**Relationships, Sex and Health Education Policy from September 2020**



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# **1.Rationale and ethos**

This policy covers our school’s approach to RSHE and has been produced by Mrs Samantha Smith in consultation with pupils, parents, governors and staff at Fowey River Academy.

The consultation took the form of student voice groups, surveys and working groups.

Pupils have been involved in the policy by contributing to the creation, planning and resources development.

The key needs identified by pupils were values and aspirations, mental health, risk taking behaviours, physical health, diet and drug and alcohol abuse

It will be reviewed on an annual basis

We are committed to providing broad and positive outcomes for all of our young people.

The aims of Relationships, Sex and Health education (Health and RSE) policy at our school is to:

* Allow pupils to develop the skills, knowledge and attributes they need to manage their lives, now and in the future.
* Help pupils stay healthy and safe and prepare them to make the most of their life and work.
* 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.
* Provide students with the knowledge and help them cultivate the skill necessary to cope with the changes and development happening within their brains throughout adolescence.
* Give students the opportunity to utilise their curiosity, explore their place in the world and help them find their purpose.

We ensure RSHE is inclusive and meets the needs of all students, including those with special educational needs and disabilities (SEND) by providing support and scaffolding where necessary, building supportive and inclusive classroom environments and allowing alternative provision where appropriate

This links to our academy’s wider curriculum, values and ethos by:

* Providing pupils with the opportunity to build a range of character traits and values to allow them to develop their interpersonal and social skills and be able to make a contribution to their local communities and on a more global scale.

# **2. Roles and responsibilities – Including key responsibilities for the provision of RSHE, support and staff training and professional development. (Statutory requirements)**

**The governing board**

The governing board will hold the headteacher to account for the implementation of this policy.

The governing board has delegated the approval of this policy to Mr B. Eddy.

**The headteacher**

The headteacher is responsible for ensuring that PSHE, health education and RSE is taught consistently across the school, and for managing requests to withdraw pupils from [non-statutory/non-science] components of RSE (see section 8).

**Staff**

Staff are responsible for:

* Delivering health and RSE in a sensitive way.
* Modelling positive attitudes to Health and RSE.
* Monitoring progress.
* Responding to the needs of individual pupils.
* Responding appropriately to pupils whose parents wish them to be withdrawn from the [non-statutory/non-science] components of RSE.

Staff do not have the right to opt out of teaching RSE. Staff who have concerns about teaching RSE are encouraged to discuss this with the headteacher.

The staff responsible for delivering the Health and RSE curriculum are Mrs Smith, Miss Martin, Miss Rubio and Mrs Rolls.

**Training**

Staff are trained on the delivery of mental health and RSE as part of their induction and it is included in our continuing professional development calendar.

The headteacher will also invite visitors from outside the school, such as school nurses or sexual health professionals, to provide support and training to staff teaching RSE.

**Pupils**

Pupils are expected to engage fully in RSE and, when discussing issues related to RSE, treat others with respect and sensitivity.

# **3. Legislation and guidance, policy development and engaging stakeholders**

As a secondary academy school, we must provide RSE 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)

In teaching RSE, 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)

Other documents that inform the schools RSE and PSHE policy: Learning Skills Act, Education and Inspections Act 2006, Equality Act 2010, Keeping Children Safe in Education Statutory Guidance 2016

This policy supports the and compliments the following policies: safeguarding, bullying, equality

At Fowey River Academy we teach RSE as set out in this policy.

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

1. Review and audit of need – Mrs. Samantha Smith, the RSHE lead, working with colleagues from Cornwall Health Schools, the governing body, faculty and pastoral leads, the safeguarding team, SENDco and support staff and by using the child and maternal health and relevant school data. We identified the needs of our students in the present and future.
2. A survey was conducted with all students and parents to further inform the specific needs of our students relevant to their context.
3. Staff consultation – all school staff were given the opportunity to look at the policy and make recommendations.
4. Parent/stakeholder consultation – parents and any interested parties were invited to review the policy and curriculum planning online following on from which they were invited to attend a meeting about the policy when we returned to school following the coronavirus pandemic.
5. Pupil consultation – we investigated what exactly pupils want from their RSE and health education policy by completing a survey, creating working groups and carrying out ongoing pulse checks throughout the course.
6. Ratification – once amendments were made, the policy was shared with governors, parents, students and staff and ratified.

