

The Wildings

RSE and Health Education Policy



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Statement of intent

The Wildings curriculum is structured around the Wildings Tree, having Roots, Shoots and Fruits. The Roots and Shoots run through every aspect of our provision. This curriculum is deliberate in every aspect and aims to meet the Social, Emotional and Mental Health needs of the young people alongside helping them to recover and grow physically, mentally and academically.

* Our Roots focus on three areas, being safe, attending and building emotional maturity through Thrive.
* Our shoots build on this and focus on relationship with self, peers and adults, alongside emotional literacy.
* Our Fruits, that come after the roots and shoots are strong, are based around academic, physical and vocational recovery and growth.

At The Wildings, we are focused on our values, connection, equality, democracy and self-awareness. These values run through all our curriculum areas including RSE and Health education. We are focused on trauma recovery and helping to build resilience in our young people. We understand that it is fundamental to a young person’s social, emotional and growth to support them to form positive connections with themselves and others. A high quality Sex, Relationships and Health education promotes our values and fosters tolerance and understanding that also equips young people with tools and skills to keep themselves healthy and safe and to be able to develop healthy relationships, within school, at home and within wider society.

The teaching of RSE and Health education can help to prepare young people for the opportunities, responsibilities and experiences of adult life. It allows us to promote the spiritual, moral, social, cultural, mental and physical development of young people.

We understand that young people must be provided with an education that prepares them for the opportunities, responsibilities and experiences of adult life. A key part of this relates to relationships and health education, which must be delivered to every young person (EYFS-Key stage 4) Schools that are teaching primary aged young people, have the option to decide whether they are taught sex education.

Our young people's social and emotional development will be assessed and monitored so that they have access to an appropriate RSE and Health curriculum. This policy outlines how the school’s RSE and Health education curriculum will be organised and delivered, to ensure it meets the needs of all our young people.

At the Wildings, we have the ambition that every young person will leave school at, or above, age related expectations in all areas of the curriculum. We believe that this will enable them to lead happy, independent lives and be able to maintain positive relationships.

The RSHE curriculum promotes tolerance and understanding  of others and supports young people to be able develop healthy relationships, within school, at home and within  wider society. It also allows us to promote the spiritual, moral, social, cultural, mental and physical development of our young people.

# 1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

Equality Act 2010

DfE (2023) ‘Keeping children safe in education’

DfE (2019) ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education’

DfE (2015) ‘National curriculum in England: science programmes of study’

The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019

Children and Social Work Act 2017

This policy operates in conjunction with the following school policies:

Communication Policy

Inclusion Policy

SEND Policy

Online Safety Policy

Equal Opportunities Policy

Anti-Bullying Policy

Child Protection and Safeguarding Policy

Peer on peer abuse policy

Young People's and Colleagues Confidentiality Policy

Social, Emotional and Mental Health (SEMH) Policy

Records Management Policy

# 2. Roles and responsibilities

**The governing board is responsible for:**

Ensuring all young people are making progress.

Ensuring the RSE and Health education curriculum is well-led, effectively managed and well-planned.

Evaluating the quality of provision through regular and effective self-evaluation.

Ensuring that teaching is delivered in ways that are accessible to all young people.

Providing clear information to parents on the subject content and the right to request that their young person is withdrawn.

Ensuring RSE and Health education is resourced and timetabled in a way that ensures the school can fulfil its legal obligations.

Creating and keeping up-to-date a separate written statement of this policy and ensuring the statement is published on the school’s website and provided free of charge to anyone who requests it.

**The Principal is responsible for:**

The overall implementation of this policy.

Ensuring all colleagues are suitably trained to deliver the subjects.

Ensuring parents are fully informed of this policy.

Providing CPD opportunities.

Reviewing all requests to withdraw young people from non-statutory elements of the RSE and Health curriculum. ( There is no right to withdraw from Relationships and Health education.)

Discussing withdrawal requests with parents/carers, and the young person if appropriate, to ensure their wishes are understood and to clarify the nature and purpose of the curriculum, including the benefits of receiving the education.

Encouraging parents/carers to be involved in consultations regarding the school’s RSE and Health education curriculum.

Reviewing this policy on an annual basis.

Reporting to the governing board on the effectiveness of this policy and the curriculum.

**The PSHE/RSE lead is responsible for:**

Working with other colleagues on the delivery of RSE and Health education.

