

# **RIVERSIDE SCHOOL**



## **RSE (Relationship and Sex Education) and Health Education Policy**

APPROVED BY GOVERNORS

RESPONSIBLE PERSON – HEADTEACHER

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## **Statement of Intent**

At Riverside School 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 RSE 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, developmentally appropriate teaching of these subjects which is accessible to all our pupils. 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 pupils.

## **1. Legal Framework**

1.1 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

1.2 This policy operates in conjunction with the following school policies:

- Regulation Support Policy
- Inclusion Policy
- SEND Policy
- E-Safety Policy
- Equal Opportunities Policy
- Anti-Bullying Policy
- Safeguarding Policy
- Acceptable Terms of Use Agreement

## **2. Roles and Responsibilities**

2.1 The Governing Board will approve the RSE Policy, and hold the Headteacher to account for its implementation.

2.2 The Headteacher is responsible for:

- The overall implementation of this policy;
- Ensuring all staff are suitably trained to deliver lessons on this subject;
- Ensuring parents are fully informed of this policy;
- Reviewing all requests to withdraw pupils from non-statutory elements of the RSE 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 RSE and health education curriculum;
- Reviewing this policy on an annual basis; and
- Reporting to the Governing Board on the effectiveness of this policy and the curriculum.

### 2.3 The RSE and health education subject leader is responsible for:

- Overseeing the delivery of RSE and health education;
- Working closely with colleagues in related curriculum areas to ensure the RSE and health education curriculum compliments, and does not duplicate the content covered in national curriculum subjects;
- Ensuring the curriculum is developmentally 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 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; and
- Monitoring and evaluating the effectiveness of the subjects and providing reports to the Headteacher.

### 2.4 Teachers 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 level 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 RSE and health education;
- Reporting any concerns regarding the teaching of RSE or health education to the RSE and health education subject leader or a member of the leadership team;
- Reporting any safeguarding concerns or disclosures that pupils may make as a result

- of the subject content to the DSL; and
- Responding appropriately to pupils whose parents have requested to withdraw them from the non-statutory components of RSE, by providing them with alternative education opportunities.

### **3. Organisation of the RSE and Health Education Curriculum**

3.1 All schools providing secondary education are required to deliver statutory RSE 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 RSE and health education curriculum will be developed in consultation with teachers, pupils and parents, and in accordance with DfE recommendations.

3.5 The school understands the important role parents play in enhancing their children's understanding of relationships, sex and health. Similarly, we also understand how important parents' views are in shaping the curriculum. The school aims to build positive relationships with parents by inviting them into school to discuss what will be taught, address any concerns and help parents in managing conversations with their children on the issues covered by the curriculum.

3.6 The school works closely with parents by establishing open communication – all parents are consulted in the development and delivery of the curriculum. We will gather the views of teachers, pupils and parents in the following ways:

- Meetings;
- Letters; and
- Training sessions.

3.7 The majority of the RSE and health education curriculum will be delivered through PHSE education, with statutory elements taught via the science curriculum.

3.8 The RSE 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.

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

3.10 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.

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

3.12 The RSE 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. RSE and Health Education Programmes of Study**

4.1 At Riverside School we are committed to ensuring RSE and health education is accessible to all, in a way which is developmentally appropriate and meets the individual needs of our pupils.

Below are the outlines of what is covered in each key stage, many pupils' developmental stage would however require access to the programmes of study from a different key stage to the one they are currently in. Many pupils may not cover all of the topics detailed below. Each key stage continues to build upon what was covered in the previous stage. Support and guidance is given to teachers to ensure there is differentiation throughout each key stage.

EYFS and KS1	All about me – What I like and dislike Who's in my family? Positive friendships Building positive relationships with people around me Awareness of my own body Personal hygiene Healthy eating
KS2	Understanding different emotions Different family types Understanding of differences between people Respectful relationships Dealing with conflict Caring friendships Online relationships Differences between boys and girls body parts Changing body parts Understanding Puberty – Physical changes that take place Human life cycle – Understanding of different stages of life Public/ private and appropriate touch Physical health and fitness Health and prevention Basic first aid
KS3	Menstruation and wet dreams Understanding about fertilisation How does a baby start? Factual information regarding intercourse How is a baby born

	The impact a baby has on a family Appropriate emotions and feelings within male/ female relationships Online Safety Being physically healthy, clean, and free from infection
KS4 & KS5	Positive, healthy aspects of one-to-one intimate relationships Consent Arousal, masturbation and dignity Sexuality Sexual relationships Facts about pregnancy Contraception Online safety and media Benefits and importance of physical health and wellbeing Emotions and being able to identify and discuss them Internet safety and harms

## 5. Delivery of the Curriculum

5.1 The majority of the RSE and health education curriculum will be delivered through the PHSE curriculum. For pupils for whom it is appropriate they will have weekly RSE sessions.