We work closely with parents and carers to ensure that they are fully aware of what is being taught and provide additional resources and support through the school website, information evenings and newsletters.

As part of the whole school approach to RSHE, parent information sessions and opportunities for parents to view the material and resources used will be included as part of our academy parent information evenings. Material will be posted on the academy and website.

We will notify parents when topics are being taught through the school Parent Mail system and invite them to view the school website and newsletter.

The policy will be made available on the school website and parents/carers will be informed by email and Parent Mail of any changes or updates.

If you require the policy in a different format or there are any legal requirements or considerations for making the policy available publicly, please contact cgist@fracacdemy.org

# **4. Definitions**

RSE is about the emotional, social and cultural development of pupils, and involves learning about relationships, sexual health, sexuality, healthy lifestyles, diversity and personal identity.

RSE involves a combination of sharing information and exploring issues and values.

RSE is not about the promotion of sexual activity.

Health education is about developing students physical, emotional and mental wellbeing and involves learning about mental wellbeing, internet safety and harms, physical health and fitness, drugs, alcohol and tobacco, health and prevention, basic first aid and the changing adolescent body

“Brainstorm” and “age of opportunity” is about the ESSENCE of adolescence and how adolescence is an age of opportunity as well as risk and vulnerability. This involves learning about self-regulation, growth mindset, resilience and empathy, deliberate practice, metacognition and critical thinking.

“Identity” and “finding your place in the world” is about living in and helping students find their place and purpose in the world. This includes developing skills and aspirations, community and careers, goal setting, decision making, digital literacy,

# **5. Curriculum design**

Our curriculum is set out as per Appendix 1, but we may need to adapt it as and when necessary.

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 they are fully informed and do not seek answers online or from their peers.

Our RSHE programme will be taught through a range of teaching methods and interactive activities including starting points, group work, real-life scenario, role plays, video, photos, news articles, storytelling, micro-debates, project weeks, enquiry-based learning, problem solving and external experts.

Active learning methods will include: reciprocal questioning, three-step interviewing, question formulation tasks, pause procedure, the devil’s advocate technique, peer teaching, games-based learning, and rotating chair discussions.

High quality resources will support our RSHE provision and will regularly be reviewed in collaboration with students on a semester-by-semester basis. We will use selected resources such as book and film clips to support and promote understanding within moral and values context and to underpin the key messages and relevance to the lives and future of our young people.

The learning within RSHE will complement the learning that takes place in Science, Citizenships, PE, IT, and Religious Education.

An overview of the learning each year can be found in the appendix to this document.

# **6. Delivery of RSE**

RSE is taught within the POWER education curriculum. Biological aspects of RSE are taught within the science curriculum, and other aspects are included in Religious Education (RE) and Citizenship.

Pupils also receive stand-alone sex education sessions delivered by a trained health professional during project weeks and drop-down days. The academy follows a strict external visitor policy to ensure the information is relevant, developmental and age-appropriate.

RSE focuses on giving young people the information they need to help them develop healthy, nurturing relationships of all kinds including:

* Families
* Respectful relationships, including friendships
* Online and media
* Being safe
* Intimate and sexual relationships, including sexual health

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.) The work also sensitively reflects that some children may have a different structure of support around them (for example: looked after children or young carers).

# **7. Parents’ right to withdraw**

Parents have the right to withdraw their children from the [non-statutory/non-science] components of sex education within RSE up to and until 3 terms before the child turns 16. After this point, if the child wishes to receive sex education rather than being withdrawn, the school will arrange this.

Requests for withdrawal should be put in writing using the form found in Appendix 3 of this policy and addressed to the headteacher.

A copy of withdrawal requests will be placed in the pupil’s educational record. The headteacher will discuss the request with parents and take appropriate action.

The headteacher will take the following action if a parent requests the right to withdraw:

The parent will be asked to attend a meeting with the headteacher and the PSHE lead to discuss and try to alleviate any concerns.

An appropriate way foreword will be agreed and reviewed on a topic-by-topic basis as blanket withdrawal is not part of the right to withdraw policy.

It is always our intent to ensure that all students are given correct, relevant and important information that will keep them safe and help them make safe informed choices now and, in their future.