Working closely with other colleagues in related project areas to ensure the RSE and health education curriculum compliments, and does not duplicate, the content covered.

Ensuring the curriculum is age and stage appropriate and of high-quality.

Reviewing changes to the RSE and Health education curriculum and advising on their implementation.

Monitoring the learning and teaching of RSE and Health education, providing support to colleagues where necessary.

Ensuring the continuity and progression of learning.

Ensuring the school meets its statutory requirements in relation to RSE and Health education.

Providing and teaching well planned and age, stage appropriate RSE and Health lessons.

**All Colleagues are responsible for:**

Acting in accordance with, and promoting, this policy

Delivering RSE and Health education in a sensitive way and that is of a high-quality and appropriate for the age and developmental stage for each individual.

Ensuring they do not express personal views or beliefs when delivering the curriculum.

Modelling positive attitudes to RSE and Health education.

Liaising with other colleagues about key topics, resources and support for individual young people.

Monitoring young people’s progress in RSE and Health education.

Reporting any concerns regarding the teaching of RSE or Health education to other colleagues.

Reporting any safeguarding concerns or disclosures that young people may make as a result of the subject content to the DSL.

Responding appropriately to young people whose parents/carers have requested to withdraw them from the non-statutory components of RSE.

**The SENCO is responsible for:**

Advising teaching colleagues how best to identify and support young people’s individual needs.

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# 3. Organisation and Implementation of the RSE and Health education curriculum

**Implementation:**

The roots and shoots curriculum is delivered in a holistic way by all adults at the Wildings, alongside specific teaching.

This includes:

* Co-regulation
* Greeting young people
* Breaktime
* Attuning
* Thrive- Thrive strategies specific to young people’s Thrive profile

At:

* Lunch Time
* Enrichment
* Breakfast times

RSHE runs through the Wildings tree. A young person who is unable to access step one will focus on the roots curriculum which will include a focus on Thrive and the early learning goal “Building relationships” These young people will be securing their “roots.” The young person will then work through the shoots and will secure the first Thrive developmental strands. The majority of our young people will access the curriculum at their current key stage.

Within RSHE we structure and sequence our curriculum in the following areas:

* A spiral programme that builds on prior learning as young people progress through school.
* The RSHE topics are within the PSHE strands “ Self-awareness” “Changing and growing” “Self-care, support and safety” “Managing feelings” “The world I live in” and “ Healthy lifestyles.”
* PSHE association thematic model framework is used to check coverage of statutory requirements
* Flexible and fluid framework so as to meet the individual learning needs and requirements for each young person.
* Curriculum informed by: Discussions and working closely with our DSL, discussions and questionnaires with young people, Parent/Carers and other colleagues
* Updated with key information informed by DofE Relationships and sex education (RSE) and health education 2019 (last updated 2021) and KCSIE 2023
* 1:1 Personal, Social, Health and Economic (PSHE) sessions at least twice a week
* Space is given to revisit misconceptions and recap prior learning.
* Healthy relationships are modelled by all colleagues at all times of the school day
* Spiritual, moral, social, cultural, mental and physical development of young people is promoted

All schools providing primary and secondary education are required to deliver statutory RSE and Personal, Social, Health and Economic education (PSHE) continues to be statutory in independent schools.

For the purpose of this policy:

* “RSHE” is used to refer to the overall programme of relationships, sex and health education.
* “RSE” refers to relationships and sex education and is defined as teaching pupils about developing healthy, nurturing relationships of all kinds, and helping them to understand human sexuality and to respect themselves and others.
* “Health education” is defined as teaching young people about how they can make good decisions about their own health and wellbeing, and how physical health and mental wellbeing are interlinked.

The RSE and Health education curriculum will be developed in consultation with colleagues, young people and parents/carers and in accordance with DfE recommendations.

We will gather the views of colleagues, young people and parents/carers in the following ways:

* Questionnaires
* Meetings
* Letters
* Discussions

RSE and Health education curriculum will be delivered through PSHE lessons, there may also be aspects of RSE and Health education in the enquiry based topics. The statutory elements will also be taught via the scientist aspect of topic enquiry.

A colleague will work closely with other colleagues to ensure the RSE and Health education in the topic enquiries complements and does not duplicate the content covered in PSHE lessons.

The curriculum has been developed in line with the DfE’s ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education’ guidance.

