



# **Horizons Academy Trust**

## **Secondary School**

### **Relationship, Sex and**

#### **Health Education Policy**

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Reviewer: Principal, Green Gates Academy

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**NB.** This policy has been created in line with the 'Relationships Education, Relationships and Sex Education, and Health Education' 2019 statutory guidance.

## Policy Statement of intent

At Horizons Academy Trust, we understand the importance of educating pupils about sex, relationships and their health, for them to make responsible and well-informed decisions in their lives.

The teaching of RSHE and health education can help to prepare pupils for the opportunities, responsibilities and experiences of adult life. It allows us to promote the spiritual, moral, social, cultural, mental and physical development of pupils at school and in the wider society.

We have an obligation to provide pupils with high-quality, evidence and age-appropriate teaching of these subjects. This policy outlines how the school's RSHE and health education curriculum will be organised and delivered, to ensure it meets the needs of all pupils.

## Legal framework

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

- Equality Act 2010
- DfE (2018) '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 (section 34)
- DfE (2021) "Teaching About Relationships, sex and health"
- Education Act 1996

This The Statutory document from the DfE states:

"The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make Relationships Education compulsory for all pupils receiving primary education...They also make Health Education compulsory in all schools except independent schools. Personal, Social, Health and Economic Education (PSHE) continues to be compulsory in independent schools."

DfE Guidance p.8

"Today's children and young people are growing up in an increasingly complex world and living their lives seamlessly on and offline. This presents many positive and exciting opportunities, but also challenges and risks. In this environment, children and young people need to know how to be safe and healthy, and how to manage their academic, personal and social lives in a positive way."

1.1. This policy operates in conjunction with the following school policies:

- Behavioural Policy
- Inclusion Policy
- SEND Policy
- E-safety Policy
- Equal Opportunities Policy
- Anti-Bullying Policy
- Child Protection and Safeguarding Policy
- Acceptable Terms of Use Agreement
- Peer on Peer Abuse
- Visitor Policy
- Public Sector Equality
- Sexual Harassment

# **Relationship, Sex and Health Education Programme and Operational Guidance**

## **1. The aims of relationships, sex and health education at our Trust are to:**

- Provide a framework in which sensitive discussions can take place
- Prepare pupils for puberty, and give them an understanding of sexual development and the importance of health and hygiene
- Help pupils develop feelings of self-respect, confidence and empathy
- Create a positive culture around issues of sexuality and relationships
- Teach pupils the correct vocabulary to describe themselves and their bodies

## **2. Roles and responsibilities**

2.1. The Trustees are responsible for:

- Ensuring all pupils make progress in achieving the expected educational outcomes.
- Ensuring the RSHE 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 pupils with SEND.
- Providing clear information to parents on the subject content and the right to request that their child is withdrawn.
- Ensuring RSHE and health education is resourced, staffed 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 ensure the statement is published on the school's website and provided free of charge to anyone who requests it.

2.2. The principal is responsible for:

- The overall implementation of this policy.
- Ensuring all staff are suitably trained to deliver the subjects.
- Ensuring parents/carers are fully informed of this policy.
- Reviewing all requests to withdraw pupils from non-statutory elements of the RSHE and health education curriculum.

- Discussing withdrawal requests with parents, and the child 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.
- Ensuring withdrawn pupils receive appropriate, purposeful education during the period of withdrawal.
- Encouraging parents to be involved in consultations regarding the school's RSHE and health education curriculum.
- Reviewing this policy on a bi-annual basis.
- Reporting to the board of Trustees on the effectiveness of this policy and the curriculum.

2.3. The RSHE and health education subject leader is responsible for:

- Overseeing the delivery of RSHE and health education.
- Ensuring the subjects are age-appropriate, sequential and high-quality programme.
- Working closely with colleagues in related curriculum areas to ensure the RSHE and health education curriculum compliments, and does not duplicate, the content covered in national curriculum subjects.
- Reviewing changes to the RSHE and health education curriculum and advising on their implementation.
- Monitoring the learning and teaching of RSHE and health education, providing support to staff where necessary.
- Ensuring the continuity and progression between each year group.
- Helping to develop colleagues' expertise in the subject.
- Ensuring teachers are provided with adequate resources to support teaching of the curriculum.
- Ensuring the school meets its statutory requirements in relation to RSE and health education.
- Leading staff meetings and ensuring all members of staff involved in the curriculum have received the appropriate training.
- Organising, providing and monitoring CPD opportunities in the subject.
- Ensuring the correct standards are met for recording and assessing pupil performance.
- Monitoring and evaluating the effectiveness of the subjects and providing reports to the principal.

