



Keir Hardie Primary School

Inspiring Excellence

Our days are always filled with MAGIC

Relationships, (Sex) and Health Education


Year 4 Parent/carer Consultation
Autumn 2020

Purpose of this consultation



- Explain the requirements of the Relationships, Sex and Health Education curriculum.
- Reassure parents that their views are important and needed in the formulation of the policy for this subject.
- Share R(S)HE; draft policy, resources and unit plans that we will be using at Keir Hardie Primary School.
- Clarify some of the misinformation regarding the RSHE curriculum.

Statutory requirements

 Department
for Education

Relationships
Education,
Relationships and
Sex Education (RSE)
and Health Education

Statutory guidance for governing bodies,
proprietors, head teachers, principals, senior
leadership teams, teachers



- Relationships Education and Health Education will be mandatory from Summer 2021 for all primary schools in England. The new regulations passed in April 2019.
- Sex Education is not compulsory until Secondary school. At Keir Hardie Primary School we teach this in Year 6 during the Summer term. A meeting is held with parents to share the lesson plans and resources that will be used to teach Sex Education. It is taught by trained staff, including the school nurse and in gender groups. Permission is given by parents before lessons are taught.

Equality Act 2010 and schools



Departmental advice for school leaders, school staff, governing bodies and local authorities-May 2014

Inclusive Relationships and Health education is student-sensitive Relationships and Health education

Protected characteristics - 2010 Equality Act

Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

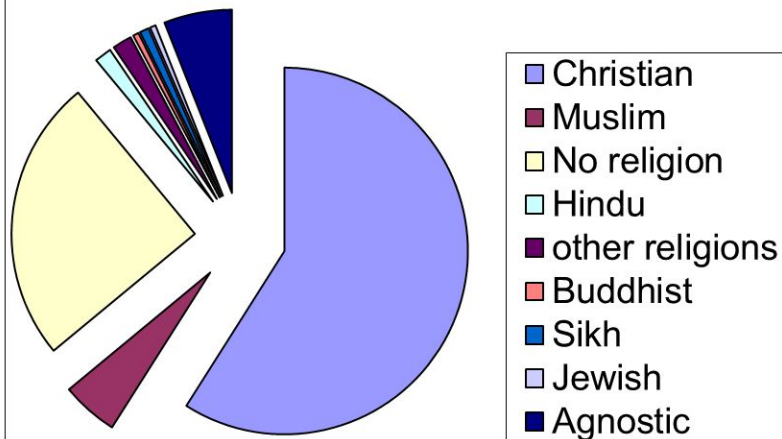
Teaching should be based on facts and should enable pupils to develop an understanding of how the law applies to different relationships. Teachers must have regard to statutory guidance on sex and relationship education (now RSHE), and to meet duties under equality and human rights law (DfS. 2014)



Newham and uk statistics

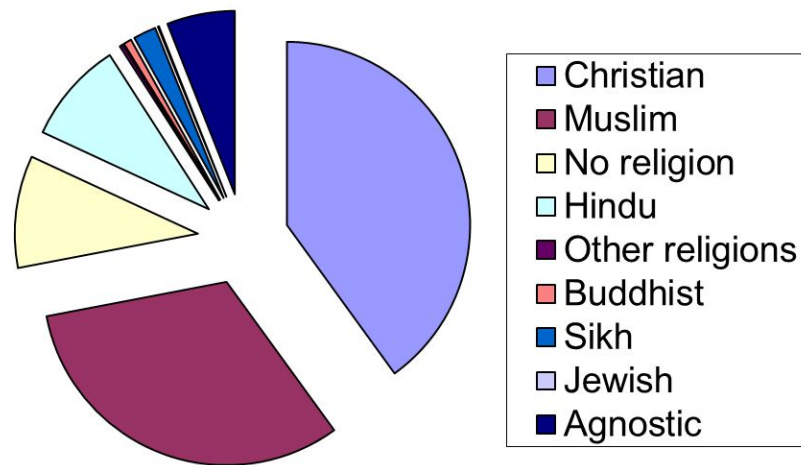


UK 2011 census data



Christian	59
Muslim	5
No religion	25
Hindu	1.5
other religions	1.7
Buddhist	0.5
Sikh	0.8
Jewish	0.5
Agnostic	6

