

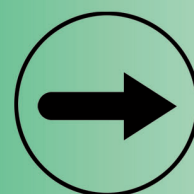
# Sex and Relationships Education in Schools

National Assembly for Wales Circular No: 11/02

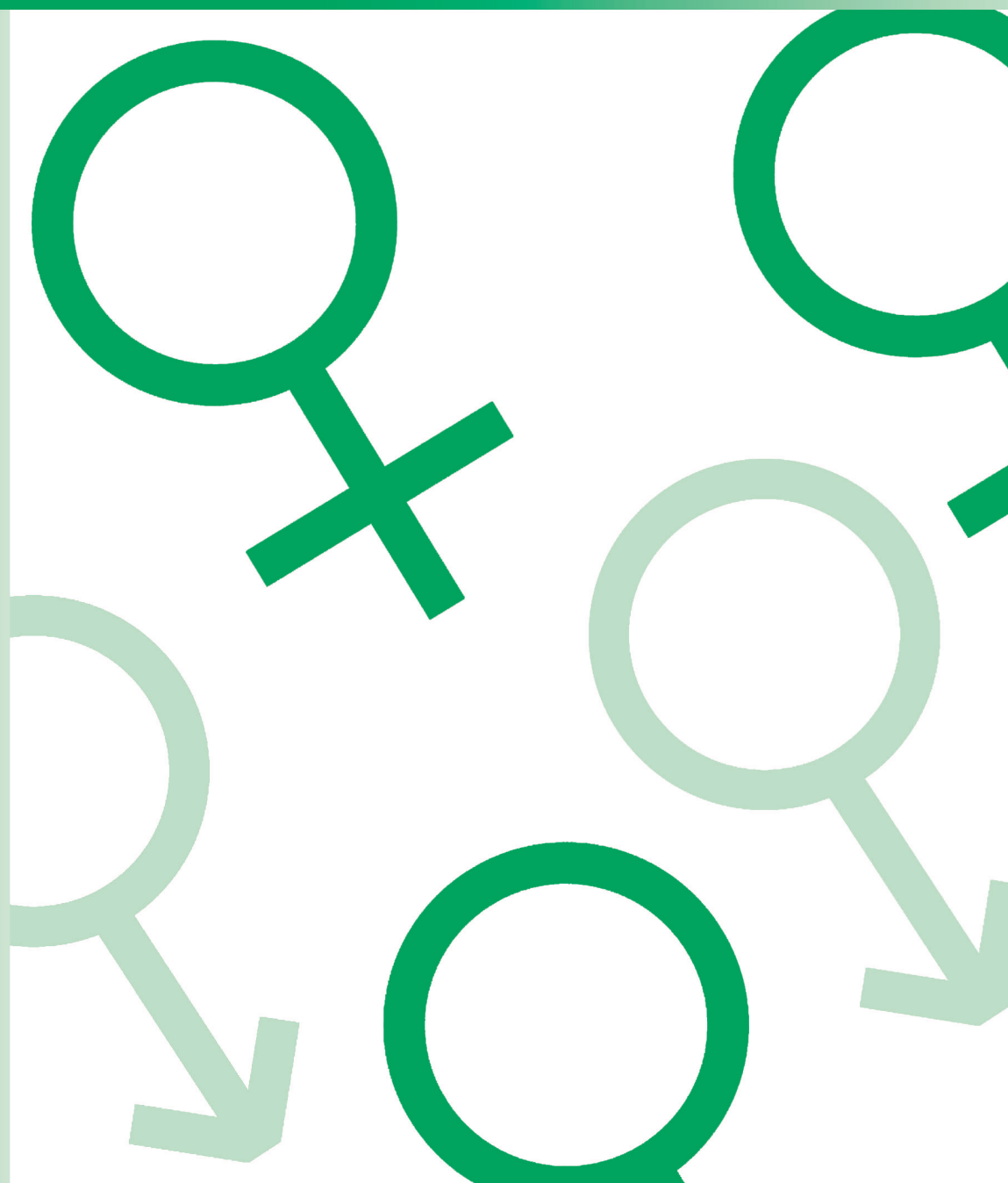
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Sex Education in Schools

Guidance  
Circular



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Department for Training and Education



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government



# Guidance on Sex and Relationships Education

**Audience:** This document is aimed at:

1. Headteachers, governing bodies and Personal and Social Education teachers and teachers of sex and relationships education in all maintained schools.
2. School nurses and other health professionals working in schools.
3. Local authorities and co-ordinators / providers of sex and relationships education training programmes.

**Overview:** Guidance on how schools should develop sex and relationships education policy, teach sex and relationships education, handle sensitive issues, and work with parents and the wider community.

**Action required:** Schools to have regard to the guidance when implementing their sex and relationships education policy and provision.

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**On the web at:** [www.learning.wales.gov.uk](http://www.learning.wales.gov.uk)

## Related documents:

- *A strategic framework for promoting sexual health in Wales* (National Assembly for Wales);
- Personal and Social Education Framework (PSE): Key Stages 1-4 in Wales (ACCAC);
- Science in the National Curriculum in Wales (ACCAC);
- *Working together to safeguard children* (National Assembly for Wales);
- Welsh Office Circular 52/95, 'Protecting Children from Abuse: The role of the Education Service'.



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# NATIONAL ASSEMBLY FOR WALES CIRCULAR

## 11/02 : SEX AND RELATIONSHIPS EDUCATION

This guidance on sex and relationships education (SRE) in schools replaces Welsh Office Circular 45/94.

### The guidance aims to:

- Clarify what schools are required to do by law.
- Give guidance on some of the issues involved in developing a policy on SRE.
- Show how SRE should be taught within the PSE framework.
- Guide schools and teachers on some of the sensitive issues schools may have to tackle when teaching SRE.
- Outline some practical strategies for teaching.
- Emphasise the importance of working in partnership with parents and the wider community.
- Address some of the issues for schools concerning confidentiality.

It has been written to take account of the revised National Curriculum programmes of study (published in January 2000); the need for guidance arising out of the *Personal and Social Education Framework (PSE): Key Stages 1 to 4 in Wales*; the Social Exclusion Unit report on teenage pregnancy, and the National Assembly for Wales document, *A Strategic framework for promoting sexual health in Wales* - which acknowledges the need for more, good quality sex and relationships education, and before young people become sexually active.

We have also taken account of the new requirement under the Education Act 1996 (as amended by Section 148 of the Learning and Skills Act 2000) which requires the National Assembly for Wales to issue guidance which will secure that when sex education is provided, schools must teach the nature of marriage and its importance to family life and the bringing up of children (see Annex B).

There are many excellent examples where schools have established clear sex education policies in consultation with parents, governors and the wider community, and where they are delivering effective programmes. But there is also much uncertainty about what sex and relationships education is and how it should be taught. This guidance aims to address those areas of uncertainty in order to encourage schools to be more confident in providing positive, holistic programmes.

The PSE Framework offers sound guidelines for the delivery of sex and relationships education.

This guidance stresses working with parents. Carers such as foster parents and corporate parents, where a child is looked after by their local authority, are equally important in this respect. Section 576 of the Education Act 1996 defines *a parent* as including any person who has parental responsibility for a child, or who has care of the child. The Children Act 1989 defines *parental responsibility* as ‘all the rights, duties, powers, responsibility and authority which by law a parent of a child has in relation to the child’. References to parents in this guidance should therefore also be taken to include those with parental responsibility or care of a child.



## What is Sex and Relationships Education?

The objective of sex and relationships education (SRE) is to help and support pupils through their physical, emotional, moral and spiritual development. Effective SRE is also essential if young people are to make responsible and well informed decisions about their lives. A successful programme will help pupils learn to respect themselves and others and move with confidence from childhood through adolescence into adulthood. It should prepare pupils for the opportunities, responsibilities and experiences of adult life, and enable them to develop considered attitudes, values and skills which influence the way they behave.

