

The Ecclesbourne School

Policy for Relationships and Sex Education (RSE)

"Learning together for the future"

This policy was approved by the Governors on the 12th December 2022 by the Chair of Trustees.

This policy will be reviewed annually on or before October 2023

Contents:

- 1. Rationale
- 2. Aims
- 3. Definition of Relationships and Sex Education (RSE)
- 4. Roles and responsibilities
- 5. Delivery of RSE
- 6. RSE curriculum and outcomes
- 7. Health education
- 8. Pupils with special educational needs and/or disabilities
- 9. Right to request withdrawal from sex education
- 10. Confidentiality and child protection
- 11. Equal opportunities
- 12. Complaints

1. Rationale

- 1.1 The Ecclesbourne 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. This belief in reflected in our school aims. 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 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 School has a responsibility under the Equality Act 2010 to ensure the best for all its 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 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 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 School is aware of the need to be mindful of and respectful to a wide variety of faith and cultural beliefs across the school, 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 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 The School will teach pupils about lesbian, gay, bisexual and transgender (LGBT) in PDC lessons, with additional events arranged to support learning. The School will encourage wider pupil awareness of LGBT, for example, through student-led groups, assemblies and library displays.
- 1.5 This policy has been developed in consultation with parents, pupils and staff to ensure that it meets the needs of the whole school community.

1.6 The policy will be reviewed annually and parents will be consulted in advance about significant changes. All parents have been written to explain what is taught in the RSE lessons and we are asking for a range of parents to complete a RSE questionnaire that can feedback into what we do as a school. This forms art of the review process.

2.Aims

- 2.1 Through the delivery of high quality, evidence-based and age-appropriate RSE, the 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 School hopes pupils will have developed resilience and feelings of self-respect, 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 and Sex Education (RSE)

- 3.1 RSE is lifelong learning about physical, sexual, moral and emotional development. It is about teaching sex, sexuality and sexual health in a way that gives pupils the confidence to make sound decisions when facing risks and other challenges. It includes teaching about friendship, the importance of caring, stable and mutually supportive relationships with another person, and how to control and understand feelings that come with being in a relationship.
- 3.2 RSE does not encourage early sexual experimentation. It teaches children and young people to understand human sexuality and to respect themselves and others, to build self-esteem and understand the reasons for delaying sexual activity so that they can develop safe, fulfilling and healthy sexual relationships, at the appropriate time.
- 3.3 RSE will outline that there are different types of committed, stable relationships, the characteristics and legal status of other types of long-term relationships, the importance of marriage as a relationship choice and why it must be freely entered into, how relationships might contribute to human happiness and the their importance for raising children, as well as highlighting the roles and responsibilities of parents with respect to raising children, characteristics of successful parenting and how to judge when relationships have become unsafe as well as how to seek help or advice and report concerns about others.

4. Roles and Responsibilities

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

4.1 Governors

Governors will monitor and evaluate the impact of the policy by reviewing pupils' progress in achieving the expected educational outcomes. They will hold the Headteacher to account for the implementation of the policy. Governors will scrutinise relevant data, review any issues that might arise and act as a point of challenge for decisions taken by the Headteacher.

4.2 Headteacher

The Headteacher, with support from the Senior Leadership Team, will ensure that staff are supported, receive regular professional development training in how to deliver RSE and are up to date with policy changes. They will ensure that RSE 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. The Headteacher 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 RSE and Health Education provision and will manage parental requests for withdrawal of pupils from non-statutory, non-science components of RSE.

4.3 Staff

Teachers of RSE, Relationships 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. Teachers will encourage pupils to communicate concerns regarding their social, personal and emotional development in confidence, listen to their needs and support them seriously. If a pupil comes to a member of staff with an issue that that member of staff feels they are not able to deal with alone, they will take this concern to their line-manager.

4.4 Parents

The 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 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 from the school where they feel it is needed. Parents will be consulted annually on the School's RSE provision and curriculum.

4.5 Pupils

Pupils are expected to take RSE, Relationships 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 School's behaviour policy.

5.Delivery of RSE

8.1 RSE will be delivered by Form Tutors on a weekly basis as part of the PDC programme. Tutors will deliver RSE in a non-judgmental, factual way allowing scope for pupils to ask questions in a safe environment. This environment will be created by the use of ground rules and distancing techniques so that no pupils are put on the spot and expected

to discuss personal issues in class. Form Tutors will use the resources provided by the Head of PDC and tailor the delivery of RSE to meet the specific needs of the pupils in their class; being responsive to their behaviour and development. Classes will explore different attitudes, values and social labels, and develop skills that will enable pupils to make informed decisions regarding sex and relationships as well as being able to differentiate between fact, opinion and belief and an understanding of the law on various topics. Language around RSE will be discussed, looking at what is and isn't acceptable.

