STUDENTS ON ROLL 1,327

AGE RANGE .................................................................................................................... 11-19

TYPE ..... LA COMMUNITY WITH ARTS COLLEGE, APPLIED LEARNING AND LEADING EDGE STATUS

THIS POLICY IS DIVIDED INTO 13 SECTIONS:

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This policy is drafted by the Governors Curriculum Sub-Group. Consultation is with students, parents and staff. The policy is available in the Learning Resource Centre and on the school’s website. Hard copies can be made available on request. A statement of Sex and Relationship Education (SRE) is found in the School’s prospectus.

1. **AIMS**

SRE is lifelong learning about physical, moral and emotional development. It is about the teaching of sex, sexuality and sexual health.

The Governing Body of Heathfield Community School (HCS) believe that SRE should be an integral part of the learning process as an entitlement for every young person to consider their lives to date and prepare them for their present and future. SRE is the process of helping young people to make informed choices which will lead them to positive sexual lifestyles, having responsibility for themselves and towards other people. SRE has three main elements.

(SRE regulations apply 11-16 only. There is no statutory guidance Post 16).

(i) **Knowledge and Understanding**

To provide students with practical information on human reproduction in the context of their own social experience and knowledge. Learning about contraception and the range of local and national sexual health advice and support services.

Understanding human sexuality, sexual health, emotions and relationships. Learning the reasons for delaying sexual activity and the benefits to be gained from such delay and the risks from such activity including the consequences of unplanned pregnancy.

(ii) **Attitudes and Values**

To encourage the exploration of values and moral issues and the consideration of sexuality and personal relationships within a comfortable ‘safe’ setting which provides each student with the right to speak, to be listened to and be respected. Learning the values of family life, and loving and stable relationships for the nurture of children. Learning the value of respect, love and care; exploring, considering and understanding moral dilemmas, and developing critical thinking as part of decision making.

(iii) **Personal and Social Skills**

To develop self confidence, self esteem, an awareness of their own feelings and their responsibilities towards themselves and others, including skills to avoid and deal with unwanted sexual experience. Learning to make choices based on an understanding of difference and with an absence of prejudice. Learning how to recognise and avoid exploitation and abuse.
2. CONTENT

The school will be informed by; and will deliver the Statutory Orders as required in the 1986 Education Act Circular 11/87 and the amendments of the DfEE ‘Sex and Relationship Guidance’, July 2000 (ref 0116/2000) which replaced Circular 5/94. This takes into account the revised National Curriculum, published 1999 and the need for guidance arising out of new PSHE (Personal Social Health Education) framework and the Social Exclusion Unit report on teenage pregnancy. The new National Healthy Schools 1 PLUS (2009) provides guidance for effective SRE delivery.

In the Children and Social Work Act in 2017, the government recognised that there was a compelling case to make Relationships Education for all primary pupils and Relationships and Sex Education (RSE) for all secondary pupils compulsory through regulations, and to consider the status of PSHE or elements of the subject for all state-funded pupils.

All schools will be required to teach these subjects and have regard to the statutory guidance from September 2020 (Health Education will be compulsory for all state-funded schools only, as independent schools are already required to teach Health Education under their requirement to teach PSHE).

3. EQUAL OPPORTUNITIES

All students have an equal entitlement to good quality SRE regardless of gender, ability, ethnicity, religion or sexuality. However, commonsense, sensitivity and awareness is vital in ensuring that SRE delivery is appropriate. Sometimes it will be appropriate to teach in small groups or single gender groupings. Follow-up sessions for individuals and small groups should be available. In this instance external agency expertise is often utilised, e.g. School Nursing Organisation, Youth Workers, Counsellors.

Parents who withdraw their children

Parents have the right to withdraw their children from all or part of the SRE provided at school except for those parts included in the statutory National Curriculum (e.g. Science, English, Maths, R.E. etc). The school is responsible for making alternative arrangements in such cases. Pressure cannot be placed upon parents to allow their child to be included regardless of the parents reasons (religious, moral, personal experience, etc). However, if the parent asks for the school’s opinion it can be pointed out that it is advantageous for the student to learn in a moral, caring framework rather than half stories of teaching in the playground. If parents have any concerns, or wish to withdraw their child(ren) from Sex & Relationship Education, they should contact the Head teacher (see Section 9 Working with Parents and the Community).