SRE is about understanding the importance of stable and loving personal relationships, respect, love, care, and the building of successful relationships with friendship groups and the wider community. Where SRE is given, pupils should be taught about the nature and significance of marriage and its importance for family life and the bringing up of children<sup>1</sup>. Nevertheless the National Assembly also recognises that there are strong and mutually supportive stable relationships outside of marriage. We live in a diverse society and pupils will come from a variety of family backgrounds. Teachers should take care to approach all pupils with sensitivity and respect and ensure that there is no stigmatisation of young people based on their home circumstances.

SRE is also about gaining knowledge and awareness of sex, sexuality and sexual health. Pupils should develop their understanding of human sexuality, learn about the benefits of delaying sexual activity, and how to obtain appropriate advice on sexual health. Such knowledge offers young people protection and should help to prevent confusion, unhappiness, unnecessary shame and guilt. SRE programmes should help pupils to develop knowledge and skills that are appropriate to age, understanding and development. This will enable pupils to build up their confidence, awareness and self-esteem, which will in turn assist them in managing and negotiating their personal relationships.

There are many different, conflicting and often unhelpful pressures on young people through sexual imagery and messages in the popular media as well as prejudices or stereotypes that are reinforced more generally by society. It is therefore particularly important that sex and relationships education in schools provides comprehensive information and open discussion in order that pupils can make informed and considered decisions. Pupils need to be given a core of accurate and relevant information in order to feel competent in addressing life issues. They should develop a respect for themselves and others as well as an understanding of diversity in order to prevent and remove prejudice.

A common misconception about sex education is that it will lead to greater sexual activity among young people. In fact research evidence suggests that it does not increase sexual activity or pregnancy rates<sup>2</sup>. Well-designed SRE programmes can encourage the postponement of sexual intercourse among young people who are not sexually active, and are associated with the effective use of contraceptives by those who are.

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<sup>1</sup> Section 403(1A) of the Education Act 1996, as amended by the Learning And Skills Act 2000 - see Annex B

<sup>2</sup> 'A framework for school sex education' (1992) Sex Education Forum, London: National Children's Bureau.

## How should it be taught?

SRE should not be delivered in isolation. The revised National Curriculum in Wales and the PSE Framework give schools explicit opportunities for pupils to learn about sex and relationships. In particular the PSE Framework clearly identifies attitudes, values and skills, as well as a sound knowledge base, relevant to SRE.

## The overall policy context for sex and relationships education (SRE)

The sexual health of young people in Wales is of concern. Rates of teenage pregnancy are the highest in Europe and there are worrying increases in the rates of sexually transmitted infections among 16-19 year olds<sup>3</sup>. *Better Health – Better Wales* (1999) identified these concerns and suggested that there needed to be more effective communication and a wider understanding about sexual health in order to address these issues.

Following on from this the National Assembly's *Strategic framework for promoting sexual health in Wales* (2000) proposes a number of health and education initiatives to address these problems. A central objective of the Strategy is to ensure that all young people in Wales receive effective education about sex and relationships as part of their personal and social development and in order to promote sexual health. The following factors have been identified as contributing to effective sex education programmes:

- The timing of sex education; young people once sexually active are less likely to change their behaviour.
- Skills development with participatory teaching methods such as role play which allow the practice of communication and negotiations skills.
- Activities that address social, peer and media influences.
- An emphasis on integrated programmes aimed at preventing pregnancy; increasing contraceptive use and preventing HIV/AIDS and other sexually transmitted infections (STIs).

The most effective school-based sex education programmes are those which link education with access to sexual health services and other agencies. It will therefore be important that a number of agencies are involved and work co-operatively together with the schools. There is a potentially important role for school nurses and other health professionals in bridging the gap between education and services such as contraception services.

## School Nurses

School nurses are a valuable source of professional advice for pupils and can arrange for access to essential health care services. *A Review of Health Visiting and School Nursing Services in Wales* (April 2000) was widely welcomed by professionals, managers and others in the National Health Service and higher education. The Review has been used to inform the Welsh Assembly Government's Primary Care Strategy.

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<sup>3</sup> Health Evidence Bulletins Wales: Healthy Living (2000) Cardiff, National Assembly for Wales.

## Further information about sex and relationship education (SRE) is available:

- Locally through the LEA PSE advisory service and *local health promotion services*.
- From a range of national statutory bodies and voluntary organisations such as the Sex Education Forum based at the National Children's Bureau, the Family Planning Association Cymru and ACCAC.
- From the ACCAC web-site ([www.accac.org.uk](http://www.accac.org.uk)) where copies of the PSE Framework and the accompanying guidance can be obtained. Priced copies are available from the Publications Team at ACCAC or e-mail: [info@accac.org.uk](mailto:info@accac.org.uk).
- Through the National Assembly for Wales document, *A Strategic framework for promoting sexual health in Wales*, available through the National Health Promotion web-site for Wales at: [www.hpw.wales.gov.uk](http://www.hpw.wales.gov.uk) (go to 'Sexual Health' in index list on left).
- Sexual Health Wales telephone helpline for information and advice about sexual health and location of nearest services: 0845 604 84 84.
- From The Wales Youth Agency's 'Developing a policy on sexual health – a guide for the youth service' (July 2000); available at their web-site: [www.wya.newi.ac.uk](http://www.wya.newi.ac.uk).
- In journal articles, books and reports listed in the *Research Bulletin on Schools and Young People*, issued by the National Assembly and held in the Health Promotion Division Library; tel 029 20 681245.



# DEVELOPING A POLICY FOR SEX AND RELATIONSHIPS EDUCATION

**This section looks at the requirement for schools to have a sex education policy and some of the specific issues that a policy might need to cover.**

**Governing bodies and head teachers should consult parents and the wider community in developing their sex education policy to ensure that they develop policies which reflect the parents' wishes and the culture, ethnic background and religions of the community they serve.**

**Case studies 1-3 relating to this section are at Annex A.**

## What is required?

**1.1** All maintained schools must have an up-to-date written sex education policy which is available for inspection, particularly by parents. The policy must include a statement about the parents' right to withdraw their child from sex education (See Annex B). The policy should also:

- Define SRE;
- Describe how SRE is provided (where it is) and who is responsible for providing it;
- Say how pupils will be given guidance on where they can obtain confidential advice, counselling and, where necessary, treatment;
- Describe the involvement of health professionals and external organisations in the sex and relationships programme;
- Say how SRE is monitored and evaluated;
- Be reviewed regularly.

## Estyn

**1.2** Estyn is statutorily required under Section 10 of the School Inspections Act 1996 to evaluate and report on the spiritual, moral, social and cultural development of pupils at any school they inspect. This includes coming to a judgement on a school's sex education policy.

**1.3** Estyn will continue to inspect the quality of support and guidance on SRE produced by schools in Wales as part of its Section 10 inspection programme. Estyn will also review its arrangements for the inspection of sex education in the youth work sector.

**1.4** Estyn is currently looking at what further advice and training inspectors will need in order for them to inspect personal and social education. They will be issuing further guidance

to inspectors to enable them to discharge Estyn's functions taking into account the recommendations from the *Strategic framework for promoting sexual health in Wales* and ACCAC's Personal and Social Education Framework.

## Developing a policy

**1.5** The role of a school's governing body, head teachers and relevant teachers in the determination of a school's policy is crucial. It is also essential that governing bodies involve and consult parents in developing and reviewing the policy. This will ensure that they reflect the parents' and pupils' wishes and the culture and religious affiliations of the community the school serves. Governors and parents will also need to address the issue of how those who miss lessons on sex and relationships education, for reasons other than parental withdrawal, can catch up on another occasion.

