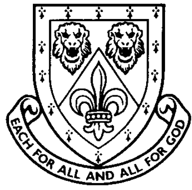


# WAKEFIELD GIRLS' HIGH SCHOOL

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| **Authorising Person Name**<br><br>**Date** | Heidi Jayne Boyes, WGHS Head<br><br>5 September 2022 |
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**VALIDITY – Policies should be accessed via FireFly to ensure the current version is used.**

**CHANGE RECORD - REVIEW PERIOD 2 YEARS**

| Version | Date | Change details |
|---|---|---|
| V1.01 | Sept 2020 | Updated, N Phillips |
| V1.02 | Sept 2022 | Updated, N Phillips |

To be published on the following:

| Staff shared | X | School website | X |
|---|---|---|---|

**WGHS SS RSE Policy**

## 1. Purpose of the Policy

"Effective Relationship and Sex Education is essential if young people are to make responsible and well-informed decisions about their lives." (Sex and Relationship Guidance, DfEE) At WGHS, we aim to promote understanding of and a healthy attitude towards sex and relationships, which will last through adolescence and into adulthood. We pursue this aim through a whole school approach, using a robust and relevant PSHEE programme, taught by specialist staff from Year 7 to Year 13.

The main objective of our teaching in PSHEE is to help and support pupils through their physical and emotional development, with the aim of improving sexual health and reducing the negative impacts of sexual activity and unhealthy relationships.

As of September 2020 all schools in England are required to teach Relationships and Sex Education as part of their PSHE Curiculum which adheres to the Equality Act 2010. This policy informs parents how Wakefield Girls' High School's RSE curriculum is planned, delivered and lesson content (section 10). Should further details about specific lessons be required, these are available on Firefly and by request to the Head of PSHE.

## 2. Our Approach to Teaching RSE

- The Head of PSHEE follows the guidance set out by the PSHE Association and the Statutory RSE Guidance set out by The Department of Education.
- Sex and Relationships education is an identifiable part of the PSHEE curriculum. It has planned and timetabled lessons across all year groups.
- PSHEE is taught by staff who are trained by our Head of PSHEE, Natalie Phillips. Where appropriate, we use external, specialist speakers to enhance the provision. (See Section 9)
- We work in partnership with parents and guardians, informing them what their daughters will be learning about and how they can contribute at home
- We aim to deliver lessons where pupils feel safe to contribute, using familiar, regular staff and a variety of teaching approaches and materials. Discussion is key to successful RSE lessons.
- Reliable and frequently revised sources of information are used, including the law and legal rights. We seek to distinguish between fact and opinion.
- We seek pupils' views about RSE so that teaching can be made relevant to their real lives and assessed and adapted as their needs change.
- We strive to meet the needs of all pupils with their diverse experiences, including those with special educational needs and disabilities.

## 3. Our Aims and Intended Outcomes in Teaching RSE

- Promote safe, equal, caring and enjoyable relationships, where pupils can discuss real-life issues, appropriate to age and stage. This includes friendships, family, consent, abuse, sexual exploitation and safe relationships online. (See Section 9)
- Give a positive view of human sexuality with honest and medically accurate information, so that pupils can learn about their bodies and their sexual and reproductive health in ways that are appropriate to their age and maturity.

- Give pupils opportunities to reflect on values and influences, such as from peers, social media, faith and culture, that may shape their attitude to relationships and sex, and nurtures respect for different views.
- Provide information about where to get help and treatment from sources such as our school nurse and advice services, including reliable information online.
- Foster gender equality and LGBT+ equality, challenging all forms of discrimination both in RSE lessons and in everyday school life.

## 4. Moral and Values Framework

Throughout RSE lessons we aim for pupils to:

- Learn the importance of family life, stable, loving relationships for the nurture of children
- Learn the value of respect, love and care
- Explore, consider and understand moral dilemmas
- Develop critical thinking as part of decision making
- Develop an ability to manage sensitive situations confidently
- Develop empathy for others and respect for themselves
- Learn how to recognise and avoid exploitation and abuse
- Stay safe in an increasingly sexualised society
- Learn about contraception and STIs
- Learn the reasons for and the benefits of delaying sexual activity
- Understand the impact of the media and pornography
- Develop skills to raise self-esteem and assertiveness in order to resist pressure and coercion in a sexual relationship

## 5. Working With Parents

Parental support is integral to a successful RSE curriculum. While we have an educational and legal obligation to provide young people with Relationship and Sex Education we respect the primary role of the parents in educating their children about these matters.

