

Leicestershire healthy schools

Secondary Relationships & Sex Education & Health Education

Update: September 2018

The links between pupils' [wellbeing and attainment](#) have long been recognised, and so on 23rd October 2008 (I had to check my Filofax) the then Secretary of State for Education Jim, now Lord, Knight announced that the Government was going to make PSHE statutory.

A decade later, the current Government made a similar announcement and in July 2018 the DfE published draft [guidance](#) to introduce two new statutory subjects: Relationships Education (for primary schools) and Relationships & Sex Education (RSE) in secondary schools, and Health Education for **all** state-funded schools in England for pupils in Key Stages 1-4.

The Guidance describes what schools **should** do and sets out the legal duties with which schools **must** comply (DfE emphasis) as from September 2020, although the guidance also notes that many schools of already teaching Personal, Social, Health and Economic (PSHE) education and hopes that 'early adopters' implement this guidance as from September 2019.

It is however, is open for [consultation](#) until 7/11/18, and we would urge all interested professionals to respond and some suggested questions are noted below. The Ofsted framework is likely to be revised in September 2019, so this briefing will be an iterative process, and we will aim to keep you updated as the situation changes.

Later this academic year, the DfE will produce final Guidance on the new statutory subjects, although expectations around pupils' Spiritual, Moral, Social and Cultural ([SMSC](#)) development remain unchanged; the [National SMSC Quality Mark](#), provides an excellent vehicle to identify strengths and areas for development.

Schools can, and arguably should, continue to provide high quality PSHE, ideally based on the [Programme of Study](#) from the [PSHE Association](#) and the DfE hope that schools will continue to enhance provision prior to statutory expectations. It

also notes the importance of linking with the wider curriculum on healthy lifestyles and the provision of extra-curricular activities.

The Guidance notes the importance of flexibility and schools' freedom to determine an age appropriate, developmental curriculum which meets the needs of their pupils. This means that before Relationships Education and Health Education become statutory, schools may need to revise how they identify the needs of their pupils.



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Subject leaders may also wish to consider discussion provision with groups of pupils and asking questions about some of the things that they think they should learn about relationships and health, if they had a 'younger cousin' starting at the school.

[Anonymous questionnaires](#), and freely available public-health resources such as the Joint Strategic Needs Assessment (JSNA) can provide useful local data, for example, about the prevalence of adult smoking, which can help inform curriculum content. Leicestershire also have different, age appropriate on-line questionnaires for Years 7, 9 and 11 (a



demonstration version of which can be found [here](#)) available from the [Healthy Together School Nurse Team](#). The data that this produces for schools allows you to target your PSHE and gives a health profile of the school which can be used to generate positive 'social norms' messages, which can have positive outcomes on the health and well-being of children and young people. There is also a '[Health for Teens](#)' information website specifically for young people.

Data is important, but so is the tacit knowledge in the wider school community, for example, information from the School Nursing service, the Police, Youth Workers and Social Workers and anybody else with a detailed knowledge of the needs of the local community.

Although schools will have some freedom and flexibility to determine content which meets the needs of their pupils, **Relationships and Sex Education (RSE)** should build on what has been taught in primary schools (pages 16 & 17).

The Guidance provides a statutory framework of understanding that pupils should have about RSE (pages 21-23), by the time they leave Secondary School focusing on **Families** and the contribution of different types of committed, stable relationships to personal happiness and bringing up children; the characteristics of positive and healthy **Respectful relationships**, including friendships, both on and off-line; the rights, responsibilities challenges and opportunities **online and the media; being safe**, which includes the concepts of and law relating to sexual consent, exploitation, coercion and harassment; **intimate relationships and sexual health** which includes the importance of mutual respect, loyalty and trust, as well as the facts around contraceptive choices and STIs. The importance of teaching about on-line relationships is emphasised, as is teaching about LGBT issues, which should be integrated throughout RSE. All of this should be taught with relevance to the law.

Although the Guidance focusses on the knowledge that children should have by the end of KS4, good practice would also develop pupils' skills or competencies to enable them to be able to put that knowledge into practice. This should be located in a values-based framework. The Guidance does talk about the importance of developing resilience and 'positive virtues' which are described as being fundamental to pupils being happy, successful and productive members of society. The Guidance suggests that it is also important to foster pupils' ability to believe that they can achieve academic and personal goals; stick to tasks, even when the reward may be distant; and to bounce back from challenging periods in their lives. Although such virtues are, no doubt, well-intentioned, there is no research evidence to indicate that this is necessarily has positive impact on behaviourally effective relationships and sex education, and there may need to be some caution and sensitivity exercised when discussing virtues such as self-sacrifice, humility, forgiveness and trustworthiness (which are all suggested) with young people who have been, or may be at risk of physical and/or sexual abuse.

The Guidance makes it clear that RSE and Health Education must be accessible to all pupils and emphasises that high quality teaching is differentiated and personalised, which is particularly important when planning for pupils with special educational needs and disabilities, especially as some pupils are more vulnerable to exploitation and bullying because of their SEND.

