

Hulme Hall Grammar School

Health Education Policy

Sex Education

Introduction:

Health Education is one of the five cross curricular themes in the National Curriculum which pupils have an entitlement to experience throughout their education. Sex Education is a major component of the School's comprehensive programme of Personal, Social and Health Education.

In all areas of human experience a good base of knowledge and understanding is deemed necessary for informed opinions and decisions to be made - human sexuality is no exception. It is vital that pupils receive effective sex education before they become sexually active or put themselves at risk in other ways. It is also vital to correct prejudice and misinformation which may affect relationships with others both now and in the future.

The importance of sexual relationships in all our lives is such that sex education has a crucial role to play in preparing children for their lives now and in the future as adults and parents. In sex education, learning information about the physical aspects of sex, must be complemented by learning about family life and the exercise of personal responsibility towards other individuals and the broader community.

In drawing up the School's policy due regard has been given to:

- consultation with parents, governors, teachers, school nurse and others in the local community;
- the issues of content, organisation, methodology, resources, outside speakers, the explicitness and presentation of their material (including the presence or intervention of teachers as appropriate);
- encouraging pupils to have regard to moral considerations and to appreciate the value of a stable family life, self-restraint, dignity, respect and to behave responsibly in sexual matters.

Copies of this policy have been made available to all concerned parties including teachers and parents.

Specific Aims:

The following aims reflect those of the School and the general aims of the Cross-Curricular Themes, and show how Sex Education is delivered within the context of a moral framework.

1. To provide a broad and balanced Sex Education Programme which:
 - offers full entitlement and access for all.
 - operates in an atmosphere of mutual trust and respect so as to encourage pupils to put forward and explore their ideas.
2. By exploring moral and sexual issues and values to:
 - a) endow the pupils with positive pro-active attitudes, patterns of behaviour, lifestyles, values, communication and decision making skills with respect to sexuality and personal relationships, e.g.
 - those appropriate to informed decision-making and evaluation of the socio-economic/cultural influences on sexual behaviour;
 - non-exploitation, commitment and trust in sexual relationships;
 - an understanding that both sexes have responsibilities in sexual matters;

- the skills to identify, avoid, resist and report unwanted sexual experience.
- b) to foster self-esteem, self-awareness and a sense of moral responsibility.
 3. To give pupils knowledge and understanding of the following in order for them to make informed choices:
 - i. the physical, emotional and social aspects of an individual's development as a male or female, personal relationships; responsible attitudes and appropriate behaviour.
 - ii. family life - the value and importance of the family as a social institution; its contribution to the development of attachment, love and concern in caring for others.
 4. To show that World Health has a global dimension and to understand the responsibility of groups, organisations and society for the health of the individual and the community.
 5. To approach Sex Education by an active and creative process of enquiry and investigation through projects, discussions, role-play, case studies. Observation and analysis are central to this process.
 6. To clarify the link between sexual practices and the transmission of HIV and STD's - see separate policy on Drugs/HIV education.

Informing and Involving Parents:

The views and participation of parents is vital for the most effective sex education.

Parents are fully informed and encouraged to enhance that part of the Sex Education Programme provided by the School by having discussions at home.

Offering Advice:

The Governors and staff believe that the School's function is to provide a general education about sexual matters and issues and not to offer individual advice, information or counselling on aspects of sexual behaviour and contraception - however sources of professional information and advice will be identified when appropriate. If the offering of outside expert advice is not taken up, then a teacher may only give such advice after receiving written permission from the Headteacher and the parents/guardians - clearly this would not be done if the pupil did not wish it. Advice does not legally require consent but the following procedure protects the teacher and the pupil, and acknowledges that teachers may not be qualified to give the required advice.

Teachers cannot:

- give personal advice or counselling on sexual matters (including contraception) to a pupil (either individually or within a group) if a parent has withdrawn that pupil from sex education;
- give personal contraceptive advice to pupils under 16 for whom sexual intercourse is illegal without parental consent.