The school will consider the context and views of the wider local community when developing the curriculum to ensure it is reflective of issues within young people's local areas.

The school will consider the religious background of all young people when planning teaching, to ensure all topics included are appropriately handled.

The RSE and Health education curriculum is informed by topical issues in the school and wider community, to ensure it is tailored to young people’ needs, for example, if there was a local prevalence of specific sexually transmitted infections in our young people’s area, our curriculum would be tailored to address this issue.

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# 4. RSE and health subject overview

| **Topic** | **Content grids from the DfE statutory guidance: Relationships Education (Primary) PSHE education Planning Framework for Pupils with SEND KEY STAGES 1 AND 2**  **By the end of KEY STAGE 2 young people should know:** | **Outcome covered in PSHE education Planning Framework area for Pupils with SEND KEY STAGES 1 AND 2**  **Topic area:** |
| --- | --- | --- |
| Families and people who care for me | * that families are important for children growing up because they can give love, security and stability. * the characteristics of healthy family life, commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other’s lives * that others’ families, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children’s families are also characterised by love and care. | Self-Awareness  Self-Awareness  Changing and Growing  Changing and Growing  Self-Awareness |
| Caring Friendships | * how important friendships are in making us feel happy and secure, and how people choose and make friends. * the characteristics of friendships, including mutual respect, truthfulness, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences and support with problems and difficulties. * that healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. * that most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened, and that resorting to violence is never right. * how to recognise who to trust and who not to trust, how to judge when a friendship is making them feel unhappy or uncomfortable, managing conflict, how to manage these situations and how to seek help or advice from others, if needed. | Self-Awareness  Self-Awareness    Self-Awareness  Self-Awareness  Self-Awareness  Self-Care, Support and Safety |
| Respectful Relationships | * the importance of respecting others, even when they are very different from them (for example, physically, in character, personality or backgrounds), or make different choices or have different preferences or beliefs. * practical steps they can take in a range of different contexts to improve or support respectful relationships. * the conventions of courtesy and manners. * the importance of self-respect and how this links to their own happiness * that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including those in positions of authority * about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult) and how to get help. * what a stereotype is, and how stereotypes can be unfair, negative or destructive. * the importance of permission-seeking and giving in relationships with friends, peers and adults | Self-Awareness    Self-Awareness  Managing Feelings  Self-Awareness  Self-Awareness.  Self-Awareness  Self-Awareness  The World I Live In  The World I Live In.  Changing and Growing: |
| Online Relationships | * that people sometimes behave differently online, including by pretending to be someone they are not. * that the same principles apply to online relationships as to face-to-face relationships, including the importance of respect for others online including when we are anonymous. * how to critically consider their online friendships and sources of information including awareness of the risks associated with people they have never met. * how information and data is shared and used online. * the rules and principles for keeping safe online, how to recognise risks, harmful content and contact, and how to report them. | Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Awareness  Self-Care, Support and Safety  Self-Care, Support and Safety |
| Being Safe | * what sorts of boundaries are appropriate in friendships with peers and others (including in a digital context). * about the concept of privacy and the implications of it for both children and adults; including that it is not always right to keep secrets if they relate to being safe. * that each person’s body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact. * how to respond safely and appropriately to adults they may encounter (in all contexts, including online) whom they do not know. * how to recognise and report feelings of being unsafe or feeling bad about any adult. * how to ask for advice or help for themselves or others, and to keep trying until they are heard. * how to report concerns or abuse, and the vocabulary and confidence needed to do so. * where to get advice (e.g. family, school and/or other sources). | Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Care, Support and Safety  Changing and Growing  Self-Care, Support and Safety    Self-Care, Support and Safety  Self-Care, Support and Safety    Self-Care, Support and Safety  Changing and Growing  Self-Awareness  Self-Care, Support and Safety  Changing and Growing |
