



LYMM
HIGH SCHOOL

Relationships & Sex Education

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1. Overview of Statutory Requirements

In March 2017, the Government laid an amendment via the [Children and Social Work Act \(2017\)](#) to introduce compulsory relationships education in all primary schools and compulsory relationships and sex education (RSE) in all secondary schools from September 2020. These legislative commitments will help ensure all children and young people regardless of the school they attend, are provided with age appropriate knowledge and information to build healthy and safe relationships into adulthood.

The Children and Social Work Act 2017 requires the Secretary of State to make Relationships Education mandatory in all primary schools, and RSE mandatory in all secondary schools through regulations. The Act also provides for a power to make PSHE (personal, social, health and economic), or elements therein, mandatory in all schools subject to careful consideration. The Department for Education published the [statutory guidance for Health Education, Relationships Education and RSE](#) in June 2019.

These statutory changes will ensure support for safe, effective PSHE practice across all schools and ensure consistency and high standards. As this is a legal duty, it is an expected part of the curriculum to be delivered at Lymm High School.

Legislation (Statutory Regulations and Guidance)

Schools are required to teach relationships and sex education (RSE) under the following regulations and guidance documents:

- *Education Act (1996)*
- *Learning and Skills Act (2000)*
- *Education and Inspections Act (2006)*
- *Equality Act (2010),*
- *Supplementary Guidance SRE for the 21st century (2014)*
- *Keeping children safe in education – Statutory safeguarding guidance (2023)*
- *Children and Social Work Act (2017)*
- *Statutory guidance for Health Education, Relationships Education and RSE (2019)*
- *The new Ofsted framework (2022)*

Teaching about relationships and sex is nothing new for schools; RSE is normally covered through PSHE education, an established curriculum subject taught in the vast majority of schools.

From September 2020, all secondary schools will be required to have health education and relationships and sex education (RSE) in place and a relationships and sex education policy.

Key Stages 3 and 4 require a study of Relationships and Sex Education which covers broad areas of particular relevance and concern to children and young people today. Every pupil should be guaranteed a PSHE education that covers mental health and wellbeing; physical health (including healthy lifestyles and first aid); learning about safe, healthy relationships and sex (including understanding consent, negotiating life online, intimate relationships).

The above topics of RSE are embedded and delivered at Lymm High School through our Personal Development provision which includes:

- Life Programme Lessons
- Pastoral Curriculum (Form Time)
- Assemblies
- Personal Development Days

1.1. Current curriculum requirements

[The Department for Education \(2015\)](#) wants all schools to provide high quality PSHE. It recognises that age-appropriate RSE teaching is key in keeping children and young people safe and healthy, and can provide them with the information they need to stay safe and build resilience against the risks of exploitation.

1.2. Delivering a broad and balanced curriculum

Every state funded school including special schools maintained, free and academies- must offer a curriculum that: ‘Promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepares pupils at the school for the opportunities, responsibilities and experiences of later life’.

SMSC is embedded through our curriculum offer within all faculty areas. Furthermore, our ethos of social responsibility permeates all that we do and ensures that our students are well prepared for the opportunities, responsibilities and experiences of later life.

1.3. National curriculum science

All maintained secondary schools must teach sex education that falls within the National Curriculum Science to all pupils.

Key Stage 3 covers: male and female reproductive system, including the menstrual cycle (without details of hormones).

Key Stage 4 (and those studying GCSE subject content) covers:

- Sexually transmitted infections including HIV/AIDS and how such diseases may be reduced or prevented
- The roles of hormones in human reproduction, including the menstrual cycle
- The use of hormones in contraception
- Modern reproductive technologies to treat infertility
- Evaluating hormonal and non-hormonal methods of contraception.

1.4. Safeguarding

RSE plays a vital part in meeting safeguarding obligations. The 2023 DfE Statutory guidance ‘Keeping children safe in education’ states that schools and colleges should ensure children are taught about safeguarding, including online.

For further information please see the statutory [Keeping children safe in education guidance](#) for schools and colleges on safeguarding children.