**1.6** Pupils themselves can also provide a vital contribution to the development of a sex education policy and programme, and their participation will help to create an ethos of involvement and openness. Using contexts such as a school council or pupil forum (where available), pupils can discuss SRE in order to express their views and needs.

## Sex and relationships education (SRE) within the PSE Framework

**1.7** The Assembly recommends that SRE is delivered using the PSE Framework as a basis for provision. Schools will therefore want to have an overall policy on PSE including sex and relationships education.

**1.8** The PSE Framework is developed through ten aspects with specific recommendations for learning in terms of knowledge and understanding for each aspect. The Framework also outlines Attitudes, Values and Skills which should be developed within PSE. Of particular relevance to sex and relationships education are the Social, Sexual, Emotional and Moral aspects. Further details are at Annex C.

## Primary schools

**1.9** The Assembly recommends that all primary schools have a graduated SRE programme tailored to the age and the physical maturity of the children as outlined in the PSE (see Annex C for further details).

**1.10** All children including those who develop earlier than average, need to know about puberty before they experience the onset of physical changes. In the early primary school years, education about relationships needs to focus on friendship, bullying and the building of self-esteem.

**1.11** It is important that the primary school provides support for pupils' ongoing emotional and physical development effectively. As well as consulting parents more generally about the school's overall policy, primary schools should consult with parents, particularly in the years leading up to secondary school, about the detailed content of what will be taught. This process should include offering parents support in talking to their children about sex and relationships and how to link this with what is being taught at school.

**1.12** Schools should have clear parameters on what children should be taught before moving to secondary school and should communicate with associated secondary schools to ensure that there is consistency of approach, and appropriate progression, in SRE between schools.

## **Secondary schools (or other educational establishments that cater for pupils of secondary school age, e.g. PRUs)**

**1.13** Secondary schools should include in their policy, details on how they provide a programme as part of their PSE provision in addition to the National Curriculum science topics. Schools should set sex and relationships education within a broader context of self-esteem and responsibility for the consequences of one's actions.

**1.14** Secondary schools should acknowledge and address the changes and uncertainties that young people experience regarding adolescence and their developing sexual identity. Teaching should be aimed at both boys and girls, and should deal with the emotional, physical and social aspects of sexual relationships. Pupils need to know about the methods and availability of contraception and the laws relating to sexual behaviour (see Annex B). They should be helped to develop a responsible attitude to sexual relationships which acknowledges the consequences of sexual activity, the links with other risk-taking behaviours, and the importance of resisting unwanted pressure.

**1.15** Schools may wish to consider using young people as peer educators, for example teenage mothers and fathers, to show the demands and constraints of having a baby. However, schools should carefully consider the circumstances and messages being conveyed in using peer education.

## **Specific issues which should be addressed when developing a policy**

**1.16** SRE is for all pupils in school and when developing a policy schools should consider the needs of all pupils. To achieve this schools might need to address some or all of the specific issues outlined below.

**1.17** Secondary schools should ensure that the teachers of SRE are aware of the *Strategic framework for promoting sexual health in Wales* and the role that effective SRE can have in reducing the incidence of teenage conceptions.

## **Relationships**

**1.18** Young people, when asked about their experiences of sex education at school, often complain about the focus on the physical aspects of reproduction and the lack of any meaningful discussion about feelings, relationships and values. Sex and relationships education set within the PSE Framework will significantly redress that balance. It will help young people to respect themselves and others, understand difference and deal with changing relationships. Alongside this, young people will gain an increasing sense of control through understanding and managing the emotions.

**1.19** They should understand the importance of a stable, secure and loving environment for bringing up children. Within the context of talking about stable relationships, pupils should also be taught about the nature and importance of marriage.



## Parenting

**1.20** Key to the healthy development of future communities is an appreciation by young people of the responsibilities and demands of parenthood. This needs to be supported by an understanding of the needs of babies and young children, early years development, good nutrition and health issues – such as the importance of breast-feeding and immunisation.

## Participation and Inclusion

**1.21** Pupils of both sexes may feel that SRE is not relevant to them or are unable or too embarrassed to ask questions about relationships or sex. Many children also find it difficult to talk to their parents or carers about sex and relationships. For these reasons programmes should focus on the involvement of all pupils at primary level as well as secondary.

**1.22** Boys may find it particularly awkward to talk openly to their parents or ask questions about sex and relationships. As there is often a focus on girls in terms of reproduction and developments at puberty, sex education programmes must also take care to address the needs of boys and young men.

**1.23** Teachers will need to plan a variety of activities which will help to engage boys as well as girls, matching their different learning styles. Single sex groups may be particularly important for pupils who come from cultures where it is only acceptable to speak about the body in single gender groups.

## Children of different cultural backgrounds and religious affiliations

**1.24** Young people from some cultural or religious backgrounds may find it difficult to talk to their parents about puberty or sex and may rely on schools as their main, or perhaps only, source of sex education. It is therefore important for policies to be both culturally appropriate and religiously sensitive, and inclusive of all children. Consulting pupils and their families will help to establish what is appropriate and acceptable for them. Generally parents appreciate support from the school if they are consulted and involved.

## Looked after children

**1.25** Looked after children and children with disrupted lifestyles or periods of absence or exclusion may miss opportunities for learning at school and may lack some parental guidance. Particular efforts should be made to ensure that they receive SRE.

## Special educational needs and learning difficulties

**1.26** Mainstream schools and special schools have a duty to ensure that pupils with special needs are properly included. SRE should help all pupils understand their physical and emotional development and enable them to make positive decisions in their lives.

**1.27** Some parents and carers of children with special educational needs may find it difficult to accept their children's developing sexuality. Some pupils will be more vulnerable to abuse and exploitation than their peers, and others may be confused about what is acceptable



public behaviour. These children will need help to develop skills to reduce the risks of being abused and exploited, and to learn what sorts of behaviour are and are not acceptable.

**1.28** Teachers may find that they have to be more explicit and plan work in different ways in order to meet the individual needs of pupils with special educational needs or learning difficulties. It is important to take care not to marginalise SRE. It is also important that pupils with special educational needs are not withdrawn from health education or PSE in order that more time can be devoted to core National Curriculum subjects.

**1.29** All staff, including ancillary staff, physiotherapists, nurses and carers as well as teachers should be aware of the school's SRE policy when working with pupils with special educational needs and learning difficulties.

## **Sexual identity and sexual orientation**

**1.30** It is up to schools to make sure that the needs of all pupils are met in their programmes. Young people need to feel that sex and relationships programmes are relevant to them and sensitive to their needs. They might also find it difficult to talk to their parents or carers about matters of sexuality or sexual orientation. The National Assembly is clear that teachers should be able to deal with these issues honestly, sensitively and in a non-discriminatory way. They should be able to answer appropriate questions and provide factual information. It is important that young people develop an understanding and respect for others regardless of their developing sexual orientation. They should be encouraged to respect and recognise diversity and differences in human life. Section 28 of the Local Government Act 1988 does not prevent the objective discussion of homosexuality in the classroom, and schools can provide counselling, guidance and support for pupils.

**1.31** The issue of sexual orientation within a school's SRE programme and what is taught in schools is an area for concern for some parents. Schools that liaise closely with parents when developing their SRE policy and programme should be able to reassure parents of the content of the programme and the context in which it will be presented.

**1.32** Guidance in National Assembly for Wales Circular 3/99, 'Pupil Support and Social Inclusion' deals with the unacceptability of and emotional distress and harm caused by bullying in whatever form – be it racial, as a result of a pupil's appearance, related to sexual orientation or for any other reason. Schools should have a strong anti-bullying stance and deal with any suspicion of bullying in accordance with the schools anti-bullying policy.

