

# Leicestershire healthy schools

## Primary Relationships Education & Health Education



### Update: September 2018

The links between pupils' [wellbeing and attainment](#) have long been recognised, and so on 23<sup>rd</sup> 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, but it is practical and has some soul, noting that *“To embrace the challenges of creating a happy and successful adult life, pupils need knowledge that will enable them to make informed decisions about their wellbeing, health and relationships and to build their self-efficacy”*.

### Relationships (and sex) education and Health education: Consultation

The guidance described above is currently in ‘draft’ stage and 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.

The Guidance recognises that many schools are already providing Personal, Social, Health and Economic (PSHE) education. 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.

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. The

[Optimus Wellbeing Award for Schools](#) focusses on the social and emotional wellbeing for pupils and staff and [My Health My School](#) from Leeds, will soon be available nationally.

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, provides a statutory framework of understanding that pupils should have about **Relationships Education**, by the time they leave Primary School (pages 16 & 17), is provided under the headings of:

- **Families and people who care for me** - including learning to respect different family types, the importance of love, security and stability in families but also 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** – including learning about the importance of friendships to help us feel happy and secure; that friendships have ups and downs but that violence is never right; how to know who to trust and what to do if a friendship is making them feel uncomfortable.



- **Respectful relationships** – including learning about the importance of self-respect and of respecting others; courtesy, manners and treating others with respect; types of bullying (inc. cyberbullying) and how to get help; stereotypes and the importance of permission-seeking.
- **Online relationships** – including learning that people might behave differently online, but that the same principles apply to online relationships as to face-to-face, including respect for others; recognising risks, keeping safe and how to report them and how information is shared and used online.
- **Being safe** – including learning about boundaries in friendships (including on-line); the concept of privacy and that each person's body belongs to them, the differences between appropriate and inappropriate contact; how to respond safely and appropriately to others; how and where to seek advice or help for self and for others.



Although the Guidance focusses on the knowledge that children should have by the end of KS2, good practice would also develop pupils' skills or competencies to enable them 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.

The Guidance makes it clear that Relationships Education, Health Education must be accessible for 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.

Given that 20% of primary school children suffer from a [low sense of wellbeing](#) and that mental ill health is the largest cause of [burden of disease](#) in the UK, the Guidance suggests that teaching about mental wellbeing is central to the new subjects. [Ofcom reports](#) that 1% of 3-4 year olds have a smartphones and 21% of three and four year olds now have a tablet. We have to teach about the dangers but also the benefits of on-line learning and relationships, so the Guidance make some good points about the teaching of Internet safety and appropriate use; which clearly needs to start at a young age and engage parents.

Consequently, the Guidance provides a statutory framework of knowledge that pupils should understand about **Health Education**, by the time they leave Primary School (pages 25 - 27), under the headings of:

- **Mental wellbeing** – pupils should know that mental wellbeing, like physical wellbeing is a normal part of daily life. Pupils should know simple self-care techniques, based on

understanding their emotions; that there is a range of emotions that everybody experiences and the importance of recognising whether what they are feeling, and how they are behaving, is appropriate and proportionate. They should also understand the impact of isolation and loneliness; that bullying (inc. cyberbullying) has a negative, often lasting impact; where and how to seek support if they are worried about their own or someone else's mental wellbeing and that although mental ill health is common, for many people, problems can be resolved if support is accessed early.