5.2 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 sequences way, within a planned scheme of work; and
- 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.

5.3 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.

5.4 The RSE and health education curriculum will be delivered by appropriate members of staff.

5.5 The curriculum will proactively address issues in a timely way in line with current evidence on pupil's physical, emotional and sexual development.

5.6 RSE and health education will be delivered in a non-judgemental, developmentally appropriate, factual and inclusive way that allows pupils to ask questions in a safe environment.

5.7 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.

5.8 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. 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.

5.9 All teaching and resources are assessed by the RSE and health education subject leader to ensure they are appropriate for the age and maturity of pupils, are sensitive to their religious backgrounds and meet the needs of any SEND, if applicable.

5.10 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.

5.11 Developmentally appropriate diagrams, videos, books, games, discussion and practical activities will be used to assist learning.

5.12 Inappropriate images, videos etc., will not be used, and resources will be selected with sensitivity given the age and cultural background of pupils.

5.13 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.

5.14 Teachers will establish what is appropriate for one-to-one and whole-class settings, and alter their teaching of the programmes accordingly.

5.15 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.

5.16 The curriculum will be designed to focus equally on boys and girls, and any activities will be planned to ensure both are actively involved, matching their different learning styles.

5.17 Teachers will focus heavily on the importance of healthy relationships when teaching RSE, though sensitivity will always be given so as to not stigmatise pupils on the basis of their home circumstances.

5.18 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.

5.19 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.

5.20 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.

5.21 The procedures for assessing pupil progress are outlined in [section 12](#) of this policy.



## 6. Curriculum Links

6.1 The school seeks opportunities to draw links between RSE and health education and other curriculum subjects wherever possible to enhance pupils' learning.

6.2 RSE 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; and
- **PHSE** – pupils learn about respect and difference, values and characteristics of individuals.

## 7. Working with Parents

7.1 The school understands that parents' role in the development of their children's understanding about relationships and health is vital.

7.2 The school will work closely with parents when planning and delivering the content of the school's RSE and health education curriculum.

7.3 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; and
- Information about parents' right to withdraw their child from non-statutory elements of RSE and health education.

7.4 Parents will be provided with frequent opportunities to understand and ask questions about the school's approach to RSE and health education.

7.5 The school understands that the teaching of some aspects of the curriculum may be of concern to parents.

7.6 If parents have concerns regarding RSE and health education, they may discuss these with their child's class teacher or a member of leadership.

7.7 Parents will be regularly consulted on the curriculum content, through meetings and letters, and the curriculum will be planned in conjunction with parents' views.

## 8. Working with External Agencies

8.1 Working with external agencies can enhance our delivery of RSE and health education, and brings in specialist knowledge and different ways of engaging pupils.

8.2 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.

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

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

8.5 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.

8.6 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.

8.7 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 Safeguarding Policy.

8.8 The school will use visitors to enhance teaching by an appropriate member of teaching staff, not to replace teaching by those staff.

## **9. Withdrawal from Lessons**

9.1 Parents have the right to request that their child is withdrawn from some or all of the sex education delivered as part of statutory RSE.

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

9.3 Before granting a withdrawal request, the Assistant Headteacher 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.

9.4 The Assistant Headteacher will inform parents of the benefits of their child receiving RSE and any detrimental effects that withdrawal might have.

9.5 All discussions with parents will be documented. These records will be kept securely in the school office in line with the school's GDPR Policy.

9.6 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 RSE rather than be withdrawn, the school will make arrangements to provide the child with RSE.

9.7 Pupils who are withdrawn from RSE will receive appropriate, purposeful education during the full period of withdrawal.

## **10. Equality and Accessibility**

10.1 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        | • Religion or beliefs | • maternity          |
| • Sex        | • Gender              | • Marriage or Civil  |
| • Race       | reassignment          | partnership          |
| • Disability | • Pregnancy or        | • Sexual orientation |

10.2 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.

10.3 The school understands that pupils with SEND are entitled to learn about RSE and health education, and the curriculum will be designed to be inclusive of all pupils.

10.4 The school is aware that some pupils are more vulnerable to exploitation, bullying and other issues due to the nature of their SEND.

10.5 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.

10.6 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.

10.7 The school will be actively aware of everyday issues such as sexism, misogyny, misandry, 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.