We are committed to consulting with parents about this curriculum and this consultation has contributed to the development of the policy. We also invite all parents to read the RSE policy and give them the opportunity to comment or ask any questions.

We work closely with parents to ensure that they are fully aware of what is being taught and provide additional resources and support through the pastoral and PSHEE pages on the schools virtual learning platform, Firefly. Parents are able to read the Schemes of Work, lesson plans and supporting resources for all year groups. Parents are welcome to discuss particular topics with the Head of PSHEE via email or telephone.

Parents are given an introduction to the PSHE curriculum at Wakefield Girls' HIgh School at the New Parents, Parents evening. The Head of PSHE addresses the parents with an outline of what we teach and the value of those lessons and they are given the opportunity to ask any questions at the end of the evening.

Parents are contacted at the end of Year 8 to inform them of the RSE lessons taking place in Year 9. The topics covered are outlined and all parents are given the opportunity to withdraw their daughter from the sex education lessons and talk to the Head of PSHEE about the topics in more detail.

Parents can withdraw from some or all of the lessons surrounding Sex Education.
All pupils have to attend the Relationships education lessons.

Parents are also contacted via letter in Year 10 outlining the RSE for both Year 10 and 11. Parents are able to withdraw their daughter from all or some of the lessons about Sex Education.
The school respects the parents' request to withdraw the child, up to and until three terms before the child turns 16. After that point, if the child wishes to receive sex education rather than be withdrawn, we will make arrangements to provide the child with sex education during one of those terms.

Relationships Education is compulsory therefore all pupils attend lessons that are categorised as Relationships Education.

Sex Education within RSE includes: STIs, Contraception and Condom demonstration only.

## 6. Pupil voice

Pupil voice will be used to review and tailor our RSE programme to match the different needs of all our pupils. This is carried out as small groups of pupils from each year group throughout the year and pupils completing a questionnaire at the end of the academic year.

## 7. Staff Training

The Head of PSHEE attends training from various organisations such as The PSHE Association, Sheffield Sexual Health Clinic and Stonewall.

The information collated from these conferences and other resources are used to create PSHEE lessons. Lesson plans are detailed and are supported with resources for the staff teaching PSHEE. One to one support is offered to staff who feel less confident about teaching particular subjects. The Head of PSHE also informs PSHE teaching staff of different online and in person courses and encourages them to attend these should they wish to further their knowledge and understanding.

Where Year 12 students volunteer to deliver some content, they are trained in advance by the Deputy Head Pastoral.

## 8. Assessment

Assessment for PSHEE, including RSE, is regular and takes place through a number of different methods:

At the start of all lessons, pupils take part in baseline assessments through different activities such as Q&A, initial thoughts and understanding brainstorms and continuum lines. This enables teachers to assess initial understanding at the start of the lesson, to adapt the lesson content if needed. These same activities for assessment also take place at the end of the lesson so that teachers can see that learning has taken place.

Throughout the lessons, activities such as Kahoot quizzes, role play, group discussions and Q&A etc are used to assess and further develop learning.

Other forms of assessment used to create the PSHEE and RSE curriculum, include:
- Student voice questionnaires and working groups

- Data collected from Spectrum after the Year 9 RSE lessons
- Data collected from the bi-annual Healthy School Questionnaire written by Wakefield Council
- Pre and post knowledge feedback after Year 10 Personal Care Unit.
- Data about student behaviour patterns from WGHS CPOMS.
- Discussion with Heads of Year.
- Cross Senior and Junior school section meetings

## 9. Child Protection and Managing Disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff and this could easily happen during or after a RSE lesson.

If a student chooses to disclose concerns about a relationship or sexuality, or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. The member of staff should refer to the Foundation Child Protection Policy and pass on concerns in a timely manner to Louise Ladds (DSL) or another member of the Safeguarding team.

If a student chooses to disclose concerns about herself or friend to a visiting guest speaker, the guest speaker should immediately pass on the information to Louise Ladds (DSL) or another member of the Safeguarding team. All guest visitors are informed of this procedure before they begin the session.

