

## **CITY OF LONDON SCHOOL FOR GIRLS**

### **SEX AND RELATIONSHIP EDUCATION POLICY**

#### **THE SCHOOL AND ITS COMMUNITY**

City of London School for Girls is an academically selective, socially and culturally diverse school for girls from ages 7 – 18. The planning and delivery of Sex and Relationship Education (SRE) delivered at the school reflects and respects the cultural and social profile of the school community.

#### **RATIONALE**

SRE is a statutory entitlement for all pupils and forms part of the CLSG PSHCEE (Personal, Social, Health, Citizenship and Economic Education) programme for each Key Stage. Its primary concern is in the area of 'Personal Relationships and Sexual Health.' Included within this is the DfES circular definition, which states;

*'lifelong learning is about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality and sexual health...'*

SRE also supports the delivery of the requirement of Section 1 of the Education Reform Act (1988) that the school curriculum should be one which:

*'promotes moral, cultural, mental and physical development of the pupils at the school and of society; and prepares such pupils for the opportunities, responsibilities and experiences of adult life'*

#### **SAFEGUARDING**

SRE plays a vital part in meeting schools' safeguarding obligations. It is clear that schools must have a preventative programme that enables pupils to learn about safety and risks in relationships. The Department for Education's paper *The Importance of Teaching* (2010) highlighted that *'Children need high quality sex and relationships education so they can make wise and informed choices'*.

The importance of teaching young people about consent is central to learning about healthy, equal and safe relationships and choices. In November 2013, the Office of the Children's Commissioner (OCC) completed an inquiry into child sexual exploitation (CSE) which has raised awareness of the prevalence of this issue and the urgent need to tackle it. The OCC inquiry showed that young people do not always recognise non-consensual sexual situations including rape. The inquiry confirmed the importance of good quality SRE, which addresses gender-based and power inequalities, how these can lead to coercion and sexual violence, and the need for this to be taught in all schools as part of universal prevention.

Our curriculum therefore helps pupils understand on and offline safety (including sexting and pornography), consent, violence and exploitation and works in conjunction with the school's Safeguarding and Anti-bullying policies.

## **OBJECTIVES**

Sex and relationships education is learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health.

Through our delivery of SRE, we seek to provide pupils with an understanding that individuals are in charge of and responsible for their own bodies and that positive, nurturing environments are essential for the development of a good self-image and self-respect. We also look to encourage the acquisition of attitudes and skills that allow pupils to manage their relationships in a responsible and healthy manner and enables them to embody the School Values of Respect, Resilience and Responsibility. The main objectives of the SRE programme within CLSG are:

- To understand the biological aspects of reproduction
- To gain an insight into their physical, emotional and sexual self
- To recognise the importance of personal choice and the need to take responsibility for managing their relationships so that they do not present risks to health and personal safety
- To acknowledge the sensitivity of this area of development for all members of the school community and that there are differing stages of maturity and readiness within a year group and tutor group
- To become aware that feeling positive about sexuality and sexual activity is important in relationships and that they have the right not to be sexually active
- To promote the concept of a stable loving relationship as being the most appropriate situation for a sexual relationship.
- To enable students to develop a personal moral code (as reflected in the first definition above) so that they are able to critically analyse moral values and explore those held by a culturally diverse society and an understanding of the reasons for those views
- To recognise and discuss sensitive and controversial issues such as virginity, abortion and technological developments which involve consideration of attitudes, ethics, values, beliefs and morality
- To enable students to develop an understanding of and explore their feelings and relationships in order to promote self-knowledge, self-respect, self-esteem and respect for others
- To educate students about their legal rights and responsibilities relating to sexual behaviour, gender and equal opportunities and to make aware the availability of statutory and voluntary organisations which offer support in human relationships
- To promote equality of opportunity, ensuring access for all groups, irrespective of race, creed, disability or learning needs

## **ORGANISATION, CONTENT AND THE USE OF EXTERNAL SPEAKERS**

Within KS2, SRE is planned for and taught by the Prep staff and the school nurse. There is an annual meeting for parents with pupils in U2 to discuss the course content and its delivery before any information is disseminated to pupils.

