

Ratified by Oasis Community  
Learning Executive:  
20<sup>th</sup> April 2009

# Sex and Relationships Education Policy

Implementation: April 2009  
Review: September 2010



## **1 Introduction and Aims**

- 1.1 Oasis Community Learning is committed to helping young people develop loving and respectful relationships and a responsible attitude to intimacy and sex. The programme for sex and relationships education in the Oasis Academies will aim to take into account the expressed needs of the young people.
- 1.2 The aims of the sex and relationships education policy are:
- to clarify the provision of sex and relationships education to all students;
  - to set out the statutory provisions;
  - to ensure that the sex and relationships education provided by the Academy supports the personal and social development of all students;
  - to explain the responsibilities.

## **2 Statutory Duty**

- 2.1 Each Oasis Academy is required to have a written statement of the policy available to parents (in this policy statement, the term 'parents' refers to those with parental responsibility for a child). The Academy must take into account the policy drawn up by the Oasis Community Learning Board.
- 2.2 The statement must be drawn up in consultation with the Principal.
- 2.3 The Principal must ensure that any sex education in the Academy uses teaching materials which are appropriate, having regard to the age and cultural background of the students concerned.
- 2.4 In accordance with the law the biological aspects of human reproduction remain compulsory for all students, but parents may withdraw their children from any other part of the Academy's sex education programme without giving reasons.
- 2.5 It is Oasis Community Learning policy that the views of parents must be borne in mind when developing a sex and relationships education policy. The Academy will ensure that parents are invited to comment on the extent to which the Academy's policy reflects their wishes and the culture of the community served by the Academy.

## **3 The Purposes of the Policy**

- 3.1 Sex and relationships education will be delivered through the Learning Together (PSHE) curriculum. The Oasis Community Learning guidance on the content is contained in Appendix 1.

## **4 The Academy's Sex and Relationships Education Programme**

- 4.1 It is Oasis Community Learning policy that each Academy should have a sex and relationships education programme which supports the personal and social development of all students, ensuring that they have the ability to accept their own and others' sexuality, to express their sexuality in positive ways and to enjoy relationships based on mutual respect and responsibility, free from any abuse.
- 4.2 The objectives of the Academy's sex and relationships education programme are:
- i to explore what students know, understand, think and feel and to identify their needs;

- ii to encourage unembarrassed acceptance of sexuality by using appropriate words for all parts of the body and encouraging positive attitudes to all bodily functions;
- iii to create an atmosphere where questions and discussion on sexual matters can take place without embarrassment;
- iv to counteract misleading myths and folklore;
- v to provide constant reassurance that change is part of the life cycle and to give help in adjusting to such change;
- vi to enable students to accept variation in rates of growth and development (physical, emotional, social) and in ages when puberty or social activities develop;
- vii to learn to respect each other as individuals, and to encourage boys and girls to understand and honour one another;
- viii to recognise the value of loving and caring relationships and the place of intimacy within them;
- ix to appreciate the value of family life, the implications of parenthood and the needs of the very young;
- x to understand and respect cultural and religious influences on individual sexuality;
- xi to help young people know their rights and responsibilities;
- xii to promote personal safety and self esteem so that young people are able to resist unwanted touch or advances and can communicate about such matters and seek advice;
- xiii to develop growing understanding of risk and safety and the motivation and skills to keep themselves safe;
- xiv to be aware of sources of help and to acquire the skills and confidence to use them; and
- xv to be aware of the law on sexual behaviour.

4.3 The sex and relationships education programme will teach about relationships, love and care and the responsibilities of parenthood as well as sex. Young people need a clear understanding of the arguments for delaying sexual activity and resisting pressure. It may be necessary to link sex and relationships education with issues of peer pressure and other risk-taking behaviour, such as drugs, smoking and alcohol, and ensure that young people understand how the law applies to sexual relationships.

4.4 Teachers have a responsibility to ensure the safety and welfare of students and because teachers therefore act in loco parentis, parents need to be reassured that the personal beliefs and attitudes of teachers will not influence the teaching of sex and relationships education.

4.5 Students need to be taught to behave responsibly towards sex and relationships issues and be able to make informed decisions. Students may be consulted on this sex and relationships education policy.