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

# **8. Safeguarding and effective practice including how to manage sensitive issues, responding to pupils’ questions and ground rules**

We will ensure a safe learning environment by establishing a clear set of ground rules at the start of every lesson to clarify expectations and agreed by all students and staff, ensuring fair, non-biased and factual information is provided, ensuring a non-judgemental safe space.

Distancing techniques such as being in a role, empathising with a character or speaking in response to the actions of others (real or imaginary) allow pupils to explore their feelings about issues safely, because they are not speaking or acting as themselves. **Distancing** also helps pupils learn and then reflect on how it applies to their own lives.

Student’s questions will be answered in the moment if relevant, appropriate or developmental to the topic or via a suggestion box. All answers given will be factual age-appropriate and informative.

Sensitive issues will be handled by explaining that the member of staff would like the time to explore the answer in more detail and respond later. For example, ‘That’s a really interesting question and it deserves a good answer – let me have a think about it (for a minute) / (and get back to you later)”. Consultation with senior colleagues may be required as well as considering the school policy or if there is a potential safeguarding issue?

Students will be able to ask anonymous questions though a drop box in each RSHE classroom.

9. Safeguarding including how staff manage confidentiality, child protection and how to support pupils who may be at risk.

Teachers are aware that effective RSHE, which brings an understanding of what is and what is not appropriate in relationships as well as looking after their own health and wellbeing, can lead to a disclosure of a child protection issue. Therefore, all staff teaching RSHE will be trained in how to deal with disclosure and confidentiality.

All teachers will consult with the Designated Safeguarding Lead or the deputy in their absence.

Visitors and external agencies who support the delivery of RSHE will be required to submit all material for checking prior to delivery and asked to sign the Visitor Policy as per the External Visitor Policy.

# 10. Monitoring evaluation and reporting

The delivery of RSHE is monitored by Mrs Samantha Smith – RSHE and Wellbeing Lead through:

Planning and book scrutinies,, learning walks, pupil voice, student assessment and surveys.

Pupils’ development in RSHE is monitored by class teachers as part of our internal assessment systems.

Students will have the opportunities to review and reflect on their learning during lessons though a range of formative, summative and baselines assessments including self and peer assessments, graffiti walls and diamond 9 tasks.

Student voice will be influential in adapting and amending planned learning activities through student voice, pupils’ polls and suggestions boxes.

This policy will be reviewed by Mrs Samantha Smith on an annual basis. At every review, the policy will be approved by the governing body and Mr B. Eddy

Appendix

1. Curriculum map
2. **By the end of secondary school pupils should have experienced the following area**

**Health education**

The aim of teaching pupils about physical health and mental wellbeing is to give them the information that they need to make good decisions about their own health and wellbeing. It should enable them to recognise what is normal and what is an issue in themselves and others and, when issues arise, know how to seek support as early as possible from appropriate sources.

Physical health and mental wellbeing are interlinked, and it is important that pupils understand that good physical health contributes to good mental wellbeing, and vice versa.

It is important for schools to promote pupils’ self-control and ability to self-regulate, and strategies for doing so. This will enable them to become confident in their ability to achieve well and persevere even when they encounter setbacks or when their goals are distant, and to respond calmly and rationally to setbacks and challenges. This integrated, whole-school approach to the teaching and promotion of health and wellbeing has a potential positive impact on behaviour and attainment.

Effective teaching should aim to reduce stigma attached to health issues, in particular those to do with mental wellbeing. Schools should engender an atmosphere that encourages openness. This will mean that pupils feel they can check their understanding and seek any necessary help and advice as they gain knowledge about how to promote good health and wellbeing.

It is important that the starting point for health and wellbeing education should be a focus on enabling pupils to make well-informed, positive choices for themselves. In secondary school, teaching should build on primary content and should introduce new content to older pupils at appropriate points. This should enable pupils to understand how their bodies are changing, how they are feeling and why, to further develop the language that they use to talk about their bodies, health and emotions and to understand why terms associated with mental and physical health difficulties should not be used pejoratively. This knowledge should enable pupils to understand where normal variations in emotions and physical complaints end and health and wellbeing issues begin.

Teaching about the impact of puberty, which will have started in primary school, should continue in secondary school, so that pupils are able to understand the physical and emotional changes, which take place at this time and their impact on their wider health and wellbeing.