## KEY POINTS:

- All schools must have an up-to-date sex education policy, drawn up by the governing body, which is available for inspection by parents.
- SRE policies should be developed in consultation with parents, pupils and the wider community.
- Primary schools should consult parents fully and have clear parameters on what pupils will be taught in the years leading up to secondary school.
- Secondary schools' policies should include how they provide a SRE programme as part of National Curriculum science and their PSE provision.
- Policies should be inclusive of all pupils.

# SPECIFIC SEXUAL HEALTH ISSUES RELATING TO THE TEACHING OF SEX AND RELATIONSHIPS EDUCATION

**This section looks at some sensitive issues teachers may have to deal with when teaching sex and relationships education. Schools should set out how they intend to cover them in their sex and relationships education policy.**

**2.1** Parents, and pupils, may need to be reassured that the personal beliefs and attitudes of teachers will not influence the teaching of sex and relationship education. Teachers and all those contributing to sex and relationships education should work within an agreed values framework as described in the school's policy. This should also include how controversial issues and differences of opinion are to be dealt with. Some teachers may need support and training to deliver the programme sensitively and effectively.

**2.2** The following specific issues, also suggested in the PSE Framework, would usually need to be addressed in a school's SRE programme.

## Puberty

**2.3** Boys and girls need to be prepared for puberty so that they have the knowledge and confidence to manage the physical and emotional changes. Schools will need to plan the appropriate age to do so, in consultation with parents. The PSE Framework suggests that this should be during Key Stage 2.

**2.4** Primary schools should set clear parameters as to what will be taught in a whole class setting and what will be dealt with on an individual basis.

## Menstruation

**2.5** The onset of menstruation can be alarming for girls if they are not prepared. As with education about puberty, programmes should include preparation for menstruation. Boys should also learn about menstruation.

**2.6** Schools should make adequate and sensitive arrangements to help girls cope with menstruation and with requests for sanitary protection. Suitable disposal facilities should also be available.

## Contraception

**2.7** Since 1992 in Wales the rate of conceptions to girls under 16 has been consistently higher and has risen more rapidly than in England. In Wales the rate between 1997 and 1999 was 10.2 compared to 8.6 per 1000 girls in England. This is unacceptable. Not only are there obvious risks to health but this also leads to greater dependence, undermining potential achievement in education and in further employment, and placing greater stress on the young person and their family.

**2.8** Knowledge of the different types of contraception, access to, and availability of contraception is a major part of the Welsh Assembly Government's strategy to reduce teenage pregnancy. Effective sex and relationships education in secondary schools has an important role to play in achieving this.

**2.9** Secondary school staff should have access to appropriately trained professionals who will be able to give young people full information about different types of contraception, including emergency contraception, and their effectiveness. Pupils may wish to raise further issues with staff arising from discussion in the classroom. Teachers are able to give pupils – individually and as a class – additional guidance on where they can obtain confidential advice, counselling and, where necessary, treatment. This should be made clear in the school's sex and relationships education policy.

**2.10** When teachers are approached by a child who is sexually active or contemplating sexual activity, sensitive handling will be needed to ensure that a proper balance is struck between observing the law and the need for sensitive counselling and treatment, including protection from disclosure to inappropriate adults. Section 7 contains a fuller discussion of confidentiality procedures and a description of the 'Gillick competency' is at Annex B.

## **Abortion or termination**

**2.11** About half of pregnancies to girls under 16 end in abortion each year. In 2000 the rate for 15 year olds in Wales was 7 per 1000 girls compared to 8 per 1000 girls in England. There are strongly held views and beliefs about abortion and some schools may apply a particular religious ethos to this issue through their SRE policy. The religious convictions of pupils and their parents should be respected.

**2.12** It is all too easy to create a classroom debate in which pupils' views become polarised and miss the purpose of SRE in preparing pupils for the responsibilities and challenges of adult life. When abortion is covered within a programme the challenge is to offer pupils the opportunity to explore the dilemmas; enable them to know and understand abortion, appreciate the validity of opposing views, and develop the communication skills to discuss it with parents and health professionals.

**2.13** However, the main aim must be to reduce the incidence of unwanted pregnancy, and the focus should be on providing appropriate information and effective advice on contraception and the benefits of delaying sexual activity.

## **Safer sex and sexually transmitted infections (STIs) including HIV/AIDS**

**2.14** Teaching about safer sex is one of the Welsh Assembly Government's key strategies for reducing the incidence of STIs including HIV/AIDS. Since 1995 there have been significant increases in the numbers of diagnoses of genital chlamydial infection, genital warts and gonorrhoea. Of particular concern in Wales is the increasing rate of chlamydial infection among 16-19 year olds<sup>4</sup>.

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<sup>4</sup> HIV and STI trends in Wales (2002) Cardiff, Cardiff Public Health Laboratory Service in Wales.

**2.15** STIs are major causes of ill health which can have long-term physical and psychological health consequences. Incidence of STIs continues to rise and the incidence of HIV/AIDS infection remains unacceptably high, particularly for young men. There is also a concerning lack of awareness. For example, a recent study by the National Assembly found that two out of three 15-16 year olds had never heard of the STI chlamydia<sup>5</sup>.

**2.16** A survey conducted by National Opinion Poll (1996) indicated that young adults may become complacent about the importance of safer sex, increasing their risk of infection and unwanted pregnancy or paternity. Strategies for teaching about STIs including HIV/AIDS should include:

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

**2.17** The key messages for all sex educators including teachers are:

- factual information and knowledge about safer sex and STIs, including HIV/AIDS is vital;
- young people need to understand what is risky behaviour and what is not;
- sex and relationships education should inform young people about condom use and safer sex in general; and
- 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 substance misuse and alcohol).

**2.18** Although the overriding emphasis in teaching about STIs should be on the prevention of infection, through delaying sexual activity and teaching the reasons for safe sex, pupils also need to know about diagnosis, treatment and accessing local sexual health advice services.

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<sup>5</sup> The 1999 Welsh Youth Sexual Health Survey (1999) Health Promotion Division, National Assembly for Wales (unpublished data).

## KEY POINTS:

- Sensitive issues should be covered by a school's policy.
- Some teachers may need extra support and training in order to be able to deal with these issues confidently in the classroom.
- Both boys and girls should be prepared for puberty.
- Girls should be prepared for menstruation before their periods start.
- Young people need access to, and full information about, confidential contraceptive information, advice and services.
- Young people need to be aware of the moral and personal dilemmas that can be involved in abortion and how to access a relevant agency if necessary.
- Young people need to be aware of the risks of STIs including HIV/AIDS and know about prevention, diagnosis and treatment.
- Young people need to know what safer sex is and why it is important. They also need to build the confidence and skills to negotiate safer sex with a partner.

# TEACHING STRATEGIES FOR SEX AND RELATIONSHIPS EDUCATION

**This section looks at some practical strategies for teaching sex and relationships education. Schools may already be making use of these in their programmes.**

**3.1** It is essential that schools help pupils develop confidence in talking, listening and thinking about sex and relationships. Teachers and other staff may need to overcome their own anxieties and embarrassment to do this effectively. The climate and ethos of the school also play an important role in the context and experience of sex and relationships education and PSE. Openness in these areas of education will only work if the overall culture of the school encourages openness and honesty. Partnership between school, parents and pupils is the key to success.

**3.2** There are also a number of teaching strategies that can help, including:

- Establishing ‘ground rules’ with the pupils.
- Using ‘distancing’ techniques.
- Knowing how to deal with unexpected questions or comments from pupils.
- Using discussion, project or active learning methods, and appropriate materials.
- Encouraging reflection.

