



The Howard School

Relationships and Sex Education (RSE) and Personal, Social, Health and Economic Wellbeing (PSHE) Policy

Policy Scope:	The Howard School
Responsibility:	Local Governing Body
Date Adopted:	September 2025
Review Frequency:	Every 2 years
Review Date:	September 2027

Document Management Information

Applicable to:	All staff and pupils at The Howard School
Dissemination:	The document will be available to staff via the Academy's Policy Centre on the shared area of the IT system. The document will also be published and shared electronically within the school.
Training:	On request
Review frequency:	The document will be reviewed every two years.
Policy Author:	Ms A Mulrooney, Assistant Principal
Policy Owner:	Ms A Mulrooney, Assistant Principal
Approval by:	Local Academy Board / Principal
Approval Date:	November 2025
New Review Date:	September 2027

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This policy complies with the statutory guidance Relationships Education, Relationships and Sex Education (RSE) and Health Education, 2019 issued under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996.

The Relationships Education, Relationships and Sex Education & Health Education (England) Regulations 2025 make RSE compulsory for all secondary school pupils.

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1 Introduction

- 1.1 The Howard School believes that in order to create a happy and successful adult life, children and young people need to have the self-confidence to make informed decisions about their wellbeing, health, and relationships. Relationships and Sex Education (RSE) is about giving children and young people the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. Health Education is giving pupils information to make well-informed, positive choices about their own health and wellbeing. The Howard School recognises that 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.
- 1.2 The Howard School has a responsibility under the Equality Act 2010 to ensure the best for all pupils irrespective of disability, educational needs, race, nationality, ethnic or national origin, sex, gender identity, pregnancy, maternity, religion or sexual orientation. As a result, RSE and Health Education will be sensitive to the different needs of individual pupils and may need to adapt and change over time to reflect the needs of the particular cohort. The Howard School may also take positive action, where it can be shown that it is proportionate, to deal with particular disadvantages affecting one group because of a protected characteristic.
- 1.3 The Howard School is aware of the need to be mindful of and respectful to a wide variety of faith and cultural beliefs across its academies, and will make every attempt to be appropriately sensitive; equally, it is essential that children and young people still have access to the learning they need to stay safe, healthy and understand their rights as individuals. The Howard School believes that its pupils deserve the right to honest, clear, impartial scientific and factual information to help better form their own beliefs and values, free from bias, judgement or subjective personal beliefs of those who teach them.
- 1.4 All teaching will be sensitive and age appropriate in approach and content. At the point at which the Howard School considers it appropriate to teach pupils about lesbian, gay, bisexual, transgender and queer issues (LGBTQ), the Howard School will ensure that this content is fully integrated into programmes of study for this area of the curriculum rather than delivered as a stand-alone unit or lesson. The Howard School will encourage wider pupil awareness of LGBTQ+ issues..
- 1.5 This policy has been developed in consultation with parents, pupils and staff from all academies within the Howard Academy Trust to ensure that it meets the needs of the whole Trust community.
- 1.6 The policy will be reviewed bi-annually and parents will be consulted in advance about significant changes.

2 Aims and Objectives

- 2.1 Through the delivery of high quality, evidence-based and age-appropriate Relationships Education, RSE, and Health Education, the Howard School aims to help prepare pupils for the onset of puberty, give them an understanding of sexual development and the importance of health and hygiene, create a positive culture in relation to sexuality and relationships and to ensure pupils know how and when to ask for help and where to access support. By the end of their education the Howard School hopes pupils will have developed resilience and feelings of dignity, respect and self-respect, inclusivity, confidence and empathy in preparation for the responsibilities and experiences of adult life.

2.2 Relationships Education, RSE, and Health Education are intended to help pupils to:

- Build healthy, respectful relationships focusing on family and friends
- Understand how to be healthy and be aware of potential risk areas (such as drugs and alcohol)
- Learn about intimate relationships and sex
- Learn about mental wellbeing
- Develop key personal attributes, such as kindness, integrity, generosity and honesty.

