police and social services?

Do any of the following apply?

- Age or power imbalances
- Overt aggression
- Coercion or bribery
- The misuse of substances as a disinhibitor
- Does the child's own behaviour, because of the misuse of substances place him/her at risk so that he/she is unable to make an informed choice about any activity?
- Has any attempt to secure secrecy been made by the sexual partner, beyond what would be considered usual in a teenage relationship?
- Is the sexual partner known by one of the agencies (n.b police)?
- Does the child deny, minimise or accept concerns?
- Are the methods used consistent with grooming?

- **Under 16s – The Fraser Guidelines**

Professionals working with young people can distribute condoms and give sexual health information to young people who are under 16 when it is in the young person's best interest and in line with their organisational policies. When a young person who is under 16 applies for a c-card they must also be assessed under the Fraser Guidance.

The Fraser Guidelines were written for medical staff to assess whether someone under 16 has the maturity and judgement to enable them to understand and consent to medical treatment, including contraception. We use these for all under 16s who apply for a c-card. When a young person between 13 and 15 meets all the Fraser competencies they can receive a c-card without parental consent.

When issuing a c-card to an under 16 you must be satisfied that:

- The young person can understand the advice and has sufficient maturity to understand what is involved in terms of the moral, social and emotional implications.
- You can't persuade the young person to inform their parents, nor allow you to inform their parents that contraceptive advice is being sought.
- The young person would be very likely to begin or to continue having sexual intercourse with or without contraceptive treatment.
- Without contraceptive treatment the young person's physical or mental health or both would be likely to suffer.

You must record that Fraser competency has been assessed.

- **Confidentiality**

All young people are entitled to confidentiality, including those under 16 regardless of sexual orientation. There are exceptional circumstances in which confidentiality should be breached such as those concerning Child Protection issues where such concerns have been identified. A clear young people friendly version of the providers' confidentiality policy must be displayed in all areas where young people are going to be accessing the scheme. All staff must be fully aware of the implications and limitations of confidentiality where it relates to the best interests of young people with regards to sexual health and the laws of the UK. They should, where applicable be able to state the limitations and privileges of confidentiality to a young person encountered in a context where no policy is in fact displayed – i.e. an outreach setting.

- **The C-Card Scheme**

**C - CARD**

Name •

Code •

Date •

Provider  1st  2nd  3rd

Date

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Provider  4th  5th  6th

Date

The C-Card Scheme allows young people to access condoms through an increased number of outlets across the London Borough of Newham. These outlets are identifiable by the display of the C-Card brand logo (below) which can be obtained from the C-Card administration.

To access the scheme young people will need to be under 24 years of age and register with a recognised C-Card Provider (see below). They will receive information and guidance on the use of condoms, safer sex, and sexual health and given information about using the scheme. If they are under the age of 16 they will be assessed under the Fraser Guidelines.

Once registered they will receive a card, with a unique code or number. The card will then allow the young person to access condoms through C-Card Providers.

Each time the young person gets condoms their card will be date stamped. Once it has been stamped six times, the young person has to return to a C-Card Provider to get a new card. They can then get condoms from C-Card Provider's another six times.

The Provider and the Young person will agree how many condoms the young person needs per month (up to a maximum of 24). This amount will be based on the age of the young person, the perceived risk factor, level of sexual activity and any other issues. This will be assessed at the initial registration process, and reviewed thereafter each time they go to get a new card.

It is essential that overall the C-Card Providers act according to the best interests of the young people and provide suitable advice and opportunity for individual sexual health interventions to all. In all eventualities Providers are encouraged to seek advice from both the scheme administration and other C-Card providers with whom they can share experiences and insights.