Within the Senior School, aspects of SRE are taught across the school curricular through Biology, Religion, Philosophy and Ethics and PSHCEE (See Appendix 1). The variety of experience contained within our teaching body is seen as a valuable resource for the delivery of SRE. The provision of SRE across the Key Stages is seen as progressive in terms of terminology, concepts and content, which increases in depth and complexity as pupils progress through the School.

Aspects of SRE delivered through the Senior school PSHCEE programme are the responsibility of the PSHCEE Coordinator. The coordinator, with the support of the school nurse, provides schemes of work and outline lesson plans for the tutors who deliver SRE to their form groups, supplemented by external speakers. External speakers undertake the delivery of some aspects of SRE, with tutors in attendance. This is organised by the coordinator. PSHCE is a timetabled lesson, which takes place once a week for 40 minutes. Assessment of pupils' progress and understanding of SRE learning objectives is undertaken by members of staff through its delivery as part of the PSHCEE programme and during pupil voice sessions as deemed appropriate.

In all sections of the school we will always endeavour to respond to any topical concerns which arise locally, nationally or globally e.g. problems associated with sexting and access to pornography by adapting our delivery of SRE lessons accordingly.

All members of staff involved in the delivery and oversight of SRE will receive support and appropriate training as required. The personal beliefs and attitudes of teachers will not influence the teaching of sex and relationship education within the PSHCEE framework. All our resources are accredited by the PSHE Association and/or the Sex Education Forum, and we base our information about sexual health on advice given by the NHS.

## **LINKS WITH PARENTS**

Details of the PSHCE programme including SRE are published in the KS3 and KS4 Curriculum booklets. The PSHCE Coordinator also writes to parents giving an overview of the PSHCE curriculum for each term.

The prime responsibility for bringing up children rests with parents. CLSG recognises that parents are key figures in supporting their daughters to cope with the emotional and physical aspects of growing up and in preparing them for the challenges and responsibilities which sexual maturity brings. The SRE programme offered by CLSG is seen to work in tandem with the role played by parents. Parents are able to access a list of useful web addresses (Appendix 2) and some FAQs to help them in this respect (Appendix 3)

## **WITHDRAWAL**

Section 241 of the Education Act 1993 gives parents the right to withdraw their children from any or all parts of the school's programme of sex education, other than those elements which are required by the National Curriculum Science Order. It is realised that, under exceptional circumstances, a very small number of parents may wish to exclude their children from this programme. This right is clearly stated in the school's prospectus. In this case, such parents should write to the Headmistress, stating their objections. The biological element of reproduction remains within the National Curriculum Science Order for Key Stage 2 and 3, and is covered in detail as part of the IGCSE course.

## **PARTNERSHIP WITH EXTERNAL AGENCIES**

The school nurse is instrumental in the delivery of both the contraception and sexually shared infections modules.

Additional support and information for students is available through a confidential 'drop in', organised by the school nurse, these are held at lunchtime and students may self-refer. Confidentiality is maintained in line with, The Fraser Guidelines, The Children Act, and the NMC Code of Conduct. 1

## **CONFIDENTIALITY**

All staff especially tutors and Heads of Section offer pupil support. The school also provides confidential services through the school counsellor and the school nurse.

From the outset pupils are made aware that the school has statutory responsibilities and therefore staff may have to disclose certain matters. The DSL is responsible for reporting, where necessary, to Social Services and other bodies, where child protection issues arise. All adults will adhere to agreed procedures for the following circumstances:

1. Disclosure or suspicion of possible abuse; the school's Child Protection procedures will be invoked.
2. Disclosure of pregnancy or seeking advice about contraception; within the government guidelines and with the help of health professionals.

Pupils should always be encouraged to tell their parents.