Teachers can:

- provide pupils with education and information about where and from whom they can receive confidential sexual advice and treatment, e.g. school nurse, their GP or Brook Advisory Centre. This is not the provision of sex education, but merely the imparting of factual information as to where advice, counselling (and treatment) can lawfully be obtained. Appointments to see the nurse can be arranged by the pupil through the form tutor or HOY;

- give a child under 16 contraceptive advice if the teacher believes that doing so is in the child's best interests. However, in certain circumstances the teacher could be liable to criminal charges and therefore the Headteacher's instructions are not to give such advice and to refer the matter to him.

Explicit Questions:

It is unlikely to be appropriate to deal with a pupil's explicit questions by dealing with it in front of the whole class, e.g. questions on oral sex. In practice this means that teachers have to say 'I'm sorry but the School Policy and legislation does not allow me to answer that question'. The teacher may deem it appropriate to discuss the child's concerns with the parents - a decision may then be taken on how best to deal with it. Answers to the 'questions in a box' approach must only be given after very careful screening of the questions.

Confidentiality:

Having considered all available advice and guidance, the Governors and Headteacher state that in circumstances where a pupil is considered at some risk of any type of abuse (e.g. moral or physical) or in breach of the law, the teacher must refer this immediately in writing to the Headteacher in compliance with the school's established procedures for Child Protection. The Headteacher will decide whether to inform the parents and/or appropriate authorities and may arrange for counselling. Although there is no legal duty on a teacher, or a Headteacher, to inform parents of matters which a child has confided to them:

- teachers must not promise confidentiality even though they cannot be made to break it once given;
- pupils must be made aware that any incident may be conveyed to the Headteacher and possibly to parents;
- teachers must use their professional judgement to decide whether confidence can be maintained having heard the information;
- teachers must indicate clearly to pupils when the content of a conversation can no longer be kept confidential - the pupil can then decide whether to proceed or not.

N.B. Failure of staff to adhere to this statement may constitute grounds for disciplinary action.

The division between biological and non biological aspects of sex education:

The division between biological and non biological aspects of sexual behaviour has been decided upon, and is indicated by the contribution to the Sex Education Programme made by the Science Department - see Appendix.. The themes of parenting, relationships and the ethical and moral considerations of sex education are firmly restricted to the timetabled CPSHE lessons.

The Science Department deals only with the biological aspects of human sexual behaviour in its timetabled lessons. The separate but strategically co-ordinated CPSHE course deals with:

- a) Acquired Immune Deficiency Syndrome (AIDS) and Human Immuno-deficiency Virus (HIV);
- b) any other sexually transmitted diseases (STD's);
- c) aspects of human sexual behaviour, other than biological aspects.

N.B. It is the work covered in timetabled CPSHE lessons and non science lessons upon which parents can exercise their right to withdraw their child - see below.

Withdrawing pupils from the Sex Education Programme:

Relevant sections of this policy are made available to parents in the School prospectus together with details about the parent's right to withdraw their child from many aspects of sex education - parents will always be provided with a full copy following a request to do so. Shortly after enrolling at the School, a pupil's parents are sent a letter detailing the content of the sex education course and identifying those parts from which the parents can exercise their right to withdraw their child.

A full audit of CPSHE has shown that issues such as over population, birth control and other sexual matters are met in a minor way in subjects such as Geography. However, as any discussion is limited and set within the context of the other subject concerned, it does not constitute part of the Sex Education Programme.

N.B. Parents do not have to give reasons for withdrawal, but we respectfully invite them to do so - sometimes we can then resolve misunderstandings. Once a parent's request to withdraw is made, that request must be complied with until revoked by the parent.

What we do if a request for withdrawal is made by a parent?