## Support agencies

Community Links appreciates the input that visitors can contribute to the SRE programme. There are various people who can resource and support school based sex education. In Newham these people may include Healthy Schools, SHiNE, SPARK, Teenage Health Project, Connexions, as well as parents, the School Nurse, religious or other health professionals. A visitor can:

- Bring a new perspective to a subject
- Offer specialised knowledge, experience and resources
- Make the topic less embarrassing because the visitor is a 'safe stranger'
- Form a link to the community and make local services more accessible
- Add variety to the curriculum
- Give support to teachers
- Take into account Secondary School's ethos and the religious and cultural needs of the pupils

When working with external agencies the school will consult the School Nurse **Healthy Schools Team, Shine** if agencies are previously unknown to the school. Most agencies will have a policy for working in schools and the school SRE co-ordinator will meet with an agency representative to ensure the following:

- Any contributions by visitors are consistent with the governments overall policy,
- Consistent with statutory requirements
- Are aware of the school SRE policy specifically the Specific Issues content of the policy
- Role of visitor when delivering the session
- Role of teacher when visitor is delivering a workshop

Loco parentis remains with the teacher when an outside visitor is leading a class and it is important that the teacher and the visitor have agreed roles and responsibilities so that they do not undermine each other.

Occasionally there will be an opportunity to visit a local sexual health clinic or theatre group that specialises in issues around relationships and sexual health. Parents will be informed of the nature of the visit and why pupils are expected to attend.

## Training and Support

Teachers are encouraged to attend the whole day Borough training on SRE and PSHE Assessment. Teachers have also attended *fpa* training courses. PSHE Lead and School Nurses have completed the 3 day Shine Sexual Health Course

## Teaching Materials and Resources

The school has the following resources that it uses to deliver elements of SRE:

*Contraceptive Kit*  
*Billy Ball Greedy*  
*Think Positive*  
*Getting Connected*

The material used will be available for review on request to the PHSE co-ordinator. Materials used will be available for parents to view on request and as part of parental curriculum meetings.

All leaflets that are available to pupils in school are approved fpa leaflets and are age appropriate. The leaflets will be available in each centre.

In line with government legislation there will be a notice boards available in the centres with information that advertises local and national agencies that relate to pupils' health and well being including local confidential sexual health agencies and services.

## Dissemination of the Policy

All staff members, links trustees and the Director of Youth Work will receive a copy of this policy.

## Agreed and Signed

**Date:** Summer 2008

**Review Date:** Summer 2010

**Member of staff responsible:**

**Signed:**

## **Appendix 1: Learning Outcomes**

The learning outcomes below have been reproduced in their entirety from the Ofsted report on SRE (2002). In their inspection and survey of SRE practice in schools Ofsted found that schools paid insufficient attention to the learning outcomes for SRE. Ofsted developed draft outcomes that can act as a guide for schools and which can be adapted to suit their individual SRE programmes.

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 DfES and other guidance on SRE and they reflect elements of the non-statutory framework for PSHE. Those statements marked with an asterisk are part of the National Curriculum science requirements.

### **By the end of Key Stage 3**

*Pupils will be able to:*

Manage changing relationships  
Recognise risk of personal safety in sexual behaviour and be able to make safe decisions  
Ask for help and support  
Explain the relationship between their self-esteem and how they see themselves  
Develop skills of assertiveness in order to resist peer pressure and stereotyping  
See the complexity of moral, social and cultural issues and be able to form a view of their own  
Develop good interpersonal skills to sustain existing relationships as they grow and change and to help them make new relationships  
Be tolerant of the diversity of personal, social and sexual preference in relationships  
Develop empathy with the core values of family life in all its variety of forms  
Recognise the need for commitment, trust and love in meaningful relationships which may manifest themselves in a variety of forms, including marriage  
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.

*Pupils will know and understand:*

That fertilisation in humans is the fusion of a male and a female cell\*  
The physical and emotional changes that take place during adolescence\*  
About the human reproductive system, including the menstrual cycle and fertilisation\*  
How the foetus develops in the uterus\*  
How the growth and reproduction of bacteria and the replication of viruses can affect health\*  
How the media influence understanding and attitudes towards sexual health  
How good relationships can promote mental well-being  
The law relating to sexual behaviour of young people  
The sources of advice and support  
About when and where to get help, such as at a genito-urinary medicine clinic.

*Pupils will have considered:*

The benefits of sexual behaviour within a committed relationship  
How they see themselves affects their self-confidence and behaviour  
The importance of respecting difference in relation to gender and sexuality  
How it feels to be different and be discriminated against  
Issues such as the costs of early sexual activity  
The unacceptability of prejudice and homophobic bullying  
What rights and responsibility mean in relationships.