- **Internet Safety & harms** - Pupils should know that the internet is an integral part of life and has many benefits; the benefits of balancing time spent on and offline, how their online behaviour might impact on others and the impact of positive and negative content online on mental wellbeing. Pupils should also understand why social media, some computer games and online gaming may be age restricted and that the internet can also be a negative place, which can impact on mental health. Links are also suggested with the national curriculum for [computing](#).
- **Physical health and fitness** – pupils should understand mental and physical benefits of an active lifestyle; the importance of regular exercise and the risks of an inactive lifestyle. The guidance also makes clear links to national curriculum for [PE](#).
- **Healthy eating** - Pupils should know what constitutes a healthy diet and the principles of planning and preparing a range of healthy meals.
- **Drugs, alcohol and tobacco** - Pupils should know the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.
- **Health and prevention – Pupils should know** how to recognise early signs of physical illness, such as unexplained changes to the body; about safe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer; the importance of sleep; about dental health and oral hygiene; personal hygiene, how germs are spread and the importance of handwashing and immunisation [n](#).
- **Basic first aid** - Pupils should know how to make an emergency phone call and concepts of basic first-aid, e.g. dealing with common injuries although it notes that Cardio Pulmonary Resuscitation is usually best taught after 12 years old.
- **Changing adolescent body** - Pupils should know the key facts about puberty and the changing adolescent body, including the physical and emotional changes.

Linked to this final point, there is also a section on sex education for Primary Schools (pages 18-19) this does not help clarity and maybe something that colleagues wish to respond to in the consultation.

The Guidance notes that sex education is **not** compulsory in primary schools and therefore focuses on Relationships Education. However, it then reminds us that primary schools should teach about puberty and that the National Curriculum Science also includes naming the



main external body parts (whilst neglecting to identify specifically which parts) and suggests that it is important to support pupils' emotional and physical development effectively. The Guidance therefore recommends that all primary schools should have a sex education programme which is appropriate to the age, and physical and emotional maturity of the pupils. Sex education should ensure that both boys and girls are prepared for the changes adolescence brings and include teaching about how a baby is conceived and born, as set out in NC Science.

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. Such obfuscation seems extraordinary, in a highly sexualised society, with appalling cases of child sexual exploitation so frequently in the news – but the consultation provides opportunities to address this.

Although many primary schools will support charities for people living with HIV/AIDS, few schools will explicitly teach about the transmission of STIs. Having said that, we can teach about 'Catch it, bin it, kill it' or 'Why we wash our hands after going to the toilet' so that children learn, in an age-appropriate way that the bugs that can be transmitted between us, and that children have a responsibility for their own health and that of other people.

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 the sex education the school obviously has to provide appropriate, purposeful education for that child.

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](#).

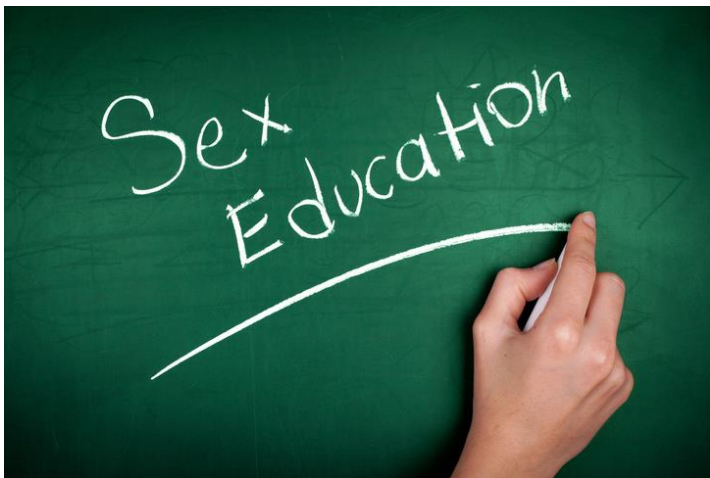


**Stonewall**

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 to 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 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 is 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 of having a school policy, or perhaps a number of policies, that all interlink, to make it very clear where and when and how we are 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 to 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 at the Forest Lodge Education Centre on Friday 5/10/18; Wednesday 13/3/19 and Thursday 23/6/19 to which all are welcome (Secondary Schools 09.30-12.30; Primary Schools 13.00 – 16.00, please contact [antonia.gallo@leics.gov.uk](mailto: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 7<sup>th</sup> 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. For free support for Careers Education, do check out [Primary Futures](#).
- 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) 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.
- 5) 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?
- 6) 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?
- 7) **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.