2.4. Subject teachers are responsible for:

- Acting in accordance with, and promoting, this policy

- Delivering RSHE and health education in a sensitive way and that is of a high-quality and appropriate for each year group.
- Ensuring they do not express personal views or beliefs when delivering the curriculum.
- Planning lessons effectively, ensuring a range of appropriate teaching methods and resources are used to cover the content.
- Modelling positive attitudes to RSHE and health education.
- Liaising with the RSHE and health education subject leader about key topics, resources and support for individual pupils.
- Monitoring pupil progress in RSE and health education.
- Reporting any concerns regarding the teaching of RSE or health education to the RSHE and health education subject leader or a member of the SLT.
- Reporting any safeguarding concerns or disclosures that pupils may make as a result of the subject content to the DSL.
- Responding appropriately to pupils whose parents have requested to withdraw them from the non-statutory components of RSHE, by providing them with alternative education opportunities.

### 3. Organisation of the RSHE and health education curriculum

- 3.1. All schools providing secondary education are required to deliver statutory RSHE and all state-funded schools are required to deliver health education.
- 3.2. For the purpose of this policy, “**relationships and sex education**” 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.
- 3.3. For the purpose of this policy, “**health education**” is defined as teaching pupils about how they can make good decisions about their own health and wellbeing, and how physical health and mental wellbeing are interlinked.
- 3.4. The RSHE and health education curriculum will be developed in consultation with teachers, pupils and parents, and in accordance with DfE recommendations.
- 3.5. We will gather the views of teachers, pupils and parents in the following ways:
  - Questionnaires
  - Meetings
  - Letters
  - Training sessions

- 3.6. The majority of the RSHE and health education curriculum will be delivered through PSHE education, with statutory elements taught via the science curriculum.
- 3.7. The RSHE and health education subject leader will work closely with their colleagues in related curriculum areas to ensure the curriculum complements and does not duplicate the content covered in national curriculum subjects.
- 3.8. The curriculum has been developed in line with the DfE's draft 'Relationships Education, Relationships and Sex Education (RSHE) and Health Education' guidance.
- 3.9. The school will consider the context and views of the wider local community when developing the curriculum to ensure it is reflective of issues in the local area.
- 3.10. The school will consider the religious background of all pupils when planning teaching, to ensure all topics included are appropriately handled.
- 3.11. The RSHE and health education curriculum is informed by topical issues in the school and wider community, to ensure it is tailored to pupils' needs, for example, if there was a local prevalence of specific sexually transmitted infections, our curriculum would be tailored to address this issue.

#### **4. RSHE subject overview**

- 4.1. RSHE will continue to develop pupils' knowledge on the topics taught at a primary level, in addition to the content outlined in this section.

##### Families

- 4.2. By the end of secondary school, pupils will know:
  - That there are different types of committed, stable relationships. Sensitivity will be given towards pupils that have suffered trauma through domestic violence.
  - 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 raising children, including the characteristics of successful parenting.

4.3. Pupils will also know 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 recognise this in others' relationships.
- How to seek help or advice if needed, including reporting concerns about others.

Respectful relationships, including friendships

4.4. By the end of secondary school, pupils will know:

- The characteristics of positive and healthy friendships in all contexts (including online), 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 relationships. Sensitivity will be given towards pupils that have suffered trauma through domestic violence.
- Practical steps they can take in a range of different contexts to improve or support respectful relationships.
- How stereotypes, particularly those based on sex, gender, race, religion, sexual orientation or disability, can cause damage, e.g. how they might normalise non-consensual behaviour.
- That in school and wider society they 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.
- About different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to seek help.
- The types of behaviour in relationships that can be criminal, including violent behaviour and coercive control.
- What constitutes sexual harassment and violence and why these are always unacceptable.
- The legal rights and responsibilities regarding equality, with reference to the protected characteristics defined in the Equality Act 2010, and that everyone is unique and equal.