1.5. Wellbeing

Mental Health and well-being play an important part of the lives of both children and adults. Therefore, we ensure that we adhere to the following statutory guidance:

- [Section 10 of the Children Act 2004](#), provides a duty for schools to cooperate with local authorities to improve the wellbeing of children and young people, including physical and mental health and emotional wellbeing.
- [Section 175 of the Education Act 2002](#) provides a duty on maintained schools to safeguard and promote the welfare of pupils.
- [Section 38 of the Education and Inspections Act 2006](#) amends Section 21 of the Education Act 2002, to state that “The governing body of a maintained school shall, in

discharging their functions relating to the conduct of the school – (a) promote the well-being of pupils at the school.”

1.6. Equality

Under the [Equality Act 2010](#), schools and colleges must promote equality of opportunity and take positive steps to prevent any form of discrimination, either direct or indirect, against those with ‘protected characteristics’ (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity).

1.7. Ofsted Inspection of RSE

The reforms making RSE, Relationships Education and Health Education mandatory coincide with the new Ofsted framework. RSE education also makes a unique contribution to safeguarding, and will support schools to fulfil their statutory duty to teach pupils to keep themselves safe.

2. What is relationships and sex education (RSE)?

This policy covers our school’s approach to delivering Relationships and Sex Education which becomes statutory in September 2020. We believe RSE is important for our students and our school. We aim to give our students the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. RSE should enable them to know what a healthy relationship looks like and what makes a good friend, a good colleague and a successful marriage or other type of committed relationship. It should also cover contraception, developing intimate relationships and resisting pressure to have sex (and not applying pressure); as well as teaching what is acceptable and unacceptable behaviour in relationships.

Effective RSE does not encourage early sexual experimentation. It should teach young people to understand human sexuality and to respect themselves and others. It enables young people to mature, build their confidence and self-esteem and understand the reasons for delaying sexual activity. Effective RSE also supports people, throughout life, to develop safe, fulfilling and healthy sexual relationships, at the appropriate time.

Knowledge about safer sex and sexual health remains important to ensure that young people are equipped to make safe, informed and healthy choices as they progress through adult life. This should be delivered in a non-judgemental, factual way and allow scope for young people to ask questions in a safe environment.

RSE should provide clear progression from what is taught in primary school in Relationships Education. Teachers should build on the foundation of Relationships Education and, as pupils grow up, at the appropriate time extend teaching to include intimate relationships. Alongside being taught about intimate relationships, pupils should also be taught about family relationships, friendships and other kinds of relationships that are an equally important part of becoming a successful and happy adult. This teaching should enable pupils to distinguish between content and experiences that exemplify healthy relationships and those that are distorted or harmful.

Pupils should understand the benefits of healthy relationships to their mental wellbeing and self-respect. Through gaining the knowledge of what a healthy relationship is like, they can be empowered to identify when relationships are unhealthy. They should be taught that unhealthy relationships can have a lasting, negative impact on mental wellbeing.

As in primary, secondary Relationships Education can be underpinned by a wider, deliberate cultivation and practice of resilience and character in the individual. These should include character traits such as belief in achieving goals and persevering with tasks, as well as personal attributes such as honesty, integrity, courage, humility, kindness, generosity, trustworthiness and a sense of justice, underpinned by an understanding of the importance of self-respect and self-worth.

Pupils should be taught the facts and the law about sex, sexuality, sexual health and gender identity in an age-appropriate and inclusive way. All pupils should feel that the content is relevant to them and their developing sexuality. Sexual orientation and gender identity should be explored at a timely point and in a clear, sensitive and respectful manner. When teaching about these topics, it must be recognised that young people may be discovering or understanding their sexual orientation or gender identity. There should be an equal opportunity to explore the features of stable and healthy same-sex relationships. This should be integrated appropriately into the RSE programme, rather than addressed separately or in only one lesson.

It is recognised that there will be a range of opinions regarding RSE. The starting principle when teaching each of these must be that the applicable law should be taught in a factual way so that pupils are clear on their rights and responsibilities as citizens.

Teachers will use approaches such as distancing techniques, setting ground rules with the class to help manage sensitive discussion and use question boxes to allow pupils to raise issues anonymously.

The overall intended outcomes for our school is that students will:

- Know and understand the positive effects that good relationships have on their mental wellbeing
- Identify when relationships are not right and understand how such situations can be managed
- Understand acceptable behaviours in relationships
- Understand the reasons for delaying sexual activity
- Be clear on their rights and responsibilities in relation to sex, relationships and young people and the law
- Have a strong understanding of how data is generated, collected, shared and used online.