| **Topic** | **Content grids from the DfE statutory guidance: Health Education (Primary) PSHE education Planning Framework for Pupils with SEND KEY STAGES 1 AND 2**  **By the end of KEY STAGE 2 young people should know:** | **Outcome covered in PSHE education Planning Framework area for Pupils with SEND KEY STAGES 1 AND 2**  **Topic area:** |
| Mental Wellbeing | * that mental wellbeing is a normal part of daily life, in the same way as physical health. * that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations. * how to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others’ feelings. * how to judge whether what they are feeling and how they are behaving is appropriate and proportionate * the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness * simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests. Isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support. * that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing. * where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else’s mental wellbeing or ability to control their emotions (including issues arising online). * it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough. | Managing Feelings  Managing Feelings  Self-Care, Support and Safety  Managing Feelings  Managing Feelings  Self-Awareness  Self-Care, Support and Safety.  Healthy Lifestyles  Managing Feelings  Self-Awareness  Self-Care, Support and Safety  Relationships: Managing Feelings |
| Internet Safety and Harms | * that for most people the internet is an integral part of life and has many benefits. * about the benefits of rationing time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others’ mental and physical wellbeing * how to consider the effect of their online actions on others and know how to recognise and display respectful behaviour online and the importance of keeping personal information private. * why social media, some computer games and online gaming, for example, are age restricted. * that the internet can also be a negative place where online abuse, trolling, bullying and harassment can take place, which can have a negative impact on mental health * how to be a discerning consumer of information online including understanding that information, including that from search engines, is ranked, selected and targeted. * where and how to report concerns and get support with issues online. | Self-Care, Support and Safety  Healthy Lifestyles  Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Awareness  Self-Care, Support and Safety  Self-Care, Support and Safety (Secondary framework)    Self-Care, Support and Safety |
| Physical health and fitness | * the characteristics and mental and physical benefits of an active lifestyle. * the importance of building regular exercise into daily and weekly routines and how to achieve this; for example walking or cycling to school, a daily active mile or other forms of regular, vigorous exercise. * the risks associated with an inactive lifestyle (including obesity). * how and when to seek support including which adults to speak to in school if they are worried about their health. | Healthy Lifestyles  Healthy Lifestyles  Healthy Lifestyles  Healthy Lifestyles |
| Healthy eating | * what constitutes a healthy diet (including understanding calories and other nutritional content). * the principles of planning and preparing a range of healthy meals. * the characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health). | Healthy Lifestyles  Healthy Lifestyles  Healthy Lifestyles |
| Drugs, alcohol and tobacco | * the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking. | Healthy Lifestyles |
| Health and prevention | * how to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body. * about safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer. * the importance of sufficient good quality sleep for good health and that a lack of sleep can affect weight, mood and ability to learn. * about dental health and the benefits of good oral hygiene and dental flossing, including regular check-ups at the dentist. * about personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of hand washing. * the facts and science relating to allergies, immunisation and vaccination. | Healthy Lifestyles.  Healthy Lifestyles    Healthy Lifestyles  Self-Care, Support and Safety    Healthy Lifestyles  Healthy Lifestyles |
| Basic first aid | * how to make a clear and efficient call to emergency services if necessary. * concepts of basic first-aid, for example dealing with common injuries, including head injuries. | Self-Care, Support and Safety  Self-Care, Support and Safety |
| Changing adolescent body | * key facts about puberty and the changing adolescent body, particularly from age 9 through to age 11, including physical and emotional changes. * about menstrual wellbeing including the key facts about the menstrual cycle. | Changing and Growing  Changing and Growing |