Online and media

4.5. By the end of secondary school, pupils will know:

- Their rights, responsibilities and opportunities online, and that the same expectations of behaviour apply in all contexts.
- About online risks, including that material shared with another person 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 they receive.
- 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, 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 is a criminal offence which carries severe penalties, including jail.
- How information and data is generated, collected, shared and used online.
- The risks of uploading photos and videos, sharing links ,tagging photos and content an remixing or changing existing content and sharing it.
- The longer term consequences of uploading or sending photos or video content to individuals or groups or even close friends

Being safe

4.6. By the end of secondary school, pupils will know:

- 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 – this includes online.

Intimate and sexual relationships, including sexual health

4.7. By the end of secondary school, pupils will know:

- 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 and 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 both men and women.
- The range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.
- That they have a choice to delay sex or enjoy intimacy without sex.
- The facts about the full range of contraceptive choices, their effectiveness and options available.
- The facts around pregnancy including miscarriage.
- That there are choices in relation to pregnancy, with legally and medically 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) are transmitted, how risk can be reduced through safer sex and the importance of 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.

## **5. RSHE programmes of study**

- 5.1. The school is free to determine an age-appropriate, developmental curriculum which meets the needs of young people and includes the statutory content outlined in [section 4](#) of this policy.

## **6. Health education subject overview**

- 6.1. The physical health and mental wellbeing curriculum will continue to develop pupils' knowledge on the topics taught at a primary level, in addition to the content outlined in this section.

### Mental wellbeing

- 6.2. By the end of secondary school, pupils will know:
- 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.

#### Internet safety and harms

6.3. By the end of secondary school, pupils will know:

- The similarities and differences between the online world and the physical world, including the impact of unhealthy or obsessive comparison with others online, over-reliance on online relationships, the risks related to online gambling, how 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.

#### Physical health and fitness

6.4. By the end of secondary school, pupils will know:

- 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.
- About the science relating to blood, organ and stem cell donation.

#### Healthy eating

6.5. By the end of secondary school, pupils will know:

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

#### Drugs, alcohol and tobacco

6.6. By the end of secondary school, pupils will know:

- 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, the benefits of quitting and how to access the support to do so.

#### Health and prevention

6.7. By the end of secondary school, pupils will know:

- 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.
- **[This should be taught to pupils in the later years of late secondary school, e.g. at KS4]** 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.

#### Basic first aid

6.8. By the end of secondary school, pupils will know:

- Basic treatments for common injuries.
- **[CPR is best taught from Year 8 onwards]** Life-saving skills, including how to administer CPR.
- The purpose of defibrillators and when one might be needed.

#### Changing adolescent body

6.9. By the end of secondary school, pupils will know:

- Key facts about puberty, 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.

## **7. Health education programmes of study**

- 7.1. The school is free to determine an age-appropriate, developmental curriculum which meets the needs of young people and includes the statutory content outlined in section 6 of this policy.

## **8. Delivery of the curriculum**

- 8.1. The majority of the RSE and health education curriculum will be delivered through the PSHE curriculum/SHAPE
- 8.2. 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 pupils clearly, in a carefully sequenced way, within a planned scheme of work.
  - Teaching includes sufficient and well-chosen opportunities and contexts for pupils to embed new knowledge so that it can be used confidently in real-life situations.
- 8.3. RSE and health education complement several national curriculum subjects. Where appropriate, the school will look for opportunities to make links between the subjects and integrate teaching.
- 8.4. The RSE and health education curriculum will be delivered by appropriately trained members of staff.
- 8.5. The curriculum will proactively address issues in a timely way in line with current evidence on pupil's physical, emotional and sexual development.
- 8.6. RSE and health education will be delivered in a non-judgemental, age-appropriate, factual and inclusive way that allows pupils to ask questions in a safe environment.
- 8.7. Teaching of the curriculum reflects requirements set out in law, particularly in the Equality Act 2010, so that pupils understand what the law does and does not allow, and the wider legal implications of the decisions they make.
- 8.8. The school will integrate LGBTQ+ content into the RSHE 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 date. LGBTQ+ content will be approached in a sensitive, age-appropriate and factual way that allows pupils to explore the features of stable and healthy same-sex relationships.
- 8.9. All teaching and resources are assessed by the RSHE and health education subject leader to ensure they are appropriate for the age and maturity of pupils, are sensitive to their religious backgrounds and additional needs.