4.6 In order to help students make informed choices, establish a healthy lifestyle and build up a system of values, the teaching methods used are as important as the content of the lesson. The participation of students in lessons is essential in order to encourage them to learn from others and to help them to use appropriate language in ways which are understood by others. This requires the use of a balanced range of teaching methods.

## 5 Teaching Methods

5.1 Sex education will be carried out in a variety of different ways and by different specialists as well as teachers.

5.2 The programme of study for sex education will demonstrate:

- i Progression:* This extends from Key Stage 3 to Key Stage 4 with language, concepts and content increasing in depth and complexity as the students mature physically, intellectually, emotionally and socially.
- ii Relevance and differentiation:* Teachers come to know the levels of development of their students; they are able to draw out existing knowledge and needs and to build on them appropriately.
- iii Integration:* Sex education will be integrated into the competency-based curriculum and into other relevant areas of the Academy curriculum.

5.3 Sex education will not be isolated, taken out of context or overemphasised in any way.

5.4 A sex education programme is not just what is 'taught' in the classroom. Young people learn much from the overall ethos of the Academy - from the attitudes of staff, from relationships, from gender and other issues. It is important that all staff, whether directly involved in the programme or not, discuss the Academy's approach to sex education in the broad sense. With increased understanding and support, most teachers will feel able to make some positive contribution to the 'whole' curriculum.

5.5 It is an essential part of the Oasis Community Learning policy that the following ground rules are observed in all teaching about sex and relationships:

- a. no-one (teacher or student) will be required to answer a personal question;
- b. no-one will be forced to take part in any discussion;
- c. only the correct scientific name for body parts will be used; and
- d. meanings of words will be explained in a sensible and factual manner.

## **6 Pastoral Support**

6.1 Sexuality is an important part of living and learning but it may present some individuals with worries and tension at certain times in their lives.

6.2 The quality of support available for individual students worried or disturbed by some aspect(s) of their development, relationships or environment is of prime importance.

6.3 Good teachers have always taken a pastoral interest in the welfare and well-being of children and young people.

6.4 Care must be taken, however, in counselling and advice to individual students, particularly with regard to their sexual behaviour, and must not trespass on the proper exercise of parental rights and responsibilities. It will require skilled judgement to know when to counsel and when, and how, to refer for specialist counselling and support.

## **7 Morals and Morality**

7.1 Morals and morality are essential dimensions of sexuality and relationships. The programme will respect individual differences - inspired by cultural, religious, ethnic and family backgrounds - and it will endeavour to promote those values of respect and dignity for human life which are common to all faiths and societies.

## **8 Relationships**

8.1 Relationships have an important part to play in sex education. Friendship, making relationships, valuing friendship, will be topics in the early part of the programme.

Choosing a partner, assessing personal qualities, considerations before entering a committed relationship, together with relationships within the family, will be considered together with roles, avoidance of stereotyping and acknowledging different attitudes and influences.

## **9 Contraception**

- 9.1 Teachers may not give personal, individual advice on contraception to those under 16 years for whom sexual intercourse is unlawful. Teachers must advise students to seek advice from parents, GPs and/or appropriate staff in the Healthy Living Centre (where this is accessible).
- 9.2 Different types of contraceptive methods will be dealt with by the appropriately qualified professional together with information about agencies offering help and advice.

## **10 HIV/AIDS/Sexually Transmitted Infections**

- 10.1 The publicity in public health campaigns and strong media attention has put AIDS into the language of even very young children.
- 10.2 Students in all age groups need to know the difference between HIV and AIDS, modes of transmission, basic hygiene and risky behaviours (for younger students, for example, picking up discarded needles or any skin piercing, for older students sharing needles and specific sexual behaviour).
- 10.3 All need to learn that there are no risky groups, only risky behaviours, and that there is no danger from persons with HIV or AIDS in any normal social contact.
- 10.4 Although HIV/AIDS have received the majority of publicity in recent years, young adults need to know that there are other sexually transmitted infections.

## **11 Abortion**

- 11.1 It is accepted that abortion is an emotive issue and that any teaching must present a balanced view which respects a range of ethical and religious beliefs and which takes into account the law relating to abortion. It provides an opportunity to distinguish between fact and fiction (e.g. the stage at which human life commences) and values clarification (e.g. in what circumstances, if any, abortion is a positive choice).

