**Relationships and Health Education Policy**

**Primary**

**September 2020**

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| **Associated Documents & Links to:** |  |
| * **Safeguarding and Child Protection Policy**
* **Behaviour Policy**
* **Whistleblowing policy**
* **Data protection policy**
* **E-safety Policy**
* **Anti-Bullying Policy**
 | **Statutory DfE guidance:** <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>* **PHSE & Science Curriculum (wherever else you cover the topics listed at the end)**
* **Visitors Policy**
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**Approved by the Standards and Outcomes Committee of the Trust Board, June 2020**

**Our Vision**

**We have one core purpose:**

To have the biggest positive impact in the varied communities we serve through ensuring top drawer education for our learners. #TransformingLives

**How do we ensure this across our trust?**

In all we do we are:

1. Ethical to the core, ensuring that education is always front and centre
2. Futures focused system leaders – never simply followers
3. Collaborative in every endeavour
4. Resolutely learner centred.

**What does this look like across our trust?**

Education

We are:

1. Ruthlessly ambitious for all who learn and work with us
2. Unwaveringly inclusive – determined on eradicating barriers to educational success
3. Committed to excellent teaching
4. Determined upon academic excellence for all in our communities
5. Compassionate, ethical and caring advocates for all in our communities
6. Outwardly facing and globally conscious

Operations

We are:

1. Committed to the very best people development and empowerment
2. Determined to shout loudly and share proudly our successes
3. The best professional and technical experts (supporting education) in the sector
4. Committed to the very best understanding and management of risk

Financial

We are:

1. Providing the best possible public service for the best possible value
2. Determined to supplement our public income with shrewd income generation
3. Building financially sustainable models of educational improvement in our communities
4. Demonstrably efficient in all we do

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# 1. Aims

The aims of Relationships and health education at our school 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. Our values**

* We will work inclusively within our communities, embracing the varied localities we serve while sharing our common vision and values.
* We will develop the very best leaders of the future, working to improve education and transform lives.
* We will adhere unwaveringly to the ‘Nolan Principles’ of Public Service, which is made clear in our commitment to Ethical Leadership.

# 3. Statutory requirements

As a primary academy school we must provide relationships and health education to all pupils as per section 34 of the [Children and Social work act 2017.](http://www.legislation.gov.uk/ukpga/2017/16/section/34/enacted)

We do not have to follow the National Curriculum but we are expected to offer all pupils a curriculum that is similar to the National Curriculum including requirements to teach science which would include the elements of sex education contained in the science curriculum.

In teaching relationships and health education, we are required by our funding agreements to have regard to [guidance](https://www.gov.uk/government/consultations/relationships-and-sex-education-and-health-education) issued by the secretary of state as outlined in section 403 of the [Education Act 1996.](http://www.legislation.gov.uk/ukpga/1996/56/contents)

At [academy name] we teach relationships and health education as set out in this policy.

# 4. Policy development

Delete \*You **must** consult with parents when making changes to your policy and it’s good practice to consult with staff and pupils too. The text below is an example of how schools may do this. You’ll need to adapt this section to reflect your own policy development process. For example, you may want governors to be involved earlier in the policy development process. Please only include the things that you did or will do as part of your consultation in your version of the policy.\*Delete

This policy has been developed in consultation with staff, pupils and parents. The consultation and policy development process involved the following steps:

1. Review – the (job title DSL/Principal/ PHSE Lead) or working group pulled together all relevant information including relevant national and local guidance.
2. Staff consultation – all school staff were given the opportunity to look at the policy and make recommendations through (insert system/process and month it was done)
3. Parent/stakeholder consultation – parents and any interested parties were sent a letter with a link to the draft policy on the website asking for their feedback electronically at (insert email address or system) by (insert date) and invited to attend a meeting about the policy.
4. Pupil consultation – we investigated what exactly pupils want from their relationships and health education by (insert how you did this/will do this with very limited pupils attending). Use the information you have gathered from pupil voice and how you will gather it on the way in which material is taught – the content of what is taught is not part of the consultation; it is required.
5. Pupil reflection – we will ask pupils for feedback on the relationships and health education sessions/units once they have been completed during the academic year and use this feedback to further inform future sessions. We will do this by (insert how you will do this).
6. Ratification – once amendments were made, the policy was shared with governors and ratified.

