

# **A5 Sex and Relationship Education Policy**

This policy covers The Purcell School's whole school approach to Relationships and Sex Education (RSE). We believe that RSE is vital for the personal, social and emotional development of our pupils. It equips children and young people with the information, skills and values they need to have safe, respectful and enjoyable relationships and empowers them to take responsibility for their sexual health and well-being.

The Purcell School believes that all children and young people have a right to holistic, inclusive and needs-led RSE. We believe that through providing high quality RSE, we are upholding the ethos and values of our school and its commitment to equality and celebration of difference.

From September 2020, The Purcell School recognises that all schools must have a clear RSE policy which is reflective of the needs of the school. The DfE guidance states:

'All schools must have in place a written policy for Relationships Education and RSE. Schools must consult parents in developing and reviewing their policy. Schools should ensure that the policy meets the needs of pupils and parents and reflects the community they serve.'

Due to the current pandemic this policy remains in a working draft form whilst the school waits to arrange a safe time to offer face to face consultations with the parent body.

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#### **Aims**

The aims of relationships and sex education (RSE) at The Purcell School are to:

- Provide a framework in which sensitive discussions can take place
- Prepare Students for puberty, and give them an understanding of sexual development and the importance of health and hygiene
- Help Students develop feelings of self-respect, confidence and empathy
- Create a positive culture around issues of sexuality and relationships
- Teach Students the correct vocabulary to describe themselves and their bodies

This policy has been developed in line with new statutory requirements which came into force in September 2020. Due to the nature of the 2020-2021 academic year a number of curriculum opportunities, such as visiting health professionals to the school to deliver specific sections of the course has either had to be postponed or moved to the school year 2021/22.

The school has also not been able to hold a face to face parent forum, which had been hoped to have taken place when developing the 2020 policy. Due to this, the policy remains in a working draft format.

The school recognises how important it is to include parents in the completion of this policy and RSE is the only subject that requires parental engagement in its development. Parents speaking openly at home is a form of early intervention and on-going prevention – it is a starting point for safeguarding, improving mental health and strengthening the parent-child connection.

The consultation and policy development process will be implemented as follows:

- **Staff consultation**: all relevant school staff will be given the opportunity to examine the draft policy and make recommendations
- Parent/stakeholder consultation: parents and any other interested parties will be contacted by the PHSEE coordinator for feedback face to face meetings will be offered to the parent body during Autumn 2021 term (Pending successful COVID risk assessment)
- **Student consultation**: students have been consulted via Student Council and other student voice opportunities to share with us what they want/feel they need from the School's RSE curriculum
- **Ratification**: once the final version has been drafted, the policy will be presented to Governors and ratified. Please note, until a parental forum has been able to safely take place within the school this policy will remain in draft format.

Ideally (subject to COVID limitations), the parental consultation journey will be as follows:

- Parents and stakeholders to fully understand the legal requirements around parental consultation.
- Survey parents and students so that their views can inform RSE provision.



- Hold a parent workshop as consultation, showing parents the student survey results.
- Form a working group (of parents, students, staff and governors).
- Publish the RSE policy.
- Give parents regular information about what is being taught and when.

#### **Context**

When teaching Relationships Education, RSE and Health Education, the school will not unlawfully discriminate against students because of their age, sex, race, disability, religion or belief, gender reassignment, pregnancy or maternity or sexual orientation (protected characteristics).

The school will make reasonable adjustments to alleviate disadvantage and be mindful of the SEND Code of Practice when planning these subjects. The school will consider the makeup of their own student body, including the gender and age range of their pupils, and consider whether it is appropriate or necessary to put in place additional support for pupils with particular protected characteristics (which mean that they are potentially at greater risk).

This policy below complies with our statutory obligations to deliver RSE under sections 34 & 35 of the Children and Social Work Act 2017. It has due regard for the DfE's statutory Relationships Education, Relationships and Sex Education and Health Education Guidance and other relevant guidance.

We will review the policy on a regular basis to ensure that it is in line with current Government guidance and legislation and to ensure that our RSE programme continues to meet the needs of our students.