## **MONITORING AND REVIEW**

The SRE Policy will be reviewed every 5 years, or earlier, as required by legislation or in response to guidance. The Deputy Heads, the Head of Prep, Heads of Section,

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<sup>1</sup> Human and Constitutional Rights. Gillick v West Norfolk and Wisbeech AM (1986)  
Department of Health (2004) Children Act  
Nursing and Midwifery Council Code of Conduct (2002)

PSHCEE, Science and RPE Departments and the school nurse will monitor the SRE programme. Pupils have the right, as provided for by Article 12 of the United Nations Convention on the Rights of the Child, to contribute in a meaningful way to the development and review of a SRE policy and programme. Within the school, pupils are routinely consulted about the SRE policy, its implementation and how well their needs are being met.

### **DISSEMINATION OF THE POLICY**

Details of this Policy will be available on request to Parents and is available electronically on the school Portal. This policy links with those on Anti-Bullying, Equal Opportunities and Child Protection and with the statutory statement on confidentiality in dealing with pupils.

## **Appendix 1: Delivery of SRE**

### **The PSHCE Programme**

It is important that sex and relationships education be taught as part of PSHCE education which develops essential skills and attributes, such as self-esteem, managing risk and resisting peer pressure which pupils can apply to a range of areas; and which addresses related factors such as alcohol and drugs, media literacy, and equality and prejudice. It is therefore recognised as best practice for SRE to be taught as part of a broader PSHCE curriculum, to help pupils to develop the skills, knowledge and personal attributes they need to manage their lives and is endorsed by leading SRE bodies.

### **KEY STAGE 2**

- Menstruation, puberty, conception
- Development of feelings for people
- Feelings in families (love, jealousy)
- Caring for myself: Personal hygiene, sleep and exercise
- Varied life styles and relationships
- Differences in others
- Decision Making
- Risk Taking
- Rites of passage
- Substance abuse and its effects on the body
- Media representation

### **KEY STAGE 3**

**Pupils in KS3 (Years 7 – 9) will have the opportunity to learn:**

- to manage growth and change as normal parts of growing up (including consolidation and reinforcement of Key Stage 2 learning on puberty, human reproduction, pregnancy and the physical and emotional changes of adolescence)
- the risks associated with female genital mutilation (FGM), its status as a criminal act and sources of support for themselves or their peers who they believe may be at risk, or who may have already been subject to FGM.
- that certain infections can be spread through sexual activity and that barrier contraceptives offer some protection against certain STIs
- about contraception, including the condom and pill and the importance of communication and negotiation in contraceptive use
- how the media portrays young people, body image and health issues and that identity is affected by a range of factors, including the media and a positive sense of self
- the qualities and behaviours they should expect and exhibit in a wide variety of positive relationships (including teams, class, friendships etc.)
- to explore the range of positive qualities people bring to relationships

- that relationships can cause strong feelings and emotions (including sexual attraction)
- the features of positive and stable relationships (including trust, mutual respect, honesty) and those of unhealthy relationships
- that the media portrayal of relationships may not reflect real life
- different types of relationships, including those within families, friendships, romantic or intimate relationships and the factors that can affect these (including age, gender, power and interests)
- the nature and importance of marriage, civil partnerships and other stable, long-term relationships for family life and bringing up children
- that marriage is a commitment, entered into freely, never forced through threat or coercion and how to safely access sources of support for themselves or their peers should they feel vulnerable.
- to understand the importance of friendship and to begin to consider love and sexual relationships in this context
- to understand what expectations might be of having a girl/boyfriend
- to consider different levels of intimacy and their consequences
- to acknowledge the right not to have intimate relationships until ready
- about readiness for sex and the benefits of delaying sex (or any level of intimacy beyond that with which the individual feels comfortable)
- that consent is freely given and that being pressurised, manipulated or coerced to agree to something is not 'consent'; that the seeker of consent is responsible for ensuring that consent has been given and if not given or withdrawn, that decision should always be respected.
- to learn about the law in relation to consent (including the legal age of consent for sexual activity, the legal definition of consent and the responsibility in law for the seeker of consent to ensure that consent has been given)
- to recognise the portrayal and impact of sex in the media and social media (which might include music videos, advertising and sexual images shared between young people)
- about the difference between sex, gender identity and sexual orientation
- to recognise that there is diversity in sexual attraction and developing sexuality
- the terms associated with sex, gender identity and sexual orientation and to understand accepted terminology.
- the support services available should they feel or believe others feel they are being abused and how to access them
- to understand and respect others' faith and cultural expectations concerning relationships and sexual activity