10.8 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 policy.

## **11.Safeguarding and Confidentiality**

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

11.2 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 policy.

11.3 Teachers will, however, understand that some aspects of RSE 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.

11.4 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.

## **12. Assessment**

12.1 The school has the same high expectations of the quality of pupils' work in RSE and health education as for other curriculum areas.

12.2 Lessons are planned to provide suitable challenge to pupils of all abilities.

12.3 Assessments are used to identify where pupils need extra support or intervention.

## **13. Staff Training**

13.1 Training will be provided by the RSE 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.

13.2 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.

13.3 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.

## **14. Monitoring Quality**

14.1 The RSE and health education subject leader is responsible for monitoring the quality of teaching and learning for the subject.

14.2 The RSE and health education subject leader will conduct subject assessments on a termly basis, which will include a mixture of the following:

- Self-evaluation
- Lesson observations
- Topic feedback forms
- Learning walks
- Work scrutiny
- Lesson planning scrutiny

14.3 The RSE and health education subject leader will create annual subject reports for the Headteacher and Governing Board to report on the quality of the subjects.

14.4 The RSE and health education subject leader will work regularly and consistently with the Headteacher and RSE link governor e.g., through monthly review meetings, to evaluate the

effectiveness of the subjects and implement any changes.

## **15. Monitoring and Review**

15.1 This policy will be reviewed by the Headteacher in conjunction with the RSE and health education subject leader on an annual basis.

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

15.3 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.

15.4 The next scheduled review date for this policy is January 2025.

## **Appendix 1 – Gender Questioning Children**

The DfE published new draft guidance for schools in regards to children who may be questioning their gender in December 2023. The full document may be accessed [here](#), and a summary can be seen below.

In recent years, an increasing number of children have been questioning their gender. This is why the DfE have published new guidance for teachers on how best to support these students in schools and colleges.

In England, children can't obtain a Gender Recognition Certificate so their legal sex will always be the same as their biological sex. There is also no general duty that says schools and colleges must support a child to take steps that are part of 'social transition' – such as agreeing to change their name or pronouns.

The guidance is clear that schools have a duty to safeguard and promote the welfare of all children, which means that a cautious approach should be taken when responding to requests to social transition.

School and colleges should create an environment that is respectful of all beliefs. This means no one should be expected to use preferred pronouns and they should not be sanctioned for making honest mistakes. In all cases, bullying must not be tolerated.

While the guidance is intended to help teachers, parents' view will be at the centre of every decision the school makes about their child.

### **What does it mean for a child who asks to socially transition at school or college?**

Teachers shouldn't initiate or suggest to a child that they socially transition – they should begin to consider a request if a student has asked to do so.

If a child does ask to socially transition, for example, to use a pronoun that is different to their biological sex, then teachers shouldn't automatically agree.

Parents have a right to know and teachers should discuss the child's request with their parents or guardian and take into account their views, except in exceptional circumstances where this poses a significant risk of harm to the child.

They should also consider whether it's in their best interest, considering the wider context, including whether it will have an impact on the wider school, and allow a good amount of time to think before rushing into a decision.

### **What about single-sex spaces like toilets and changing rooms?**

It's important that single-sex spaces such as toilets, showers and changing rooms, remain single-sex, and schools should continue to ensure children aged 11 or older should not be made to get changed or wash in front of children of the opposite sex.

Schools and colleges should not allow children to share a room overnight with those of the opposite sex.

Where possible, schools and colleges should consider providing alternative facilities for gender questioning children who aren't comfortable using the single-sex areas designated for their biological sex.

These alternative facilities, however, should never undermine the single-sex facilities, for example a boy should never be allowed to go into a girls toilet, or vice versa.

### **How will this affect PE and sports?**

It's important that sports are safe and fair.

Physical differences between children of different sexes should be considered in deciding who can take part in games so there is no risk of harm and it doesn't make the competition unbalanced.

### **What if a school supports a child to change their name or pronoun?**

These are significant decisions that impact both the child and those around them. As a result, particularly for pronouns, we expect changes to be rare.

Even in these rare occasions, children and teachers shouldn't be made to use 'preferred pronouns'. Instead, alternatives should be found such as using first names, and bullying will not be tolerated.

Schools must still record a child's legal name and sex in the admissions register.

### **How will this affect school uniforms?**

The DfE guidance is clear that schools can set different uniforms for boys and girls and that, generally, gender questioning children should be held to the same uniform standards as everyone else.

However, where a request is made, schools may agree to some flexibility having consulted with the child's parents, especially given many schools already operate a unisex uniform policy.