## 10. RSE Lesson Content

| Year | RSE topics in the curriculum | Content |
|---|---|---|
| 7 | Relationships | • Different types of relationships (families, friendships, online, teachers etc)<br>• Qualities which make a healthy relationship<br>• Resolving conflict<br>• Combating loneliness with families, friends, local and international relationships |
| | Healthy and respectful friendships | • Characteristics of positive friendships<br>• Unacceptability of sexist, homophobic, racist etc language.<br>• Recognise bullying<br>• Understanding kindness and empathy to other people |
| | Safe and responsible use of being online | • Understanding accepting friend requests and sharing personal information online. |
| 8 | Safe and responsible use of internet | • Understanding the social and emotional implications of sharing explicit images with other people. To also know what the law says about sharing and sending explicit images.<br>• Using social media to help boost other peoples and their own self-esteem |
| | Respectful | • Unacceptability of disablist language and behaviour. |

| | relationships | • How to resolve conflict in relationships |
|---|---|---|
| 9 | Safe and responsible use of internet<br><br>Intimate and sexual relationships including sexual health<br><br><br><br><br><br>Consent<br><br>Respectful relationships | • The dangers of talking to people you don't know online.<br>• Further understanding of emotional and social implications of sending explicit images online.<br><br>• Consider different levels of intimacy<br>• Respect the right not to have intimate relationships until ready.<br>• Recognise peer pressure and have strategies to manage it.<br>• Different contraception methods.<br>• Different STIs and how they can be prevented from spreading.<br><br>• To understand what consent is and that a person can withdraw their consent at any time.<br><br>• Relationships in the workplace, including sexual and racial discrimation.<br>• Abuse and rape within a relationship |
| 10 | Consent<br><br><br>Choices<br><br><br><br><br>Fertility<br><br><br>Intimate and sexual relationships including sexual health.<br><br><br>Safe and responsible use of internet<br><br><br><br><br><br><br><br>Respectful relationships | • A recap on what consent is.<br>• Concept of the laws relating to grooming, domestic abuse, forced marriage and FGM.<br><br>• Choices in relation to pregnancy (abortion, adoption and keeping a child)<br>• Female Genital Mutilation<br>• Forced marriage<br>• Honour based violence<br><br>• factors that might affect fertility<br>• menopause<br><br>• The grooming process in relation to CSE and CCE<br>• Recap STIs and contraception methods<br>• Benefits of strong, stable relationships.<br>• LGBT+ relationships<br><br>• What sextortion is and how to seek help.<br>• Understand how to maintain a positive relationship with the online world in relation to body image and self-esteem.<br>• How pornography can affect a persons judgement of what is acceptable within a relationship<br>• How extremist groups use radicialistation to change people's views and opinions.<br>• Cyberbullying and trolling online<br><br>• Unacceptability of all forms of discrimination and how to challenge it.<br>• Understand and respect others' faith and cultural expectations.<br>• Characteristics and benefits of strong, supportive, equal relationships<br>• Resisting peer pressure. |

| 11 | Respectful relationships<br><br><br><br><br>Consent<br><br><br>Safe and responsible use of internet | • Recognise an unhealthy and abusive relationship<br>• How to develop their own emotional and listening skills to sustain positive relationships with friends and families.<br>• The roles and responsibilities of being a parent.<br>• different kind of relationships as parents - same sex, adoption, mum and dad etc.<br><br>• Resisting peer pressure and having the tools and information to be able to make their own decisions.<br><br>• Using the internet and social media to boost online platforms in a positive way for both self-esteem and career.<br>• Cyberbullying and trolling |
|---|---|---|

## 11. Related Policies and Guidance

Foundation Safeguarding Policy
WGHS PSHEE Policy
WGHS Mental Health and Wellbeing Policy

## 12. Key Contacts

Natalie Phillips, Head of PSHEE
Louise Ladds, Deputy Head Pastoral

## Appendix A: Talking to students when they make mental health disclosures

**The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.**

Focus on listening

*"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

*"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."*

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

*"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t be afraid to make eye contact

*“She was so disgusted by what I told her that she couldn’t bear to look at me.”*

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

*“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

Acknowledge how hard it is to discuss these issues

*“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”*

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don’t assume that an apparently negative response is actually a negative response

*“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”*

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence; it’s the illness talking, not the student.