## **KEY STAGE 4 &5**

**Pupils in KS4 (Years 10 – 11) and KS5 (Years 12 – 13) will build upon the work done in Key Stages 2 and 3. In addition they will have the opportunity to learn:**

- to understand the pernicious influence of gender double standards and victim-blaming
- to recognise the impact of drugs and alcohol on choices and sexual behaviour
- about abortion, including the current legal position and the range of beliefs and opinions about it

- the pathways available in the event of unintended pregnancy, the possible physical and emotional reactions and responses people may have to each option and who to talk to for accurate, impartial advice and support
- that fertility levels can vary in different people; can be damaged by some sexually transmitted infections, decreases with age
- about the options open to people who are not able to conceive

## **Appendix 2: Useful Web Addresses**

The Sex Education Forum [www.sexeducationforum.org.uk](http://www.sexeducationforum.org.uk)

Brook [www.brook.org.uk](http://www.brook.org.uk)

Family Planning Association [www.fpa.org.uk](http://www.fpa.org.uk)

NHS Choices: Sex and Young People [www.nhs.uk/livewell/](http://www.nhs.uk/livewell/)

### **Appendix 3: Key FAQ for Parents**

The following FAQ are a number of questions that are commonly asked by the media and the public in relation to teenagers and may arise during the discussions that the school and parents have with the children.

#### **Is school the most appropriate body to be delivering SRE? How can CLSG work with parents/carers?**

- Feedback from pupil voice forums on the SRE delivered within the Years 9-11 PSHCEE programme highlighted that pupils felt that their sex education is often too little, too late, is too biologically focused and not given by the people they would expect such as parents and the school nurse.
- Internet and social networking sites have meant that pupils now have access to far more information than they are emotionally mature enough to cope with.
- It's important that CLSG, parents, the School nurse and other professionals are able to answer the questions posed by individual pupils accurately and give them correct information.
- The best scenario is for a joint partnership between CLSG, pupils and their parents. However, even though the staffs responsible for teaching aspects of SRE within school encourage pupils to speak to their parents, embarrassment often gets in the way.
- The Friends' of CLSG Committee in liaison with the school organise teenage awareness evenings for parents/carers.
- CLSG will make a range of SRE learning resources available for parents/carers.

#### **Is there a statutory obligation for CLSG to have to deliver sex education?**

- Schools must have an SRE policy and have to deliver certain aspects of SRE within the science curriculum as a statutory duty in accordance with **DfES:0116/2000 Sex and Relationship Guidance**.
- The level and range of SRE is different in every school. In the case of CLSG, Independent Schools Council, City of London Corporation, the PSHE Association and other outside agencies provide resources to support us to develop our comprehensive SRE policy and programmes, in line with best practice.
- Parents can withdraw their children from SRE except for the elements that relate to the science curriculum. Nationally, less than 1% does.

#### **What constitutes good sex and relationship education?**

- When the emphasis is on relationships and then sex.
- When the focus is on developing knowledge, skills and exploring attitudes towards sex and relationships, and not just the biological aspects.
- It should be appropriate to the age of the children/pupils and recognise different cultural and religious values and sexuality.

- We all have different relationships throughout our lives, including family relationships and friendships, so it's very important that SRE starts from an early age.

### **Is CLSG just encouraging young people to have sex?**

- No.
- Good comprehensive SRE and access to sexual health service provision, does not make individual pupils more likely to start having sex.
- Pupils who have had good SRE which focuses on knowledge, skills and attitudes are more likely to delay sex and use contraception when they do.