Relationships and Sex Education (RSE) is learning about growing up, relationships, sexual health and reproduction. RSE learning includes:

- Physical development, e.g. how our bodies change in puberty;
- Emotions, for example how to manage challenging feelings; and
- Social influence, such as positive and negative influences from our friends, peers and media.

A broad programme of RSE, delivered effectively in education and youth settings and at home, prepares children and young people for the realities of the modern world, and is vital for keeping children and young people safe. It protects them from the dangers of exploitation and abuse, as well as providing them with the knowledge and skills to develop healthy and fulfilling relationships and look after their sexual and reproductive health, free from sexually transmitted infections and unwanted pregnancies.

At primary age, it helps them identify what areas of the body are private, how their bodies will change, how to say no and who they can talk to if they are worried. Later, it explores what a healthy relationship looks like, giving them the language to communicate and report when someone is making them feel uncomfortable or making them do things they don't want to do. It promotes an awareness of where to turn for help, identifying trusted adults in their lives. RSE also provides an opportunity to integrate an awareness of resilience-building as part of effective PSHE.

3. Why is RSE important?

3.1. Consensual relationships

Young women are less likely to have experienced sex against their will if their main source of RSE was school. In addition, young women aged 15-24 who received 'comprehensive sexuality education' were less likely to have a partner with a big age difference at first sex (a factor associated with intimate partner violence), and were less likely to describe first sex as unwanted.

A YouGov Poll (2013) found that 86% of UK adults believe RSE that addresses sexual consent and respectful relationships, should be taught in all secondary schools. The topic of consent is covered within the school's RSE curriculum.

3.2. Delay the age of first sex

National and international research shows that young people who receive high quality RSE are more likely to delay the age of first sex. There is no evidence that RSE increases teenage sexual activity or hastens the first experience of sex.

3.3. Prevent an unplanned pregnancy and look after their sexual health

Young women and young men who report school as their main source of information were less likely to contract an STI. Young women were less likely to be pregnant before 18 and to experience unplanned pregnancy in later life. Together with access to sexual health services, RSE can contribute to public health priorities related to sexual abuse, unplanned pregnancies, teenage pregnancies, sexually transmitted infections and health inequalities.

3.4. Teenage pregnancy and young parents

Although it is reported that two thirds of young people don't have sex before 16, by the age of 20, 85% will have; so all young people need good SRE and access to services to prevent early pregnancy and look after their sexual health.

An open and honest culture around sex and relationships is also associated with lower teenage pregnancy rates. The strongest empirical evidence identifies the provision of high quality, comprehensive sex and relationships education (SRE) linked to improved use of contraception positively results in lower teenage pregnancy rates. This is evidenced in countries with more open approaches to young people's sexual health, better SRE, more parental communication and more accessible contraceptive services, have lower conception rates.

Maintaining the downward trend in under-18 conceptions is a priority in the Department of Health Framework for Sexual Health Improvement in England and key to Public Health England priorities, including reducing health inequalities, ensuring every child gets the best start in life and improving sexual and reproductive health.

Rates have been reducing in recent years in Warrington, the North West and England. The fluctuations seen in Warrington's rate reflect the small number of conceptions that the rates per 1,000 are based on. In Warrington, during 2017 there were 65 conceptions (aged 17 and under at the time of conception). Whilst this is a slight increase on the previous year (60), it still reflects considerable progress in the long term; in 1998 when this indicator was first introduced, the number of conceptions was approximately 2.5 times higher than in 2017. Although trends show a reduction in Warrington overall, in the most deprived areas, rates are still significantly higher than the rest of Warrington. Latchford East, Bewsey and Whitecross and Poplars and Hulme had significantly higher conception rates than England.

While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS.

Contraceptive services need to be accessible and youth friendly to encourage early uptake of advice, with consultations that recognise and address any knowledge gaps about fertility and concerns about side effects and support young people to choose and use their preferred method.

For further information visit: Warrington's Sexual Health Service at: www.axess.clinic
For more information: Teenage pregnancy and young parents, Report for Warrington. The [Teenage Pregnancy Prevention Framework](#) (published in January 2018).

