

Relationships and Sex and Health Education Policy
Ramsden Hall Academy

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1. Background

The UK government has passed The Relationships Education, Relationships, Sex Education, and Health Education (England) Regulations 2019 made under sections 34 and 35 of the Children and Social Work Act 2017, which made Relationships Education compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) compulsory for all pupils receiving secondary education. These Regulations also made Health Education compulsory in all schools except Independent Schools. Personal, Social, Health and Economic Education (PSHE) continues to be compulsory in independent schools.

The Department for Education (DfE) also published guidance as to the content of the Relationship Education, RSE Education and Health Education as detailed in section 6 and 7.

The effect of this legislation is that from September 2020, all state-funded secondary schools will have to deliver two new subjects “Relationships and Sex Education (RSE)” and “Health Education”. These subjects should sit within a wider framework of Personal, Social, Health Education, which has been described by the Chief Medical Officer as a bridge between health and education ^{1, 2}.

High quality, evidence-based and age-appropriate teaching of these subjects can help prepare pupils for the opportunities, responsibilities and experiences of adult life. They can also enable schools to promote the spiritual, moral, social, cultural, mental and physical development of pupils, at school and in society.

Although these are important educational subjects in their own right, research evidence ⁽³⁻⁶⁾ suggests that learning about relationships and health promotes well-being and can also improve academic attainment.

These subjects represent a huge opportunity to help children and young people develop knowledge and attributes to support their own, and others’, well-being and attainment and help them to become successful, and happy adults, who make a meaningful contribution to society.

Primary Schools can decide whether they also teach ‘Sex Education’ in addition to that already being addressed as part of the National Curriculum, Science and secondary schools should build on this as appropriate.

The RHA (Ramsden Hall Academy) PSHE programme supports all of these requirements and has young people’s well-being at its heart. It is a complete Relationships and Sex Education and Health Education Curriculum for Key Stage 3 and 4 mapped to DfE guidance. It also aims to address early risk-taking and provides skills for emerging emotional health issues. The programme takes a skills-based approach meaning the programme is not focused on solely giving information to young people on behaviours.

2. Aims of the RHA RSE and Health Education Policy

‘The aim of relationships and sex education at our school is to help pupils develop self-respect, confidence and empathy. Pupils will learn about what makes healthy relationships, in a way that is age appropriate and sensitive to their diverse needs.’

RSE provides a framework in which sensitive discussions can take place. Pupils will learn about puberty, and give them an understanding of sexual development, and the importance of health and hygiene. They will also learn about what makes healthy relationships, including family relationships and friendships, on and offline; in a way that is age appropriate and sensitive to their faith. This will include online relationships, and how to seek help if they feel unsafe. Teaching will respect the diversity of families and faith in our community.

RSE is not about encouraging sexual activity. International research shows that school-based sex education, does not increase sexual activity, but can have a positive impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates.⁷

In England, a review of the Teenage pregnancy strategy identified high-quality RSE, as part of PSHE as a key feature to reduce teenage pregnancy rates.⁸ There is no evidence that ‘abstinence-only’ approaches delay sexual debut, increase a return to abstinence or decrease the numbers of sexual partners.^(7, 9)

Young people’s learning about RSE, is mutually supportive of, and contributes to, learning about Health Education, which includes physical health and mental well-being. Physical health and mental well-being are interlinked, and it is important that pupils understand that good physical health contributes to good mental well-being.

The aim of teaching pupils about physical health and mental well-being is to give them the information that they need to make good decisions about their own health and well-being, promote pupils’ ability to regulate their emotions and to reduce stigma attached to mental health issues. Pupil’s learning in RSE and Health Education will support the wider work of the school in helping to foster pupil well-being, develop resilience and character that we know are fundamental to pupils being happy, successful and productive members of society.

3. Policy Development

This policy has been developed in consultation with staff, pupils and parents as required by the Department for Education in their statutory guidance on Relationships and Sex Education (RSE) and Health Education¹⁰, which is mandatory from September 2020.