# 5. Definition

DELETE \* Adapt this section to suit your phase and context. For example, if you only provide relationships education or if you choose to teach sex education that is in addition to what’s covered in the science curriculum.

Relationships and health education is about the emotional, social and cultural development of pupils, and involves learning about relationships, (sexual health, sexuality – delete if you do NOT teach Sex), healthy lifestyles, diversity and personal identity.

Relationships and health education involves a combination of sharing information and exploring issues and values.

Relationships and health education is not about the promotion of sexual activity.

# 6. Curriculum

Our curriculum is set out as per Appendix 1 but we may need to adapt it as and when necessary to meet the needs of our pupils and our community or issues that are highlighted nationally.

We have developed the curriculum in consultation with parents, pupils and staff, taking into account the age, needs and feelings of pupils. If pupils ask questions outside the scope of this policy, teachers will respond in an appropriate manner so that pupils are fully informed and don’t seek answers online or their peers which may not provide a true reflection of reality or explore related ethical issues the way in which a teach can.

DELETE\* Primary sex education is not compulsory in primary schools, it is up to YOU to determine whether you need to cover any additional content on sex education to meet the needs of your pupils. If you decide to cover this, please include the following statement which you can add or adapt according to your pupils’ needs.

Primary sex education will focus on: (delete this section if not applicable to you)

* Preparing boys and girls for the changes that adolescence brings
* How a baby is conceived and born

For more information about our curriculum, see our curriculum map in Appendix 1.

# 7. Delivery of relationships and health education

Delete \*In this section you should set out your school’s individual approach to delivering relationships and health education.

The following text is a suggested starting point only and should be added to and/or adapted according to your school’s approach. You should include how you’ll teach relationships and health education -related topics within your curriculum and how you’ll consider the needs of all pupils, including those with special educational needs. \*Delete

Relationships and health education is taught within the personal, social, health and economic (PSHE/name if different) education curriculum. Biological aspects of relationships and health education are taught within the science curriculum, and other aspects are included in religious education (RE/ethics/name if different).

Relationships and health education focuses on teaching the fundamental building blocks and characteristics of positive relationships including:

* Families and people who care for me
* Caring friendships
* Respectful relationships
* Online relationships
* Being safe

Add information about any sex education you provide that is in addition to what’s covered in the science curriculum.

For more information about our RSE curriculum, see Appendices 1 and 2.

These areas of learning are taught within the context of family life taking care to ensure that there is no stigmatisation of children based on their home circumstances (families can include single parent families, LGBT parents, families headed by grandparents, adoptive parents, foster parents/carers amongst other structures) along with reflecting sensitively that some children may have a different structure of support around them (for example: looked after children or young carers).

# 8. Roles and responsibilities

The local academy committee (LAC)

The LAC will monitor the implementation of this policy on behalf of Trustees, whose responsibility it is to approve.

**The Principal**

The principal is responsible for ensuring that Relationships and health education is taught consistently across the academy, and for managing requests to withdraw pupils from non-statutory/non-science components of Relationships and health education (see section 9).

Staff

Staff are responsible for:

* Delivering Relationships and health education in a sensitive way
* Modelling positive attitudes to Relationships and health education
* Monitoring progress
* Responding to the needs of individual pupils
* Supporting the review and reflection process for pupil feedback after taught sessions/units.
* Responding appropriately to pupils whose parents wish them to be withdrawn from the non-statutory/non-science components of Relationships and health education
* Make pupils aware that if anything that is said during these sessions rases any concerns about themselves or about someone that they know they should talk to a trusted member of staff about it.