|  | **Content grids from the DfE statutory guidance: Relationships and Sex Education (Secondary) PSHE education Planning Framework for Pupils with SEND KEY STAGES 3 AND 4**  **By the end of KEY STAGE 4 young people should know:** | **Outcome covered in PSHE education Planning Framework area for Pupils with SEND KEY STAGES 3 AND 4**  **Topic area:** |
| --- | --- | --- |
| Families | * that there are different types of committed, stable relationships. * how these relationships might contribute to human happiness and their importance for bringing up children. * what marriage is, including their legal status (e.g. that marriage carries legal rights and protections not available to couples who are cohabiting or who have married, for example, in an unregistered religious ceremony). * why marriage is an important relationship choice for many couples and why it must be freely entered into. * the characteristics and legal status of other types of long-term relationships. * the roles and responsibilities of parents with respect to the raising of children, including 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 relationships is unsafe (and to recognise this in others’ relationships); and, how to seek help or advice, including reporting concerns about others, if needed. | Changing and Growing  Changing and Growing  Changing and Growing  Changing and Growing  Changing and Growing  Changing and Growing  Managing Feelings Changing and Growing Self-Care, Support and Safety |
| Caring friendships | * how important friendships are in making us feel happy and secure, and how people choose and make friends. * the characteristics of friendships, including mutual respect, truthfulness, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences and support with problems and difficulties. * that healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. * that most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened, and that resorting to violence is never right. * how to recognise who to trust and who not to trust, how to judge when a friendship is making them feel unhappy or uncomfortable, managing conflict, how to manage these situations and how to seek help or advice from others, if needed. | Self-Awareness  Self-Awareness  Self-Awareness  Self-Awareness  Self-Awareness  Self-Care, Support and Safety |
| Respectful relationships including friendships | * the characteristics of positive and healthy friendships (both on and offline) including: trust, respect, honesty, kindness, generosity, boundaries, privacy, consent and the management of conflict, reconciliation and ending relationships. This includes different (non-sexual) types of relationship. * practical steps they can take in a range of different 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). * that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due tolerance and respect to others and others’ beliefs, including people in positions of authority and due tolerance of other peoples’ beliefs. * about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help. * that 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. * the 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. | Self-Awareness  Changing and Growing: Managing Feelings  Self-Awareness  Changing and Growing  Self-Awareness  Self-Awareness  Self-Awareness  Managing Feelings  Self-Awareness  Changing and Growing  Changing and Growing  The world in which I live |
| Online and media | * their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts including online. * about 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. * not to provide material to others that they would not want shared further and not to share personal material which is sent to them. * what to do and where to get support to report material or manage issues online. * the impact of viewing harmful content. * that specifically sexually explicit material (e.g. pornography) often 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. * that 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 (partly). | Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Care, Support and Safety  Changing and Growing  Changing and Growing  Self-Care, Support and Safety  Self-Care, Support and Safety  Self-Care, Support and Safety |
| Being Safe | * the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour based violence and FGM, and how these can affect current and future relationships. * how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (in all contexts including online). | Self-Care, Support and Safety  Changing and Growing  Changing and Growing |
| Intimate and sexual relationships including sexual health | * how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (in all contexts including online). * how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship. * that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively (e.g. physical, emotional, mental, sexual and reproductive health and wellbeing). * the facts about reproductive health, including fertility and the potential impact of lifestyle on fertility for men and women. * that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressuring others. * that they have a choice to delay sex or to enjoy intimacy without sex. * the facts about the full range of contraceptive choices, efficacy and options available . * that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help). * how the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing. * about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment. * how the use of alcohol and drugs can lead to risky sexual behaviour. * how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment. | Changing and Growing  Changing and Growing  Healthy Lifestyles  Changing and Growing  Changing and Growing: Self-Care, Support and Safety  Changing and Growing  Changing and Growing  Changing and Growing  Changing and Growing  Changing and Growing  Changing and Growing  Changing and Growing |
| **Topic** | **Content grids from the DfE statutory guidance: Health education (Secondary) PSHE education Planning Framework for Pupils with SEND KEY STAGES 3 AND 4**  **By the end of KEY STAGE 4 young people should know:** | **Outcome covered in PSHE education Planning Framework area for Pupils with SEND KEY STAGES 3 AND 4**  **Topic area:** |
| Mental wellbeing | * 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 wellbeing 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 wellbeing and happiness. | Self-Awareness  Managing Feelings  Managing Feelings  Self-care, support and Safety  Healthy Lifestyles  Self-Awareness  Healthy Lifestyles |
| 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. | Healthy Lifestyles  Self-care, support and Safety  Self-care, support and Safety |
| Physical health and fitness | * the positive associations between physical activity and promotion of mental wellbeing, 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 ill-health. | Healthy Lifestyles  Healthy Lifestyles |
| Healthy eating | * how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer. | Healthy Lifestyles |
| Drugs, alcohol and tobacco | * the facts about legal and illegal drugs and their associated risks, including the link between drug use and 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. | Healthy Lifestyles.  Healthy Lifestyles  Healthy Lifestyles  Healthy Lifestyles  Healthy Lifestyles  Healthy Lifestyles |
| Health and protection | * 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 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. | Self-care, support and Safety    Healthy Lifestyles  Self-care, support and Safety  Self-care, support and Safety    Healthy Lifestyles |
| Basic first aid | * basic treatment for common injuries (partly). * life-saving skills, including how to administer CPR (partly). • * the purpose of defibrillators and when one might be needed (partly). | Self-care, support and Safety  Self-care, support and Safety  Self-care, support and Safety |
| Changing adolescent body | * key facts about puberty and the changing adolescent body and menstrual wellbeing. * the main changes which take place in males and females, and the implications for emotional and physical health. | Changing and Growing  Changing and Growing |