### **Is teaching young people to say NO the answer?**

- It is important that individual pupils are able to say no to sex they don't want.
- They also need to know and develop the skills to prevent Sexually Transmitted Infections (STIs) and pregnancy when they do start having sex.
- We would be letting pupils down if we only focused on one aspect of SRE.
- The media has recently publicised quite a lot of information about Abstinence programmes, which ask young people to pledge virginity prior to marriage and state sex should only take place within marriage, continue to run in parts of America.<sup>2</sup> However, such programmes do not work. The huge majority do not keep the pledge to stay virgins and as their abstinence education does not cover contraception, practice unsafe sex with a resulting high STI rate...

### **Are all teenagers having sex?**

- It would be quite easy to think they are, however,
- The average age of first sex is 16/17<sup>3</sup>
- Only a third of under 16s are sexually active

### **Key Facts and Figures**

Key Data on Adolescence (Association for Young People's Health 2015), states that:

- The average age of first heterosexual intercourse is 16.
- Among women aged 16-49, the lowest levels of contraceptive use are found in the 16-19 year olds.
- Two thirds of heterosexual 16-19 year olds are 'at risk' of pregnancy (i.e., have a sexual partner) but approximately one in ten of those with a partner does not use contraception.
- Both GPs and community contraceptive services are important sources of information for young people aged 15-24. In 2013/14, 22% of those aged 16-19 had visited a community contraceptive clinic.

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<sup>2</sup> <http://www.guardian.co.uk/commentisfree/2012/aug/15/obama-healthcare-reform-boosted-abstinence-only-sex-education>

<sup>3</sup> <http://www.guttmacher.org/pubs/FB-ATSRH.html>

- In 2013 the reported rate of conceptions in the under-18 age group was at its lowest since 1969 but the UK still has a relatively high rate of birth among 15-19 year olds compared with other countries.
- Of those young people having intercourse, the majority report using some kind of contraception. For the younger age group the most common method used is condoms. By early adulthood young women are more likely to use the oral contraceptive pill.
- The highest rates of sexually transmitted infections are among those aged 15-24. Those under 25 accounted for 63% of all new Chlamydia diagnoses in 2014.
- In 2013 there were 736 new HIV diagnoses among those aged 15-24. A total of 643 under-15s were receiving care for diagnosed HIV infection, together with 2,699 young people aged 15-24.

### **What opportunities are there to discuss sexual orientation?**

- The CLSG programme is relevant to all pupils and sensitive to their needs. We recognise the importance of pupils recognising diversity and showing respect for others regardless of their sexual orientation. Over the last few years Stonewall, an organisation which works for equality and justice for the lesbian, gay, bisexual, and transgender community have come into school to host an annual assembly.
- All staff involved in the delivery of SRE are trained to deal with matters of sexual orientation and activity openly, sensitively and in a non-discriminatory way. The school nurse and other members of staff can provide girls with factual information and answer appropriate question on the subject matter.
- The school's Anti-Bullying policy deals outlines procedures on how to prevent and/or deal with homophobic behaviour.

### **What opportunities are made available to the girls to discuss sexual exploitation?**

- The United Nations Convention on the Rights of the Child protects the rights of pupils from sexual exploitation. The school plays has a role to play in reducing this risk.
- CLSG provides pupils with opportunities to understand what the key characteristics of a safe versus a potentially abusive relationship are. We work with the City of London Police and other external agencies to develop the skills of pupils to help them to identify potential risks, how to stay safe and where to seek help if needed. This may also include how to negotiate within personal relationships.

### **How can CLSG and parents challenge myths about the sexual activity of the girls?**

- All members of staff will use and have access to up-to-date statistics at a local and national level.
- In reality, most girls within the school are not in a sexual relationship.

## How are we going to stop girls getting pregnant?

- There is no single solution to this complex issue.
- The Teenage Pregnancy Strategy (TPS)<sup>4</sup> works with a wide range of agencies to tackle teenage pregnancy, by developing good SRE, supporting parents to talk to their children about sex and relationships as well as providing accessible contraceptive services for those who need them.
- Personal 'aspiration is the best form of contraception' - young people, who have long-term goals and ambitions, are less likely to become teenage parents.
- The strategy links with agencies whose role is to support young people to stay in education, training and employment.
- By ensuring that young people can make informed decisions and act upon them so that they can reach their full potential.