Never break your promises

*“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”*

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

## Appendix B: What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

**General considerations**

- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or carer pupil's attitudes to the referral?

**Basic information**

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

**Reason for referral**

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem or issues involved.

**Further helpful information**

- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay

- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

The screening tool below will help guide you as to whether or not a CAMHS referral is appropriate.

| | INVOLVEMENT WITH CAMHS |
|---|---|
| | Current CAMHS involvement – **END OF SCREEN*** |
| | Previous history of CAMHS involvement |
| | Previous history of medication for mental health issues |
| | Any current medication for mental health issues |
| | Developmental issues e.g. ADHD, ASD, LD |

| | DURATION OF DIFFICULTIES |
|---|---|
| | 1-2 weeks |
| | Less than a month |
| | 1-3 months |
| | More than 3 months |
| | More than 6 months |

* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care

*Tick the appropriate boxes to obtain a score for the young person's mental health needs.*

| | | MENTAL HEALTH SYMPTOMS |
|---|---|---|
| | 1 | Panic attacks (overwhelming fear, heart pounding, breathing fast etc.) |
| | 1 | Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation) |
| | 2 | Depressive symptoms (e.g. tearful, irritable, sad) |
| | 1 | Sleep disturbance (difficulty getting to sleep or staying asleep) |
| | 1 | Eating issues (change in weight / eating habits, negative body image, purging or binging) |
| | 1 | Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance) |
| | 2 | Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious) |
| | 2 | Delusional thoughts (grandiose thoughts, thinking they are someone else) |
| | 1 | Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings) |
| | 2 | Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking) |

Impact of above symptoms on functioning - circle the relevant score and add to the total

| Little or none | Score = 0 | Some | Score = 1 | Moderate | Score = 2 | Severe | Score = 3 |
|---|---|---|---|---|---|---|---|

| | | HARMING BEHAVIOURS |
|---|---|---|
| | 1 | History of self harm (cutting, burning etc) |
| | 1 | History of thoughts about suicide |
| | 2 | History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self) |
| | 2 | Current self harm behaviours |
| | 2 | Anger outbursts or aggressive behaviour towards children or adults |
| | 5 | Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this) |
| | 5 | Thoughts of harming others* or actual harming / violent behaviours towards others |

* If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies

| Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection) |
|---|

| | | | | |
|---|---|---|---|---|
| | Family mental health issues | | | Physical health issues |
| | History of bereavement/loss/trauma | | | Identified drug / alcohol use |
| | Problems in family relationships | | | Living in care |
| | Problems with peer relationships | | | Involved in criminal activity |
| | Not attending/functioning in school | | | History of social services involvement |
| | Excluded from school (FTE, permanent) | | | Current Child Protection concerns |

How many social setting boxes have you ticked? Circle the relevant score and add to the total

| 0 or 1 | Score = 0 | 2 or 3 | Score = 1 | 4 or 5 | Score = 2 | 6 or more | Score = 3 |
|---|---|---|---|---|---|---|---|

Add up all the scores for the young person and enter into Scoring table:

| Score 0-4 | Score 5-7 | Score 8+ |
|---|---|---|
| Give information/advice to the young person | Seek advice about the young person from CAMHS Primary Mental Health Team | Refer to CAMHS clinic |

**** If the young person does not consent to you making a referral,*
*you can speak to the appropriate CAMHS service anonymously for advice ****

**Individual Care Plan: Suggested Template**

| **Name: Annie Eliot** | **Form: 10 SMY** |
|---|---|
| Diagnosis:<br>Diagnosed with generalised anxiety. | Special requirements and precautions:<br>Consider small room for exams<br>May sit at the back in assembly |
| Medication and any side effects | N/A |
| In case of emergency: | Not likely, but if an anxiety attack occurs, Annie can leave the classroom and take time out. She is usually fine within 10 minutes. If she continues to feel anxious, please send her with a friend to Abi Lovell for some time out. |
| The role teaching staff can play: | Be aware of warning signs, such as tearfulness. Be sympathetic if she needs to leave the room – do not question or try to detain. Be sensitive when returning exams/tests. Ask whether she would prefer to receive these privately or in advance. |
| The role school can play: | Offer time-out with Abi Lovell or Sally Christie.<br>Provide other support as agreed with parents. |