3 Definition of Relationships Education and Relationships and Sex Education (RSE)

3.1 The aim of RSE at secondary phase is to provide clear progression from what is taught in primary school in Relationships Education. The aim is to give young people the information they need to help them develop healthy, nurturing relationships of all kinds: family relationships, friendships and other kinds of relationships that are an equally important part of becoming a successful and happy adult, as well as 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). This teaching should enable pupils to distinguish between content and experiences that exemplify healthy relationships and those that are distorted or harmful, and to understand how such situations can be managed.

3.2 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.

3.3 **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.

3.4 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. Teachers use approaches such as distancing techniques, setting ground rules with the class to help manage sensitive discussion and creating safe, respectful spaces and classrooms where pupils feel comfortable to ask questions and raise issues. *The Howard School has a 'Tell Us' button on the school website allowing pupils to ask any questions or raise any issues if and when they need to.*

3.5 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.

- 3.6 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.
- 3.7 Schools may choose to explore faith, or other perspectives, on some of these issues in other subjects such as Religious Education.
- 3.8 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.
- 3.9 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.
- 3.10 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.
- 3.11 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.

4 Roles and Responsibilities

All members of the Howard School community are expected to follow this policy. Roles, responsibilities and expectations of each section of the Howard School are set out in detail below.

4.1 Local Governing Body

The local governor in the Howard School will review and monitor the application and implementation of this policy by receiving regular reports from the academy Principal on educational outcomes. The Local governor will scrutinise relevant data, review any issues that might arise and act as a point of challenge for decisions taken by the Principal. The Local Governing Body will annually report its findings to the Board of Trustees.

4.2 Principal

The academy Principal, with support from their respective Senior Leadership Team responsible for Relationships Education, RSE, and Health Education, will ensure that staff are supported and up to date with policy changes. The Senior Leadership Team will ensure that Relationships Education, RSE, and Health Education is well led, effectively managed and well planned across various subjects (to avoid unnecessary duplication of topics) and that the quality of provision is subject to regular and effective self-evaluation.

Evaluation will be conducted via:

- termly feedback from students (and immediate feedback following external speakers)
- feedback from staff and parents
- classroom observations

and information we receive from national reports and curriculum reviews.

Whilst the Senior Leadership Team are responsible for planning the curriculum, the school encourages all relevant staff to voice opinions and share expertise in this area. The Senior Leadership Team will ensure that teaching is age-appropriate, delivered in ways that are accessible to all pupils with SEND and that the subjects are resourced, staffed and timetabled appropriately. They will ensure that teaching delivered by any external organisation is age-appropriate and accessible for pupils and will liaise with parents regarding any concerns or opinions regarding Relationships Education, RSE, and Health Education provision and will manage parental requests for withdrawal of pupils from non-statutory, non-science components of Relationships Education, RSE and Health Education.

4.3 Staff

Teachers of Relationships Education, RSE, and Health Education will ensure that they are up to date with school policy and curriculum requirements regarding sex education and will attend and engage in professional development training. They will provide regular feedback to the Senior Leadership Team on their experience of teaching RSE and student response. Teachers will encourage pupils to communicate concerns regarding their social, personal and emotional development in confidence, listen to their needs and support them seriously. Any issues reported to any member of staff will be dealt with in line with the Howard School's Child Protection and Safeguarding procedures.

4.4 Parents

The Howard School hopes to build a positive and supporting relationship with parents through mutual understanding, cooperation and trust. Parents are expected to share the

responsibility of sex education and support their children's personal, social and emotional development. The Howard School hopes parents will create an open home environment where pupils can engage, discuss and continue to learn about matters that have been raised through school. Parents are also encouraged to seek additional support in this from the school where they feel it is needed.

4.5 Pupils

Pupils are expected to take Relationships Education, RSE and Health Education seriously. Pupils are expected to listen, be considerate of other pupils' feelings and beliefs, comply with class-set confidentiality rules and support one another with issues that arise during class. Pupils who fail to follow these standards of behaviour will be dealt with under the Howard School's behaviour policy.