- we discuss the nature of the concerns with the child's parent and if appropriate attempt to reassure them;
- we consider whether the programme can be amended or improved in a way that will reassure parents - care is taken not to undermining the integrity of the Sex Education Programme and the entitlement of the other pupils, e.g. it may be appropriate and desirable to have single sex classes for some sections of the Sex Education Programme;
- we attempt to ensure that where a pupil is withdrawn there is no disruption to other parts of their education,
- we point out that pupils who have been withdrawn are vulnerable to teasing - we therefore attempt to causing minimal embarrassment to the pupil and minimal disruption to the programme;
- we also point out that pupils may receive inaccurate information from their peers;
- we offer the parents access to appropriate information and resources.

N.B. If the pupil does not agree with the parents desire to withdraw their child from the Sex Education Programme, the pupil has a statutory right to challenge the parents - the child has to apply to the courts for a 'specific issues order'.

Using Visiting Speakers and others:

We believe that most of the Sex Education Programme is best discussed openly with teachers who are known and trusted by the pupils. However visitors such as nurses, family planning or sexual health workers, can greatly enhance the quality of the provision as long as they are used in addition to, not instead of a planned programme of sex education.

Care is taken to provide the visitor, well in advance of the visit, with a copy of the Sex Education Policy. After gaining approval from the Headteacher for the visit the organiser makes the visitor aware of the ethos of the School and the manner of delivery of the Sex Education Programme. Issues to consider are:

- the degree of explicitness of the content and presentation;
- will the visitor be accompanied by teaching staff?
- will the staff take an active role in the visitor's activities?
- how will the visitor be prepared for the visit?
- how will the visit be built upon and followed up?

1. Visitors should be given advance notice of the composition of the audience/target group and an idea of how their contribution fits into the scheme of work.
2. In order to inform the visitor of the precise requirements of a group it is advisable for the group to draw up questions in advance and these should be forwarded to the visitor. This will involve the pupils in the visit and will make the experience more relevant for them - it also facilitates planning.
3. Reception/Office should be informed of the date and name of the visitor.
4. Where applicable, refreshments should be arranged with the catering staff.
5. The visitor should be welcomed at the main door (usually by a pupil from the form on duty) and escorted to the office.
6. At the office the visitor will 'sign in', prominently display a 'Visitors Badge' and will then be escorted to the appropriate venue.
7. At the end of the session a vote of thanks should be given by a pupil and the visitor escorted to Reception/Office before the pupils are dismissed.
8. After the visit the visitor will 'sign out', return the 'Visitors Badge' and will then be escorted to the exit.
9. A written acknowledgement of their contribution should be sent to the visitor and appear in the School Newsletter.

N.B. The health professionals are able to offer young people confidentiality and can provide a link between the School and support services.

Homosexuality (Lesbian and Gay issues):

Teachers do not promote any one life-style as the only acceptable one for society and therefore it is inevitable and natural that homosexuality will be discussed during a programme of sex education. Teaching about homosexuality is not avoided although teachers take care not to advocate homosexual behaviour, present it as the norm, or encourage homosexual experimentation by pupils. One of the many advantages of exploring gay and lesbian issues is the opportunity to correct false ideas, assumptions and address prejudice.

Equal Opportunities Issues and Special Needs:

The nature of work undertaken must be appropriate to the age and maturity of the pupils. As pupils mature and develop at different rates, the Sex Education Programme is a 'spiral system' in as much as key concepts are revisited several times throughout the programme. This allows for reinforcement as well as the differentiated stages of pupil maturity.

Children with specific learning difficulties may need more help than others in coping with the physical and emotional aspects of growing up; they may also need more help in learning what sorts of behaviour are and are not acceptable, and in being warned and prepared against abuse by others. Some parents find it difficult to come to terms with the idea that their child will some day become sexually active.

INSET:

All teachers involved in this work do not necessarily have to be 'experts' on the issues concerned. However, they do require sensitivity to the needs of the group, an ability to deal with questions openly/honestly and a preparedness to refer to more expert advice if necessary. Areas that have been specifically addressed by In Service Training are:

- an examination of the School's Sex Education Policy;

- an examination of the timing of the different elements of the Sex Education Programme;
- an examination of who should teach the programme;
- developing skills related to managing group work and discussion.