Emphasis should continue to be given to steps pupils can take to protect and support their own health and wellbeing. They should know that there is a relationship between good physical health and good mental wellbeing and that this can also influence their ability to learn. Teachers should cover self-care, the benefits of physical activity and time spent outdoors. This should be linked to information on the benefits of sufficient sleep, good nutrition and strategies for building resilience.

Pupils should know the contribution that hobbies, interests and participation in their own communities can make to overall wellbeing. They should understand that humans are social beings and that outward-facing activity, especially that with a service focus (for example, work, volunteering and participation in organisations such as the scouts or the girl guiding movements, the National Citizen Service or the Duke of Edinburgh Award) are beneficial for wellbeing. This can also contribute to the development of the attributes for a happy and successful adult life. Pupils should be supported to recognise what makes them feel lonely. Self-focused or isolating lifestyle choices can lead to unhappiness and being disconnected from society for those who have greater need for companionship and relationships.

Pupils should also be taught about problems and challenges. This should include factual information about the prevalence and characteristics of more serious mental and physical health conditions, drugs, alcohol and information about effective interventions. Schools may also choose to teach about issues such as eating disorders.

Teachers should be aware of common ‘adverse childhood experiences’ (such as family breakdown, bereavement and exposure to domestic violence) and when and how these may be affecting any of their pupils and so may be influencing how they experience these subjects. The impact of time spent online, the positive aspects of online support and negotiating social media, including online forums and gaming, should also be included. Teachers should understand that pupils who have experienced problems at home may depend more on schools for support.

Pupils should be taught how to judge when they, or someone they know, needs support and where they can seek help if they have concerns. This should include details on which adults in school (e.g. school nurses), and externally can help.

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| Pupils should know | **Where/when/how covered** |
| **Mental wellbeing** | |
| how to talk about their emotions accurately and sensitively, using appropriate vocabulary |  |
| that happiness is linked to being connected to others |  |
| how to recognise the early signs of mental wellbeing concerns |  |
| common types of mental ill health (e.g. anxiety and depression) |  |
| how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others’ mental health |  |
| the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness |  |
| **Internet safety and harms** | |
| the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image), how people may curate a specific image of their life online, over-reliance on online relationships including social media, the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online |  |
| how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours |  |
| **Physical health and fitness** | |
| the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress |  |
| the characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio-vascular ill-health |  |
| about the science relating to blood, organ and stem cell donation |  |
| **Healthy eating** | |
| how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer |  |
| **Drugs, alcohol, tobacco** | |
| the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions |  |
| the law relating to the supply and possession of illegal substances |  |
| the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood |  |
| the physical and psychological consequences of addiction, including alcohol dependency |  |
| awareness of the dangers of drugs which are prescribed but still present serious health risks |  |
| the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so |  |
| **Health and prevention** | |
| 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 |  |
| (late secondary) the benefits of regular self-examination and screening |  |
| the facts and science relating to immunisation and vaccination |  |
| the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn |  |
| **Basic first aid** | |
| basic treatment for common injuries |  |
| life-saving skills, including how to administer CPR |  |
| the purpose of defibrillators and when one might be needed |  |
| **Changing adolescent body** | |
| 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 |  |
| Eating disorders and extreme weight loss are a specialised area and schools should use qualified support or advice as needed. Schools may consider accessing support from the NHS or local specialist services who may be able to provide advice and CPD for teachers.  Cardio Pulmonary Resuscitation is usually best taught after 12 years old. | |

**Relationships and Sex Education**

The aim of RSE is to give young people the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. It should enable them to know what a healthy relationship looks like and what makes a good friend, a good colleague and a successful marriage or other type of committed relationship. It should also cover contraception, developing intimate relationships and resisting pressure to have sex (and not applying pressure). It should teach what is acceptable and unacceptable behaviour in relationships.

This will help pupils understand the positive effects that good relationships have on their mental wellbeing, identify when relationships are not right and understand how such situations can be managed.

Effective RSE does not encourage early sexual experimentation. It should teach young people to understand human sexuality and to respect themselves and others. It enables young people to mature, build their confidence and self-esteem and understand the reasons for delaying sexual activity. Effective RSE also supports people, throughout life, to develop safe, fulfilling and healthy sexual relationships, at the appropriate time.