- 5.2 The learning will take many forms with a wide range of teaching methods used that enable students to actively participate in their own learning. This includes: the use of quizzes, drama groups, case studies, research, role play, videos, small group discussion and use of appropriate guest speakers. Where it is regarded as particularly beneficial students will be divided into single gender groups for a part of a lesson or whole lesson. There will be occasions when the timetable will be suspended for the day to accommodate certain aspects of the programme. See Appendix 3.
- 5.3 Tutors will use retrieval questions to embed knowledge and understanding and to identify any misconceptions. Where misconceptions happen, tutors will revisit concepts. Student review sheets are marked by tutors to assess student knowledge of key concepts and signposting. The Head of PDC will regularly monitor review sheets to inform future planning.
- The curriculum is supported with additional events, such as drama performances, talks, workshops, which form part of our wider RSE provision. These events are organised and reviewed by the Head of PDC. Pupils are given time to reflect on the events and give feedback. This informs future planning. Some examples of the events are in Appendix 3.
- RSE will be delivered also be delivered in Science, Religious Studies and ICT/Computing. This will build on the foundation delivered in primary school. The Head of PDC will map the wider delivery of RSE in other subject areas to ensure consistency, high quality delivery and to avoid repetition.
- The Head of PDC 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. The School uses a variety of different sources to create bespoke lessons which meet the needs of its pupils. The School uses the resources checklist provided by S4S (Derbyshire Children's Services) as a means of quality assurance.
- The School shares its RSE Learning Journeys with pupils, staff and parents, which illustrate how the spiral curriculum is sequenced in order to build on concepts from Year 7 to Year 13. The curriculum implementation details lesson content and is shared on the School's website. This curriculum may change depending on the current national landscape or local trends; in this way the School ensures that it is meeting the needs of its pupils. When changes occur the School informs parents.
- 5.7. The School will work to attain external accreditation for their RSE provision. This will be with S4S (Derbyshire Children's Services) and their BERT (Building Effective Relationships Together) award.RSE: Curriculum and Outcomes
- 6. The intent of our RSE provision is:
- For our pupils to learn to respect the views, needs and rights of others, including people of different ages, genders, religions and cultures to themselves.
- To develop and improve the health and emotional wellbeing of all of our pupils.
- To give our students the skills necessary to keep them safe, including keeping them safe in an ever-changing virtual world.

- To develop the knowledge, understanding, language and skills and strategies in our pupils needed to make positive life choices, both now and in the future.
- 6.2 The RSE curriculum is outlined in Appendix 1 and changes can be made due to statutory guidance or through parent and student feedback.
- 6.3 By the end of their education the School expects pupils to know the information set out at Appendix 2.
- 6.4 Student Voice will be used at least twice a year as a means of quality assuring that our intended outcomes are being achieved

7. Health Education: Physical health and mental well-being

7.1 The School wishes to promote pupils' health and well-being by encouraging self-control, their ability to self-regulate and strategies for doing so. This will enable pupils 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. The 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 will be delivered in Science, IT/Computing, PE and Health and Social Care.

8. Pupils with special educational needs and/or disabilities

- 8.1 The School will endeavour to ensure that RSE and Health Education 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 and RSE and Health Education 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 disadvantage faced by pupils with disabilities and will be mindful of the SEND Code of Practice and the School'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; seeking assistance from Learning Support Department where required, consulting Student Passports and optimising the role of Learning Support Officers in lessons .

9. Right to request withdrawal from sex education

- 9.1 The School hopes that parents will feel comfortable with, and understand the importance of, the education provided to their children as described in this policy. Parents have the right to request that their child be withdrawn from some or all of the sex education aspects of RSE.
- 9.2 Before withdrawing or making a request, the School strongly urges parents to carefully consider their decision as sex education is a vital part of the school curriculum and supports child development. Parents cannot withdraw their child from Relationships or Health Education or the elements on human growth and reproduction which are part of the Science National Curriculum.

- 9.3 Any parent wishing to withdraw their child from sex education should put their request in writing and send it to Mrs Helen Green (hgreen@ecclesbourne.derbyshire.sch.uk) who will arrange a meeting to discuss their concerns. 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.
- 9.4 If a pupil is excused from sex education the School will ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.