5 Delivery of Relationships Education, RSE and Health Education

5.1 Relationships Education, RSE and Health Education will be delivered in a non-judgmental, factual way allowing scope for children and young people to ask questions in a safe environment. Teachers will deliver the curriculum provided by the Senior Leadership Team members responsible for Relationships Education, RSE, and Health Education and tailor the delivery to meet the specific needs of the pupils in that class, and to be responsive to their behaviour and development. Alongside the Senior Leadership team, staff will ensure that all resources used in the delivery of Relationships Education, RSE, and Health Education are appropriate for the age and needs of their pupils.

5.2 At the Howard School, RSE will be delivered in Personal Development (PD) form time sessions in PSHE, EDI and CoRE lessons (where CoRE is delivered to Years 9-13 following statutory guidance on the continuation of the teaching of RE post-GCSE choices being made) alongside a wide variety of academic subjects such as: Computing, Drama, English, Geography, History, MFL, PE, RE, Science and Sociology, and will build on the foundation of Relationships Education delivered in primary school.

6 Relationships Education and RSE: Curriculum and Outcomes

6.1 By the end of their secondary education the Howard School expects pupils to know the information set out at Annex 1.

7 Health Education: Physical health and mental well-being (PSHE - Personal, Social, Health and Economic Wellbeing)

7.1 The Howard School through a focus on the three strands of Health & Wellbeing, Relationships, and Living in the Wider World, wishes to promote pupils' health and well-being by enabling pupils to make good decisions about their own health and wellbeing, to understand the links between physical and mental health, to recognise when things are not right in their own health or the health of others and to seek support when needed. We aim to support pupils to develop strategies for self-regulation, perseverance and determination, even in the face of setbacks. We aim to reduce stigma attached to health issues, in particular relating to mental health, and discourage the pejorative use of language related to ill health. We promote openness through form time delivery and the support of our Pastoral System so that pupils can check their understanding and seek any necessary help and advice. The Howard School believes that an integrated, whole-school approach to the teaching and promotion of health and wellbeing will have a positive impact on behaviour and attainment. Health Education (PSHE) will be delivered in PD sessions (Morning Meetings,

form time and assemblies) alongside academic subjects such as Computing, Criminology, Design & Technology, Drama, English, Finance, Food Technology, Geography, Media Studies, MFL, PE and Science.

7.2 By the end of their primary education the Howard Academy Trust expects pupils to know the information set out at Annex 3.

7.3 By the end of their secondary education the Howard Academy Trust expects pupils to know the information set out at Annex 4.

8 Pupils with special educational needs and/or disabilities

8.1 The Howard School will endeavour to ensure that Relationships Education, RSE, and PSHE is accessible for all pupils. We are aware that some pupils are more vulnerable to exploitation, bullying and other issues due to the nature of their SEND. Relationships Education, RSE and PSHE may be particularly important for such pupils, for example those with Social, Emotional and Mental Health needs or learning disabilities. Teaching will be sensitive, age-appropriate, developmentally appropriate, differentiated and personalised to meet the specific needs of pupils at different developmental stages.

8.2 Staff will make reasonable adjustments to alleviate disadvantages faced by pupils with disabilities and will be mindful of the SEND Code of Practice and the Trust's SEND Policy when planning for these subjects. Staff will use a variety of different strategies to ensure that all pupils have access to the same information, which include classroom discussion led by form tutors who know the needs of their pupils, use of expert speakers and services, video and audio clips, and role play and paired activities.

9 Right to request withdrawal from sex education

9.1 The Howard School hopes that parents will feel comfortable with, and understand the importance of, the education provided to their children as described in this policy. The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make relationships education and relationships and sex education (RSE) compulsory for all pupils receiving secondary education. They also make health education compulsory in all schools except independent schools.

9.2 Parents of children in secondary academies have the right to request that their child be withdrawn from some or all of the sex education aspects of RSE.

9.3 Parents do not have the right to withdraw their children from relationships and health education, nor can they be withdrawn from topics taught as part of the science curriculum, including science topics related to puberty or sexual reproduction.

9.4 Everyone has relationships with others, and most pupils will develop sexual relationships at some point in their lives. Relationships education should equip pupils with the knowledge and skills they need to act with kindness and respect in all their relationships as they grow into adulthood, to enjoy their relationships, and to keep themselves and others safe.