We are committed to on-going consultation with families and stakeholders throughout the evolution of our school’s relationships education programme. This process involved the following steps:

1. Review – a working group pulled together all relevant information including national and local guidance
2. Staff consultation – staff had the opportunity to look at the policy and make recommendations
3. Parent/stakeholder consultation – parents and any interested parties were invited to work with us on the policy, look at examples of resources, and make recommendations
4. Pupil consultation – we spoke to pupils about the skills they would like to learn
5. Ratification – once amendments were made, the policy was shared with governors and ratified

All schools are aware that that some pupils are more vulnerable to exploitation, bullying and other issues due to the nature of their special educational needs and disabilities (SEND). Relationships and Sex Education and Health Education must be accessible for all pupils and we will ensure high quality teaching, in line with the SEND code of practice that is differentiated and personalised to ensure accessibility.

4. Statutory Requirements

RSE is compulsory in secondary schools from September 2020, so all pupils must take part in these lessons.

Health Education is also statutory and focuses on learning about the characteristics of good physical health and mental well-being and the relationship between good physical health and good mental well-being

Parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE. This is discussed in Section 9.

5. Links to other policies and curriculum areas

The RHA PSHE curriculum is mindful that RSE and Health Education complement several national curriculum subjects. Where schools are teaching the national curriculum they should look for opportunities to draw links between the subjects and integrate teaching where appropriate.

The content of Relationships and Sex Education is supported by our anti-bullying policy, equality and diversity policy, and safeguarding policy.

These policies should be read in conjunction with:

- [Keeping Children Safe in Education](#) (statutory guidance)
- [Respectful School Communities: Self Review and Signposting Tool](#) (a tool to support a whole school approach that promotes respect and discipline)
- [Behaviour and Discipline in Schools](#) (advice for schools, including advice for appropriate behaviour between pupils)
- [Equality Act 2010 and schools](#)
- [SEND code of practice: 0 to 25 years](#) (statutory guidance)
- [Alternative Provision](#) (statutory guidance)
- [Mental Health and Behaviour in Schools](#) (advice for schools)
- [Preventing and Tackling Bullying](#) (advice for schools, including advice on [cyberbullying](#))
- [Sexual violence and sexual harassment between children in schools](#) (advice for schools)
- [The Equality and Human Rights Commission Advice and Guidance](#) (provides advice on avoiding discrimination in a variety of educational contexts)
- [Promoting Fundamental British Values as part of SMSC in schools](#) (guidance for maintained schools on promoting basic important British values as part of pupils' spiritual, moral, social and cultural (SMSC))
- [SMSC requirements for independent schools](#) (guidance for independent schools on how they should support pupils' spiritual, moral, social and cultural development).

6. Delivery of Relationships and Sex Education

Relationships and Sex Education will be inclusive for all pupils, sensitive to all family and faith backgrounds and pupils' own identities. It will be respectful of all protected characteristics under the Equality Act 2010. Protected characteristics are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.

Across all Key Stages, pupils will be supported to develop the following skills as appropriate to their age:

- Communication skills
- Forming positive relationships including self-respect as well as respect and empathy for others
- Recognising and assessing potential risks
- Assertiveness and managing conflict and difficult emotions

These skills are taught within the context of family life and friendships, in an age appropriate way. The school environment will reflect, value and celebrate the diversity of friendships and relationships. Lessons will be delivered by school staff.

We will answer any questions in a way that is sensitive to children's family and faith backgrounds, appropriate to their age and understanding, and consistent with the relationships education policy and scheme of work.

The Department for Education (DfE) has set out guidance on what pupils must learn in RSE by the end of secondary school, under a series of themes. The statutory content as written by the DfE is set out below. Some

themes will recur throughout school while others will be taught in the most appropriate years. Parents have the right to withdraw their children from lessons on sexual intimacy, sexualised behaviour and sexual health, as detailed in section 6.

6.1 Families

- There are different types of committed, stable relationships.
- How these relationships contribute to happiness and their importance for bringing up children.
- What marriage is, including its legal status compared to other types of long-term relationships.
- Why marriage is an important relationship choice for many couples and why it must be entered into freely.
- The characteristics and legal status of other types of long-term relationships.
- The roles and responsibilities of parents with respect to raising children, including the characteristics of successful parenting.
- How to: determine whether other children, adults or sources of information are trustworthy: judge when a family, friend, intimate or other relationship is unsafe and, how to seek help or advice, including reporting concerns about others.