3.5. Prevent Sexually Transmitted Infections (STIs)

The Public Health England Guidance Health matters: preventing STIs, published in August 2019; focuses on the prevention of 5 common sexually transmitted infections (STIs) [Health matters: preventing STIs](#). The 5 common sexually transmitted infections (STIs) are gonorrhoea, chlamydia, syphilis, genital herpes and genital warts.

3.5.1. STI rates in Young People

The guidance states that the diagnosis rates of STIs remains greatest in young heterosexuals aged 15 to 24 years, black minority ethnic (BME) populations, men who have sex with men (MSM), and people residing in the most deprived areas in England.

Sexual health services in England are grappling with "unprecedented" increases in demand as councils have urged the government to provide them with extra funding.

Two-thirds of council areas have seen increases in rates of sexually transmitted infections (STIs) syphilis and gonorrhoea, according to the Local Government Association (LGA), which represents councils that are responsible for public health across the country.

Data from the Office of Health Disparities - responsible for public health improvement across England - shows that 97% of councils have seen increases in cases of gonorrhoea, with 10 councils seeing numbers triple.

There has been an increase of 76% in rates of syphilis and a 36% rise in cases of chlamydia. The surge comes amid an increase in requests for sexual health consultations by a third from 2013 to 2022 with nearly 4.5 million consultations conducted last year.

3.5.2. Preventing and reducing common STIs

Prevention is central to achieving good sexual health outcomes and entails changes that reduce the risk of poor sexual health outcomes and activities that encourage healthy behaviours. Education, condom use, diagnosis and treatment are key interventions for their prevention and control.

The new statutory RSE status provides a unique opportunity to embed primary prevention on all sexual and reproductive health issues, equipping young people with the skills and knowledge they need to look after their own sexual health, including understanding the benefits of condom use and testing.

Statutory guidance for schools, published by the Department for Education (DfE) in June 2019, specifically requires that students at secondary level learn about:

- the prevalence of some STIs and the impact they can have on those who acquire them
- how the different STIs, including HIV and AIDs, are transmitted
- how risk can be reduced through safer sex (including through condom use)
- the importance of and facts about testing and treatment

- how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment

3.5.3. Chlamydia screening in sexually active young people

The [National Chlamydia Screening Programme](#) (NCSP) provides opportunistic screening to sexually active young people aged 15-to-24 years. The aim of the programme is to control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

Chlamydia screening is commissioned by Warrington Public Health and young people can be screened at Warrington and Halton's sexual health service Axess clinics or via online testing, if over 16 years of age.

For further information visit: Warrington's Sexual Health Service at: www.axess.clinic

3.5.4. The universal human papillomavirus vaccination (HPV) programme Year 8 Pupils

There are over 100 types of HPV, of which around 40 types infect the genitals. HPV infections are very common and most people will get an infection (caught through any kind of sexual contact with another infected person) at some point in their lives. The majority of these infections will naturally clear up without treatment, but if they don't, they can lead to HPV-related disease.

The [National HPV Immunisation Programme](#) delivers the HPV vaccine, which protects against 4 types of HPV (6, 11, 16 and 18). These include both high- and low-risk types responsible for the majority of cervical cancers and genital warts.

In England, since September 2019, all boys and girls aged 12 to 13 have been routinely offered the first human papillomavirus (HPV) vaccination when they're in Year 8 at school. The second dose is usually offered 6 to 12 months after the first. People who miss their vaccination offered in Year 8 at school can get the HPV vaccine for free on the NHS up until their 25th birthday. It's important to have both doses of the vaccine to be fully protected. This immunisation programme is commissioned as part of the 0-19 Healthy Child Programme and delivered by the dedicated School-aged [Immunisation Team](#).

3.6. Be aware of, or report abuse

Children who are taught about preventing sexual abuse at school are more likely than others to tell an adult if they had, or were actually experiencing sexual abuse. Pupils will be taught within the RSE curriculum; appropriate ways to report abuse and who to speak to.

Reporting abuse <https://www.proceduresonline.com/pancheshire/warrington/index.html>

3.7. Views on RSE from young people and their parents

There is a need to monitor young people's experience of RSE so we have a benchmark and gain an understanding of where there are gaps. We will carry this out through both Life Programme assessment of knowledge and stakeholder voice activities across the school year.