The policy should be read in conjunction with other relevant policies:

- Keeping Children Safe in Education (2021)
- Purcell School's Child Protection Policy 2021 (P1)

#### **Definition**

At Purcell we want to strive in empowering pupils to embrace the challenges of creating a happy and successful adult life. For this, they will require knowledge that will enable them to make informed decisions about their wellbeing, health and relationships and to build their self-efficacy. Purcell defines RSE as:

- RSE is about the emotional, social and cultural development of Students, and involves learning about relationships, sexual health, sexuality, healthy lifestyles, diversity and personal identity.
- RSE involves a combination of sharing information, and exploring issues and values.
- RSE is not about the promotion of sexual activity.
- RSE will support pupils to develop resilience, to know when to ask for help and to know where to access support.



# **Curriculum and Subject Content**

A curriculum diagram for RSE is set out in **Appendix 1**. If students ask questions outside the scope of this policy, teachers will respond in an appropriate manner so they are fully informed and do not feel the need to seek answers online.

# **Delivery of RSE**

RSE is taught within the personal, social, health and economic (PSHEE) education curriculum. Biological aspects of RSE are taught within the science curriculum.

The programme will be delivered in a non-judgemental, factual way, using the correct medical terms where appropriate (for example when teaching about external body parts). School staff will not express or be expected to express their personal views or beliefs when teaching RSE.

RSE focuses on giving young people the information they need to help them develop healthy, nurturing relationships of all kinds including:

- Families
- Respectful relationships, including friendships
- Online and media
- Being safe
- Intimate and sexual relationships, including sexual health

These areas of learning are taught within the context of family life taking care to ensure that there is no stigmatisation of children based on their home circumstances (families can include single parent families, LGBTQ+ parents, families headed by grandparents, adoptive parents, foster parents/carers amongst other structures) along with reflecting sensitively that some children may have a different structure of support around them (for example: looked after children or young carers).

RSE will address aspects of relationships and sex in an integrated way within a single topic. We will take care to highlight lessons that contain what we define as sex education so that we can respect the wishes of parents who have withdrawn their children from this content. We also use external agencies where appropriate to deliver aspects of Relationships and Sex Education (see working with visitors and external agencies section within this document).

# **Roles and Responsibilities**

### **The Governing Board**

The governing board will approve the RSE policy and hold the Principal to account for its implementation.

### The Principal

The Principal is responsible for ensuring that RSE is taught consistently across the school, and for managing requests to withdraw Students from any non-statutory/non-science components of RSE.



#### Staff

Martina Swift, as the PHSEE Coordinator is responsible for teaching Sex and Relationships at The Purcell School.

Staff are responsible for:

- Delivering RSE in a sensitive way
- Modelling positive attitudes to RSE
- Monitoring progress
- Responding to the needs of individual students
- Responding appropriately to students whose parents wish them to be withdrawn from any non-statutory/non-science components of RSE

Staff do not have the right to opt out of teaching RSE. Staff who have concerns about teaching RSE are encouraged to discuss this with the Principal.

#### **Students**

Students are expected to engage fully in RSE and, when discussing issues related to RSE, treat others with respect and sensitivity.

#### **Student Voice**

Student voice is central to the culture and ethos of The Purcell School. We use student voice to evaluate how relevant and engaging RSE is to children's lives.

Throughout our RSE scheme of work we embed student voice practices to enable students to express their views on the range of topics and issues that RSE covers and to ensure that they listen to other opinions and evidence, reflect on their own perspectives and take a broader view. We want to ensure that all student voices are heard but that those views that are hurtful, offensive or exclusionary do not dominate and are addressed. We want to ensure a culture where human rights, social justice, inclusion and diversity are promoted.

# **Parents' Right to Withdraw**

Parents have the right to withdraw their children from the **non-statutory/non-science components** of sex education within RSE up to and until 3 terms before the child turns 16. After this point, if the child wishes to receive sex education rather than being withdrawn, the school will arrange this. Requests for withdrawal should be put and addressed to the Principal.

A copy of withdrawal requests will be placed in the student's file. The Principal will discuss the request with parents and take appropriate action.