Topics included for young people in Key Stage 5 include:

Self-concept.

Mental health and emotional wellbeing.

Healthy lifestyles.

Managing risk and personal safety.

Sexual health.

Relationship values.

Forming and maintaining respectful relationships.

Consent.

Contraception and parenthood.

Bullying, abuse and discrimination

Drugs,alcohol and tobacco

# 5. Delivery of the curriculum

The RSE and Health education curriculum will be delivered through the PSHE curriculum. Through effective organisation and delivery of the subject, we will ensure that:

Core knowledge is sectioned into units of a manageable size.

The required content is communicated to young people clearly, in a carefully sequenced way, within a planned scheme of work that is flexible to take into account our young people’s needs.

Teaching includes sufficient and well-chosen opportunities and contexts for young people to embed new knowledge so that it can be used confidently in real-life situations.

The RSE and Health education curriculum will be delivered by appropriately trained colleagues.

The curriculum will proactively address issues in a timely way in line with current evidence on young people’s physical, emotional and sexual development.

RSE and Health education will be delivered in a non-judgemental, age and stage appropriate, factual and inclusive way that allows young people to ask questions in a safe environment.

Teaching of the curriculum reflects requirements set out in law, particularly in the Equality Act 2010, so that young people understand what the law does and does not allow, and the wider legal implications of the decisions they make.

The school will integrate LGBTQ+ content into the RSE curriculum – this content will be taught as part of the overall curriculum, rather than a standalone topic or lesson, and will be included in lessons on relationships. LGBTQ+ content will be approached in a sensitive, age and stage appropriate and factual way that allows young people to explore the features of stable and healthy same-sex relationships. All young people are expected to learn about LGBTQ+ content, and parents/carers do not have a statutory right to withdraw their children from lessons that include LGBTQ+ content.

All teaching and resources will be assessed by colleagues to ensure they are appropriate for the age and maturity of young people, are sensitive to their religious backgrounds and meets any SEND.

Throughout every step, appropriate diagrams, videos, books, games, discussion and practical activities will be used to assist learning.

Inappropriate images, videos, etc. will not be used, and resources will be selected with sensitivity given to the age, developmental stage and cultural background of young people.

Young people will be prevented from accessing inappropriate materials on the internet when using such to assist with their learning. The prevention measures taken to ensure this are outlined in the school’s on-line safety policy and Acceptable Device User Agreement.

Colleagues will establish what is appropriate for one-to-one and any group settings, and alter their teaching of the programmes accordingly.

Colleagues will ensure that young people’s views are listened to and will encourage them to ask questions and engage in discussion. Colleagues will answer questions sensitively and honestly.

Colleagues will promote the importance of healthy relationships when teaching RSE, sensitivity will always be given to young people’s home circumstances.

Colleagues will ensure lesson plans focus on challenging perceived views of young people based on protected characteristics, through exploration of, and developing mutual respect for, those different to themselves.

In teaching the curriculum, colleagues will be aware that young people may raise topics such as self-harm and suicide. When talking about these topics in lessons, colleagues will be aware of the risks of encouraging these behaviours and will avoid any resources or material that appear as instructive rather than preventative.

At all points of delivery of the curriculum, parents/carers will be consulted, and their views will be valued. What will be taught and how, will be planned in collaboration with parents.

The procedures for assessing young people’s progress are outlined in [section 1](#_heading=h.4i7ojhp)5 of this policy.

# 6. Curriculum links

Relationships, Sex and Health education will be delivered in lessons, however some aspects of Relationships, Sex and health education may be included within enquiry based topics.

RSE and Health education is part of our PSHE curriculum.

# 7. Working with parents/carers

The school understands that parents’/carers’ role in the development of their child in understanding about relationships and health is vital.

The school will work closely with parents/carers when planning and delivering the content of the school’s RSE and Health education curriculum.

When in consultation with parents/carers, the school will provide:

* The curriculum content, including what will be taught and when.
* Examples of the resources the school intends to use to deliver the curriculum can be requested by parents/carers.
* Information about parents’/ adults with parental responsibility right to withdraw their child from non-statutory elements of RSE and Health education.
* Parents will be provided with frequent opportunities to understand and ask questions about the school’s approach to RSE and Health education.