Newham Census 2011



Christian	40
Muslim	32
No religion	9.9
Hindu	9
Other religions	0.3
Buddhist	0.7
Sikh	2
Jewish	0.1
Agnostic	6

This shows the diverse nature of religions in Newham and the need to be sensitive to all faiths

Newham data (Public Health England):



Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

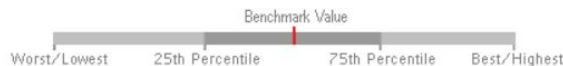
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Quintiles: Best ○ ○ ○ ○ Worst ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing / Getting worse ↓ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing

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Indicator	Period	Newham			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Infant mortality rate	2016 - 18	—	58	3.3	3.3	3.9	8.2		1.0	
Child mortality rate (1-17 years)	2016 - 18	—	30	11.6	10.8	11.0	23.4		6.2	
Population vaccination coverage - MMR for one dose (2 years old)	2018/19	↓	4,716	80.4%	83.0%	90.3%	74.3%		97.1%	
<90% 90% to 95% ≥95%										
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2018/19	↓	5,297	90.3%	90.6%	94.2%	81.6%		98.8%	
<90% 90% to 95% ≥95%										
Children in care immunisations	2019	↓	130	50.8%	80.7%	86.8%	44.1%		100%	
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	3,585	75.9%	74.1%	71.8%	63.1%		80.6%	
Average Attainment 8 score	2018/19	—	189,616	48.6	50.0	46.9	39.0		57.5	
Average Attainment 8 score of children in care	2018	—	-	25.0	19.2	18.9	7.9		31.8	
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2018	—	440	5.2%	4.8%	5.5%	14.9%		1.5%	

This identifies the importance of raising awareness of vaccines and immunisations in Newham

Newham data (Public Health England):



Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Quintiles: Best ● ● ● ● Worst ○ Not applicable

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Indicator	Period	Newham			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
employment or training (NEET) or whose activity is not known	2018	—	440	5.2%	4.8%	5.5%	14.9%		1.5%	
First time entrants to the youth justice system	2018	↓	109	333.5	282.5	238.5	554.3		72.3	
Children in low income families (under 16s)	2016	↓	15,300	20.1%	18.8%	17.0%	31.8%		6.4%	
Family homelessness	2017/18	→	937	7.7	3.2	1.7	7.7		0.1	
Children in care	2019	→	380	44	50	65	197		25	
Children killed and seriously injured (KSI) on England's roads	2016 - 18	—	30	12.8	12.0	17.7	52.5		4.0	
Low birth weight of term babies	2018	→	188	3.75%	3.07%	2.86%	4.65%		1.01%	
Reception: Prevalence of obesity (including severe obesity)	2018/19	→	565	12.6%	10.2%	9.7%	14.2%		5.4%	
Year 6: Prevalence of obesity (including severe obesity)	2018/19	→	1,286	27.7%	23.2%	20.2%	29.6%		10.7%	
Children with one or more decayed, missing or filled teeth	2016/17	—	-	29.0%	25.7%	23.3%	47.1%		12.9%	
Hospital admissions for dental caries (0-5 years)	2016/17 - 18/19	—	445	432.9	418.0	307.5	10.9		1,393.4	

This identifies the need to teach pupils in Newham to make the right choices, how to take care of their physical health and getting the right support when needed

Newham data (Public Health England):



Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing / Getting worse ⬆ Increasing / Getting better ⬇ Decreasing / Getting worse ⬇ Decreasing / Getting better ⬆ Increasing ⬇ Decreasing

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Indicator	Period	Newham		Region England		England		Range	Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest		
Under 18s conception rate / 1,000	2018	⬇	79	13.2	13.9	16.7	39.4		3.6
Teenage mothers	2018/19	➡	15	0.3%	0.3%	0.6%	2.3%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2016/17 - 18/19	—	20	7.8	16.5	31.6	106.7		7.8
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	—	70	49.7	60.1	83.1	236.6		32.0
Smoking status at time of delivery	2018/19	➡	237	4.7%	4.8%*	10.6%	25.7%		1.6%
Baby's first feed breastmilk	2018/19	—	3,375	72.3%	76.3%	67.4%	43.6%		98.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2018/19	—	2,303	*	*	46.2%*	-	Insufficient number of values for a spine chart	
A&E attendances (0-4 years)	2018/19	⬆	23,240	822.5	755.2	655.3	1,917.4		126.3
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2018/19	⬇	480	64.4	70.5	96.1	184.9		45.1
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2018/19	⬇	415	87.8	98.4	136.9	276.7		56.0
Hospital admissions for asthma (under 19 years)	2018/19	➡	245	270.4	197.5	178.4	485.9		50.3
Hospital admissions for mental health conditions	2018/19	➡	60	69.3	72.5	88.3	193.9		22.9
Hospital admissions as a result of self-harm (10-24 years)	2018/19	➡	125	187.4	195.8	444.0	1,072.7		91.1