Confidentiality and Child Protection

- 10.1 The 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 Trust'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 school 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.
- 1 0.3 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 should seek support from the Designated Safeguarding Lead to decide what is in the best interest of the child.

11. Equal opportunities

- 11.1 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 if deemed appropriate.
- 11.2 The School has a commitment to ensure that 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 School's behaviour policy.

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.

Appendix 1

Year 7

What is PDC?

• Appreciation of the value of PDC; awareness of the knowledge, awareness, appreciation and skills that it develops and how it helps students in the future

Establishing Good Habits

• Communication, research, organisation

Challenging Stereotypes

• Using case studies to understand the values of equality, diversity and inclusion

Skills Builder - Listening

Communication

Understanding the power of different communication mediums, including social media

Making Decisions

Considering the impact of our decisions on others; minimising risk in our decision-making

Health and wellbeing - Mental Health

 Understanding what we mean by mental health; learning different ways to look after our mental health

Types of relationships

 Reflecting on the different types of friendship that we might have; being able to identify dominator-type friends; understanding the characteristics of positive and negative relationships

Groups relationships

• Understanding how a group of friends can include different characters; understanding what is meant by 'conforming'; reflecting on their own behaviour in a group setting

Bullying

 Understanding the difference between teasing and bullying; awareness of the impact of bullying; understanding what is meant by peer pressure and empathy; considering situations from other perspectives

Abusive relationships

 Knowledge of the different forms of abusive relationship; awareness that they can happen to anyone; signposting

Skills Builder - Speaking

Privacy and Body Space

 Understanding what is meant by personal space; learning what it meant by consent and why it is important

Online behaviour / sexting

 Learning how to develop and maintain healthy relationships online; knowledge of how to deal with risky or negative online relationships, including online bullying and abuse

Skills builder – Speaking

Health and wellbeing - Puberty and myth busting

 Learning how to manage growth and change as normal parts of growing up, including puberty and the physical and emotional changes of adolescence

Health and wellbeing - Skin

 Learning the difference between healthy and unhealthy skin, including the factors which affect skin

Health and wellbeing - Eating well

 Recognising what influences their choices about diet and exercise; revising what is meant by a balanced diet and the different types of exercise

Year 8

Challenging Stereotypes – refresher lessons

• Using case studies to understand the values of equality, diversity and inclusion

Skills Builder - Listening

Health and wellbeing - caffeine

• Learning about the impact of caffeine, looking at energy drinks using case studies.

Health and wellbeing - cigarettes and vaping

Learning about the impact of nicotine; short term and long term effects of vaping

Health and wellbeing - alcohol

• What are units? What are attitudes to alcohol amongst young people? The short term and long term effects of alcohol and alcohol dependency

Coercive relationships

Red flags for what a controlling relationship is; signposting; case studies

Health and wellbeing - Body image and eating disorders

 Understanding what is meant by body image; analysis of what contributes to our idea of a positive body image; impact of how body ideals are portrayed in the media; body dysmorphia

Health and wellbeing - The Sleep Factor

• Why sleep is important; sleep health

Health and wellbeing - Self Esteem

Recognising your own strengths and how this affects confidence and self-esteem.

Health and wellbeing - Shyness and making mistakes

 Learning how to accept helpful feedback or rejecting unfair criticism; considering how this impacts on self esteem

Family relationships

• Knowledge of the different types of relationship: marriage, civil partnership, and other long-term relationships; the roles and responsibilities of parents, carers and children in families.

Health and wellbeing - The Sex Lesson

 Learning about infections which can be spread through sexual activity; learning about barrier contraceptives

Health and wellbeing - Sexting

• Revising the law on sexting; revisiting what we know about how to develop and maintain healthy relationships in an online context.

Year 9 Citizenship topic (refer to the Citizenship curriculum overview and content)

Challenging Stereotypes – refresher lessons

Using case studies to understand the values of equality, diversity and inclusion

CSE: Chelsea's Story

- Understanding different types of exploitation; exploring Chelsea's Story; the impact of CSE; revision of sending nudes and the law
- Considering different levels of intimacy and consequences; understanding consent and coercion; revisiting the law on consent

Health and wellbeing - Making choices: drugs, alcohol and vaping

 Awareness of the impact of alcohol, binge drinking, and illegal drugs; saying no and peer pressure. To learn about the effects of e-cigarettes; to reflect on how they are marketed; peer pressure and saying no.