9.5 Relationships education will focus on how to form and sustain positive relationships but will also help children identify risks and harms. Relationships education may therefore include topics related to preventing sexual abuse, for example, or avoiding sharing inappropriate material online. This can be done without describing the detail of any sexual activity involved.

- 9.6 Before withdrawing or making a request, the Howard School strongly urges parents to carefully consider their decision as sex education is a vital part of the school curriculum and supports child development.
- 9.7 Any parent wishing to withdraw their child from sex education should put their request in writing and send it to the Principal who will arrange a meeting to discuss their concerns.. The meeting is likely to include clarifying the nature and purpose of the curriculum whilst discussing the benefits of sex education, and any detrimental effects of withdrawal, including social and emotional impacts on the child, and the likelihood that the child will hear their peers' version of what was said in class, which may not be accurate. Once those discussions have taken place, except in exceptional circumstances, the school will respect the parents' request to withdraw the child, up to and until three terms before the child turns 16. After that point, if the child wishes to receive sex education rather than be withdrawn, the school will make arrangements to provide the child with sex education during one of those terms.
- 9.8 If a pupil is excused from sex education the Howard School will ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.

10 Confidentiality and Child Protection

- 10.1 The Howard School hopes to provide a safe and supportive school community where pupils feel comfortable seeking help and guidance on anything that may be concerning them about life either at school or at home. All teachers will receive training around confidentiality and should ensure that pupils understand that they cannot offer unconditional confidentiality. If a child protection issue is disclosed to a member of staff, that member of staff should follow the Howard School's Child Protection and Safeguarding procedures.
- 10.2 If a staff member is approached by a pupil under 16 who is having, or is contemplating having sexual intercourse, the teacher should:
- ensure that the pupil is accessing all the contraceptive and sexual health advice available and understands the risks of being sexually active;
 - encourage the pupil to talk to their parent or carer. Pupils may feel that they are more comfortable bringing these issues to a teacher they trust, but it is important that children and their parents have open and trusting relationships when it comes to sexual health and the academy will encourage this as much as possible;
 - decide whether there is a child protection issue. This may be the case if the teacher is concerned that there is coercion or abuse involved. If a member of staff is informed that a pupil under 13 is having, or is contemplating having sexual intercourse, this will be dealt with under child protection procedures.
- 10.3 Pupils with special educational needs may be more vulnerable to exploitation and less able to protect themselves from harmful influences. If staff are concerned that this is the case, they will seek support from the Designated Safeguarding Lead to decide what is in the best interest of the child.

11 Equal opportunities

- 11.1 The Howard School has a commitment to ensure that Relationships Education, RSE, and Health Education is relevant to all pupils and is taught in a way that is age and stage appropriate. Pupils are encouraged to openly and freely discuss diversity of personal, social

and sexual preferences. Prejudiced views will be challenged, and equality promoted. Any bullying that relates to sexual behaviour or perceived sexual orientation will be dealt with swiftly and seriously in accordance with the Howard School's behaviour policy.

- 11.2 At Key Stage 5, Relationships Education, RSE, and Health Education will be delivered equally to both genders, normally in mixed classes. There are, however, certain topics that may be delivered in single sex groupings following consultation with students.

12 Complaints

If parents have any concerns or complaints over the application or implementation of this policy they should raise their concerns with a staff member or the Principal in accordance with the Trust's complaints policy.

Annex 1

RSE Secondary stage curriculum and outcomes

<p>Families</p>	<ul style="list-style-type: none"> ● 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.
<p>Respectful relationships, including friendships</p>	<ul style="list-style-type: none"> ● the characteristics of positive and healthy friendships, in all contexts including online, such as: <ul style="list-style-type: none"> – 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

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 • how information and data is generated, collected, shared and used online
Being safe	<ul style="list-style-type: none"> • 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, including sexual health	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> ● 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
<p>The Law</p>	<p>Pupils should be made aware of the relevant legal provisions when relevant topics are being taught, including for example:</p> <ul style="list-style-type: none"> ● 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

	<ul style="list-style-type: none">• female genital mutilation (FGM)
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Key stage 4 Science Curriculum includes the teaching of:

- hormones in human reproduction, hormonal and non-hormonal methods of contraception,
- communicable diseases including sexually transmitted infections in humans (including HIV/AIDs), and
- genes and sex determination in humans

Resources

[Years 7-11 Visual Learning Journey](#)

[KS5 Visual Learning Journey](#)

External providers of resources include:

PSHE Association
Medway Council
CEOP
NSPCC
NHS
Kooth
Kent Police
Kent Fire & Rescue
Stand Against Violence
NarcononUK
Unifrog

RSE outside agencies:

SedX
Metrocharity
Brook: Sexual Health & Wellbeing

<p>General wellbeing</p>	<ul style="list-style-type: none"> • The benefits of physical activity, time outdoors, and helping others for health, wellbeing and happiness. Simple self-care techniques, including the importance of rest, time spent with friends and family, as well as hobbies, interests and community participation • The importance of promoting general wellbeing and physical health • The range and scale of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) that they might experience in different situations. Pupils should understand that worrying and feeling down are normal, affect everyone at different times, and are not in themselves a sign of a mental health condition • How to recognise feelings and use varied vocabulary to talk about their own and others' feelings • How to judge whether what they are feeling and how they are behaving is appropriate and proportionate • That isolation and loneliness can affect children, and the benefits of seeking support • That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing and how to seek help for themselves or others • That change and loss, including bereavement, can provoke a range of feelings, that grief is a natural response to bereavement, and that everyone grieves differently • Where and how to seek support (including recognising the triggers for seeking support), including who in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online) • That it is common to experience mental health problems, and early support can help.
<p>Wellbeing online</p>	<ul style="list-style-type: none"> • That for almost everyone the internet is an integral part of life. Pupils should be supported to think about positive and negative aspects of the internet. • Pupils should be supported to discuss how online relationships can complement and support meaningful in-person relationships, but also how they might be in tension, and the reasons why online relationships are unlikely to be a good substitute for high quality in-person relationships, looking at the pros and cons of different ways of using online connection • The benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.

	<ul style="list-style-type: none"> • How to consider the impact of their online behaviour on others, and how to recognise and display respectful behaviour online • Why social media, some apps, computer games and online gaming, including gambling sites, are age restricted • The risks relating to online gaming, video game monetisation, scams, fraud and other financial harms, and that gaming can become addictive • How to take a critical approach to what they see and read online and make responsible decisions about which content, including content on social media and apps, is appropriate for them • That abuse, bullying and harassment can take place online and that this can impact wellbeing. How to seek support from trusted adults • How to understand the information they find online, including from search engines, and know how information is selected and targeted • That they have rights in relation to sharing personal data, privacy and consent • Where and how to report concerns and get support with issues online.
Physical health and fitness	<ul style="list-style-type: none"> • The characteristics and mental and physical benefits of an active lifestyle • The importance of building regular physical activity into daily and weekly routines and how to achieve this; for example, walking or cycling to school, a daily active mile or other forms of regular, moderate and/or vigorous physical activity • The risks associated with an inactive lifestyle, including obesity • How and when to seek support including which adults to speak to in school if they are worried about their health.
Healthy eating	<ul style="list-style-type: none"> • What constitutes a healthy diet (including understanding calories and other nutritional content) • Understanding the importance of a healthy relationship with food • The principles of planning and preparing a range of healthy meals • The characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).
Drugs, alcohol and tobacco	<ul style="list-style-type: none"> • The facts about legal and illegal harmful substances and associated risks, including smoking, vaping, alcohol use and drug-taking. This should include the risks of nicotine addiction, which are also caused by other nicotine products such as nicotine pouches.
Health and prevention	<ul style="list-style-type: none"> • How to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body