**3.3** Some teachers will need training and support, perhaps by team teaching or by inviting visitors from outside services or agencies.

## Ground rules

**3.4** A set of ground rules will help teachers create a ‘safe’ environment in which they do not feel embarrassed or anxious about unintended or unexpected questions or comments from pupils. Ground rules might be developed as part of the school’s SRE policy or individually with each class or year group. These rules may, for example, include:

- There will be no personal comments or put-downs and no-one (teacher or pupil) will have to answer a personal question.
- No-one will be forced to take part in a discussion.
- Only the agreed terminology for body parts will be used.
- Meanings of words will be explained in a sensible and factual way.

## Distancing techniques

**3.5** Teachers can avoid embarrassment and protect pupils’ privacy by always depersonalising discussions. For example role play can be used to help pupils ‘act out’ situations. Case studies with invented characters, appropriate videos and visits from

educational theatre groups can all help pupils discuss sensitive issues and develop their decision-making skills in a 'safe' environment.

## Dealing with questions

**3.6** Teachers should establish clear parameters of what is appropriate and inappropriate in a whole class setting. However teachers should not avoid controversial issues. If an issue arises that is considered to be controversial by society, teachers should discuss why this is the case, the different perspectives, and allow pupils to determine their own beliefs.

**3.7** Having a set of ground rules should reduce the chances of unexpected questions or comments happening in a whole class setting, but teachers may need support and training to be prepared for the unexpected. For example:

- If a question is too personal or explicit the teacher may wish to remind the pupil of the ground rules. If the pupil needs further support, the teacher can refer her or him to an appropriate person such as a school counsellor, school nurse or an outside agency or service.
- If a teacher does not know the answer to a question, they should acknowledge this and could suggest that the pupil or teacher or both together, research the question later.
- If a question feels 'too old' for a pupil, is inappropriate for the whole class or raises concerns about sexual abuse, the teacher should acknowledge it and promise to attend to it later on an individual basis. In this way the pupil will feel they have been treated with respect but the rest of the class will not have to listen to personal experience or inappropriate information. Further guidance on confidentiality and protection procedures is in Section 6.
- An anonymous question box may help pupils ask questions that they would otherwise feel inhibited about.

## Discussion, project or active learning and reflection

**3.8** Discussion and project or activity based learning can encourage effective learning and is enjoyed by pupils. Teachers should also encourage reflection as this helps pupils to form new understanding, skills and attitudes, and consolidate what they have learned.

### KEY POINTS:

- Schools need to help pupils develop confidence in thinking, listening and talking about sex and relationships.
- Teachers can use a range of strategies to help them with SRE, including establishing ground rules, introducing 'distancing' techniques, making use of discussion and project or active learning and encouraging reflection.



# WORKING WITH PARENTS

**This section looks at how schools can work in partnership with parents when planning and delivering sex and relationships education. Case Study 4 on working with parents is at Annex A.**

## Why parents are so important

**4.1** Parents are the key people in:

- teaching their children about sex and relationships;
- maintaining the culture and ethos of the family;
- helping their children cope with the emotional and physical aspects of growing up; and
- preparing them for the challenges and responsibilities that sexual maturity brings.

**4.2** Parents have an important influence and role to play in terms of delivering messages about sex and relationships. For instance, by not answering questions or not providing an opportunity for discussion, parents can communicate that sexual matters are not to be treated openly. Many parents find it difficult to talk to their children about sex and relationships, and fathers in particular rarely take responsibility for giving SRE to their sons.

**4.3** Parents may therefore need support in:

- helping their children learn the correct names for parts of the body;
- talking with their children about feelings and relationships;
- answering questions about growing up, having babies, feeling attraction, sexuality, sex, contraception, relationships and sexual health.

## Consulting and supporting parents

**4.4** The teaching of some aspects of SRE might be of particular concern to some parents. Schools should always work in partnership with parents, consulting them regularly on the content of SRE programmes. Reflection around parents' own experiences of sex education can often lead to productive discussion in which teachers and parents can start planning SRE education provision for their pupils and children.

**4.5** Parents need to know that the school's SRE programme will complement and support their role as parents, and that they can become actively involved in the determination of the school's policy.

## Parents who withdraw their children

**4.6** Parents have a right to withdraw their children from all or part of sex and relationships education provided at school except for those parts included in the statutory National Curriculum. Early consultation and good partnerships with parents form the best arrangements for parents who have concerns and may wish to withdraw their children. Schools will need to make alternative arrangements for children whose parents have chosen to withdraw them from sex and relationships education.

## KEY POINTS:

- Parents are the key people in teaching their children about sex, relationships and growing up.
- Many parents find it difficult to talk to their children about sex and relationships.
- Parents may need support in their role as sex educators.
- Schools should always work in partnership with parents, consulting them regularly on the content of sex and relationships education programmes.
- Parents have the right to withdraw their children from all or part of sex and relationships education, except for those parts in the statutory National Curriculum (see Annexes B and C) .

# WORKING WITH THE WIDER COMMUNITY

**This section looks at how schools can work in partnership with members of the wider community when planning and delivering sex and relationships education.**

**5.1** Delivery of sex and relationships education is not the sole responsibility of schools. Elements of sex and relationships education are also provided by a wide range of people in the wider community including health professionals, social workers, youth workers, peer educators and visitors. People in the wider community have much to offer at all levels of planning and delivering SRE, bringing a new perspective and offering specialised knowledge, experience and resources.

**5.2** People entering school to help deliver SRE should only be invited as part of a planned programme and must be made aware of the school's policy and abide by it. Parents should also be aware of the involvement of the wider community.

## Health professionals

**5.3** Many schools are already working closely with health professionals in the development and implementation of their SRE programmes. This is because:

- They can work closely with teachers in supporting SRE in the school (complementing the role of the teacher).
- They can help schools work in partnership with parents and make links between the school and other relevant professionals and services such as local GPs, family planning clinics, Genito-Urinary Medicine (GUM) clinics etc.
- They can tell pupils about the health services that are available in the area and help them to develop the confidence and skills to make good use of them.
- They can give pupils confidential support and advice, perhaps through services such as drop-in sessions.
- They can provide specific and up-to-date knowledge about sexual health and well-being and contraception.
- They can provide information on general healthy lifestyle issues e.g. smoking, drugs and alcohol.

**5.4** Schools should be aware of the nature of an external organisation's input to ensure that it is in keeping with the school's agreed sex and relationships policy and programme. However, when they are in their professional role, such as a school nurse in a consultation with an individual pupil, they should follow their own professional codes of conduct (this is the case irrespective of who is paying them). A school's sex and relationship's policy must make this clear to parents.

## Social Workers

**5.5** Residential and social workers are working with a major Welsh Assembly Government initiative, *Children First*, which aims to improve the life chances of children and young people who are looked after by their local authority. They are working in partnership with foster carers and parents as well as teachers and health professionals to improve the health and education of children and young people who are looked after.

## Youth Workers

**5.6** Youth workers work in a range of contexts from the traditional youth club to street and outreach work, and to young people's confidential advisory services. They have a unique role to play in that they are often able to develop an open relationship with children and young people within which very effective sex and relationships education and sexual health promotion is possible.

**5.7** Youth workers will be expected to respect this circular when dealing with young people of compulsory school age.

## Peer education

**5.8** Peer education usually involves young people who are trained to support and deliver SRE and can be very popular with young people and teachers. It is a way of providing information in an environment in which young people feel accepted and secure. However, peer education can best be used to complement rather than to replace SRE in schools.

**5.9** Particular life experiences of the educators can help young people understand how sex and relationships can affect people positively and negatively. Examples include:

- Young teenage mothers talking of their experiences of having a child and offering advice and support to their peers.
- Young people from different cultural backgrounds talking about their experience of learning about sex and relationships at home and from the wider community, including school.
- Young people talking about their experience of living with HIV.
- Young people who are physically disabled talking to other young people with a disability.