## **By the end of Key Stage 4**

### *Pupils will be able to:*

Recognise the influences and pressures around sexual behaviour and respond appropriately and confidently seek professional health advice  
Manage emotions associated with changing relationships with parents and friends  
See both sides of an argument and express and justify a personal opinion  
Have the determination to stand up for their beliefs and values  
Make informed choices about the pattern of their lifestyle which promote well-being  
Have the confidence to assert themselves and challenge offending behaviour  
Develop qualities of empathy and sympathy and the ability to respond emotionally to the range and depth of feelings within close relationships  
Work co-operatively with a range of people who are different from themselves.

### *Pupils will know and understand:*

The way in which hormonal control occurs, including the effects of the sex hormones\*  
Some medical uses of hormones including the control and promotion of fertility\*  
The defence mechanisms of the body\*  
How sex is determined in humans\*  
How HIV and other sexually transmitted infections affect the body  
The link between eating disorders and self-image and sexual identity  
The risks of early sexual activity and the link with the use of alcohol  
How the different forms of contraception work and where to get advice  
The role of statutory and voluntary organisations  
The law in relation to sexual activity for young people and adults  
How their own identity is influenced by both their personal values and those of their family and society  
How to respond appropriately within a range of social relationships  
How to access the statutory and voluntary agencies which support relationships in crisis  
The qualities of good parenting and its value to family life  
The benefits of marriage or a stable partnership in bringing up children  
The way different forms of relationship including marriage depend for their success on maturity and commitment.

### *Pupils will have considered:*

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

## Appendix 2: National Guidance on Sex and Relationships Education

### National Guidance on Sex & Relationship Education – Key Stage 3

National Curriculum: 2000 Science Statutory:	National Curriculum: 2000 Framework for Citizenship Statutory:	National Curriculum: 2000 Framework for PSHE Non- statutory:
<p><b><i>Pupils should be taught:</i></b></p> <p><b><i>Cells and cell functions</i></b></p> <ul style="list-style-type: none"> <li>n that animal and plant cells can form tissues, and tissues can form organs</li> <li>n the functions of chloroplasts and cell walls in plant cells and the functions of the cell membrane, cytoplasm and nucleus in both plant and animal cells</li> <li>n ways in which some cells, including ciliated epithelial cells, sperm, ova, and root hair cells, are adapted to their functions</li> <li>n that fertilisation in humans and flowering plants is the fusion of a male and a female cell</li> <li>n to relate cells and cell functions to life processes in a variety of organisms</li> </ul> <p><b><i>Humans as Organisms</i></b></p> <ul style="list-style-type: none"> <li>n about the physical and emotional changes that take place during adolescence</li> <li>n about the human reproductive system, including the menstrual cycle and fertilisation</li> <li>n how the fetus develops in the uterus, including the role of the placenta</li> </ul> <p><b><i>Health</i></b></p> <ul style="list-style-type: none"> <li>n how the growth and reproduction of bacteria and the replication of viruses can affect health, and how the body's natural defences may be enhanced by immunisation and medicines</li> </ul> <p><b><i>Variation, classification and inheritance</i></b></p> <ul style="list-style-type: none"> <li>n about environmental and inherited causes of variation within a species</li> <li>n to classify living things into the major taxonomic groups</li> <li>n that selective breeding can lead to new varieties</li> </ul>	<p><b><i>Knowledge and understanding about becoming informed citizens</i></b></p> <p><b><i>Pupils should be taught about:</i></b></p> <ul style="list-style-type: none"> <li>n the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people</li> <li>n the diversity of national, regional, religious and ethnic identities in the United Kingdom and the need for mutual respect and understanding</li> <li>n the significance of the media in society</li> </ul> <p><b><i>Developing skills of enquiry and communication</i></b></p> <p><b><i>Pupils should be taught to:</i></b></p> <ul style="list-style-type: none"> <li>n think about topical political, spiritual, moral, social and cultural issues, problems and events by analysing information and its sources, including ICT-based sources</li> </ul> <p><b><i>Developing skills of participation and responsible action</i></b></p> <p><b><i>Pupils should be taught to:</i></b></p> <ul style="list-style-type: none"> <li>n use their imagination to consider other people's experiences and be able to think about, express and explain views that are not their own</li> </ul>	<p><b><i>Pupils should be taught:</i></b></p> <p><b><i>Developing confidence and responsibility and making the most of their abilities</i></b></p> <ul style="list-style-type: none"> <li>n to respect the differences between people as they develop their own sense of identity</li> <li>n to recognise how others see them, and be able to give and receive constructive feedback and praise</li> <li>n to recognise the stages of emotions associated with loss and change caused by death, divorce, separation and new family members, and how to deal positively with the strength of their feelings in different situations</li> </ul> <p><b><i>Developing a healthy, safer lifestyle</i></b></p> <ul style="list-style-type: none"> <li>n to recognise the physical and emotional changes that take place at puberty and how to recognise these changes in a positive way</li> <li>n in a context of the importance of relationships, about human reproduction, contraception, sexually transmitted infections, HIV and high-risk behaviours including early sexual activity</li> <li>n to recognise and manage risk and make safer choices about healthy lifestyles, different environments and travel</li> <li>n to recognise when pressure from others threatens their personal safety and well-being, and to develop effective ways of resisting pressures, including knowing when and where to get help</li> </ul> <p><b><i>Developing good relationships and respecting the differences between people</i></b></p> <ul style="list-style-type: none"> <li>n how to empathise with people different from themselves</li> <li>n about the nature of friendship and how to make and keep friends</li> <li>n the changing nature of, and pressure on, relationships with friends and family, and when and how to seek help</li> <li>n about the role and importance of marriage in family relationships</li> <li>n about the role and feelings of parents and carers and the value of family life</li> <li>n to recognise that goodwill is essential to positive and constructive relationships</li> <li>n to negotiate within relationships, recognising that actions have consequences, and when and how to make compromises</li> <li>n to communicate confidently with their peers and adults</li> </ul>