Consequently, the Guidance provides a statutory framework of knowledge that pupils should understand about **Health Education**, by the time they leave secondary school (pages 28 - 30), under the headings of:

- **Mental wellbeing** – pupils should know how to talk about their emotions accurately and sensitively with appropriate language and that happiness is linked to being connected to others. They should know how to critically evaluate the effects on their own or other people’s mental-health when they engage in different activities; they should understand common types of mental ill-health (e.g. anxiety and depression) and how to recognise the early signs of mental well-being issues. Pupils should also understand the benefits of and impact on their mental wellbeing of physical exercise, spending time outdoors and community participation.
- **Internet Safety & harms** – Pupils should know the similarities and differences between the online world and the physical world including the impact of unhealthy or unrealistic perceptions of body image; that people may create a specific image of their life online and that over reliance on online relationships, including social media maybe harmful. Pupils should also know how advertising and information is targeted at them; how to be discerning online and how to identify harmful behaviours online, how to report this and get support if they have been affected by this. Links are also suggested with the national curriculum for [computing](#).
- **Physical health and fitness** – pupils should understand the relationships between physical activity, mental well-being and managing stress; the characteristics of a healthy lifestyle and healthy weight and wider issues such as organ and blood donation. The guidance also makes clear links to national curriculum for [PE](#).
- **Healthy eating** - Pupils should know what constitutes a healthy diet and the links between diet, health and emotional well-being.
- **Drugs, alcohol and tobacco** - Pupils should know the facts and the law about legal and illegal substances; the physical and psychological risks associated with alcohol consumption and what constitutes (relatively) safe alcohol consumption; addiction and dependency; the harms from smoking tobacco, the benefits of quitting and how to access support to do so.
- **Health and prevention** – Pupils should know About personal hygiene and the spread of infection; dental health; the importance of regular self-examination and the links between sufficient, good quality sleep and good health.



- **Basic first aid** - Pupils should know basic treatment for common injuries, life-saving skills and CPR And the purpose of defibrillators, and when one might be needed.
- **Changing adolescent body** - Pupils should know the key facts about puberty and the changing adolescent body, the main changes which take place and the implications for physical and emotional health.

In the middle of the section on physical health and mental well-being for secondary school pupils there is an acknowledgement that the onset of menstruation can be confusing or even alarming for girls if they are not prepared. Given that some girls start their periods in Year 4, this surely needs to be covered in the primary school, for both boys and girls as part of the changing adolescent body.

The religious background of all pupils must be taken into account in the planning and teaching of the new subjects, so that sensitive topics can be handled appropriately. The Guidance is also very clear that the [Public Sector Equality Duty](#) is essential to take into consideration when curriculum planning and that positive relationships with local faith communities can provide a really helpful context for teaching the new subjects.

In section 39 the Guidance is very clear that importance of explaining to parents how teaching and learning in this area of the curriculum can contribute to keeping children safe and promoting their well-being. Elsewhere in the guidance, there are some really important statements about how, by teaching relationships education, schools can help prevent abuse and protect children by giving them not only the knowledge they need to stay safe but also how report abuse, or their concerns about the possible sexual, physical or emotional abuse of another child. This might involve teaching children that they have rights over their own bodies, learning on how to report concerns and seek advice also include learning about boundaries and friendships with peers but also in families and others both off-line and online.

The Guidance reiterates the parental 'right to withdraw' their child from some, or all aspects of sex education but suggest that it's good practice to invite parents in to school, to look at the resources the children are going to use,



particularly around sex education. Parents can't withdraw their children from science education. Children have often said that they want their parents / carers to be their first educators about relationships and sex, so schools need to work in partnership with parents and help them manage some of the challenging conversations as young people grow from childhood into adolescence.

The Guidance also recommends good practice that if a parent does want to withdraw their child from sex education, a school leader should talk through with them the importance and benefits of sex education

and any social or emotional impacts that being withdrawn might have on the child. It might also be useful to point out even if they do withdraw their child from some, or all, of sex education, children talk in the playground! It may be useful to ask the Parents to consider whether it be better for their child to take part in a planned programme, that is aimed at addressing the child's current and future needs in a sensitive, thoughtful discussion and hear accurate information from a teacher, rather than hearing the children's version after class.



If a child is 'excused' from sex education the school obviously has to provide appropriate, purposeful education for that child.

The rights of parents to withdraw their child from specific components of sex education within RSE should be respected except in 'exceptional circumstances' (although there is no guidance as to what these might be). The rights of young people are also recognised when the guidance notes (section 43, page 13) that three terms before the young person becomes 16, they have the right to opt back in to sex education, even if their parents wish them to be withdrawn. Tom

Despite the slightly mixed messages about sex education, the importance of teaching about on-line relationships is emphasised, as is that teaching about LGBT issues should be integrated throughout relationships education with an age appropriate approach. Excellent advice is available from [Stonewall](#).