Gender Issues

In Years 7, 8 and 10 children are sometimes taught in single sex groupings to enable freer discussion and answer gender related questions. However, the teaching materials are the same for boys and girls, including menstruation.
Single sex groups may be important for students who come from cultures where it is only acceptable to speak about the body in single gender groups.

**Ethnicity**

Research with families shows that children cannot always rely on their parents to talk to them about puberty or sex. In particular, some young men and young women from minority ethnic communities may rely on schools as their main, and sometimes only, source of sex education.

Traveller children will receive additional support from the Traveller Advisory Teacher Service. The teacher will also liaise with the parent regarding consent etc.

**Alternative Provision / Dual Attendance**

Where a student is not attending school for alternative provision, the school attempts as is reasonably possible to provide resources for their normal curriculum. These students will sometimes fall into the category of ‘at-risk’. Therefore, it is particularly important that they do not miss out. The school works with support agencies to hopefully enable a student to return to school so that they can access the curriculum.

**Special Educational Needs and Learning Difficulties**

Some students will be more vulnerable to abuse and exploitation than their peers and others may be confused about what is acceptable public behaviour. These students will be helped to develop skills to reduce the risks of being abused and exploited and to learn what sorts of behaviour are, and are not, acceptable. This will be in addition PSHE tutorial work e.g. girls group, counselling, referral to school nurse etc. For these students facilitators may need to be more explicit than with other children, but such methods will be independently reviews as acceptable before use. All staff will follow the School’s Sex and Relationship Policy when working with students with special educational needs and learning difficulties.

**Sexual Identity and Sexual Orientation**

The Secretary of State for Education and Employment is clear that teachers should be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support. There should be no promotion of sexual orientation.

The school does not tolerate any bullying including, but not confined to, that with homophobic origins.

It is unacceptable for emotional distress and harm to be caused by bullying in whatever form - be it racial, as a result of a student’s appearance, related to sexual orientation or for any other reason. Assemblies will address this from time to time.
4. **MORAL AND VALUES FRAMEWORK**

SRE contributes to promoting the spiritual, moral, cultural, mental and physical development of students at school and as a member of the wider community. It prepares young people for the opportunities, responsibilities and experiences of adult life.

As part of SRE students are taught about the nature and importance of a loving and stable relationship for family life and bringing up children, whilst recognising and acknowledging that there are strong and mutually supportive relationships outside a loving and stable relationship. The emphasis is therefore on **stable** relationships as key building blocks of community and society. It is important that care is taken to ensure that there is no stigmatisation of students based on their home circumstances.

5. **ORGANISATION OF SEX AND RELATIONSHIP EDUCATION**

(i) The Health Education programme is delivered through the formal curriculum which includes the tutorial programme. It is supported by the ethos of the school, the Whole School Development Plan (Which has character education as a whole school priority), The Pastoral Plan, Work of the Year Heads and related school policies (e.g. Behaviour Policy, Equal Opportunities Policy, Anti-Bullying Policy, Safeguarding, Child Protection). A specialist Health Team are trained to deliver specific sex education lessons. All tutors will teach health education themes as part of their character education tutorial sessions. Other agencies may be involved eg Youth Service, School Health Advisory Team (School Nurses), Theatre-in-Education Companies, e.g Counsellors.

Formal workshops take place which enable students to consider an issue in greater depth.

(iv) Every member of the school community is responsible for supporting a positive ethos in the school as stated in the Aims of the School, the school Prospectus and school Policies.

6. **SEX AND RELATIONSHIP EDUCATION IN THE CURRICULUM**

SRE is firmly rooted in the Character Education programme, which encompasses PSHE and E-safety.

**YEAR 7 - Changes**
- Peer Pressure.
- Hygiene.
- How we feel.
- Changes at Puberty *(collapsed curriculum - single gender – time).*
YEAR 8 - Personal Responsibility and Risk Appreciation
- Alcohol Awareness (collapsed curriculum) - (including SCADA, Steve Clare workshop).
- Self-esteem and body image.
- Diet, exercise and hygiene.
- Road safety.

YEAR 9 - Being a Teenager
- STIs, contraception - work with SPACE students.
- Respect yourself and teenage pressures – How to say no.
- Looking after yourself workshops with SAV-ed concentrating on effects of drinking/drug taking and dangers.

YEAR 10 - Looking Forward
- Contraception + Sexual Health, Consent, STI’s.