3.7.1. Young People's experience of RSE in school and at home

The Sex Education Forum commissioned a RSE poll of 1000 young people aged 16 and 17 years old in 2019. It covered 9 geographical regions in England. The young people were asked a number of questions about their experience of RSE in school and at home.

Some of the key findings:

41% of respondents rate the quality of their school RSE as good or very good, with male (44%) respondents more likely to rate their RSE from school as good or very good than females (39%). For further information visit the [Sex Education Forum](#)

Other survey findings:

- Most young people receive Relationships and Sex Education from lessons at school and this is their preferred method followed by parents and health professionals.
- Nearly a quarter of boys and young men want their fathers to provide them with information, but only 3% do.
- 40% girls and young women want to receive information from their mothers but only 14% do.
- Health professionals are the main source of RSE for only 1% of boys and young men and 3% for girls and young women, yet around a quarter of both sexes would prefer them to be their main source.
- A recent Barnardo's poll of 11-15 year olds found that 74% believed that children would be safer if they had age appropriate classes on RSE.

3.7.2. Consultation with young people in secondary schools

Warrington high schools are encouraged to ask their pupils to complete a PSHE survey after completion of end of term/ year topics [PSHE Survey](#). The findings from this will help to inform and improve future delivery.

3.7.3. Parents and Carers support the delivery of RSE in schools

Parents and Carers believe RSE should cover a range of topics that fully prepare their children for adult life. Recent survey findings:

- Mumsnet conducted a survey (2011) with 1061 parents. 98% were happy for their children to attend RSE lessons.
- In a poll carried out by the National Association of Head Teachers (NAHT) 2013, 88% of parents stated their support for compulsory school lessons about adult relationships and peer pressure.

- A YouGov Poll (2013) found that 86% of UK adults believe RSE that addresses sexual consent and respectful relationships, should be taught in all secondary schools.
- In a 2016 PSHE Association survey, 91% of parents (1047 Parents of children aged 18 or under) agreed that skills including how to protect themselves from risks associated with cyberbullying, shared sexual images (i.e. “sexting”), and contact from strangers online, should be taught in all schools.
- 90% of those surveyed by Mumsnet think RSE should address matters around sexual orientation (the mean age at which survey respondents think this should be addressed is 10.5); 82% think it should address sexual violence and sexual bullying (mean age: 12.3), 80% think it should explore issues to do with sex and the media (11.8), ‘sexting’ (12.3), and pornography (12.8).
- 83% of parents that responded to the NAHT survey wanted schools to address issues to do with pornography.

Parents and Carers agree that it should be a partnership between school and home and need support to ensure they do this effectively. Most parents (84%) want both school and home to have a role in RSE.

- 7 out of 10 parents would welcome help and support from their child’s school about how they can talk to their child about growing up and related issues.
- Parents also have clear expectations with 91% believing all young people should receive PSHE lessons, to teach about the risks of sexting, contact from strangers online and the widespread availability of pornography.

An open culture and ease of parental communication about sexual issues are also associated with lower teenage conception rates. Yet many parents and carers feel they lack the skills, confidence and knowledge to talk to their children, and look to schools for support. In this regard, we will work together with parents and carers to make sure children and young people get the information and support they need.

4. Partnership approaches to delivering RSE

RSE also extends beyond the classroom. Whilst the majority of young people want to learn about RSE at school, we know that they also want to be able to talk to their parents and health professionals, such as school nurses, or sexual health services about sex and relationships too.

Support with sexual health is available through Lymm High School’s Student Service’s Team.

In addition to the school pastoral support, Warrington Borough Council commissions a number of services to work closely with schools, other partner agencies and young people to provide support around health and wellbeing and sexual and reproductive health.

4.1. Warrington and Halton’s Sexual Health Service AXESS

AXESS sexual health service offers free, confidential sexual health services for Warrington residents. The main clinics are Bath Street Health and Wellbeing Centre (for all ages). Axess provides a dedicated young persons (under 19 years old) sexual health service based at

Winmarleigh Street, Warrington, WA1 1SR (in Gateway building). Young people can also access the main service clinic at Bath Street. Health professionals need to decide whether a child is mature enough to make decisions around contraception and will use the Gillick competency and Fraser guidelines (5.5).

Pupils who are 16 years and above will be able to go online for support at: www.axess.clinic this will include being able to order a sexually transmitted infections postal kit if required, and book a clinic appointment.