LGBTQ

 Understanding terminology; the gingerbread person to explore gender identity; signposting

Homophobia

• The power of words; challenging homophobia; the impact of bullying

Year 10 Challenging Stereotypes – refresher lessons

Using case studies to understand the values of equality, diversity and inclusion

Health and wellbeing - mental health

- Recognising the characteristics of emotional and mental health; learning the differences between stress, anxiety and depression
- Learning strategies for managing mental health
- Learning strategies to manage strong emotions and feelings
- Signposting where to go for help

Health and wellbeing - Alcohol

- Considering the long term and short term consequences of drinking alcohol for individuals, families and communities
- To understand the terms dependence and addiction in relation to alcohol abuse
- Learning about the law and alcohol

Year 11 Challenging Stereotypes – refresher lessons

• Using case studies to understand the values of equality, diversity and inclusion

Health and wellbeing - drugs

 Revisiting prior learning on illegal drugs; their long term and short term physical and personal impacts; peer pressure; saying no.

Year 12 Being motivated and getting involved

• Sixth Form routines; leadership opportunities

Challenging Stereotypes – refresher lessons

Using case studies to understand the values of equality, diversity and inclusion

Health and wellbeing - Dealing with stress

What is stress? Identifying when stressful times may occur; self help; signposting

Online safety

 Refresher lesson on online safety; awareness of the impact of digital footprints to future choices

Diversity, equality and inclusion

- The power of words; 'my new neighbours'
- The reptilian brain; the impact of the media
- Far right extremism; James' story
- Tackling homophobia and misogyny

Health and wellbeing - drinking

Revisiting prior learning on alcohol units and impact of alcohol; the dangers of spiking;
 advice and signposting

Health and wellbeing - drugs

Statistics; delving deeper into cannabis and vaping

Year 13

Challenging Stereotypes – refresher lessons

Using case studies to understand the values of equality, diversity and inclusion

Media literacy and digital resilience

- Learning about our digital footprint; considering the positives and negatives of social media
- Learning how to become digitally resilient.

Healthy relationships

• What do we mean by respect? How can we change relationships to make them healthy?

Relationship abuse

 Identifying controlling relationships; understanding what is meant by coercion; love bombing, gaslighting; signposting

Consent

 What is apparent consent? Revising the law on consent; using case studies to deepen understanding

Health and wellbeing - drinking

Revisiting prior learning on alcohol units and impact of alcohol; the dangers of spiking;
 advice and signposting

Health and wellbeing – drugs

• Statistics; delving deeper into cannabis and vaping

Appendix 2

| Families | | | | |
|---|---|--|--|--|
| 1 | that there are different types of committed, stable relationships. | | | |
| 2 | how these relationships might contribute to human happiness and their importance for bringing up children. | | | |
| 3 | what marriage is, including their legal status e.g. 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. | | | |
| 4 | why marriage is an important relationship choice for many couples and why it must be freely entered into. | | | |
| 5 | the characteristics and legal status of other types of long-term relationships. | | | |
| 6 | the roles and responsibilities of parents with respect to raising of children, including the characteristics of successful parenting. | | | |
| 7 | 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); and, | | | |
| | how to seek help or advice, including reporting concerns about others, if needed. | | | |
| Respectful relationships, including friendships | | | | |
| 8 | the characteristics of positive and healthy friendships (in all contexts, including online) including: 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. | | | |
| 9 | practical steps they can take in a range of different contexts to improve or support respectful relationships. | | | |
| 10 | how stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice). | | | |
| 11 | 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. | | | |
| 12 | about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help. | | | |
| 13 | that some types of behaviour within relationships are criminal, including violent behaviour and coercive control. | | | |
| 14 | what constitutes sexual harassment and sexual violence and why these are always unacceptable. | | | |
| 15 | 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 | | | |
| 16 | their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online. | | | |
| 17 | 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. | | | |