YEAR 11 - Getting Support
- Addictions and sensible consumption of alcohol.

In both Year 7, 8 and 10 parts of the programme are taught in single-gender groupings to enable free and open discussion without the complexity of ‘image maintenance’ with opposite gender peers.

This is for specific teaching of changes at puberty (Year 7), contraception, use of condoms and unwanted pregnancies, body image and self-esteem.

7. NATIONAL CURRICULUM SCIENCE
(Content relevant to Sex and Relationship Education)

KEY STAGE 3
- Fertilisation and Fertility Treatment.
- Physical and emotional changes that take place during adolescence.
- The reproductive system, including the menstrual cycle and fertilisation.
- Sexual Intercourse & Implantation.
- How the foetus develops in the uterus - Healthy pregnancy.
- How the growth and reproduction of bacteria and replication of viruses can affect health.
**KEY STAGE 4**

- How hormonal control occurs, including the effects of sex hormones.
- Genetic disorders and screening.
- How sex is determined in humans.

(a) **SPECIFIC ISSUES**

- The personal beliefs and attitudes of teachers will not influence the teaching of SRE within the collapsed timetable framework.

- **Menstruation** - All students in Year 7 are taught about Menstruation - boys and girls.

  Research shows that about a third of girls are not told about periods by their parents and about 10% receive no preparation at all before their first period.

  Requests for sanitary protection are dealt with in the School Office. There are trained First Aid staff in the office who are used to dealing with sensitive issues.

  The school nurse runs the school clinic on a Thursday lunchtime.

  The necessity for extra care with personal hygiene for both boys and girls is covered in the Year 7 PSHE module.

  In Year 11 girls receive an additional talk with outside speaker during PE time.

  The key task, through appropriate information and effective advice, on contraception and on delaying sexual activity is to try to reduce the incidence of unwanted pregnancies.

- **Abortion** – 61.5% of teenage pregnancies ended in abortions in 2016. SRE enables students to consider the moral and personal dilemmas involved. The religious convictions of students and parents is respected. Students also have the opportunity to debate this issue in Key Stage 4 RE and Drama.

  The key task, through appropriate information and effective advice, on contraception and on delaying sexual activity is to try to reduce the incidence of unwanted pregnancies.

**RESOURCES**

The school uses a range of materials designed for SRE, notably videos, booklets and display kits (contraceptives) from The Family Planning Association or other recognised educational organisations. Students are given booklets to take home which can also be used by parents to assist with discussion at home on sensitive issues. Students will also be introduced to the correct use of condoms.
(b) THE LOCAL PERSPECTIVE - CONTRACEPTION

Somerset has a high rates of both teenage pregnancy and Chlamydia. This is clearly totally unacceptable. Not only are there risks to health, but this also leads to greater dependence, undermining potential achievement in education and in further employment, placing greater stress on the young person and their family and denying choices available to others. It is, therefore, appropriate for secondary schools to provide education about contraception.

Knowledge of the different types of contraception, and of access to, and availability of, contraception is a major part of the Government’s strategy to reduce teenage pregnancy. Effective SRE has an important role to play in achieving this.

Trained teachers who teach sex education are able to give students full information about different types of contraception, including emergency contraception and their effectiveness and appropriateness. Individual advice cannot be given. Trained staff can, however, give both individuals and groups additional information and guidance on where they can obtain confidential advice, counselling and, where necessary, treatment eg. Signposting to the school nurse, who is able to give individual advice and to distribute the C-Card.

(c) SENSITIVE ISSUES - TEACHERS AND STUDENTS

- Parents and students can be reassured that the personal beliefs and attitudes of teachers will not influence the teaching of SRE. Teachers and all those contributing to SRE are required to work within the agreed values framework as described in this policy, which is in line with current legislation. Usually agreed introductions to SRE modules are provided and discussed at module planning meetings.

- All staff involved receive additional support and training to deliver the programmes of study sensitively and effectively.

- All students will be taught by male and female staff. It is normally the practice that single gender groups are taught by staff of the same gender.

- Teachers have a responsibility to ensure the safety and welfare of their students. They are in a particular position of trust. Sexual relationships involving children under 16 are a criminal offence. A sexual relationship between a teacher and any student at the same school is a breach of that trust. The Sexual Offences (Amendment) Bill before Parliament as at July 2000 contains proposals to protect those under 18. The new offence will apply to teachers and others in a position of trust.
8. CONFIDENTIALITY

The school, in line with statutory regulations, has 1 lead and 3 deputy named persons and 2 link Governors for Child Protection (see Child Protection Policy).