Monitoring, Evaluating And Reviewing The Sex Education Programme:

We are committed to monitoring and evaluating the effectiveness of this programme. This will be achieved by the methods outlined in the separate policy 'Monitoring, Evaluating and Reviewing the CPSHE course'. Specifically important to the Sex Education Programme are:

- 1) pupil feedback;
- 2) staff review and feedback, particularly at pastoral meetings;
- 3) parental feedback.

Other Benefits:

Sex Education can also contribute to the School by contributing to the quality of display work, assembly themes, etc.

Details of the 'Scheme of Work' for Sex Education can be found in the Appendix.

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Hulme Hall Grammar School

Health Education Policy

Drugs & HIV Education

Health Education is one of the five cross curricular themes in the National Curriculum which pupils have an entitlement to experience throughout their education. Drugs and HIV Education are major components of a comprehensive programme of Personal, Social and Health Education. Drugs and HIV education are also covered within the Science schemes of work.

All teachers involved in this work do not necessarily have to be 'experts' on HIV and AIDS. However, they do require sensitivity to the needs of the group, an ability to deal with questions openly/honestly and a knowledge of where to get help if necessary.

The following aims reflect those of the School and the general aims of the Cross-Curricular Themes:

Specific Aims:

1. To develop positive pro-active attitudes, patterns of behaviour, lifestyles, values and skills, (e.g. those appropriate to informed decision-making and evaluation of the socio-economic/cultural influences on health) in the pupils towards their personal Health and Safety.
2. To show that World Health has a global dimension and to understand the responsibility of groups, organisations and society for the health of the individual and the community.
3. To approach Drugs and HIV Education by a process of enquiry and investigation through practical projects and surveys - to include observation and analysis.
4. to give pupils knowledge and understanding of the following in order for them to make informed choices:
 - i. the use/misuse and dangers of drugs such as alcohol, tobacco, medicines, etc.
 - ii. the physical, emotional and social aspects of Drugs and HIV issues.
 - iii. the safety of the individual in different environments, e.g. at home, at school, at work, during leisure activities, etc.
 - iv. terminology relevant to drugs and HIV education and information on how the HIV virus is transmitted through body fluids (e.g. semen and blood) and how it is not transmitted.
5. To endow pupils with responsibility to themselves and others particularly in relation to drug practices.
6. To give parents knowledge and understanding of the following:
 - i. signs of the use/misuse of drugs such as alcohol, tobacco, medicines, etc.
 - ii. the physical, emotional and social aspects of Drugs and HIV issues.
 - iii. the value and importance of the family as a social institution; its contribution to the development of attachment, love, concern and caring for others.

For sections on the following please refer to the policy on 'Sex Education' which can be easily adapted to Drugs and HIV:

- Informing and Involving Parents;
- Offering Advice;
- Confidentiality;
- Withdrawing pupils from the Programme;
- Using Visiting Speakers and others;
- Equal Opportunities Issues and Special Needs;
- INSET;
- Monitoring, Evaluating and Reviewing the Programme.

Other Benefits:

Drugs and HIV Education can also contribute to the School via display work, assembly themes, the School Council and the School/Parent/Community partnership.

There is a need to deliver Health Education through a cross curricular approach and the ethos of the School needs to promote a Healthy School. There should be events such as;

- visits by the police liaison officer;
- visits by professionals and others concerning drug education and AIDS education.

Less obvious signs that may indicate drug taking:

N.B. All of the following signs can be caused by many other psychological and behavioural changes in addition to an involvement with drugs, e.g. adolescence, bullying, anorexia, pregnancy, etc.

- the keeping of secret and private places;
- the keeping of a friends belongings for 'safe keeping';
- the loss of interest in school, hobbies, sport, friends;
- association with a new group of friends;
- unexplained drowsiness/tiredness;
- unusual, sudden or regular changes in mood;
- unexpected or excessive aggressiveness;
- the loss of appetite;
- the loss of money or other objects from the home;
- the uncharacteristic telling of lies;
- the presence of unusual stains, marks or smells on the body, clothes or around the home.