**5.10** Education by peers is not always by young people. In some schools groups of parents have been trained as peer parent sex educators. They work to support other parents and to help develop school/parent partnerships.

## Other visitors

**5.11** Visitors to schools have a discrete role and responsibility for providing SRE both informally and formally. Visitors should complement but never substitute or replace planned provision. It is the PSE co-ordinator's and teachers' responsibility to plan the curriculum and lessons.

## KEY POINTS:

- Delivery of SRE is not the sole responsibility of schools. Schools should work effectively in partnership with parents and members of the wider community who have much to offer.
- Health professionals, social workers, youth workers, peer educators and other visitors all have a part to play in delivering SRE, and should abide by the school's policy.
- Schools, parents and young people should be aware of the services which local education authority advisory teams and local health promotion services are able to provide as well as school health services.



# CONFIDENTIALITY AND CHILD PROTECTION

This section looks at the issue of confidentiality in schools. It gives guidance on drawing up a policy on confidentiality and discusses situations in which confidentiality cannot be guaranteed.

Schools should ensure they are familiar with the procedures set out in Welsh Office Circular 52/95, *Protecting Children from Abuse: The role of the Education Service*. Schools, and particularly the designated teacher with responsibility for child protection, should also be aware of the guidance on multi-agency working and Area Child Protection Committees (ACPC) set out in the National Assembly's *Working Together to Safeguard Children* (published March 2000) .

**6.1** Schools must be clear about the boundaries of their legal and professional roles and responsibilities. A clear and explicit confidentiality policy, contained within the sex education policy, should ensure good practice throughout the school which both pupils and parents understand. Teachers cannot offer or guarantee absolute confidentiality.

## Confidentiality policy

**6.2** Schools should consider setting their policy on confidentiality within their SRE policy. It should include:

- Making sure that pupils and parents or carers are aware of the school's confidentiality policy and how it works in practice.
- Ensuring that pupils know that teachers cannot offer unconditional confidentiality, particularly in relation to personal disclosures.
- Reassuring pupils that their best interests will be maintained.
- Encouraging pupils, where possible, to talk to their parents or carers and giving them support to do so.
- Making sure that pupils are informed of sources of confidential help, for example, the school nurse, counsellor, GP or young person's advice service.
- Using ground rules in lessons.
- Following the school's child protection procedure, if there is any possibility of abuse.

## Child protection

**6.3** Pupils cannot learn effectively if they are concerned or frightened about being abused or being the victims of violence in the home or elsewhere. They have a right to expect schools to provide a safe and secure environment. Any fears or worries they bring into the classroom should not go unnoticed by staff.

**6.4** All members of a school's staff (teaching or non-teaching) should be aware of the procedures for reporting any concerns and to whom they should do so. The main recommendations of Circular 52/95 are that:

- All staff should be alert to signs of abuse and know to whom they should report their concerns or suspicions.
- All schools and colleges should have child protection policies which should include procedures to be followed if a member of staff is accused of abuse.
- All schools and colleges should have a senior member of staff with designated responsibility for child protection who should receive appropriate training and also be a liaison point with the local education authority, social services and the Area Child Protection Committee.

**6.5** In addition to the points above *Working Together to Safeguard Children* also sets out detailed guidance on inter-agency working to safeguard and promote the welfare of children. In particular it states that:

- all schools and colleges should be aware of the child protection procedures established by the Area Child Protection Committee (ACPC) and where appropriate the local education authority;
- school governors should exercise their child protection responsibilities, in particular in response to allegations against head teachers, and in ensuring that there are school child protection policies in place;
- in every LEA a senior officer should be responsible for co-ordinating action on child protection issues across the authority.

**6.6** *Working Together to Safeguard Children* also advises that there should always be the opportunity to discuss child welfare concerns with, and seek advice from, colleagues, managers, a designated or named professional, or other agencies. This would include when and how to make a referral to the local authority social services department.

## Personal disclosures

**6.7** Personal disclosures from pupils may take place at a time or in a place when it is difficult for a teacher to address the issue appropriately with the pupil. If this happens the teacher should talk again individually to the pupil before the end of the school day. The teacher should follow the school's confidentiality policy in the context of their discussions with the pupil.

## Primary schools

**6.8** There may be rare occasions when a primary school teacher is directly approached by a primary age child who is sexually active or is contemplating sexual activity. This should be viewed as a child protection issue, and in these cases the teacher should always approach the designated member of staff for child protection. The designated member of staff should make sensitive arrangements to address the child protection issues in line with ACPC policies, and ensure that help is provided for the child and family.



## Secondary schools

**6.9** Effective SRE should enable and encourage young people to talk to a trusted adult if they are having sex or contemplating doing so. It is desirable, although not always possible, that that person should be their parent or carer. The law allows health professionals to see, and in some circumstances treat, young people confidentially, and a part of this process includes counselling and discussion about talking to parents. In order to be able to take responsibility for their actions young people need to be more generally aware of the law in relation to sexual activity and local confidential services.

**6.10** Where a secondary school teacher is approached by a pupil who is sexually active or contemplating sexual activity, the teacher should:

- address any child protection issues with the designated teacher for child protection;
- encourage the pupil, wherever possible, to talk to the parent or carer;
- take steps to ensure that the pupil has been adequately counselled and informed about contraception, including precise information about where young people can access contraception and advice services.

**6.11** Teachers should make it clear to the pupil that they cannot guarantee confidentiality in line with the school's confidentiality policy. The teacher should also ensure that the pupil understands that if confidentiality has to be broken they will be informed first.

**6.12** It is only in occasional circumstances that schools should be in the position of having to handle such information without parental knowledge, and where younger pupils are involved this would be grounds for serious concern. Head teachers and governors should monitor the frequency of these cases.

**6.13** If such incidences are frequent, particularly in secondary school, this may also point to pupils' lack of awareness, or confidence in, sources of confidential medical advice. This should be addressed in the school's SRE programme.

## Health professionals

**6.14** Health professionals are bound by their professional codes of conduct to maintain confidentiality. Nevertheless, health professionals working in schools should be familiar with the school's policies and be mindful of the importance of working within them. In line with the best practice guidance outlined in Section 3, health professionals should also seek to protect privacy and prevent inappropriate personal disclosures in a classroom setting.

**6.15** Outside the teaching situation health professionals can:

- give one-to-one advice or information to a pupil on a health related matter including contraception; and
- exercise their own professional judgement as to whether a young person has the maturity to consent to medical treatment including contraceptive treatment. (The criteria for making such a decision are based on the 'Fraser Guidelines'<sup>6</sup>)

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<sup>6</sup> 'Fraser Guidelines' for doctors on giving contraception advice or treatment to young people under 16 – Annex B

## KEY POINTS:

- Schools should have a clear and explicit confidentiality policy that pupils, staff, parents and visitors are aware of.
- Teachers cannot offer pupils unconditional confidentiality.
- If sexual abuse is suspected teachers should follow the school's child protection procedures and refer to the designated teacher for child protection.
- Health professionals are bound by their professional codes of conduct in one-to-one situations with individual pupils, but in a classroom situation they should follow, as far as possible, the school's confidentiality policy.

# CASE STUDIES

## 1 – INTRODUCING SEX AND RELATIONSHIPS EDUCATION AT KEY STAGE 2 (PRIMARY)

Although this primary school had a sex education policy that fulfilled statutory requirements and some aspects of sex education were tackled under Key Stage 2 science, the only specific sex education time-tabled was a one-off session in Year 6 run by the school nurse to help prepare the children for the changes at puberty.