- 8.10. Classes may be taught in gender-segregated groups dependent on the nature of the topic being delivered at the time, and the cultural background of pupils where it is only appropriate to discuss the body in single gender groups.
- 8.11. Throughout every year group, appropriate diagrams, videos, books, games, discussion and practical activities will be used to assist learning.
- 8.12. Inappropriate images, videos, etc. will not be used, and resources will be selected with sensitivity given to the age and cultural background of pupils.
- 8.13. Pupils 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 E-safety Policy, and Acceptable Terms of Use Agreement.
- 8.14. Teachers will establish what is appropriate for one-to-one and whole-class settings, and alter their teaching of the programmes accordingly.
- 8.15. Teachers will ensure that pupils' views are listened to and will encourage them to ask questions and engage in discussion. Teachers will answer questions sensitively and honestly.
- 8.16. The curriculum will be designed to focus on boys as much as girls and activities will be planned to ensure both are actively involved, matching their different learning styles.
- 8.17. Teachers will focus heavily on the importance of marriage and healthy relationships when teaching RSHE, though sensitivity will always be given as to not stigmatise pupils based on their home circumstances.
- 8.18. Teachers will ensure lesson plans focus on challenging perceived views of pupils based on protected characteristics, through exploration of, and developing mutual respect for, those different to themselves.
- 8.19. In teaching the curriculum, teachers will be aware that pupils may raise topics such as self-harm and suicide. When talking about these topics in lessons, teachers will be aware of the risks of encouraging these behaviours and will avoid any resources or material that appear as instructive rather than preventative.
- 8.20. At all points of delivery of the curriculum, parents will be consulted, and their views will be valued. What will be taught and how, will be planned in conjunction with parents.
- 8.21. The procedures for assessing pupil progress are outlined in section 15 of this policy.

## 9. Curriculum links

- 9.1. The school seeks opportunities to draw links between RSE and health education and other curriculum subjects wherever possible to enhance pupils' learning.
- 9.2. RSHE and health education will be linked to the following subjects:
  - **Citizenship** – pupils are provided with the knowledge, skills and understanding to help prepare them to play a full and active part in society, including an understanding of how laws are made and upheld and how to make sensible decisions.
  - **Science** – pupils are taught about the main external parts of the body and changes to the human body as it grows, including puberty.
  - **ICT and computing** – pupils are taught about how they can keep themselves safe online and the different risks that they may face online as they get older.
  - **PE** – pupils can develop competence to excel in a broad range of physical activities, are physically active for sustained periods of time, engage in competitive sport and lead healthy, active lives.
  - **PSHE** – pupils learn about respect and difference, values and characteristics of individuals.

## 10. Working with parents

- 10.1. The school understands that parents' role in the development of their children's understanding about relationships and health is vital.
- 10.2. The school will work closely with parents when planning and delivering the content of the school's RSHE and health education curriculum.
- 10.3. When in consultation with parents, 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.
  - Information about parents' right to withdraw their child from non-statutory elements of RSE and health education.
- 10.4. Parents will be provided with frequent opportunities to understand and ask questions about the school's approach to RSE and health education.
- 10.5. The school understands that the teaching of some aspects of the curriculum may be of concern to parents.



- 10.6. If parents have concerns regarding RSE and health education, they may submit these via email to email address, or contact the school office to arrange a meeting with the principal on telephone number.
- 10.7. Parents will be regularly consulted on the curriculum content, through meetings and letters, and the curriculum will be planned in conjunction with parents' views. A recent consultation of this policy was shared with parents/carers in September 2021. Feedback was discussed and considered for further development in Trust practice and policy development.