## National Guidance on Sex & Relationship Education – Key Stage 4

National Curriculum: 2000 Science Statutory:	National Curriculum: 2000 Framework for Citizenship Statutory:	National Curriculum: 2000 Framework for PSHE Non- statutory:
<p><b><i>Pupils should be taught:</i></b></p> <p><b><i>Ideas and evidence in science</i></b></p> <ul style="list-style-type: none"> <li>n how scientific controversies can arise from different ways of interpreting empirical evidence for example, Darwin's theory of evolution]</li> <li>n ways in which scientific work may be affected by the contexts in which it takes place [for example, social, historical, moral, spiritual], and how these contexts may affect whether or not ideas are accepted</li> </ul> <p><b><i>Life processes and living things</i></b></p> <p>Cell activity</p> <ul style="list-style-type: none"> <li>n that the nucleus contains chromosomes that carry the genes</li> <li>n how cells divide by mitosis during growth, and by meiosis to produce gametes</li> <li>n to relate ways in which animals function as organisms to cell structure</li> </ul> <p><b><i>Humans as organisms</i></b></p> <ul style="list-style-type: none"> <li>n the way in which hormonal control occurs, including the effects of sex hormones</li> <li>n some medical uses of hormones, including the control and promotion of fertility</li> </ul> <p><b><i>Variation, inheritance and evolution</i></b></p> <ul style="list-style-type: none"> <li>n how variation arises from genetic causes, environmental causes, and a combination of both</li> <li>n that sexual reproduction is a source of genetic variation, while asexual reproduction produces clones</li> <li>n that mutation is a source of genetic variation and has a number of causes</li> <li>n how sex is determined in humans</li> <li>n the mechanism of monohybrid inheritance where there are dominant and recessive alleles</li> <li>n that some diseases are inherited</li> <li>n the basic principles of cloning, selective breeding and genetic engineering</li> </ul>	<p><b><i>Knowledge and understanding about becoming informed citizens</i></b></p> <p><b><i>Pupils should be taught about:</i></b></p> <ul style="list-style-type: none"> <li>n the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems</li> <li>n the origins and implications of the diverse national, regional, religious and ethnic identities in the United Kingdom and the need for mutual respect and understanding</li> <li>n the opportunities for individuals and voluntary groups to bring about social change locally, nationally, in Europe and internationally</li> <li>n the importance of a free press, and the media's role in society, including the internet, in providing information and affecting opinion</li> </ul> <p><b><i>Developing skills of enquiry and communication</i></b></p> <p><b><i>Pupils should be taught to:</i></b></p> <ul style="list-style-type: none"> <li>n research a topical political, spiritual, moral, social or cultural issue, problem or event by analysing information from different sources, including ICT-based sources, showing an awareness of the use and abuse of statistics</li> <li>n express, justify and defend orally and in writing a personal opinion about such issues, problems or events</li> <li>n contribute to group and exploratory class discussions, and take part in formal debates</li> </ul> <p><b><i>Developing skills of participation and responsible action</i></b></p> <p><b><i>Pupils should be taught to;</i></b></p> <ul style="list-style-type: none"> <li>n use their imagination to consider other people's experiences and be able to think about, express, explain and critically evaluate views that are not their own</li> </ul>	<p><b><i>Pupils should be taught:</i></b></p> <p><b><i>Developing confidence and responsibility and making the most of their abilities</i></b></p> <ul style="list-style-type: none"> <li>n to be aware of and assess their personal qualities, skills, achievements and potential, so that they can set personal goals</li> <li>n to have a sense of their own identity and resent themselves confidently in a range of situations</li> <li>n to be aware of how others see