Staff do not have the right to opt out of teaching Relationships and health education. Staff who have concerns about teaching Relationships and health education are encouraged to discuss this with the Principal.

DELETE \* You must include names/roles of those responsible for teaching Relationships and health education in your school.

|  |  |  |
| --- | --- | --- |
| Staff Name | Job Title | Aspect of Relationships and health education (science/PHSE) |
| e.g Sandra Bullock  | Head of Y10 | PHSE (online safety) |
|  |  |  |
|  |  |  |
|  |  |  |

Pupils

Pupils are expected to engage fully in Relationships and health education and, when discussing issues related to RSE, treat others with respect and sensitivity. Failure to behave appropriately will be dealt with in accordance to the Behavior Policy.

If gaining a wider awareness of positive relationships versus negative relationships causes any concern to any pupil about themselves or someone they know, they are encouraged to share these concerns with a trusted member of staff who will deal with them in accordance to the safeguarding policy.

# 9. Parents’ right to withdraw

Parents do not have the right to withdraw their children from Relationships and health education.

DELETE \* Adapt this section if your school does not provide any sex education that is in addition to that covered in the science curriculum – If you only do the statutory requirement of relationship education you can delete the section below in pink:

Parents have the right to withdraw their children from the non-statutory/non-science components of sex education within Relationships and health education.

Requests for withdrawal should be put in writing using setting out clear rationale for withdrawing their child in line with the governments statutory guidance.

Alternative work will be given to pupils who are withdrawn from sex education.

A copy of withdrawal requests will be placed in the pupil’s educational record. The Principal will discuss the request with parents and take appropriate action and record the viewpoint of both parties as well as the outcome of the discussion.

Insert additional information about the actions the Principal will take.

Alternative work will be given to pupils who are withdrawn from sex education.

# 10. Training

Staff are trained on the delivery of Relationships and health education and it is included in our continuing professional development calendar.

The Principal will also invite visitors from outside the school, such as school nurses or sexual health professionals, to provide support and training to staff teaching Relationships and health education in line with the academy’s Visitors Policy.

# 11. Monitoring arrangements

The delivery of Relationships and health education is monitored by [name and role] through: Insert details of monitoring arrangements, such as planning scrutinies, learning walks, quality assurance etc.

Pupils’ development in Relationships and health education is monitored by class teachers as part of our internal assessment systems.

This policy will be reviewed by [name and role] bi-annually or sooner if as a result of pupil feedback, consultation feedback or a change in guidance from the DfE. At every review, the policy will be approved by the LAC.

### Appendix 1: Curriculum map

Relationships and health education Curriculum Map

DELETE \* Include as much detail as you can, including links to resources you’ll use or sharing examples. Being transparent with parents/carers early on will make it easier for you to handle questions, concerns, or objections.

| Year group | Term | Topic/theme details  | Resources |
| --- | --- | --- | --- |
| Year 2 | Spring 1 | Relationships:Science:  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Appendix 2: By the end of primary school pupils should know

| Topic | Pupils should know |
| --- | --- |
| Families and people who care about 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
* That stable, caring relationships, which may be of different types, are at the heart of happy families, and are important for children’s security as they grow up
* That marriage represents a formal and legally recognised commitment of two people to each other which is intended to be lifelong
* How to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed
 |
| 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
 |
| 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
 |
| Online relationships & Being Safe Online | * 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
* The rules and principles for keeping safe online, how to recognise risks, harmful content and contact, and how to report them
* 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
* 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.
 |
| 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
 |
| 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.
 |
| Physical Health and Fitness & Healthy Eating  | * 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.
* 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).
* 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 handwashing.
* The facts and science relating to allergies, immunisation and vaccination.
 |
| Drugs Alcohol and Tobacco  | * The facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.
 |
| 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.
 |
| 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.
 |