Effective SRE enables and encourages young people to talk to a trusted adult if they are having sex or contemplating doing so. That person should be their parent or carer. The law allows health professionals to see and, in some circumstances, to treat young people confidentially, and part of this process includes counselling and discussion about talking to parents/carers.

However there may be cases where a teacher learns from an under 16 year old that they are having, or contemplating having, or have had, sexual intercourse. Staff are trained to be aware of opening gambits by a student which may precede this type of disclosure. At that point the staff member (including mentors) will be able to say that while they are in a supporting role they may have to repeat what is about to be said to a third person, e.g. Year Head, Senior Teacher or others in higher authority - the Designated Safeguarding Lead. This gives the student the opportunity to remain silent but in the knowledge that they will be supported if they still choose to disclose information.

In these circumstances the adult will, wherever possible, ensure that the young person talks to their parent or carer. Child Protection Issues must be addressed. The school must be satisfied that the student has been adequately counselled and informed about contraception, including precise information about where young people can access contraception and advice services.

It is only in the most exceptional case that the school is in the position of having to handle information without parental knowledge. Normally this would be because it is judged that the child would be placed ‘at risk’ by involving parents. The Head would always be informed.

Outside the teaching situation, health professionals, such as school nurses, can give one-to-one advice or information to a student about a health-related matter including contraception. Confidentiality can be maintained by health professionals such as School Nurses.

SCHOOL STAFF CANNOT OFFER, OR GUARANTEE, OR IMPLY STUDENT CONFIDENTIALITY

9. SAFER SEX AND HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS (STIs)

Teaching about Safer Sex remains one of the Government’s key strategies in reducing the incidence of HIV/AIDS and STIs. Since 1995 there have been significant increases in the number of diagnoses of genital chlamydia infection, genital warts and gonorrhoea.
Young people may become complacent. Therefore, teaching includes:-

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

(STIs are major causes of ill health which can have long-term physical and psychological health consequences).

Although the emphasis on SRE is on prevention of infection through delaying sexual activity and teaching the reasons for safe sex, students also need to know about diagnosis and treatment.

10. WORKING WITH PARENTS AND THE COMMUNITY

- Parents are the key people in teaching their children about sex and relationships.
- Parents are always informed, by letter, of Sex and Relationship Education unless it is being taught as part of The National Curriculum.

Any parent wishing to withdraw their child (see section 3) may do so by writing/emailing the teacher in charge at least 24 hours prior to when the teaching is to take place. This is always made clear in the letter informing parents - all school letters are sent home by students and made available on the school website.

- Health professionals are involved in the delivery of SRE at HCS.
- The school nurse will be provided with an office for the purpose of weekly ‘drop in’ sessions for students on Thursdays.
- HCS works closely with Somerset Health Authority and sometimes students participate in specific projects eg:
  - Sex Education Forum
  - SRE Conferences
  - Questionnaires
  - Students use videos for the teaching of Sex and Relationship Education

11. STUDENT VOICE

The students have always played a large role in every policy or campaign that the school has undertaken. The ‘Sex and Relationship Education Policy’ is no different. In fact, it was the students who brought about a huge change to the SRE tutorial programme from 1999 onwards.

At HCS we feel that everyone has the right to be informed about Sex and Relationships in a safe and caring environment. It is believed that people will learn better if they feel able to speak openly and are not in a position to feel embarrassed or intimidated. That is why some lessons are taught in single gender groupings, to allow everyone freedom of expression.
Teachers are always well informed and able to answer most questions that are asked. If they don’t know the answer themselves they always point us in the right direction. There are often specialists on hand too. The atmosphere is relaxed and comfortable, but focused.

Students are reminded where they can receive help and guidance- for example the school nurse. In Year 9 and 10 sex education lessons, they are also given information about finding information and support from “Somerset Wide Integrated Health Services” www.somersetcsh.co.uk and are shown the website and also an app that they can use.

We have access to specialists e.g. The School Health Advisory Team and Youth Workers. Students are regularly reminded of this and use the confidential service.

Student comment: “We know we are always listened to and this helps us to feel included as equal partners in our SRE. After all it is about us! By the time we leave school we have been helped to make informed choices with responsibility for ourselves and others including risk appreciation. We can leave school as confident adult”.