6.2 Respectful relationships

- Characteristics of positive and healthy friendships (including online) including: trust, respect, honesty, kindness, generosity, boundaries, privacy, consent and the management of conflict, reconciliation and ending (non-sexual) relationships.
- Practical steps for a range of contexts to improve or support respectful relationships.
- How stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice).
- In school and in wider society young people can expect to be treated with respect by others, and that in turn they should show due respect to others, including people in positions of authority and due tolerance of other people's beliefs.
- Different types of bullying (including cyber bullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help.
- Some types of behaviour within relationships are criminal, including violent behaviour and coercive control.
- What constitutes sexual harassment and sexual violence and why these are always unacceptable.
- Legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal.

6.3 Online and media

- Rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts including online.
- Online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online.
- What to do and where to get support to report material or manage issues online.
- Sexually explicit material e.g. pornography presents a distorted picture of sexual behaviours, can damage the way people see themselves in relation to others and negatively affect how they behave towards sexual partners.
- Sharing and viewing indecent images of children (including those created by children) is a criminal offence which carries severe penalties including jail.
- How information and data is generated, collected, shared and used online.

6.4 Being safe

- The concepts and effects of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM.
- How people can actively communicate and recognise consent, and how it may be withdrawn, in any context.

6.5 Intimate and sexual relationships, including sexual health

- How to recognise the characteristics of healthy one-to-one intimate relationships.
- All aspects of health can be affected by choices related to sex and relationships, positively or negatively. □
Facts about reproductive health, including fertility and the potential impact of lifestyle on fertility.
- Strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.
- Young people have a choice to delay sex or to enjoy intimacy without sex.
- Facts about the full range of contraceptive choices, efficacy and options available.
- Facts around pregnancy including miscarriage.
- Choices in relation to pregnancy (with medically and legally accurate, impartial information on all options).
- Sexually Transmitted Infections (STIs), the impact they can have on those who contract them and key facts about prevention and treatment.
- How the use of alcohol and drugs can lead to risky sexual behaviour.
- Sources of advice, including how to access confidential sexual health advice and treatment.

Religious education links to relationships education by looking at family, values and morals, and the celebration of marriage in different traditions.

7. Delivery of Health education

Health Education is statutory in state funded schools from September 2020, includes teaching on feelings as they relate to mental well-being, the importance of friends and family, the impact of bullying, and how children can seek help if they have worries. It also requires schools to teach about the emotional and physical changes that take place during puberty.

The Department for Education (DfE) has set out guidance on what children must learn in Health Education by the end of Year 11, under a series of themes. The statutory content as written by the DfE is set out below. Some themes will recur throughout school while others will be taught in the most appropriate years. Schools should continue to develop knowledge on topics specified for primary as required and in addition cover the following content by the end of secondary:

7.1 Mental well-being

- How to talk about their emotions accurately and sensitively, using appropriate vocabulary.
- That happiness is linked to being connected to others.
- How to recognise the early signs of mental well-being concerns.
- Common types of mental ill health (e.g. anxiety and depression).
- How to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health.
- The benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental well-being and happiness.

7.2 Internet safety and harms

- The similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image), how people may curate a specific image of their life online, over-reliance on online relationships including social media, the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online.
- How to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.

7.3 Physical health and fitness

- The positive associations between physical activity and promotion of mental well-being, including as an approach to combat stress.
- The characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio-vascular illhealth.
- About the science relating to blood, organ and stem cell donation.

7.4 Healthy eating

- How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer.

7.5 Drugs, alcohol and tobacco

- The facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions.
- The law relating to the supply and possession of illegal substances.
- The physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.
- The physical and psychological consequences of addiction, including alcohol dependency.
- Awareness of the dangers of drugs which are prescribed but still present serious health risks.
- The facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.

7.6 Health and prevention

- About personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention of infection, and about antibiotics.
- About dental health and the benefits of good oral hygiene and dental flossing, including healthy eating and regular check-ups at the dentist.
- (Late secondary) the benefits of regular self-examination and screening.
- The facts and science relating to immunisation and vaccination.
- The importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn.

7.7 Basic first aid

- Basic treatment for common injuries.
- Life-saving skills, including how to administer CPR.
- The purpose of defibrillators and when one might be needed.