The school understands that the teaching of some aspects of the curriculum may be of concern to parents/carers

If parents have concerns regarding RSE and Health education, they may submit these:

* via email to the PSHE/RSE lead at [karen@mimeheuristics.com](mailto:karen@mimeheuristics.com)

Parents will be regularly consulted on the curriculum content, through discussions and letters, and the curriculum will be planned in conjunction with parents’/carers’ views.

# 8. Working with external agencies

Working with external agencies can enhance our delivery of RSE and Health education, and brings in specialist knowledge and different ways of engaging young people.

External experts may be invited to assist from time-to-time with the delivery of the RSE and health education curriculum but will be expected to comply with the provisions of this policy.

The school will check the visitor/visiting organisation’s credentials of all external agencies.

The school will ensure the teaching delivered by the external experts fits with the planned curriculum and provisions of this policy.

The school will discuss with the visitor the details of how they intend to deliver their sessions and ensure the content is age and stage appropriate and accessible for our young people.

The school will request copies of the materials and lesson plans the visitor will use, to ensure it meets the full range of young people’s needs.

The school and the visitor will agree on how confidentiality will work in any lesson and that the visitor understands how safeguarding reports must be dealt with in line with the school’s Child Protection and Safeguarding Policy.

The school will use visitors to enhance teaching, not to replace teaching by colleagues.

# 9. Withdrawal from lessons

**Parents/carers of young people in key stage 1 and 2**

Relationships and health education are statutory for primary aged young people and parents/carers **do not** have the right to withdraw their child from the subjects.

As sex education is not statutory at primary level (other than what must be taught as part of the science curriculum), parents/adults with parental responsibility have the right to request to withdraw their child from all or part of the sex education curriculum.

The principal will automatically grant withdrawal requests in accordance with point 14.2; however, the principal will discuss the request with the parent/carer and, if appropriate, their child, to ensure that their wishes are understood and to clarify the nature and purpose of the curriculum.

The principal will discuss with the parent/carer, the benefits of receiving this important education.

The principal will keep a record of the discussion between themselves, the young person and the parent/carer.

The principal will grant a parent’s/carer’s request to withdraw their child from sex education, other than the content that must be taught as part of the science curriculum.

The parent/carer will be informed in writing of the principal's decision.

**Parents/carers of young people in key stage 3 and 4**

Parents/ adults with parental responsibility, have the right to request that their child is withdrawn from some or all of sex education delivered as part of statutory RSE.

Parents **do not** have a right to withdraw their child from the relationships or health elements of the programmes.

Requests to withdraw a young person from sex education will be made in writing to the principal.

Before granting a withdrawal request, the principal will discuss the request with the parents and, as appropriate, the young person, to ensure their wishes are understood and to clarify the nature and purpose of the curriculum.

The principal will inform parents/carers of the benefits of their young person receiving RSE.

All discussions with parents/carers will be documented. These records will be kept securely in the school office in line with the school’s Records Management Policy.

Following discussions with parents/carers, the school will respect the parents’/carers request to withdraw their young person up to and until three terms before the young person turns 16. After this point, if the young person wishes to receive RSE rather than be withdrawn, the school will make arrangements to provide the young person with RSE.

# 10. Equality and accessibility

The school will comply with the relevant requirements of the Equality Act 2010 and will ensure the curriculum does not discriminate against young people because of their:

* Age
* Sex
* Race
* Disability
* Religion or belief
* Gender reassignment
* Pregnancy or maternity
* Marriage or civil partnership
* Sexual orientation

The school will consider the backgrounds, gender, age range and needs of its young people and determine whether it is necessary to put in place additional support for young people with the above protected characteristics.

The school will ensure that the RSE and Health curriculum will be accessible and inclusive for all our young people and taking into account any SEND and SEMH needs.

The school is aware that our young people may be more vulnerable to exploitation, bullying and other issues due to the nature of their needs – Colleagues will understand that they will need to liaise with the SENCO and DSL and be more explicit and adapt their planning or work to appropriately deliver the curriculum.

Tailoring the content and teaching to meet the needs of young people at different developmental stages, the school will ensure the teaching remains sensitive, age-appropriate, developmentally appropriate and is delivered with reference to the law.