	<ul style="list-style-type: none"> • About safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer • The importance of sufficient good quality sleep for health, the amount of sleep recommended for their age, and practical steps for improving sleep, such as not using screens in the bedroom. The impact of poor sleep on weight, mood and ability to learn • About dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste, cleaning between teeth, and regular checkups at the dentist • About personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing • The facts and scientific evidence relating to vaccination and immunisation. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils
Personal safety	<ul style="list-style-type: none"> • About hazards (including fire risks) that may cause harm, injury or risk and ways to reduce risks • How to recognise risk and keep safe around roads, railways, including level crossings, and water, including the water safety code
Basic first aid	<ul style="list-style-type: none"> • How to make a clear and efficient call to emergency services if necessary, including the importance of reporting incidents rather than filming them • Concepts of basic first aid, for example dealing with common injuries and ailments, including head injuries
Developing bodies	<ul style="list-style-type: none"> • About growth and other ways the body can change and develop, particularly during adolescence. This topic should include the human lifecycle, and puberty should be discussed as a stage in this process • The correct names of body parts, including the penis, vulva, vagina, testicles, scrotum, nipples. Pupils should understand that all of these parts of the body are private and have skills to understand and express their own boundaries around these body parts • The facts about the menstrual cycle, including physical and emotional changes, whilst the average age of the onset of menstruation is twelve, periods can start at eight, so covering this topic before girls' periods start will help them understand what to expect and avoid distress

Schools should continue to develop knowledge of topics specified for primary as required and in addition cover the following content by the end of secondary:

Mental wellbeing	<ul style="list-style-type: none"> • How to talk about their emotions accurately and sensitively, using appropriate vocabulary • The benefits and importance of physical activity, sleep, time outdoors, community participation and volunteering or acts of kindness for mental wellbeing and happiness • That happiness is linked to being connected to others. Pupils should be supported to understand what makes them feel happy and what makes them feel unhappy, while recognising that loneliness can be for most people an inevitable part of life at times and is not something of which to be ashamed • That worrying and feeling down are normal, can affect everyone at different times and are not in themselves a sign of a mental health condition, and that managing those feelings can be helped by seeing them as normal • Characteristics of common types of mental ill health (e.g. anxiety and depression), including carefully-presented factual information about the prevalence and characteristics of more serious mental health conditions. This should not be discussed in a way that encourages normal feelings to be labelled as mental health conditions • How to critically evaluate which activities will contribute to their overall wellbeing • Understanding how to overcome anxiety or other barriers to participating in fun, enjoyable or rewarding activities - that it's possible to overcome those barriers using coping strategies, and that finding the courage to participate in activities which initially feel challenging may decrease anxiety over time rather than increasing it • That gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others • That the co-occurrence of alcohol/drug use and poor mental health is common and that the relationship is bi-directional: mental health problems can increase the risk of alcohol/drug use, and alcohol/drug use can trigger mental health problems or exacerbate existing ones.
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	<p>That stopping smoking can improve people’s mental health and decrease anxiety</p>
<p>Wellbeing online</p>	<ul style="list-style-type: none"> • About the benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others’ mental and physical wellbeing • 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; the impact that an over-reliance on online relationships, including relationships formed through social media, can have • 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 • The risks related to online gambling and gambling-like content within gaming, including the accumulation of debt • How advertising and information is targeted at them and how to be a discerning consumer of information online, understanding the prevalence of misinformation and disinformation online, including conspiracy theories • The risks of illegal behaviours online, including drug and knife supply or the sale or purchasing of illicit drugs online • The serious risks of viewing online content that promotes self-harm, suicide or violence, including how to safely report this material and how to access support after viewing it
<p>Physical health and fitness</p>	<ul style="list-style-type: none"> • The characteristics of a healthy lifestyle, including physical activity and maintaining a healthy weight, including the links between an inactive lifestyle and ill-health, including cardiovascular ill-health • Factual information about the prevalence and characteristics of more serious health conditions • That physical activity can promote wellbeing and combat stress