Any of the above 'signs' may be raised in discussions with parents by members of a child's pastoral team, in cases where drug taking is suspected..

THE HIV PROTOCOL (Also refer to First Aid Policy)

Minimising The Risk Of HIV Transmission In School:

Those involved in educating and caring for HIV+ children should be sensitive to their need for confidentiality and their right to privacy. Both the parents and the child may need support as may the teachers and others involved in the direct care of the child at school. The number of people who are aware that a child is infected is therefore confined on a 'need to know'

basis. Although most HIV+ children show no symptoms of infection if the measures outlined in this policy are put into practice then the 'need to know' is largely eliminated.

Good Hygiene Practice:

In all cases of normal 'First Aid' the use of an apron and disposable gloves should be employed. After use the gloves and aprons should be incinerated. When work is completed wash and dry your hands. In an emergency, direct mouth-to-mouth resuscitation should not be withheld. 'Fluid proof' mouth masks are now available for mouth-to-mouth resuscitation and are strongly recommended - 'rigid resuscitation airways' may only be used by specially trained first aiders. All staff and pupils should have minor cuts, open or weeping skin lesions and abrasions covered with waterproof dressings. If staff have cuts or abrasions they should not administer First Aid if another member of staff can provide it. The burning/incineration of all used disposable gloves, aprons or soiled linen/clothes, etc should be done after 'double bagging' the contaminated items in yellow plastic bags bearing the 'Biohazard' symbol.

When the administering of First Aid is finished then an accident report form should be completed to afford a level of protection to staff and pupil.

Personal hygiene:

Razors, toothbrushes or other items that can become contaminated with blood must not be shared.

Sanitary towels must be incinerated - see above. Tampons may be flushed down the toilet.

Treating splashes of blood from another individual:

- Wash the wound or splashes of blood immediately and copiously with soap and water. If the splashes of blood are in the eyes or mouth then wash out immediately with copious amounts of water;
- Apply a suitable dressing and pressure pad if needed;
- Seek medical advice as soon as possible.

Cleaning up deposits of blood/vomit from furniture:

Clean liberally with household bleach, freshly diluted 1:10 in cold water. If possible the bleach solution should be left for 30 minutes before being wiped up with disposable paper towels. Individual paper towels may be discarded down the toilet but if a lot have been used then they should be incinerated.

NB: Bleach must never be used on the skin and must never be diluted in hot water as this can cause toxic fumes of chlorine to be produced.

Clothes and linen:

If stained with blood or semen wash in a machine at a temperature of at least 60 °C for at least 10 minutes. Only hand wash after thoroughly boiling the clothes or linen.

Crockery and cutlery:

These can be cleaned effectively by hand washing with hot soapy water or in a dish washer/steriliser.

Accidents involving the deposition of Urine or Faeces:

Urine and faeces should be disposed of via the toilet. Soiled nappies and pads from a child known to be infected should be incinerated.

Children's games and social practices that we discourage:

- Sometimes pupils cut or prick the skin and mingle their blood so as to become 'blood brothers or sisters';
- Ear piercing and Tattooing;
- Biting.

Subject Specific Considerations:

Music:

If wind instruments must be shared, the following precautions should be observed:

- brass and reed mouthpieces must not be shared and should be regularly removed and washed in hot water/detergent or cleaned in diluted spirit;
- on instruments where lips touch wood or those with tipples/wind caps, the contaminated section should be removed and wiped with a spirit-soaked swab;
- reeds must not be shared.

Science:

Pupils should not give blood for any reason. However, staff may use a fresh sterile lancet on themselves to demonstrate the structure of fresh human blood.

Samples of 'cheek epithelial cells' may be taken by the pupils if they use a cotton bud to gently remove the cells.

Human saliva should not be collected for enzyme experiments and an amylase of bacterial or plant origin, e.g. diastase should be used.

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