Initial discussions between the deputy head, school nurse and members of the local health promotion service resulted in agreement that the children needed more than this. Informal discussions with Key Stage 2 teachers demonstrated their agreement in principle, even though several teachers had reservations about teaching sex education for the first time.

The next stage was to meet with the governors to look at revising the policy and deciding on appropriate resources. The Education Department, together with a multi-disciplinary team, has developed a county policy and guidelines on sex education for all its schools. This gave the governing body the feeling that they would be moving forward with the support of the Education Department and the health professionals.

Governors discussed their views and asked some challenging questions, but by the end of the evening the following decision had been taken:

- To offer Years 5 and 6 children a short sex education programme based on the BBC Series Health E.
- To hold a parents' evening to inform parents of the governors' plans, answer questions, listen to parents' views, as well as encouraging parents to take an active role in their children's sex education and inform them of their right to withdraw their children from school sex education if they wished.
- To offer training and support to the teachers who would be involved in the delivery of sex education.

Those attending the parent's evening gave their full support to the policy and plans, which were then ratified by the full governing body.

Teachers felt more confident in light of this support and the training offered, which explored practical aspects such as answering tricky questions; and were happy implementing the programme.

This school used a team approach to developing sex education and feel that this was a crucial factor in the programme's success.

## 2 – EVALUATING A PRIMARY SCHOOL SEX EDUCATION PROGRAMME

This primary school had just trialled a short programme for Year 6 children which took place over 4 sessions. Each session involved the children viewing one of the Health E Series 3 videos.

After viewing each video the children were divided into smaller discussion groups (about 15 in each group). Each discussion group was facilitated by a teacher or the school nurse.

The teachers and school nurse had discussed their feelings about the programme informally, and had decided to ask local support services to evaluate the programme with the children before planning any changes to the programme in subsequent years.

The task was three-fold:

- To check that the information the children had received made sense to them and to explore how much of the information they had retained.
- To explore how comfortable the children felt about discussing puberty, sex and childbirth.
- To find out what the children felt about the programme and what changes if any they would recommend.

The local health promotion team devised an hour long participatory session to gain children's views.

This evaluation showed that the children had all welcomed the opportunity to take part in the sex education programme and thought the teachers had done a very good job (*"especially considering it was their first time too"*). They all thought the videos were very good at providing information about puberty and reproduction, and all except one child found the discussion groups helpful *"because I had a lot of questions"*. The class was divided on whether it is better to teach sex education in single sex or mixed sex groups.

Practical suggestions for improvement were:

- Sessions for girls and their mums with the school nurse so that they could look at issues such as choosing a bra and deciding on what sanitary protection to use.
- The next year the discussion groups have a different adult each time so that they get a male and female perspective and everyone has one session with the school nurse.

An added bonus was that the children enjoyed taking part in the evaluation, and were pleased that the teachers valued their opinions.

### 3 - DEVELOPING A SEX EDUCATION POLICY IN A SECONDARY SCHOOL

This secondary school believes that all policies should be useful working documents. It was therefore decided to involve a range of individuals in the development of a sex education policy.

A working party was formed which comprised interested governors/parents, headteacher, health education co-ordinator, school nurse, school medical officer, teacher from each faculty, four Year 12 students and an adviser from the LEA.

In a series of meetings, and following discussion based on national guidance documents, the group agreed:

- The aims and objectives of sex education in the school.
- Modifications to the content and timing of the existing curriculum in the school – at which point the pupil views were very important.
- Guidance for staff on dealing with sensitive issues.

A draft policy was then agreed by the working group and approved by the full governing body. Biennial reviews are undertaken.

Evaluation was positive: *"The contribution of the sixth formers was invaluable."* *"They brought a different perspective to the discussion."* (teacher). *"We were treated like adults."* *"The policy is sensible."* (Year 12 students).

## 4 – A YEAR 10 PSE MODULE: FAMILIES, RELATIONSHIPS AND PARENTING

This secondary school has a long history of health education as part of the PSE programme, and is constantly revising and updating modules. This year all Year 10 students have followed a course which covers:

- Attitudes about sex, including reasons to delay.
- Contraceptive choices.
- STIs, including HIV/AIDS.
- Choosing a life partner.
- Setting up home, including type, location and cost.
- The role of parents/carers.
- Having a baby, including antenatal care and cost.
- The needs of a baby and young child.
- Expectations of children, male and female.
- Responsibilities of teenagers.
- What makes a family.
- The effect on families of problems.
- Bereavement.

Pupil evaluations were positive, e.g. *"I was amazed at some of the facts...actually how much time and effort you need to look after a new born baby."* *"Everything in this topic has been useful to me."*

## **5 – INVOLVING PARENTS IN DEVELOPING A SEX EDUCATION POLICY**

This multi-racial junior school wished to review its SRE policy in order to develop pupils' ability to discuss attitudes about health issues, and to help pupils consider the benefits of a positive healthy lifestyle.

Governors had agreed that sex education should be part of the curriculum, but the subject had been taught in Year 6 in isolation.

A whole staff meeting was used to plan a curriculum that covered Years 3 to 6, and videos were selected for use in Years 5 and 6.

Implementation of the programme in Years 5 and 6 included small mixed groups, to avoid isolation of those children not taking part, as well as to better encourage discussion.

Parents of pupils in Years 5 and 6 were invited to view the videos, and to decide whether they wished their children to be involved in the lessons.

An invitation to parents to view the videos continues every year and as a result of this approach the number of withdrawals of pupils for religious reasons, mainly amongst Muslim pupils, has marginally reduced.

Those parents who attend the viewing sessions are generally very positive about the process.





# THE LEGAL FRAMEWORK

## Definition of sex education

Section 352(3) of the Education Act 1996 gives a definition of ‘sex education’ as including education about:

- ‘(a) Acquired Immune Deficiency Syndrome and Human Immuno-deficiency Virus,
- and
- (b) any other sexually transmitted disease.’

## Sex education policy

Governing bodies of *all* maintained schools are required to:

- ‘(a) make, and keep up to date, a separate written statement of their policy with regard to the provision of sex education, and
- (b) make copies of the statement available for inspection (at all reasonable times) by parents of registered pupils at the school and provide a copy of the statement free of charge to any parent who asks for one.’

The policy statement must also include a statement about parents’ rights to exempt/withdraw their child from sex education (Section 404(1A) of the Education Act 1996 (as amended)).

## Secondary schools

All maintained secondary schools are required under section 352 (1) (c) of the Education Act 1996 to include, as part of the ‘basic curriculum’ of the school, sex education for all registered pupils.

## Primary schools

However, section 352 (1) of the Education Act 1996 does not require primary schools to provide sex education as part of the ‘basic curriculum’. Primary schools *can* provide sex education but whether they do so is at the discretion of the school.

## Special schools and Pupil Referral Units (PRUs)

Under Section 352 of the Education Act, maintained special schools and PRUs can provide sex education for primary age pupils and must provide it for secondary age pupils. There is no requirement for special schools in hospitals to provide sex education, but if they provide secondary education, they must have a policy on sex education, and if they do provide sex education they must have regard to this guidance.

## Guidance

Where sex education is given, Section 403(1B) of the Education Act 1996 (as amended) requires head teachers and governing bodies to have regard to the National Assembly for Wales' guidance.

Section 403(1C) requires the Assembly's guidance to 'include guidance about any material which may be produced by NHS bodies for use for the purposes of sex education in schools.'