## **12 Aspects of sexual behaviour raised outside the sex education programme**

- 12.1 The teaching of apparently unrelated topics may occasionally lead to a discussion of aspects of sexual behaviour. Provided that such a discussion is relatively limited and set within the context of the other subject concerned, it will not necessarily form part of the Academy's sex education programme.
- 12.2 In such cases, particularly since they may involve students whose parents have withdrawn them from sex education as such, teachers will need to balance the need to give proper attention to relevant issues with the need to respect students' and parents' views and sensibilities.

- 12.3 The Oasis Community Learning Board expects that teachers will draw upon their professional judgement and common sense to deal effectively with such occurrences and that they will be conversant with this policy document and act accordingly.

### **13 Homosexuality**

- 13.1 The Oasis Community Learning Board requires all Academies to take account of the anti-discrimination provisions in the Sexual Orientation Regulations, and to ensure that any information about sexual orientation is fair and balanced.

### **14 Sexuality and physical development**

- 14.1 The awareness of self and physical changes that occur are important in sex education, including development and puberty (physical/mental and social development) and acceptance of the nature of the sexuality of others together with the pressures imposed by such as peers and the media.

### **15 Sensitive issues**

- 15.1 Avoiding sensitive or controversial issues does not make them go away and leaves children and young people confused and at risk. All official documentation is in favour of the discussion of topics such as contraception, abortion, homosexuality, HIV/AIDS and other sexually transmitted infections.
- 15.2 Appendix 2 contains the Oasis Community Learning policy statement on the delivery of sexual health services including access to the morning after pill.

### **16 Visiting speakers**

- 16.1 Appropriately qualified visiting speakers may be used to help enhance the sex education programme. Where they are used, they will be required to conform to this policy statement. Health professionals are bound by their professional codes of conduct in a one-to-one situation with individual students.

### **17 Confidentiality**

- 17.1 Teachers are required to adhere to these procedures with regard to confidentiality between themselves and students.
- 17.2 Students should be reassured that their best interests will be maintained. However, teachers cannot offer or guarantee absolute confidentiality. If confidentiality has to be broken, the student should be informed first and then supported, as appropriate.
- 17.3 It is only in the most exceptional circumstances that the Academy should be in the position of having to handle information without parental knowledge. Where younger children are involved this will be grounds for serious concern and child protection issues will need to be addressed.
- 17.4 Students should be encouraged to talk to their parents and given support to do so. If there is evidence of abuse, the Academy's child protection procedure should be adhered to, ensuring that students are informed of sources of confidential help.

## **18 Equal Opportunities**

- 18.1 In developing and implementing programmes of study under this policy all Academies will take into account the Oasis Community Learning equal opportunities policy.

## **19 Responsibilities**

- 19.1 The Oasis Community Learning Board is responsible for the statement of the ethos underpinning the policy and for making and keeping under review the Oasis Community Learning policy on sex and relationships education.
- 19.2 The Academy Council is responsible for agreeing and periodically reviewing the Academy's sex and relationships education programme which will take into account the Oasis Community Learning policy.
- 19.3 The Academy Council will ensure that the Principal, staff, students and parents are consulted before the programme is determined. The Academy Council will periodically review the programme, and before making amendments will consult the Principal, staff, parents, students and Oasis Community Learning as appropriate.
- 19.4 The Principal will advise the Academy Council on the policy and programme and its implementation in the Academy. The Principal will ensure that the Academy's policy and programme are coordinated by a senior member of staff.
- 19.5 All staff are responsible for ensuring that any teaching on sex and relationships or any advice and guidance they may give to students is in accordance with this policy, current health guidelines and best education practice.

## **20 Monitoring, Evaluation and Review**

- 20.1 The Oasis Community Learning Board will review this policy in September 2010 and at least every two years thereafter, assessing its implementation and effectiveness. The policy will be promoted and implemented throughout the Academy.