## **11. Working with external agencies**

- 11.1. Working with external agencies can enhance our delivery of RSHE and health education and brings in specialist knowledge and different ways of engaging pupils.
- 11.2. 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.
- 11.3. The school will check the visitor/visiting organisation's credentials of all external agencies.
- 11.4. The school will ensure the teaching delivered by the external experts fits with the planned curriculum and provisions of this policy.
- 11.5. The school will discuss with the visitor the details of how they intend to deliver their sessions and ensure the content is age-appropriate and accessible for all pupils.
- 11.6. The school will request copies of the materials and lesson plans the visitor will use, to ensure it meets the full range of pupils' needs.
- 11.7. 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.
- 11.8. The school will use visitors to enhance teaching by an appropriate member of teaching staff, not to replace teaching by those staff.

## **12. Withdrawal from lessons**

- 12.1. Parents have the right to request that their child is withdrawn from some or all of sex education delivered as part of statutory RSHE.
- 12.2. Parents **do not** have a right to withdraw their child from the relationships or health elements of the programmes.
- 12.3. Requests to withdraw a child from sex education will be made in writing to the principal.

- 12.4. Before granting a withdrawal request, the principal will discuss the request with the parents and, as appropriate, the child, to ensure their wishes are understood and to clarify the nature and purpose of the curriculum.
- 12.5. The principal will inform parents of the benefits of their child receiving RSE and any detrimental effects that withdrawal might have.
- 12.6. All discussions with parents will be documented. These records will be kept securely in the school office with consideration to GDPR policies.
- 12.7. Following discussions with parents, the school will respect the parents' request to withdraw their child up to and until three terms before the child turns 16. After this point, if the child wishes to receive RSHE rather than be withdrawn, the school will decide to provide the child with RSHE.
- 12.8. Pupils who are withdrawn from RSHE will receive appropriate, purposeful education during the full period of withdrawal.
- 12.9. For requests concerning the withdrawal of a pupil with SEND, the principal may take the pupils' specific needs into account when making their decision.

### **13. Equality and accessibility**

- 13.1. The school will comply with the relevant requirements of the Equality Act 2010 and will ensure the curriculum does not discriminate against pupils because of their:
  - Age
  - Sex
  - Race
  - Disability
  - Religion or belief
  - Gender reassignment
  - Pregnancy or maternity
  - Marriage or civil partnership
  - Sexual orientation
- 13.2. The school will consider the backgrounds, gender, age range and needs of its pupils and determine whether it is necessary to put in place additional support for pupils with the above protected characteristics.
- 13.3. Pupils will understand different gender identity (broadly identifying as meaning the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person (whether by way of medical intervention or not). With or without regard to the person's designated sex at birth)

Supporting inclusion influenced by personal identity and equalities so that everyone's personal identity is respected, including their gender identity and sexual orientation.

How stereotypes, in particular stereotypes based on sex, gender, religion, sexual orientation or disability can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice)

That gender is different from Sex and other associated terms.

Gender, is expressed in terms of masculinity and femininity and is most frequently assumed from the sex assigned at birth. Unlike sex (noun), gender is largely a cultural construct and is lived (e.g. on language, media, popular culture) and regulated (e.g. by socio-cultural norms, such as stereotypes of 'masculinity' and 'femininity', and in law). In sex and gender education it is important to highlight whilst sex is a biological difference, gender is an expression of this sex, often assumed from birth, however this may not be how a person feels inside.

- 13.4. The school is aware that some pupils are more vulnerable to exploitation, bullying and other issues due to the nature of their needs– teachers will understand that they may need to be more explicit and adapt their planning or work to appropriately deliver the curriculum to pupils with additional needs.
- 13.5. Where there is a need to tailor content and teaching to meet the needs of pupils at different developmental stages, the school will ensure the teaching remains sensitive, age-appropriate, developmentally appropriate and is delivered with reference to the law.
- 13.6. The school will take steps to foster healthy and respectful peer-to-peer communication and behaviour between boys and girls and provide an environment which challenges perceived limits on pupils based on their gender or any other characteristic.
- 13.7. 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.
- 13.8. 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 Harmful Sexual Behaviour Policy.