## Marriage, family life and inappropriate materials

Section 403 of the Education Act 1996 requires that the governing body and the head teacher:

*'shall take such steps as are reasonably practicable to secure that where sex education is given to any registered pupils at a maintained school, it is given in such a manner as to encourage those pupils to have due regard to moral considerations and the value of family life.'*

In addition to this the Learning and Skills Act 2000 introduced a requirement for the Assembly to issue guidance designed to secure that when sex education is given to registered pupils at maintained schools –

(a) they learn the nature of marriage and its importance for family life and the bringing up of children, and

(b) they are protected from teaching and materials which are inappropriate having regard to the age and religious and cultural background of the pupils concerned.'

(Section 403 (1A) of the Education Act 1996, as amended).

## Exemption / withdrawal from sex education

Section 405 of the Education Act 1996 enables parents to prevent their children, either wholly or partly, from receiving sex education in school other than sex education contained within the National Curriculum for instance learning about the human reproductive system as part of the science National Curriculum.

*'If the parent of any pupil in attendance at a maintained school requests that he may be wholly or partly excused from receiving sex education at the school, the pupil shall, except so far as such as education is comprised in the National Curriculum, be so excused accordingly until the request is withdrawn.'*

## Section 28 of the Local Government Act 1988

Section 28 of the Local Government Act 1988 introduced a prohibition on local authorities from intentionally promoting homosexuality or 'promoting the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship.'

Section 28 does not prevent the objective discussion of homosexuality in the classroom, and schools can provide counselling, guidance and support to pupils.

## The 'Fraser Guidelines'

The following guidelines for doctors on giving contraception advice or treatment to young people under 16 were drawn up by Lord Fraser in 1985, following the House of Lords ruling in the case of *Victoria Gillick v West Norfolk and Wisbech Health Authority*. They are known as the Fraser Guidelines and apply to doctors in England and Wales.

The doctor must be satisfied that *all* the following requirements are fulfilled:

- The young person understands the doctor's advice.
- The doctor cannot persuade the young person to inform his or her parents, or allow the doctor to inform the parents that he or she is seeking contraceptive advice.
- The young person is very likely to begin or continue having intercourse with or without contraceptive treatment.
- Unless he or she receives contraceptive treatment, the young person's physical or mental health or both are likely to suffer.
- The young person's best interests require the doctor to give contraceptive advice and/or treatment without parental consent.



# ASPECTS OF THE PSE FRAMEWORK AND SCIENCE CURRICULUM IN WALES RELATING TO SEX AND RELATIONSHIPS EDUCATION

## PERSONAL AND SOCIAL EDUCATION FRAMEWORK

### KEY STAGE 1

#### Knowledge and Understanding

Pupils should:

*Social Aspect:*

- Know how to be a good friend.
- Understand the variety of roles in families and the contribution made by each member.

*Sexual Aspect:*

- Know the names of the parts of the body in order to distinguish between male and female.
- Distinguish between appropriate and inappropriate touching.

*Emotional Aspect:*

- Begin to understand the range of feelings and emotions in different situations.
- Be aware of their own feelings.
- Understand that other people have feelings and know what affects them.

*Spiritual Aspect:*

- Know that each person is different but understand that all are equal in value.
- Understand that people have different preferences, views and beliefs.

*Moral Aspect:*

- Know what is fair and unfair and what they believe to be right and wrong.

## KEY STAGE 2

### Knowledge and Understanding

Pupils should:

#### *Social Aspect:*

- Recognise and understand the power of peer influence and pressure.
- Understand the benefits of friends and families and the challenges and issues that can arise.
- Understand the nature of bullying, including sexual harassment, and the harm that can result.

#### *Sexual Aspect:*

- Understand the physical and emotional changes which take place at puberty.
- Know how babies are conceived.
- Understand how the baby develops in the uterus and is born.

#### *Emotional Aspect:*

- Know and understand the range of their own and others' feelings and emotions.
- Understand the changes in feelings at times of change and loss.
- Understand the situations which produce conflict.

#### *Spiritual Aspect:*

- Recognise the uniqueness and independence of individuals.
- Understand that people have different beliefs which shape the way they live.
- Acknowledge that there are mysteries in life and death.

#### *Moral Aspect:*

- Know that people differ in what they believe is right and wrong.

## KEY STAGE 3

### Knowledge and Understanding

#### *Social Aspect*

- Be aware of changing relationships in school situations and in the family
- Understand cultural differences and recognise expressions of prejudice and stereotyping

#### *Sexual Aspect*

- Know about the different methods of contraception and their effectiveness and know how to use safer sex procedures.
- Know the law relating to various aspects of sexual behaviour.

#### *Emotional Aspect*

- Identify the range of of emotions and feelings they experience and understand the ‘self-talk’ involved.
- Know how to resolve conflict and negotiate agreement.

#### *Spiritual Aspect*

- Be aware of their character, strengths and weaknesses.
- Have insight into their beliefs and values in the context of those in society and propagated by the media.

#### *Moral Aspect*

- Recognise moral issues and dilemmas in life situations.
- Know what they believe to be right and wrong actions and understand the issues involved.

## KEY STAGE 4

### Knowledge and understanding

#### *Social Aspect*

- Know how to form supportive and respectful same sex and opposite sex relationships.
- Understand the effect of loss and change in relationships, for example in divorce and bereavement.
- Know the importance of the parenting role and the features of effective parenthood.
- Recognise and know how to challenge expressions of prejudice and stereotyping.

#### *Sexual Aspect*

- Understand the risks involved in sexual behaviour which might allow the transmission of sexually transmitted infections including the HIV virus.
- Understand the range of sexual attitudes and behaviours in society.

#### *Emotional Aspect*

- Know the causes and effects of stress and the ways in which it can be managed.
- Know how to recognise and manage anger, frustration and aggressive feelings.

#### *Spiritual Aspect*

- Have some understanding of questions and issues involving meaning and purpose in life.
- Know how their beliefs and values affect their identity and lifestyle.

#### *Moral Aspect*

- Be aware of the factors involved in making moral judgements.
- Identify a set of values and principles by which to live.



# **NATIONAL CURRICULUM SCIENCE**

## **KEY STAGE 1**

### **Life Processes and Living Things**

Pupils should be taught:

- 2.1 to name the main external parts ... of the human body
- 2.2 to recognise similarities and differences between themselves and other pupils
- 2.3 to compare the external parts of human bodies with those of other animals
- 2.6 that humans and other animals can produce offspring and that these offspring grow into adults

## **KEY STAGE 2**

### **Life Processes and Living Things**

- 1.1 that there are life processes, including nutrition, movement, growth and reproduction, common to animals, including humans
- 2.9 the main stages of the human life cycle

## **KEY STAGE 3**

### **Life Processes and Living Things**

Pupils should be taught:

- 1.5 that fertilisation in humans ... is the fusion of a male and a female cell.
- 2.9 about the physical and emotional changes that take place during adolescence.
- 2.10 the human reproductive system, including the menstrual cycle and fertilisation.
- 2.11 how the foetus develops in the uterus, including the role of the placenta
- 2.19 that the body's natural defences against bacteria and viruses may be enhanced by immunisation and medicines
- 5.7 about micro-organisms that are harmful, e.g. in causing disease

## **KEY STAGE 4 Single Science**

### **Life Processes and Living Things**

Pupils should be taught:

- 2.14 the defence mechanisms of the body, including the role of the skin and blood
- 2.15 the dangers of contracting HIV and hepatitis by the use of intravenous drugs
- 3.3 how gender is determined in humans.

### **Double Science – Life Processes and Living Things**

Pupils should be taught:

- 2.15 that chemicals called hormones, produced by the glands, control some body functions
- 2.16 the effects of ... sex hormones
- 2.17 some medical uses of hormones including the control and promotion of fertility
- 2.22 the defence mechanisms of the body, including the role of the skin, blood...
- 2.23 the dangers of contracting HIV and hepatitis by the use of intravenous drugs
- 4.3 how gender is determined in humans