Knowledge about safer sex and sexual health remains important to ensure that young people are equipped to make safe, informed and healthy choices as they progress through adult life. This should be delivered in a non-judgemental, factual way and allow scope for young people to ask questions in a safe environment. Many teachers use approaches such as distancing techniques, setting ground rules with the class to help manage sensitive discussion and using question boxes to allow pupils to raise issues anonymously.

RSE should provide clear progression from what is taught in primary school in Relationships Education. Teachers should build on the foundation of Relationships Education and, as pupils grow up, at the appropriate time extend teaching to include intimate relationships. Alongside being taught about intimate relationships, pupils should also be taught about family relationships, friendships and other kinds of relationships that are an equally important part of becoming a successful and happy adult. This teaching should enable pupils to distinguish between content and experiences that exemplify healthy relationships and those that are distorted or harmful.

Pupils should understand the benefits of healthy relationships to their mental wellbeing and self-respect. Through gaining the knowledge of what a healthy relationship is like, they can be empowered to identify when relationships are unhealthy. They should be taught that unhealthy relationships can have a lasting, negative impact on mental wellbeing.

As in primary, secondary Relationships Education can be underpinned by a wider, deliberate cultivation and practice of resilience and character in the individual. These should include character traits such as belief in achieving goals and persevering with tasks, as well as personal attributes such as honesty, integrity, courage, humility, kindness, generosity, trustworthiness and a sense of justice, underpinned by an understanding of the importance of self-respect and self-worth. There are many ways in which secondary schools should support the development of these attributes, for example by providing planned opportunities for young people to undertake social action, active citizenship ‎and voluntary service to others locally or more widely.

Pupils should be taught the facts and the law about sex, sexuality, sexual health and gender identity in an age-appropriate and inclusive way. All pupils should feel that the content is relevant to them and their developing sexuality. Sexual orientation and gender identity should be explored at a timely point and in a clear, sensitive and respectful manner. When teaching about these topics, it must be recognised that young people may be discovering or understanding their sexual orientation or gender identity. There should be an equal opportunity to explore the features of stable and healthy same-sex relationships. This should be integrated appropriately into the RSE programme, rather than addressed separately or in only one lesson.

It is recognised that there will be a range of opinions regarding RSE. The starting principle when teaching each of these must be that the applicable law should be taught in a factual way so that pupils are clear on their rights and responsibilities as citizens.

Schools may choose to explore faith, or other perspectives, on some of these issues in other subjects such as Religious Education.

Pupils should be well informed about the full range of perspectives and, within the law, should be well equipped to make decisions for themselves about how to live their own lives, whilst respecting the right of others to make their own decisions and hold their own beliefs. Key aspects of the law relating to sex which should be taught include the age of consent, what consent is and is not, the definitions and recognition of rape, sexual assault and harassment, and choices permitted by the law around pregnancy.

Grooming, sexual exploitation and domestic abuse, including coercive and controlling behaviour, should also be addressed sensitively and clearly. Schools should address the physical and emotional damage caused by female genital mutilation (FGM). They should also be taught where to find support and that it is a criminal offence to perform or assist in the performance of FGM or fail to protect a person for whom you are responsible from FGM. As well as addressing this in the context of the law, pupils may also need support to recognise when relationships (including family relationships) are unhealthy or abusive (including the unacceptability of neglect, emotional, sexual and physical abuse and violence, including honour-based violence and forced marriage) and strategies to manage this or access support for oneself or others at risk. Schools should also be mindful that for pupils who are or have experienced unhealthy or unsafe relationships at home or socially, the school may have a particularly important role in being a place of consistency and safety where they can easily speak to trusted adults, report problems and find support.

Internet safety should also be addressed. Pupils should be taught the rules and principles for keeping safe online. This will include how to recognise risks, harmful content and contact, and how and to whom to report issues. Pupils should have a strong understanding of how data is generated, collected, shared and used online, for example, how personal data is captured on social media or understanding the way that businesses may exploit the data available to them.