## Can a doctor give contraception to under 16s without their parent's permission? / Why should young people get contraception without their parent's permission?

Under 16s have a right to receive confidential advice and treatment from their doctor. In 1985, Lord Fraser ruled in the case of *Victoria Gillick V West Norfolk & Wisbech Area Health Authority* that a medically trained professional could give contraception or advice and treatment to under 16s without parental consent. From this the Fraser Guidelines (also known as the Gillick Principles) were developed. These are as follows:

- Advice and contraceptive treatment may be given to a person under 16 without parental consent providing the professional is satisfied that:
- The young person will understand the advice
- The young person cannot be persuaded to tell their parents, or allow the professional to inform them that they are seeking contraceptive advice
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment
- The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment
- It is in the young person's best interests to give contraceptive advice or treatment<sup>5</sup>.

Following the Fraser Guidelines medical professionals have very clear guidance for issuing contraception to under-16s, ensuring the health, wellbeing and safety of the young person. An important element of the Guidance is doing everything possible to encourage the young person to talk to their parents/carers. This Guidance was extended to all those working with young people on sexual health including youth workers, Connexions personal advisers etc under the changes to the Sex Offences Act, 2005.

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<sup>4</sup> <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00224-2010>

<sup>5</sup> [http://www.nspcc.org.uk/inform/research/questions/gillick\\_wda61289.html](http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html)

## What is Emergency Contraception?

- Emergency Hormonal Contraception is one pill that are taken orally and can prevent a pregnancy before it starts.
- The pill needs to be taken within 72 hours (3 days) of having unprotected sex or condom failure.
- The sooner the pill is taken the more effective it is in preventing a pregnancy
- Emergency hormonal contraception is not a regular method of contraception and only works for one incident of unprotected sex.
- A coil can also be fitted as an emergency measure up to 5 days after unprotected sex.

## How does emergency contraception work?

Emergency contraception works by:

- Stopping or delaying an egg from being released
- Stopping sperm from fertilising an egg already there
- Stopping a fertilised egg from attaching itself to the womb
- Emergency contraception can stop a pregnancy before it starts; it **does not work** if a woman **is already pregnant**.

## How safe is emergency contraception?

- Studies of emergency contraception have found no long-term health effects from taking emergency contraception.
- There are associated health risks from termination of pregnancy to young people and significant long-term health implications from becoming a teenage parent, for both mother and child.

## Doesn't making emergency contraception available encourage young people to use this as a regular method of contraception?

- No, there is no evidence to suggest that where emergency contraception is available young people use this as a regular method of contraception.
- A UK study of 95,000 women aged 14-29 found that repeated use of emergency contraception was rare and that many women used regular contraception for the first time after use of emergency contraception<sup>6</sup>.
- Health professionals should discuss a regular method of contraception and safer sex with young people when they access services, reducing the likelihood of young people needing to use emergency contraception again.

## What are the implications of the Equalities Act 2010 for SRE?

Within the Equalities Act 2010, under the Single Equality Duty, schools, in the 'provision of their service', cannot discriminate against pupils on the grounds of

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<sup>6</sup> Rowlands S, Devalia H, Lawrenson R, Logie J, Ineichen B. Repeated use of hormonal emergency contraception by younger women in the UK. British Journal of Family Planning 2000; 26(3) 138-143

disability, race, gender, religion/belief, pregnancy/maternity, sexual orientation, gender identity and/or age.

All the SRE schemes of work and programmes seek to represent a variety of family structures, diverse cultural backgrounds and reflect wider society. As part of the training undertaken by staff, they are provided with the reassurance that it is appropriate to discuss all types of family life.

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**Approved by Board of Governors:** June 2013 – to go before the board in June 2016

**To be reviewed by:** June 2019