12. CONSULTATION DISSEMINATION

This policy is developed in consultation with Governors and staff.

The policy is available in the School Office and on the school website.

The Policy is given to everyone who teaches SRE (including those from external agencies), Year Heads, SENCo, Heads of Department, SLT and Governors.

Heads of Teams should ensure that their members are fully aware of its implications for all staff. Sections 7c and 8 can be found in the Staff Handbook.

Hard copies of the full Policy will be available for any parent/carer/prospective parent on request.

13. MONITORING AND EVALUATION

The Sex and Relationship Education Policy will be reviewed every two years. The review will include the Health PSHE team and the Student Council. It will then be discussed (with any amendments) by the Governors Curriculum Sub-Group.
Somerset Harmful Sexual Behaviour (HSB) Education Guidance

Guidance for educational settings where a single agency response is required

Sam Hutton
Rebecca Wells
Educational Psychology Service

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Appendix A: The Traffic Light Tool

Behaviours: age 0 to 5 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

**Green behaviours**
- holding or playing with own genitals
- attempting to touch or curiosity about other children’s genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

**Amber behaviours**
- preoccupation with adult sexual behaviour
- pulling other children’s pants down / skirts up / trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV / online

**Red behaviours**
- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

**What is green behaviour?**
Green behaviours reflect safe and healthy sexual development. They are:
- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

**What is amber behaviour?**
Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:
- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

**What is red behaviour?**
Red behaviours are outside of safe and healthy behaviour. They may be:
- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

**What can you do?**
- Green behaviours provide opportunities to give positive feedback and additional information.
- Amber behaviours signal the need to take notice and gather information to assess the appropriate action.
- Red behaviours indicate a need for immediate intervention and action.

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United Company registered in England and Wales, number 2466540. Registered Charity in England and Wales, number 702015. Registered Charity in Scotland, number SC045785.
### Behaviours: age 5 to 9 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

<table>
<thead>
<tr>
<th>Green behaviours</th>
<th>Amber behaviours</th>
<th>Red behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• feeling and touching own genitals</td>
<td>• questions about sexual activity which persist or are repeated frequently,</td>
<td>• frequent masturbation in front of others</td>
</tr>
<tr>
<td>• curiosity about other children's genitals</td>
<td>despite an answer having been given</td>
<td>• sexual behaviour engaging significantly younger or less able children</td>
</tr>
<tr>
<td>• curiosity about sex and relationships, e.g. differences between boys and girls,</td>
<td>• sexual bullying face to face or through texts or online messaging</td>
<td>• forcing other children to take part in sexual activities</td>
</tr>
<tr>
<td>how sex happens, where babies come from, same-sex relationships</td>
<td>• engaging in mutual masturbation</td>
<td>• simulation of oral or penetrative sex</td>
</tr>
<tr>
<td>• sense of privacy about bodies</td>
<td>• persistent sexual images and ideas in talk, play and art</td>
<td>• sourcing pornographic material online</td>
</tr>
<tr>
<td>• telling stories or asking questions using swear and slang words for parts of</td>
<td>• use of adult slang language to discuss sex</td>
<td></td>
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<td>the body</td>
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</table>

#### What is green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

#### What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

#### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

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**Behaviours: age 9 to 13 years**

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### Green behaviours
- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peer

### Amber behaviours
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

### Red behaviours
- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

### What is green behaviour?
Green behaviours reflect safe and healthy sexual development. They are:
- displayed between children or young people of similar age or development ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

### What is amber behaviour?
Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:
- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

### What is red behaviour?
Red behaviours are outside of safe and healthy behaviour. They may be:
- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?
**Green behaviours**
- Green behaviours provide opportunities to give positive feedback and additional information.

**Amber behaviours**
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**Red behaviours**
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Behaviours: age 13 to 17 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

**Green behaviours**
- solitary masturbation
- sexually explicit conversations with peers
- obscene remarks and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consensual oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

**Amber behaviours**
- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- picking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult-only social networking sites and giving false personal information
- arranging a face-to-face meeting with an online contact alone

**Red behaviours**
- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/numbness of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use, overt or acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

**What is green behaviour?**
Green behaviours reflect safe and healthy sexual development. They are:
- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

**What can you do?**
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- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

**What can you do?**
Red behaviours indicate a need for immediate intervention and action.

Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.