	<ul style="list-style-type: none"> • The science relating to blood, organ and stem cell donation.
Healthy eating	<ul style="list-style-type: none"> • How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay, unhealthy weight gain, and cardiovascular disease • The risks of unhealthy weight gain, including increased risks of cancer, type 2 diabetes and cardiovascular disease • The impacts of alcohol on diet and unhealthy weight gain.
Drugs, alcohol and tobacco	<ul style="list-style-type: none"> • The facts about which drugs are illegal, the risks of taking illegal drugs, including the increased risk of potent synthetic drugs being added to illegal drugs, the risks of illicit vapes containing drugs, illicit drugs and counterfeit medicines, and the potential health harms, including the link to poor mental health • The law relating to the supply and possession of illegal substances • The physical and psychological risks associated with alcohol consumption. What constitutes low risk alcohol consumption in adulthood, and the legal age of sale for alcohol in England. Understanding how to increase personal safety while drinking alcohol, including how to decrease the risks of having a drink spiked or of poisoning from potentially fatal substances such as methanol • The physical and psychological consequences of problem-use of alcohol, including alcohol dependency • The dangers of the misuse of prescribed and over-the-counter medicines • The facts about the multiple serious harms from smoking tobacco (particularly the link to lung cancer and cardiovascular disease), the benefits of quitting and how to access support to do so • The facts about vaping, including the harms posed to young people, and the role that vapes can play in helping adult smokers to quit.
Health protection and prevention, and understanding	<ul style="list-style-type: none"> • Personal hygiene, germs and how they are spread, including bacteria and viruses, treatment and prevention of infection, and about antibiotics

<p>the healthcare system</p>	<ul style="list-style-type: none"> • Dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste and cleaning between teeth, reducing consumption of sugar-containing food and drinks, and regular check-ups at the dentist • How and when to self-care for minor ailments, and the role of pharmacists as knowledgeable healthcare professionals • The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening • The facts and scientific evidence relating to vaccination, immunisation and antimicrobial resistance. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils • The importance of sufficient good-quality sleep for good health, the importance of screen-free time before bed and removing phones from the bedroom, and how a lack of sleep can affect weight, mood and ability to learn • The importance of healthy behaviours before and during pregnancy, including the importance of pre-conception health, including taking folic acid. The importance of pelvic floor health. Information on miscarriage and pregnancy loss, and how to access care and support. • How to navigate their local healthcare system: what a GP is; when to use A&E / minor injuries; accessing sexual health and family planning clinics; the role of local pharmacies; and how to seek help via local third sector partners which may have specialist services • The concept of Gillick competence. That the legal age of medical consent is 16. That before this, a child's parents will have responsibility for consenting to medical treatment on their behalf unless they are Gillick competent to take this decision for themselves. Pupils should understand the circumstances in which someone over 16 may not be deemed to have capacity to make decisions about medical treatment
<p>Personal Safety</p>	<ul style="list-style-type: none"> • How to identify risk and manage personal safety in increasingly independent situations, including around roads, railways - including level crossings - and water (including the water safety code), and in unfamiliar social or work settings (for example the first time a young person goes on holiday without their parents)

	<ul style="list-style-type: none"> • How to recognise and manage peer influence in relation to risk-taking behaviour and personal safety, including peer influence online and on social media • How to develop key social and emotional skills that will increase pupils' safety from involvement in conflict and violence. These include skills to support self-awareness, self-management, social awareness, relationship skills and responsible decision making, as well as skills to recognise and manage peer pressure • Understanding which trusted adults they can talk to if pupils are worried about violence and/or knife crime • The law as it relates to knives and violence. Content and examples should relate to the local context and avoid using fear as an educational tool. Children should be taught that carrying weapons is uncommon, and should not be scared into the perception that many young people are carrying knives (which can lead to the misconception that they need to carry a knife too) • The risks and signs that they may be at risk of grooming or exploitation, and how to seek help where there is a concern
Basic first aid	<ul style="list-style-type: none"> • Basic treatment for common injuries and ailments • Life-saving skills, including how to administer CPR • The purpose of defibrillators, when one might be needed and who can use them
Developing bodies	<ul style="list-style-type: none"> • The main changes which take place in males and females, and the implications for emotional and physical health • The facts about puberty, the changing adolescent body, including brain development • About menstrual and gynaecological health, including: what is an average period; period problems such as premenstrual syndrome; heavy menstrual bleeding; endometriosis; and polycystic ovary syndrome (PCOS). When to seek help from healthcare professionals • The facts about reproductive health, including fertility and menopause, and the potential impact of lifestyle on fertility for men and women