Alternative work will be given to students who are withdrawn from sex education within RSE only.



### **Training**

Those staff who teach RSE will receive appropriate training as required. It is expected that those staff will engage in appropriate CPD at regular intervals.

The PHSEE Coordinator will also invite visitors from outside the school, such as school nurses or sexual health professionals, to provide support and training to staff teaching RSE.

# **Working with Visitors and External Agencies**

The PHSEE Coordinator may invite external experts and visitors to deliver parts of our RSE scheme of work. External visitors will be selected in order to enrich and supplement our RSE by bringing particular skills, methods and expertise to the classroom and the whole school.

A member of staff will always be present throughout these lessons so as to build on the students' learning after the session/s as well as answer any questions the pupils may subsequently have.

Any external visitor will be expected to comply with this policy and other related policies, including the school's confidentiality and child protection policy.

We will also ensure that:

- There is appropriate planning, preparatory and follow up work for the session.
- The visitor understands the cohort of children involved, including the different ability levels and diversities in identities across protected characteristics. They will also be made aware of any specific issues relating to child protection.

#### **Working with Other Departments Across the School**

The PSHEE coordinator will liaise with senior pastoral staff as appropriate to ensure that a holistic view of RSE is embedded in the wider school culture. This may take the form of Key Stage assemblies or other sessions with targeted groups within the student body, the use of 'hot topic' discussions within tutorials as part of the PSHEE and Personal Development programmes or other pastoral interventions.

The Designated Safeguarding Lead and/or Vice Principal will work with the PSHEE Coordinator to address any emerging concerns that arise during the school year, and may decide to alter the curriculum diagram (laid out in Appendix 1) as appropriate to ensure timely intervention in matters related to RSE.

#### **Monitoring Arrangements**

The delivery of RSE is monitored by the PHSEE Coordinator through:

- Regular training
- Student feedback
- Learning walks
- Students' development in RSE is monitored as part of our internal assessment systems.



This policy will be reviewed by the PHSEE Coordinator, the Designated Safeguarding Lead and the Vice Principal. At every review, the policy will be approved by the Governing body.

Policy author / reviewer:	Policy date / review date:	Next review due:	
T.Burns	April 2021	September 2021	
T.Burns	September 2021	September 2022	



# **Appendix 1 - Curriculum Diagram**

This is a thematic approach to secondary PSHE education, covering all three core themes of the Programme of Study (Health and Wellbeing; Relationships; and Living in the Wider World) over six half terms.

Year	<b>Autumn 1</b> Health & wellbeing	Autumn 2 Living in the wider world	<b>Spring 1</b> Relationships	Spring 2 Health & wellbeing	Summer 1 Relationships	Summer 2 Living in the wider world
7	Emotional wellbeing Looking after health and wellbeing – setting targets for a good work life balance  Transition and safety  Transition to secondary school and personal safety in and outside school, including first aid	Building relationships  Self-worth, romance and friendships (including online) and relationship boundaries	<b>Diversity</b> Diversity, prejudice, and bullying	Health and puberty  Healthy routines, influences on health, puberty,  unwanted contact, and FGM	Developing skills and aspirations Careers, teamwork and enterprise skills, and raising aspirations	Financial decision making Saving, borrowing, budgeting and making financial choices
8	Emotional wellbeing Looking after health and wellbeing – setting targets for a good work life balance  Drugs and alcohol  Alcohol and drug misuse and pressures relating to drug use	Identity and relationships  Gender identity,  sexual orientation,  consent, 'sexting', and an  introduction to  contraception	Discrimination  Discrimination in all its forms, including: racism, religious discrimination, disability, discrimination, sexism, homophobia, biphobia and transphobia	Emotional wellbeing  Mental health and emotional wellbeing, including body image and coping strategies	Community and careers  Equality of opportunity in careers and life choices, and different types and patterns of work	Digital literacy  Online safety, digital literacy, media reliability, and gambling hooks