The school will take steps to foster healthy and respectful peer-to-peer communication and behaviour and provide an environment which challenges perceived limits on young people based on their gender or any other characteristic.

The school will be actively aware of everyday issues such as sexism, misogyny, homophobia and gender stereotypes and take positive action to build a culture within which these are not tolerated. Any occurrences of such issues will be identified and tackled promptly.

The school will make clear that sexual violence and sexual harassment are not acceptable and will not be tolerated. Any reports of sexual violence or sexual harassment will be handled in accordance with the school’s Peer on peer abuse policy Safeguarding policy and confidentiality

All young people will be taught about keeping themselves safe, including online, as part of a broad and balanced curriculum.

Confidentiality within the classroom is an important component of RSE and Health education, and Colleagues are expected to respect the confidentiality of their young people as far as is possible, in compliance with the school’s Confidentiality Policy.

Colleagues will, however, understand that some aspects of RSE may lead to a young person raising a safeguarding concern, e.g. disclosing that they are being abused, and that if a disclosure is made, the DSL will be alerted immediately.

Young people will be made aware of how to raise their concerns or make a report, and how their report will be handled – this includes the process for when they have a concern about a peer.

**11. Safeguarding and Confidentiality**

The school will aim to provide a safe and supportive school community where pupils feel comfortable seeking help and guidance on anything that may be concerning them about life either at school or at home. Training around confidentiality will be provided to all teachers.

It may be the case that discussion around what is acceptable and not acceptable in relationships may lead to the disclosure of a child protection issue. If this is the case, the school’s Child Protection and Safeguarding Policy should be followed.

Young people will be informed prior to delivery of RSHE lessons that confidentiality will remain unless colleagues feel that a child is at risk of harm. This information will need to be passed on to the DSL and the young people will be informed of the procedure. Colleagues who breach the right to a young person's privacy by disclosing or sharing confidential information with no reason to do so will be dealt with under the school’s Disciplinary Policy and Procedure.

# 12. Assessment

The school has the same high expectations of assessment of young people’ work in RSE and Health education as for other areas.

Lessons are planned to provide suitable challenges to young people of all abilities.

Assessments are used to identify where young people may need extra support or intervention.

There are no formal examinations for RSE and Health education; however, to assess young people’s outcomes, the school will capture progress in the following ways:

* Self-evaluations
* Topic feedback from young people
* Marking young people’s work
* Quizzes and other assessment activities

# 13. Colleagues training

Training will be provided to relevant colleagues on a basis of need to ensure they are up-to-date with the RSE and Health education curriculum.

Training will also be scheduled around any updated guidance on the curriculum and any new developments, such as “upskirting”, which may need to be addressed in relation to the curriculum.

Appropriately trained colleagues will be able to give young people information on where and how to obtain confidential advice, counselling and treatment, as well as guidance on emergency contraception and their effectiveness.

The PSHE/RSE lead works closely with the DSL in providing a RSE curriculum that meets the needs of our young people, making sure that all colleagues are appropriately trained and confident in safeguarding procedures.

**14. Impact**

We want to know if the young people can remember more and if they can do more.

The impact of our RSHE curriculum is that young people:

* develop positive and healthy relationships at home, school and the wider community
* be tolerant and inclusive, embracing diversity and overcoming barriers
* self-reflect, be confident and develop a higher self esteem
* keep themselves safe online, be respectful of others creating a positive digital footprint
* know where to go for help and support when they need it
* develop skills to become a good citizen

# 15. Monitoring quality

SLT will be responsible for monitoring the quality of teaching and learning for the subject.

The PSHE/RSE lead will conduct assessments on an ongoing basis, which will include a mixture of the following:

* Self-evaluations
* Topic feedback forms
* Marking work
* Reviewing linked work

The PSHE/RSE lead will create annual subject reports for the principal and governing board to report on the quality of the subjects.

The PSHE/RSE lead will work regularly and consistently with the principal to evaluate the effectiveness of the subjects and implement any changes.

# 16. Monitoring and review

This policy will be reviewed by the principal in conjunction with the PSHE/RSE lead and the DSL on an annual basis.

Any changes needed to the policy, including changes to the programmes, will be implemented by the principal.

Any changes to the policy will be clearly communicated to colleagues and, where necessary, parents/carers and young people, involved in the RSE and Health education curriculum.

The next scheduled review date for this policy is April 2025.