7.8 Changing adolescent body

- Key facts about puberty, the changing adolescent body and menstrual well-being.
- The main changes which take place in males and females, and the implications for emotional and physical health.

8. Roles and responsibilities

8.1 The governing board

The governing board will approve the Relationships and Sex Education policy and the Health Education policy and hold the head teacher to account for its implementation.

As well as fulfilling their legal obligations, governors will also ensure that:

- all pupils make progress in achieving the expected educational outcomes;
- the subjects are well led, effectively managed and well planned;
- the quality of provision is subject to regular and effective self-evaluation;
- teaching is delivered in ways that are accessible to all pupils with SEND;
- clear information is provided for parents on the subject content and the right to request that their child is withdrawn; and,
- the subjects are resourced, staffed and timetabled in a way that ensures that the school can fulfil its legal obligations.

8.2 The head teacher

The head teacher is responsible for ensuring that Relationship and Sex Education is taught consistently across the school, and for managing requests to withdraw pupils from non-statutory sex education lessons, if applicable.

8.3 Staff

Staff are responsible for:

- Delivering relationships in a sensitive way, taking account of pupils' cultural and faith backgrounds
- Modelling positive attitudes to relationships and sex education, and health education, as with any other subject
- Monitoring pupil's learning in order to ensure they make progress
- Responding to the needs of individual pupils
- Ensuring that the learning is accessible to pupils with SEND.
- Responding appropriately to pupils whose parents wish them to be withdrawn from the sex education components of RSE, if applicable.

Staff do not have the right to opt out of teaching relationships education. Staff who have concerns about teaching this subject are encouraged to seek support.

8.4 Pupils

Pupils are expected to engage fully in relationships and sex and health education lessons and treat others with respect and sensitivity, as we expect all the time in school.

9. Parents' right to withdraw their children from lessons

Parents have the right to withdraw their child from the sex education components of RSE. That means the lessons that cover physical aspects of sexual development and intimate relationships, and sexual health. The process for requesting withdrawal is as follows:

1. Requests for withdrawal by parents should be put in writing and addressed to the head teacher.
2. Once the head teacher has received the request, the head teacher will contact the parents to discuss the benefits of receiving this important education and any detrimental effects that withdrawal might have on the pupil. This could include any social and emotional effects of being excluded, as well as the likelihood of the child hearing their peers' version of what was said in the classes, rather than what was directly said by the teacher (although the detrimental effects may be mitigated if the parents propose to deliver sex education to their child at home instead).
3. Once those discussions have taken place, except in exceptional circumstances, the school will respect the parents' request to withdraw the pupil.
4. A copy of withdrawal requests will be placed in the pupil's file.
5. Alternative work will be given to pupils who are withdrawn from sex education.

Parents have the right to withdraw their child from sex education, up to and until three terms before the child turns 16. After that point, if the pupil wishes to receive sex education rather than be withdrawn, the school will make arrangements to provide the pupil with sex education during one of those terms.

There is no right to withdraw from other parts of Relationships and Sex Education or Health Education.

10. Training

Staff are trained on the delivery of relationships and sex education as part of their induction and it is included in our continuing professional development calendar.

The head teacher will also invite visitors from outside the school, such as school nurses or health professionals, to provide support and training to staff teaching Relationships (and sex) and Health Education. Whilst external visitors are used to enhance the delivery of Relationships Education, and Health Education, any sessions delivered by outside visitors will be consistent with our policy on relationships education.

Selected staff will receive training in the Risk-Avert PSHE programme and other Risk-Avert programmes which support PSHE and RSHE.

11. Monitoring and Evaluation arrangements

The delivery of Relationships Education, and Health Education, is monitored by the Senior Leadership Team through work and planning scrutinies and learning walks.

Pupils' development in Relationships and Sex Education, and Health Education, is monitored by class teachers as part of our internal assessment systems.

The outcome of the lessons will be evaluated using pre and post screening measures. The results will be published on our website when they are available.

This policy will be reviewed by Sandra Barrett. At every review, the policy will be scrutinized and ratified by the governing board.

12. References

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- 12 The Equality Act 2010 and Schools Departmental advice for school leaders, school staff, governing bodies and local authorities Department for Education May 2014
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