them, manage praise and criticism, and success and failure in a positive way and learn from the experience</li> <li>n to recognise influences, pressures and sources of help and respond to them appropriately</li> </ul> <p><b><i>Developing a healthy, safer lifestyle</i></b></p> <ul style="list-style-type: none"> <li>n to think about the alternatives and long- and short-term consequences when making decisions about personal health</li> <li>n to use assertiveness skills to resist unhelpful pressure</li> <li>n about the link between eating patterns and self-image, including eating disorders</li> <li>n about the health risks of alcohol, tobacco and other drug use, early sexual activity, different food choices and sunbathing, and about safer choices they can make</li> <li>n in the context of the importance of relationships, how different forms of contraception work, and where to get advice, in order to inform future choices</li> <li>n to seek professional advice confidently and find information about health</li> </ul> <p><b><i>Developing good relationships and respecting the differences between people</i></b></p> <ul style="list-style-type: none"> <li>n about the diversity of different ethnic groups and the power of prejudice</li> <li>n to be aware of exploitation in relationships</li> <li>n to challenge offending behaviour, prejudice, bullying, racism and discrimination assertively and take the initiative in giving and receiving support</li> <li>n to work cooperatively with a range of people who are different from themselves</li> <li>n to be able to talk about relationships and feelings</li> <li>n to deal with changing relationships in a positive way, showing goodwill to others and using strategies to resolve disagreements peacefully</li> <li>n about the nature and importance of marriage for family life and bringing up children</li> <li>n about the role and responsibilities of a parent, and the qualities of good parenting and its value to family life</li> <li>n about the impact of separation, divorce and bereavement on families and how to adapt to changing circumstances</li> <li>n to know about the statutory and voluntary organisations that support relationships in crisis</li> </ul> <p><b><i>Breadth of opportunities</i></b></p> <ul style="list-style-type: none"> <li>n develop relationships</li> <li>n consider social and moral dilemmas</li> <li>n find information and provide advice</li> </ul>

### **Appendix 3: Procedures for supporting any members of the school community infected or affected by HIV.**

The London Borough of NEWHAM Education Department published its policy on HIV and Aids in March 1994, updated 1999. Staff and governors of xxxx School have agreed to follow procedures laid out in the policy to support any members of the school community infected or affected by HIV. No one living with HIV should be excluded or prevented from all the services provided by the Education Department

The following issues apply:

1. HIV is not a notifiable disease and there is no obligation for anyone associated with the school, either staff or pupil to inform the school of their HIV status.
2. Confidentiality concerning a person's HIV status must be safeguarded at all times and information shared only with the person's informed consent. The need for strict confidentiality to be maintained applies to whether a person received information about someone's HIV status directly (specifically being informed) or indirectly (finding out).
3. Universal infection control procedures should be followed at all times. Surgical gloves will be made available to all staff and should be worn when dealing with blood.
4. Education about HIV and AIDS is an essential part of the drugs and sex education component of any personal, social and health education (PSHE) programme. The purpose of teaching about HIV is to foster a sense of responsibility and respect for oneself and others and to provide young people with the self esteem, confidence and skills they will need to maintain good health and relationships. We would also wish to promote a caring and compassionate attitude to those in the community who have become infected with HIV.