Some pupils are also exposed to harmful behaviours online, and via other forms of media, which may normalise violent sexual behaviours. A focus on healthy relationships and broader Relationships Education can help young people understand acceptable behaviours in relationships

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| **Pupils should know** | **Where/when/how covered** |
| **Families** | |
| that there are different types of committed, stable relationships. |  |
| how these relationships might contribute to human happiness and their importance for bringing up children. |  |
| what marriage is, including their legal status – for example, 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 of children, including the characteristics of successful parenting. |  |
| how to determine whether other children, adults or sources of information are trustworthy, judge when a family, friend, intimate or other relationship is unsafe (and to recognise this in others’ relationships), how to seek help or advice, including reporting concerns about others, if needed |  |
| **Respectful relationships including friendships** | |
| the characteristics of positive and healthy friendships, in all contexts including online, such as: |  |
| trust, respect, honesty, kindness, generosity, boundaries, privacy, consent and the management of conflict |  |
| reconciliation and ending relationships, this includes different (non-sexual) types of relationship |  |
| practical steps they can take in a range of different contexts to improve or support respectful relationships |  |
| how stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (for example, how they might normalise non-consensual behaviour or encourage prejudice) |  |
| that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due 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 get help |  |
| that some types of behaviour within relationships are criminal, including violent behaviour and coercive control |  |
| what constitutes sexual harassment and sexual violence and why these are always unacceptable |  |
| the legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal |  |
| **Online and media** | |
| their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online |  |
| about online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online |  |
| not to provide material to others that they would not want shared further and not to share personal material which is sent to them |  |
| what to do and where to get support to report material or manage issues online |  |
| the impact of viewing harmful content |  |
| that specifically sexually explicit material, for example 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 (including those created by children) is a criminal offence which carries severe penalties including jail |  |
| **Being safe** | |
| the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships |  |
| how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn, in all contexts, including online |  |
| **Intimate and sexual relationships** | |
| how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship |  |
| that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, for example physical, emotional, mental, sexual and reproductive health and wellbeing |  |
| the facts about reproductive health, including fertility and the potential impact of lifestyle on fertility for men and women and menopause |  |
| that there are a 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 to enjoy intimacy without sex |  |
| the facts about the full range of contraceptive choices, efficacy and options available |  |
| the facts around pregnancy including miscarriage |  |
| that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help) |  |
| how the different sexually transmitted infections (STIs), including HIV and AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing |  |
| about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment |  |
| how the use of alcohol and drugs can lead to risky sexual behaviour |  |
| how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment |  |

**The law** It is important to know what the law says about sex, relationships and young people, as well as broader safeguarding issues. This includes a range of important facts and the rules regarding sharing personal information, pictures, videos and other material using technology. This will help young people to know what is right and wrong in law, but it can also provide a good foundation of knowledge for deeper discussion about all types of relationships. There are also many different legal provisions whose purpose is to protect young people and which ensure young people take responsibility for their actions.

Pupils should be made aware of the relevant legal provisions when relevant topics are being taught, including for example:

* marriage
* consent, including the age of consent
* violence against women and girls
* online behaviours including image and information sharing (including ‘sexting’, youth-produced sexual imagery, nudes, etc.)
* pornography
* abortion
* sexuality
* gender identity
* substance misuse
* violence and exploitation by gangs
* extremism and radicalisation
* criminal exploitation (for example, through gang involvement or ‘county lines’ drugs operations)
* hate crime
* female genital mutilation (FGM)

1. **Parent form: Withdrawal from sex education within RSE**

**WITHDRAWING FROM SEX EDUCATION**

 Parents have the right to withdraw their children from the [non-statutory/non-science] components of sex education within RSE up to and until 3 terms before the child turns 16.

After this point, if the child wishes to receive sex education rather than being withdrawn, the school will arrange this.

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

**How to request a withdrawal**

Requests for withdrawal sex education should be put in writing and addressed to the headteacher.

The headteacher will discuss the request with parents and take appropriate action.

The headteacher will take the following action if a parent requests the right to withdraw:

* The parent will be asked to attend a meeting with the headteacher and the POWER lead to discuss and try to alleviate any concerns.
* An appropriate way foreword will be agreed and reviewed on a topic-by-topic basis as blanket withdraw is not part of the right to withdraw policy.
* It is always our intent to ensure that all students are given correct, relevant and important information that will keep them safe and help them make safe, informed choices now and in their future.