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Statement of intent
Aspire Academy Trust’s sex education policy is based on the DfEE guidance document Sex and Relationship Education Guidance (ref DfEE 0116/2000).

In this document, sex education is defined as ‘learning about physical, moral and emotional development. It is about understanding the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality, and sexual health’. Sex education is part of the personal, social and health education curriculum in our school. While we use sex education to inform children about sexual issues, we do this with regard to matters of morality and individual responsibility, and in a way that allows children to ask and explore moral questions. We do not use sex education as a means of promoting any form of sexual orientation.

1. Aims and objectives
We teach children about:

- the physical development of their bodies as they grow into adults;
- the way humans reproduce;
- respect for their own bodies and the importance of sexual activity as part of a committed, long-term, and loving relationship;
- the importance of family life;
- moral questions;
- relationship issues;
- respect for the views of other people;
- sex abuse and what they should do if they are worried about any sexual matters.

2. Context
We teach sex education in the context of the academies aims and values framework (See Curriculum Policy values statement.) While sex education in our academies means that we give children information about sexual behaviour, we do this with an awareness of the moral code and values which underpin all our work in each academy. In particular, we teach sex education in the belief that:

- sex education should be taught in the context of marriage and family life;
- sex education is part of a wider social, personal, spiritual and moral education process;
- children should be taught to have respect for their own bodies;
- children should learn about their responsibilities to others, and be aware of the consequences of sexual activity;
- it is important to build positive relationships with others, involving trust and respect;
- children need to learn the importance of self-control.

3. Organisation
We teach sex education through different aspects of the curriculum. While we carry out the main sex education teaching in our personal, social and health education (PSHE) curriculum, we also teach some sex education through other subject areas (for example, science.), where we feel that they contribute significantly to a child’s knowledge and understanding of his or her own body, and how it is changing and developing.

In PSHCE we teach children about relationships, and we encourage children to discuss issues. We teach about the parts of the body and how these work, and we explain to them what will happen to their bodies during puberty. For example, we tell the boys that their voices will change during
puberty and we explain to the girls about menstruation. We encourage the children to ask for help if they need it.

In science lessons in both key stages, teachers inform children about puberty and how a baby is born. For this aspect of the academy’s teaching, we follow the guidance material in the national scheme of work for science. In Key Stage 1 we teach children about how animals, including humans, move, feed, grow and reproduce, and we also teach them about the main parts of the body. Children learn to appreciate the differences between people and how to show respect for each other. In Key Stage 2 we teach about life processes and the main stages of the human life cycle in greater depth.

In Year 6 we place a particular emphasis on health education, as many children experience puberty at this age. We liaise with the Local Health Authority about suitable teaching materials to use with our children in these lessons. Teachers do their best to answer all questions with sensitivity and care.

By the end of Key Stage 2, we ensure that both boys and girls know how babies are born, how their bodies change during puberty, what menstruation is, and how it affects women. We always teach this with due regard for the emotional development of the children (as stated earlier in this policy).

4. The role of Parents
The Trust is well aware that the primary role in children’s sex education lies with parents and carers. We wish to build a positive and supporting relationship with the parents of children at our academies through mutual understanding, trust and co-operation. In promoting this objective we:

- inform parents about the Trust’s sex education policy and practice;
- answer any questions that parents may have about the sex education of their child;
- take seriously any issue that parents raise with teachers or hub councillors about this policy or the arrangements for sex education in the academies;
- encourage parents to be involved in reviewing the Trust’s policy and making modifications to it as necessary;
- inform parents about the best practice known with regard to sex education, so that the teaching in academies supports the key messages that parents and carers give to children at home. We believe that, through this mutual exchange of knowledge and information, children will benefit from being given consistent messages about their changing body and their increasing responsibilities.

Parents have the right to withdraw their child from all or part of the sex education programme that we teach during PSHE in our academies except for those parts included in the statutory National Curriculum. Please refer to section 5.7 of the referenced DfEE guidance document Sex and Relationship Education Guidance (ref DfEE 0116/2000) for further information.

If a parent wishes their child to be withdrawn from sex education lessons, they should discuss this with the Headteacher, and make it clear which aspects of the programme they do not wish their child to participate in.

5. The role of other members of the community
We encourage other valued members of the community to work with us to provide advice and support to the children with regard to health education. In particular, members of the Local Health Authority, such as the school nurse and other health professionals, give us valuable support with our sex education programme.

6. Confidentiality

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Teachers conduct sex education lessons in a sensitive manner and in confidence. However, if a child makes a reference to being involved, or likely to be involved in sexual activity, then the teacher will take the matter seriously and deal with it as a matter of child protection. Teachers will respond in a similar way if a child indicates that they may have been a victim of abuse. In these circumstances the teacher will talk to the child as a matter of urgency. If the teacher has concerns, they will draw their concerns to the attention of the Headteacher. The Headteacher will then deal with the matter in consultation with health care professionals. (See also Child Protection Policy.)

7. The role of the Headteacher
It is the responsibility of the Headteacher to ensure that both staff and parents are informed about our sex education policy, and that the policy is implemented effectively. It is also the Headteacher’s responsibility to ensure that members of staff are given sufficient training, so that they can teach effectively and handle any difficult issues with sensitivity.

The Headteacher liaises with external agencies regarding the academy sex education programme, and ensures that all adults who work with children on these issues are aware of the Trust’s policy, and that they work within this framework.

The Headteacher monitors this policy on a regular basis and reports to hub councillors, when requested, on the effectiveness of the policy.

8. Monitoring and review
The Hub Council monitors our sex education policy on an annual basis. This Council reports its findings and recommendations to the Aspire Board of Directors, as necessary, if the policy needs modification. The Hub Council gives serious consideration to any comments from parents about the sex education programme, and makes a record of all such comments.

Signed by

_________________________    ______________________
Lead Practitioner                Date

_________________________    ______________________
Chair of Hub Council            Date

Policy Adopted: 18 March 2016
Last Reviewed:                 
Review frequency: Annually

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