## **14. Safeguarding and confidentiality**

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

- 14.2. Confidentiality within the classroom is an important component of RSE and health education, and teachers are expected to respect the confidentiality of their pupils as far as is possible, in compliance with the school's Pupil Confidentiality Policy.
- 14.3. Teachers will, however, understand that some aspects of RSHE may lead to a pupil 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.
- 14.4. Pupils 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.

## **15. Assessment**

- 15.1. The school has the same high expectations of the quality of pupils' work in RSE and health education as for other curriculum areas.
- 15.2. Lessons are planned to provide suitable challenge to pupils of all abilities.
- 15.3. Assessments are used to identify where pupils need extra support or intervention.
- 15.4. There are no formal examinations for RSE and health education; however, to assess pupil outcomes, the school will capture progress in the following ways:
  - Teacher assessments
  - Workbooks
  - Self-evaluations
  - Interventions

## **16. Staff training**

- 16.1. Training will be provided by the RSHE and health education subject leader to the relevant members of staff on a regular basis to ensure they are up-to-date with the RSE and health education curriculum.
- 16.2. Training will also be scheduled around any updated guidance on the curriculum and any new developments, such as "sexting", which may need to be addressed in relation to the curriculum.
- 16.3. The school will ensure teachers receive training on the Social Exclusion Report on Teenage Pregnancy, and the role of an effective RSE curriculum in reducing the number of teenage conceptions.
- 16.4. Appropriately trained staff will be able to give pupils information on where and how to obtain confidential advice, counselling and treatment, as well as guidance on emergency contraception and their effectiveness.

## 17. Monitoring quality

- 17.1. The RSHE and health education subject leader is responsible for monitoring the quality of teaching and learning for the subject.
- 17.2. **The RSHE and health education subject leader** will conduct subject assessments on a termly basis, which will include a mixture of the following:
  - Self-evaluations
  - Lesson observations
  - Topic feedback forms
  - Learning walks
  - Work scrutiny
  - Lesson planning scrutiny
- 17.3. The RSHE and health education subject leader will create annual subject reports for the principal and governing board to report on the quality of the subjects.
- 17.4. The RSHE and health education subject leader will work regularly and consistently with the principal and RSE link governor, e.g. through yearly review meetings, to evaluate the effectiveness of the subjects and implement any changes.

## 18. Monitoring and review

- 18.1. This policy will be reviewed by the principal in conjunction with the RSHE and health education subject leader on an annual basis.
- 18.2. Any changes needed to the policy, including changes to the programmes, will be implemented by the principal.
- 18.3. Any changes to the policy will be clearly communicated to all members of staff and, where necessary, parents and pupils, involved in the RSE and health education curriculum.
- 18.4. The next scheduled review date for this policy is September 2023.

# Letter to Parents Regarding RSHE and health education

School name  
Address line one  
Address line two  
Address line three  
Postcode  
Date

**RE: RSE and health education at name of school**

Dear parent,

Government guidelines outline that, from the age of 11, it is compulsory for all schools to provide an RSE and health education curriculum.

At our school, we believe that it is important to provide our pupils with a thorough and balanced curriculum, including age-appropriate information about sex and relationships.

The details of what will be taught to the various year groups is detailed in the school's **RSE and Health Education Policy**, which can be accessed on our school website **insert website address**, or in hard copy via our **school office**.

Though schools must provide RSE and health education for pupils from the age of 11, up until the age of 19, only aspects of the science national curriculum are compulsory for pupils to learn. Therefore, as parents, you are entitled to request that your child be removed from sex education lessons up to and until three terms before they turn 16-years-old. After that point, if your child wishes to receive sex education, the school will make arrangements to provide them with sex education during one of those terms.

Requests for withdrawal should be submitted in writing to myself, the principal, who will discuss this with you and your child's teacher, and determine an appropriate substitute for these lessons. In most instances, children will be provided with self-directed reading or exercises which they can complete under the supervision of a trainee teacher.

If you have any concerns or queries about your child's participation in these lessons, please do not hesitate to contact either myself or your child's class teacher to discuss these.

Yours sincerely

**Name**

Principal