9	Peer influence, substance use and gangs  Healthy and unhealthy friendships, assertiveness, substance misuse, and gang exploitation	Intimate relationships Relationships and sex education including consent, contraception, the risks of STIs, and attitudes to pornography	Respectful relationships Families and parenting, healthy relationships, conflict resolution, and relationship changes	Healthy lifestyle Diet, exercise, lifestyle balance and healthy choices, and first aid	Setting goals Learning strengths, career options and goal setting as part of the GCSE options process	Employability skills Employability and online presence
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Year	<b>Autumn 1</b> Health & wellbeing	Autumn 2 Living in the wider world	<b>Spring 1</b> Relationships	Spring 2 Health & wellbeing	Summer 1 Relationships	Summer 2 Living in the wider world
10	Emotional wellbeing Looking after health and wellbeing – setting targets for a good work life balance  Mental health  Mental health and ill health, stigma, safeguarding health, including during periods of transition or change	Intimate relationships Relationships and sex education including consent, contraception, the risks of STIs, and attitudes to pornography  Addressing extremism and radicalisation  Communities, belonging and challenging extremism	Healthy relationships  Relationships and sex expectations, myths, pleasure and challenges, including the impact of the media and pornography	Exploring influence  The influence and impact of drugs, gangs, role models and the media	Financial decision making The impact of financial decisions, debt, gambling and the impact of advertising on financial choices	Work experience  Preparation for and evaluation of work experience and readiness for work
11	Emotional wellbeing Looking after health and wellbeing – setting targets for a good work life balance  Building for the future  Self-efficacy, stress management, and future opportunities	Independence  Responsible health choices, and safety in independent contexts	Communication in relationships  Personal values, assertive communication (including in relation to contraception and sexual health), relationship challenges and abuse	Next steps  Application processes, and skills for further education, employment and career progression	Families  Different families and parental responsibilities, pregnancy, marriage and changing relationships  Addressing extremism and radicalisation  Communities, belonging and challenging extremism	



### **Appendix 2 - Consent**

#### **How the Law Defines 'Consent'**

The Sexual Offences Act 2003 states that a person has consented 'if she or he agrees by choice, and has the freedom and capacity to make that choice'. There are three important parts to this. Firstly, there is the emphasis on choice – a deliberate, active decision; secondly, there is the question of capacity to consent: is the person old enough, are they capable of understanding what is happening, are they intoxicated by alcohol or affected by drugs, do they have a mental health problem or learning difficulties, and are they conscious? Finally the law asks whether a person makes their choice freely, that is to say without manipulation, exploitation or duress. This may include the use or threat of force, or may be more subtle, to do with whether the person seeking consent is in a position of power or authority, or is significantly older than the other person.

The CPS states that the law does not allow a person's consent to sexual activity to have effect in the following situations:

- where the person giving consent did not understand what was happening and so could not give informed consent, for example in the case of a child or someone suffering from a severe mental disability
- where the person giving consent was under the relevant age of consent

This reference to severe mental disability obviously has significant implications. These cannot be fully covered in this document; however, the Family Planning Association provide comprehensive advice and support in relation to sexual health services for people with learning disabilities and can provide more information if needed, see their website for further details.

In all cases, the law is clear that it is the responsibility of the person seeking consent who has the responsibility to ensure that the other person agrees by choice and has the freedom and capacity to make that choice. The CPS is clear that the seeker of consent must seek continuing consent, rather than treating it as a one off.

# What is the Legal Age of Sexual Consent?

Despite what young people may feel in a given situation, there are legal boundaries to their ability to give consent, so any voluntary agreement to sexual activity by someone under 16 cannot be defined as consent in law, according to the Sexual Offences Act 2003 (i.e. any sexual activity involving one or more person who is under the age of sixteen is illegal). However, in its sexual offences factsheet, the CPS states that "children of the same or similar age are highly unlikely to be prosecuted for engaging in sexual activity, where the activity is mutually agreed and there is no abuse or exploitation". This applies unless it involves one or more person who is under 13 and then it is an absolute offence and the issue of mutual agreement is irrelevant.