Free condoms are available from AXESS Sexual Health Service and via the AXESS connect condom scheme which offers free condoms at local participating pharmacies and other settings. Available to all young people aged under 25 years old. Young people will be required to have a condom teach and will be required to answer a number of questions in relation to Gillick Competency (5.5).

4.2. Warrington School Health Service

Warrington School Health Service is currently provided by Bridgewater Community Healthcare NHS Trust. This service offers all secondary schools a Named School Nurse who is supported by a wider school health team which includes Community Nurses, Nursery Nurses and Support Workers. Each school is offered:

- A school health delivery plan reviewed annually.
- Weekly drop in with a School Nurse; including the offer of enhanced provision sexual health service if agreed.
- Targeted direct work with young people and their families via referrals into the school nursing team or through identification at drop in.
- Support as requested with health promotion opportunities.
- Signposting and referrals to other services and partner agencies if identified.

4.2.1. School Nurse weekly holistic drop in service

This is a confidential service for young people in high schools delivered by public health school nurses. It allows young people to ask questions about their wider health and sexual health which they may be too embarrassed to ask in an RSE lesson.

Date of drop in: Weekly

Day: Wednesday

Room: Student Services

4.2.2. Warrington School Health Service contributions to PHSE - Secondary Schools

As part of the core offer, school health can deliver lessons which cover contraception and the prevention of Sexually Transmitted Infections. The lessons also include risk taking behaviours, consent, confidentiality and how to access relevant support and services. These are delivered using PowerPoint, interactive exercises and group work. Lessons can be adapted for the needs of the young people within the school setting if this is identified.

4.2.3. Warrington School Health Service School Health Enhanced RSE Offer

Warrington High Schools can request this additional service from the School Nursing Service. Normally this is discussed and agreed by the school Governors, staff and Parents.

This includes:

- Emotional/sexual and relationship support and advice
- Pregnancy testing
- Chlamydia and gonorrhoea screening
- Emergency contraception
- Condom demonstration and issuing

Please see Warrington School Health Service School Health Enhanced RSE Offer Governor Presentation.

Health professionals need to decide whether a child is mature enough to make decisions around contraception and will use the Gillick competency and Fraser guidelines. Please see 5.5.

4.3. Youth Service

Warrington's Youth Service is a key aspect of the council's Early Help offer. The purpose of Early Help is to prevent issues from getting worse by offering support at the right time and the Youth Service does this through working with young people, aged 11-19 up to 25 for SEND, to support their personal, social and emotional development at the times when they need it most.

Relationship and Sexual Health information and advice is available at all youth work sessions. Young people can access this support by dropping into one of our open access sessions or by referral via the MARS into one of our targeted groups. The current Youth work Offer can be found on www.mylifewarrington.co.uk

4.3.1. Risky Behaviours Programme

PSHE is a planned, developmental programme of learning through which young people acquire the knowledge, understanding and skills they need to manage their lives now and in the future. The Risky Behaviour Team can complement school's curriculum with learning opportunities aimed at improving Health, Wellbeing and Safety.

Core themes will include

- How to develop and maintain a variety of healthy relationships
- How to make informed choices about their wellbeing including mental, emotional and sexual health
- How to deal with risky or negative relationships
- Learn about the concept of 'consent' in a variety of contexts
- How to make informed choices about smoking, drinking and substance use
- How to assess and manage risks to their health and wellbeing keeping themselves and others safe

- How to identify and access help, advice and support

Examples of workshops include, Drug and Alcohol awareness, Exploitation (understanding the grooming process Sexual, Criminal online, offline) and Gambling. The Youth Service will contact each School to agree workshops.

4.3.2. Youth Service Young people's Drug and Alcohol Service

The Young People Drug and Alcohol Service provides support to young people, with drug or / and alcohol issues, possibly with other vulnerabilities. Young people will be offered a structured and bespoke programme focusing on recovery, if the young person agrees this can also include whole family working. Referral for this service is via a MARS or the young person can self-refer.

For more information please see: [Smoking, drinking and drug use among young people in England 2018](#)

4.4. Support for young parents

Warrington Family Nurse Partnership (FNP) is commissioned as part of the 0-19 Public Health Integrated Services to provide 75 places to first time young parents aged 19 and under who live in the Warrington area. FNP is an evidence-based, preventive programme for first time young mothers. It is a licensed programme, developed in the USA.

Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the Healthy Child Programme is delivered by the Family Nurse instead of by Health Visitors as part of the FNP programme. The Family Nurse plays an important role in any necessary safeguarding arrangements, alongside statutory and other partners, to ensure children are protected.

Schools or health professionals will need to complete the FNP notification form for first time under 19 mothers who might want a place on the FNP programme. For more information see [About FNP - Family Nurse Partnership in Warrington - Bridgewater Community Healthcare NHS Foundation Trust](#)

4.5. Gillick competency and Fraser guidelines.

Health professionals need to decide whether a child is mature enough to make decisions around contraception. The Gillick competency and Fraser guidelines are widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. They help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

Key issues a health professional will bear in mind include:

- The child's safety is paramount. Child protection concerns must always be shared with the relevant agencies, even if this goes against the child's wishes.
- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.

- Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

For further information please refer to: [Gillick Competency Factsheet](#)

5. Delivering RSE effectively

5.1. Statutory RSE

The new statutory relationships and sex education September 2020, states that by the end of secondary school; Schools should continue to develop knowledge on topics specified for primary as required and in addition cover the following content by the end of secondary. Please see page 27-29 of the following guidance document: [Relationships Education RSE and Health Education](#)

5.2. Roles and responsibilities

Responsibility for the RSE policy in our school lies with governing body. The Staff & Student Wellbeing Committee is responsible for the ratification and review of this RSE policy.

The PSHE Education leads are Joanna Dixon, Ross Dobson and Terri Taylor.

The Safeguarding leads are Ruth Ball (DSL) and Kerry Hayes (DDSL)

The Mental Health and Well-being Lead is Ruth Hunter.

5.3. Curriculum Design

Lymm High School delivers the RSE curriculum through its pastoral curriculum, which includes our Life Programme, a series of stand-alone lessons that are delivered throughout the year. Elements of RSE, like the biological facts around anatomy and conception, will be delivered through Science lessons. The moral and religious considerations around RSE will be considered through Religion, Philosophy and Ethics lessons and Personal Development Days.

5.3.1. Subject content, how it is taught and who is responsible for teaching it

Our RSE programme is an integral part of our whole school PSHE education provision. These lessons are delivered by teachers and external speakers.

5.3.2. RSE – Other Curriculum Areas

Maintained schools are required to teach the national curriculum for science and Religious Education. There is no right to withdraw from the national curriculum science. See section 1.3 above.

5.3.3. RSE- progression / spiral curriculum

Teachers will build on the foundation of Relationships Education taught in primary school and as pupils grow up, extend teaching to include intimate relationships. Pupils will be taught about different family relationships, friendships and other kinds of relationships that are

equally important. This teaching should enable pupils to distinguish between healthy relationships and distorted or harmful relationships. This will include the benefits of healthy relationships to their mental wellbeing and self-respect and that unhealthy relationships can have a lasting, negative impact on mental wellbeing.

Pupils will be taught in an age-appropriate way the facts and the law about sex, including age of consent, what consent is and is not, the definitions and recognition of rape, sexual assault and harassment, and choices permitted by the law around pregnancy.

5.3.4. RSE – meeting the needs of all our pupils

To ensure pupils are taught about the society in which they are growing up, we will cover subjects designed to foster respect for others and for difference, and educate pupils about healthy relationships. We will ensure RSE is inclusive and meets the needs of all our students, so pupils feel that the content is relevant to them.

As per the new RSHE Statutory Guidance our pupils will receive teaching on LGBT content in secondary schools. We will teach our pupils about the society that we live in and the different types of loving, healthy relationships that exist in a way that respects everyone. Sexual orientation, gender identity and different types of relationships in the context of the law will be explored at a timely point and in a clear, sensitive and respectful manner. When teaching about these topics, teachers will be aware that young people may be discovering or understanding their sexual orientation or gender identity. There will be an equal opportunity to explore the features of stable and healthy same-sex relationships.

The subjects covered in the new RSHE Statutory Guidance are designed to help children from all backgrounds build positive and safe relationships, and to thrive in modern Britain. The religious background of pupils will be taken into account when planning teaching, so that topics are appropriately handled.