| 18 | not to provide material to others that they would not want shared further and not to share personal | | | |
|--|--|--|--|--|
| 19 | material which is sent to them. | | | |
| | what to do and where to get support to report material or manage issues online. | | | |
| 20 | the impact of viewing harmful content. | | | |
| 21 | that specifically sexually explicit material e.g. 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. | | | |
| 22 | that sharing and viewing indecent images of children (including those created by children) is a criminal | | | |
| | offence which carries severe penalties including jail. | | | |
| 23 | how information and data is generated, collected, shared and used online. | | | |
| Being | safe | | | |
| 23 | 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. | | | |
| 24 | 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 | | | | |
| 26 | 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. | | | |
| 27 | that all aspects of health can be affected by choices they make in sex and relationships, positively or | | | |
| | negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing. | | | |
| 28 | the facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for | | | |
| | men and women and menopause. | | | |
| 29 | that there are a range of strategies for identifying and managing sexual pressure, including understanding | | | |
| | peer pressure, resisting pressure and not pressurising others. | | | |
| 30 | that they have a choice to delay sex or to enjoy intimacy without sex. | | | |
| 31 | the facts about the full range of contraceptive choices, efficacy and options available. | | | |
| 32 | the facts around pregnancy including miscarriage. | | | |
| 33 | 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). | | | |
| 34 | how the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can | | | |
| | be reduced through safer sex (including through condom use) and the importance of and facts about | | | |
| | testing. | | | |
| 35 | about the prevalence of some STIs, the impact they can have on those who contract them and key facts | | | |
| | about treatment. | | | |
| 36 | how the use of alcohol and drugs can lead to risky sexual behaviour. | | | |
| 37 | how to get further advice, including how and where to access confidential sexual and reproductive health | | | |
| | advice and treatment. | | | |
| Menta | l wellbeing | | | |
| 38 | how to talk about their emotions accurately and sensitively, using appropriate vocabulary. | | | |
| 39 | that happiness is linked to being connected to others. | | | |
| 40 | how to recognise the early signs of mental wellbeing concerns. | | | |
| 41 | common types of mental ill health (e.g. anxiety and depression). | | | |
| | | | | |

| 42 | how to critically evaluate when something they do or are involved in has a positive or negative effect | | | |
|----------|--|--|--|--|
| | their own or others' mental health. | | | |
| 43 | the benefits and importance of physical exercise, time outdoors, community participation and voluntary | | | |
| | and service-based activities on mental wellbeing and happiness. | | | |
| Interne | et safety and harms | | | |
| 44 | 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. | | | |
| 45 | 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. | | | |
| Physica | al health and fitness | | | |
| 46 | the positive associations between physical activity and promotion of mental wellbeing, including as an | | | |
| | approach to combat stress. | | | |
| 47 | 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. | | | |
| 48 | about the science relating to blood, organ and stem cell donation. | | | |
| Health | y eating | | | |
| 49 | how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay | | | |
| | and cancer. | | | |
| Drugs, | alcohol and tobacco | | | |
| 50 | 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. | | | |
| 51 | the law relating to the supply and possession of illegal substances. | | | |
| 52 | the physical and psychological risks associated with alcohol consumption and what constitutes low risk | | | |
| F2 | alcohol consumption in adulthood. | | | |
| 53 | the physical and psychological consequences of addiction, including alcohol dependency. | | | |
| 54 | awareness of the dangers of drugs which are prescribed but still present serious health risks. | | | |
| 55 | 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. | | | |
| | and prevention | | | |
| 56 | about personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention | | | |
| | of infection, and about antibiotics. | | | |
| 57 | about dental health and the benefits of good oral hygiene and dental flossing, including healthy eating and | | | |
| 58 | regular check-ups at the dentist. (late secondary) the benefits of regular self-examination and screening. | | | |
| | | | | |
| 59 | the facts and science relating to immunisation and vaccination. | | | |
| 60 | 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 fi | Basic first aid | | | |

| 61 | basic treatment for common injuries. | | |
|--------------------------|---|--|--|
| | | | |
| 62 | life-saving skills, including how to administer CPR. | | |
| 63 | the purpose of defibrillators and when one might be needed. | | |
| Changing adolescent body | | | |
| 64 | key facts about puberty, the changing adolescent body and menstrual wellbeing. | | |
| 65 | the main changes which take place in males and females, and the implications for emotional and physical | | |
| | health. | | |

Appendix 3

| Year 8 | Health Day | Delivered by a range of local providers, including Derbyshire Health Physical activities, puberty talk, healthy eating |
|---------|-----------------------|---|
| Year 9 | Chelsea's Story | Delivered by Alter Ego. A drama on Child Sexual Exploitation |
| Year 9 | Addressing homophobia | Delivered by Just Like Us Extended assembly on the use of language and the impact of homophobia |
| Year 10 | Where's Your Line? | Delivered by SV2. A workshop on consent |
| Year 12 | RSE Day | Sexual health delivered by Derbyshire Health Healthy relationships delivered by School of Sex Education Self-care delivered by Ecclesbourne Sixth Pastoral Team |