It is important for pupils to understand that in cases where a person over the age of 16 has sex with someone under 16, it is the person over 16 who commits the offence, not the younger person, assuming there is no other offence being committed by the younger person (i.e. in the case of a violent sexual attack on a 16-year-old by a 15-year-old, the 16-year-old would clearly be the victim).



# According to the Law, When Has an Offence Been Committed?

The Sexual Offences Act (2003) states that certain things must have happened to prove that an offence has taken place.

Person A is seen to have committed an offence against Person B when:

- 1. Person A does the relevant act
- 2. Person A acts intentionally
- 3. Person B does not consent
- 4. Person A does not reasonably believe that Person B consented.

Deciding on 'reasonable' belief means taking into consideration factors such as whether Person A has the capacity to determine consent and what steps they have taken to assure themselves that Person B consents and continues to consent.

In relation to many other offences, there is no requirement to prove an absence of consent. Only the act itself and the age of the victim or other criteria need to be proved. They include:

- Rape, assault by penetration or sexual assault of a child under 13
- Inciting or causing a person to engage in sexual activity with a child under 13
- Child sexual offences involving children under 16
- Children under 18 having sexual relations with persons in a position of trust
- Children under 18 involved with family members over 18
- Persons with a mental disorder impeding choice, who are induced, threatened or deceived or who have sexual relations with care workers



# **Appendix 3 – Specific Issues Relating to RSE**

The following issues may occur as part of Relationships Education, RSE and Health Education and there will be specific procedures that school staff will need to follow in these circumstances.

# a) Confidentiality and Advice

Students will be made aware that some information cannot be kept confidential and that if disclosures are made, certain actions will need to be taken. At the same time, students will be offered sensitive and appropriate support.

The following procedures will be adhered to by adults working within the school:

Safeguarding and Child Protection Issues:

 Following disclosure or suspicion of possible abuse, the school's child protection procedures will be initiated (see Safeguarding and Child Protection Policy). The Designated Safeguarding Lead (DSL) or Deputy DSL must be informed as soon as possible.

Disclosure of pregnancy or advice about contraception within the secondary phase:

- The following processes and procedures will ensure that children and young people will know who to talk to and they will be supported:
  - Professional information and guidance will always be sought from a health professional
  - The school will always encourage children and young people to talk with their parents first
  - Children and young people should be asked whether they can tell their parent(s) and whether they want help in doing so. If this takes place, the subsequent responsibility then lies with the parent(s). This situation is then monitored.
  - o If the child or young person does not want to or is unable to tell their parent(s), the member of staff should refer them to a health professional.
  - The member of staff will report the incident to the DSL or DDSL who will consult with the health professional and may need to inform children's services.

There are additional national agencies who are able to give help and advice on personal and confidential matters including:

- Childline
- NSPCC
- School nurse
- Other agencies providing information and support on such issues as teenage pregnancy, substance misuse, personal relationships, contraception and support for young offenders.

#### b) Family Life

The value of family life is an important aspect, which will be approached largely though a consideration of the qualities and relationships between groups of people, with an emphasis on stability, respect, caring and support.



# c) Human Sexual Behaviour

As part of the RSE programme in the secondary phase, issues of contraception, sexually transmitted infections (including HIV/AIDS), sexuality and abortion are addressed. Facts will be presented in an objective and balanced way.

# d) Complaints Procedures

Any complaints about the Relationships Education, RSE and Health Education curriculum should be made to the Principal.



## **Appendix 4 - Requests for Withdrawal**

With regard to a request for withdrawal, in the first instance, we ask that parents write to the Principal.

The statutory guidance for RSE and Health Education came into effect in all secondary schools from 2020, including academies, free schools and independent schools states that:

- In secondary education from September 2020 parents will not be able to withdraw their child from any aspect of Relationships Education or Health Education.
- Parents will be able to withdraw their child (following discussion with the school) from any or all aspects of Sex Education, other than those which are part of the science curriculum, up to and until three terms before the age of 16.
- After that point, the guidance states that 'if the child wishes to receive sex education rather than be withdrawn, the school should make arrangements to provide the child with sex education during one of those terms.'
- Where pupils are withdrawn from sex education, the school will document the process and will have to 'ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.'