5.3.5. RSE – coercion and sexual exploitation

Grooming, sexual exploitation and domestic abuse, including coercive and controlling behaviour, will be addressed sensitively and clearly within the Relationship and Sex Education delivery. It is also a requirement that schools address the physical and emotional damage caused by female genital mutilation (FGM), provide information on where to find support and highlight that this is a criminal offence.

Pupils may need support to recognise when relationships (including family relationships) are unhealthy or abusive (including the unacceptability of neglect, emotional, sexual and physical abuse and violence, including honour-based violence and forced marriage) and strategies to manage this or access support for oneself or others at risk. Our school will be mindful that for pupils who are or have experienced unhealthy or unsafe relationships at home or socially, the school may have a particularly important role in being a place of consistency and safety where they can easily speak to trusted adults, report problems and find support. Pupils are informed of where they can go for further information and support.

The RSE programme also covers internet safety with pupils being taught the rules and principles for keeping safe online. This will include how personal data is captured on social media, how to recognise risks, harmful content and contact, and how and to whom to report issues.

Our school will follow safeguarding procedures if there are any safeguarding concerns raised in lessons.

5.3.6. RSE - the Law

Young people need to know important facts and the rules regarding sharing personal information, pictures, videos and other material using technology. This will help young people to know what is right and wrong in law, but it can also provide a good foundation of knowledge for deeper discussion about all types of relationships.

Our school curriculum will cover the different legal provisions when relevant topics are being taught, including for example: marriage, consent, including the age of consent, online behaviours including image and information sharing (including 'sexting', youth-produced sexual imagery, nudes, etc.), pornography, abortion, sexuality and gender identity and female genital mutilation (FGM). The purpose is to protect our students and ensure young people take responsibility for their actions.

6. RSE - monitoring and evaluation

The quality of RSE is monitored and evaluated in the same way as we quality assure all of our lessons. Typical strategies include:

- Observing lessons
- Conducting work scrutiny
- Checking student understanding through assessment of knowledge
- Student voice

7. Engaging with parents

Our school will maintain an open dialogue between parents and teachers, as we value and welcome any questions about our school's approach to the RSHE curriculum.

The Department for Education has published the following **guidance for parents**: [a useful list of FAQs for parents](#) on the new RSE/Relationships Education requirements, and guides for parents on Relationships Education, RSE and Health Education. [RSE Secondary school guide for parents](#) which we will display on our school's website with this RSE policy.

7.1. RSE Parental engagement

We aim to support parents and carers with Relationships and Sex Education through several ways. We share guidance and material through our social media sites and update our website with useful resources that can aid discussions at home. We also keep parents and careers updated with upcoming Life Programme lessons via our Parent Bulletin, to give them the

opportunity to contact school for further support with having follow up conversations. We place high importance on the shared responsibility of effective RSE between school and home and are continuously looking for opportunities to support parents and carers with this.

7.2. RSE – Parent’s right of withdrawal

There could be a reason why a parent may choose to withdraw their child from sex education. We hope that a good understanding of the importance of sex education (including its importance for keeping young people safe), familiarity with teaching approaches and resources to be used, and the opportunity to have questions answered and concerns heard, are likely to reduce the chances of parents requesting to withdraw their child. If a parent/carer has concerns, they will be encouraged to meet with the Headteacher.

7.2.1. The right of withdrawal from September 2020

The statutory guidance for RSE and Health Education will come into effect in all secondary schools from 2020, including academies, free schools and independent schools.

In secondary education from September 2020:

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

8. Training for Teachers

RSE delivered by schools is complemented by support and training offered to staff. This will help ensure children and young people are provided with consistent messages and advice around making safe and healthy decisions in relationships.

8.1. Training for school staff

8.1.1. Warrington Borough Council

WBC advertise relevant training for schools via the [Public Health Training Hub](#) and on [My schools service](#) including Designated Safeguarding Leads training.

8.1.2. PSHE Association

The association for PSHE teachers, leads and other practitioners advertises PSHE resources and training <https://www.pshe-association.org.uk/cpd-and-training>

8.1.3. Sex Education Forum

[The Sex Education Forum](#) provide schools and other educators with the latest practice, research, policy information and training courses and events for school staff.

9. RSE - Policy review date: January 2025