## **21 Date of next review: September 2010**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chair of Academy Council

## Appendix 1

### Guidance for Staff

- 1.1 This policy statement is designed to be complementary to, and supportive of, the role of parents in educating their children about sexuality and relationships. (In this policy statement, "parents" means all those having parental responsibility for a child.)
- 1.2 It recognises that the prime responsibility for bringing up children rests with parents.
- 1.3 It is natural for caring adults to want to protect children and young people from information, attitudes and lifestyles which they themselves find distasteful. However, it is important to recognise the power of confusion caused by "informal" learning - from television, radio, magazines, newspapers, gossip, jokes, and various other sources.
- 1.4 Education within the curriculum can do much to dispel myths, reduce fear and anxiety, clear up misunderstanding and counteract prejudice.
- 1.5 It is important that our students develop understanding and attitudes based on values which prepare them to view relationships in a responsible and healthy manner.
- 1.6 Sex education will be part of the curriculum but will not be taken out of context or overemphasised in any way. Sex education is not intended to encourage unlawful sexual activity.
- 1.7 The policy is based on the belief that sex education:
  - Is an integral part of the learning process, beginning in childhood and continuing into adult life;
  - Should be provided for all children and young people including those with physical, learning or emotional difficulties;
  - Should encourage consideration of values, moral issues, sexuality, personal relationships and the development of communication and decision-making skills; and
  - Should foster self-esteem, self awareness, the skills to avoid and resist unwanted sexual experiences and a sense of moral responsibility.

## Appendix 2

### **OASIS COMMUNITY LEARNING POLICY STATEMENT ON THE DELIVERY OF SEXUAL HEALTH SERVICES INCLUDING ACCESS TO THE MORNING AFTER PILL (EMERGENCY CONTRACEPTION) FROM SELECTED COMMUNITY HUBS JUNE 2008**

#### **Introduction**

Sexual health in the UK has deteriorated significantly over the last 12 years. Recent figures indicate a steady rise in the number of sexually transmitted infections (STIs) and a corresponding increase in those seeking advice and treatment from sexual health services. The pregnancy rate in young women under 18 years of age is the highest in Europe with 38 per cent of young people, under the age of 15, admitting to being sexually active. In the light of the alarming rise in poor sexual health and nationally recommended guidance, the Trustees of Oasis have decided to support the delivery of a range of sexual health initiatives, including access to the morning after pill (MAP) otherwise known as the emergency contraceptive pill, from selected Oasis community hubs. As an organisation, we recognise and accept our responsibility to provide advice, information and services that young people can access either before they become sexually active, or very soon after, to reduce the risks associated with unplanned and/or unprotected sex. This policy statement reflects our commitment to the promotion of sexual health and treatment choice as part of Oasis' wider social inclusion agenda, which also includes health and wellbeing.

#### **The provision of integrated and holistic sexual health care**

Motivated by our Christian faith, we are committed to promoting standards of sexual behaviour based on loving and respectful relationships. Furthermore, we believe that given the current increases in sexually transmitted infections, it is essential that young people, their parents, carers and the wider community are actively engaged to receive the support, advice and information they need to achieve a greater sense of well-being. Our efforts to support family life and promote a responsible attitude to sex among young people have been underpinned by the promotion of Sex and Relationships Education (SRE) and other associated activities since 1987, through the Esteem programme. Over the past 20 years Oasis has delivered high quality SRE to over 250,000 young people in schools. However, with the development of Oasis Community Learning's Academies Programme and its approach to personal, social and health education based on the National Curriculum and the incorporation of existing health services under Oasis Community Health, we are even more conscious of our duty towards helping those, who use our services, make fully informed decisions about available health care choices. Our decision to support the delivery of the morning after pill was taken after considering specialist advice, recommended practice and current government guidelines. We regard the provision of good, confidential and accessible health services as being vital to optimising sexual health. Parental involvement is crucial and wherever we can, we encourage their input. However, for a variety of reasons, we acknowledge that not all young people can access support from home.

Working closely with local Primary Care Trusts and other agencies, we aim to deliver sexual health services in environments which emphasise the importance of self-esteem, encourage self-respect, and promote loving, secure, and stable relationships. Our services are based on evidence-based practice, which focuses on one-to-one interventions that address the personal and social factors known to influence an individual's sexual behaviour. Widening our provision of sexual health services to include enhanced advice and support, contraception, STI testing and a range of other health promotion information continues this commitment to provide holistic care. In doing so, we hope to challenge prevalent negative social attitudes concerning sexuality and empower young people to make positive, healthy life choices which result in them delaying sexual activity until they are ready.

## References

1. **Department for Education and Skills (2006)** 'Teenage pregnancy: accelerating the strategy to 2010'.
2. **National Institute of Clinical Excellence Guidelines (NICE, February 2007)** 'One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups'.
3. **Triple Helix (Spring 2001)** The Morning After Pill; Pam Sims, pp14-15