Clearly staff confidence is essential to any aspect of Relationships, Sex and Health education. It's essential that we don't suggest that the classroom is confidential environment - it isn't and if pupils were to make a disclosure, or said something that worried you, you will need to follow that up through your usual safeguarding arrangements. Further support will be available on some of the practicalities of setting and maintaining ground rules, interactive learning and although the Guidance has a section about managing tricky questions (page 17) it's surprising what an hour or two of CPD can do, to give staff the confidence to be able to establish a safe and appropriate learning environment and to be able to answer challenging questions.

The importance of engaging with [external agencies](#) is noted and the Guidance acknowledges the additional support and specialist knowledge that visitors can bring. It is the schools' responsibility check that any external visitor, not only fits in with, but enhances the curriculum. It's important to have discussed not only [what](#) the visitor will provide, [how](#) are they are going to do it, but also that the content is age-appropriate, differentiated and accessible. Further advice on engagement with visitors is available [here](#).

Despite the Department of Health's recently [document](#) calling for strong relationships to support positive sexual health, there no acknowledgement of the role of local [Public Health](#) / School nursing teams to enhance provision and bring specialist support – which maybe something that colleagues wish to comment on in the consultation.

The Guidance doesn't really change anything, about the importance having a school policy, or perhaps a number of policies, that all interlink, to make it very clear where and when and how were going to teach relationships and sex education and health education. This should be published on the school website. Section 15 of the Guidance (page 9) gives an outline of what the policy should cover and there are really good resources available from the [PSHE Association](#) (although you have to be a member to access this) and a [free resource](#) from the [Sex Education Forum](#). School policies will have to be updated, and need to be reviewed in conjunction with a number of other important documents including, but not restricted to: [Keeping Children Safe in Education](#) (as from Sept. 2018); [The Public Sector Equality Duty](#); [Sexual violence and sexual harassment in schools](#) (May 2018); Government responses to the [Internet Safety Strategy](#) (2018) and to [mental-health provision](#) which notes the importance of leadership of this and the new subjects.

The (separate) Government guidance on [mentally healthy schools colleges](#) say that they will incentivise and support all schools and colleges to identify and train a designated senior lead to oversee the approach mental health and well-being.

The [Chief Medical Officer](#) has described the 'vital bridge' that PSHE forms between health and education, and that by building resilience and well-being, the physical and psychosocial well-being of pupils is improved, which supports academic improvement. The inclusion of Relationships (and Sex) and Health education, should support to the core business of schools, not be a barrier, but improving pupils' wellbeing cannot be done without staff wellbeing. Stressed staff cannot support or promote pupils' health or emotional wellbeing and any improvements towards improving relationships, wellbeing and health, should be a whole school agenda.

To help prepare for these statutory requirements, and to improve provision, in January 2019, we will again be offering the [National PSHE CPD](#) programme, updated in light of the new Guidance, which is accredited through Roehampton University and is enormously helpful to teachers but also youth workers, health professionals and the police.

On-going support will be available from our PSHE Co-ordinators meetings on Wednesday 13/3/19 and Thursday 23/6/19 (venues TBC) to which all are welcome (Secondary Schools 09.30-12.30; Primary Schools 13.00 – 16.00, please contact

antonia.gallo@leics.gov.uk for details) but, in the meantime, we urge all schools and interested professionals to respond to the [consultation](#), which closes on 7th November 2018



Although the new statutory expectations don't take us back to the heady days of Every Child Matters, it provides a framework which expects schools to teach the knowledge, skills and values that enable children to keep themselves safe and well, and links this to learning and achievement.

This draft guidance, is open for [consultation](#) until 7/11/18, and we would urge all interested professionals to respond and some suggested questions are noted below:

In addition to responding to the consultation on relationships education, RSE and health education, we hope that school leaders and interested professionals, will also comment on:

- 1) Should Careers Education and / or Financial Education be explicitly excluded from the Guidance, especially when the need for understanding personal finance is so important.
- 2) Would it not be easier to mandate PSHE education, rather than have guidance on Relationships Education, Relationships and Sex Education (RSE) and Health Education?
- 3) Given that many girls start their periods in KS2, why include menstruation in the section on physical health and mental well-being for secondary school pupils? This needs to be taught in the primary curriculum, for both boys and girls, as part of the changing adolescent body.
- 4) Do you feel that the guidance on LGBT issues is sufficiently robust? Many people, including [Stonewall](#) feel that it should be made more explicit.

- 5) Would it help primary schools to have clearer guidance about the naming of body parts that children should learn from Year 2 or 3, certainly at the start of KS2, partly to link with NC Science but principally to support safeguarding.
- 6) The guidance talks a lot about knowledge, and although (children and young) people cannot make informed decisions with inaccurate knowledge, knowledge alone is unlikely to enable them to be able to make the pro-social, pro-health choices that we would like them to make. Should the Guidance be more explicit about the role of skills or competences?
- 7) What additional recommendations would you like to see about the contribution from local Public Health / School Nursing would you like to see to help inform the curriculum and possibly to provide CPD?
- 8) **Finally, and perhaps most importantly** Does your school currently have adequate resources, support and training to be able to implement the Guidance? Should DfE make additional funding available to support CPD?