This identifies the need to teach pupils in Newham about taking care of their physical and mental health wellbeing and getting the right support when needed

All schools must have a R(S)HE policy



Newham schools have received support and guidance from the Borough to produce a school policy.

The Borough has had extensive consultation on RSHE policy including the following:

- Parents - Consultation with 30 Governors who are Newham parents
- LGBT+ community - Individuals, groups and teachers who identify as LGBT+
- Councilors - Briefing and consultation with around 30
- Teachers - 80+ attended training, 55 attended Network Meetings
- Other places - Birmingham, Redbridge and Tower Hamlets
- Governors & trustees - around 60 attended training at Education Space
- Faith groups - 20 survey monkey responses and meeting held with 30 Imams
- SACRE - 19 different individuals representing
 - Muslims Sunni and Shia
 - Christians Catholic and protestant
 - Hindu
 - Buddhist
 - Jewish
 - Sikh
 - Humanist
- Children Estimated numbers 180 pupils
- SEND educational services
- DfE and Ofsted
- Head Teachers including Nursery Head Teachers
- Young people's' Sexual health services

Why is Relationships (Sex) and Health Education important?



The main purpose for R(S)HE is to safeguard our pupils. We want ALL our pupils to grow up healthy, happy, safe, and able to manage the challenges and opportunities of modern Britain.

The units are designed to equip your child with knowledge, to make informed decisions about their wellbeing, health and relationships as well as preparing them for a successful adult life.

The world for all young people looks very different from the way it did 20 years ago when this curriculum was last updated.

– these changes bring the content into the 21st century, so that it is relevant for your child.

Why teach Relationships Education?



To build positive and safe relationships, including family, friends and online.

*In such an ever-changing world where young people are exposed to so much online content, they need to be taught **how to be safe and healthy**, and how to manage their academic, personal and social lives **in a positive way**.*

The three key topics taught as part of Relationships Education are: **families and friendships; safe relationships; and respecting ourselves and others**. It will be taught in an age-appropriate way and we will cover how to treat each other with kindness, consideration and respect.

Year 4 overview for Relationships Education



YEAR 4 — MEDIUM-TERM OVERVIEW

Term	Topic	In this unit of work, pupils will learn...
Autumn - Relationships	<u>Families and friendships</u> Positive friendships, including online	<ul style="list-style-type: none"> • about the features of positive healthy friendships such as mutual respect, trust and sharing interests • strategies to build positive friendships • how to seek support with relationships if they feel lonely or excluded • how to communicate respectfully with friends when using digital devices • how knowing someone online differs from knowing someone face to face and that there are risks in communicating with someone they don't know • what to do or whom to tell if they are worried about any contact online
	<u>Safe relationships</u> Responding to hurtful behaviour; managing confidentiality; recognising risks online	<ul style="list-style-type: none"> • to differentiate between playful teasing, hurtful behaviour and bullying, including online • how to respond if they witness or experience hurtful behaviour or bullying, including online • recognise the difference between 'playful dares' and dares which put someone under pressure, at risk, or make them feel uncomfortable • how to manage pressures associated with dares • when it is right to keep or break a confidence or share a secret • how to recognise risks online such as harmful content or contact • how people may behave differently online including pretending to be someone they are not • how to report concerns and seek help if worried or uncomfortable about someone's behaviour, including online
	<u>Respecting ourselves and others</u> Respecting differences and similarities; discussing difference sensitively	<ul style="list-style-type: none"> • to recognise differences between people such as gender, race, faith • to recognise what they have in common with others e.g. shared values, likes and dislikes, aspirations • about the importance of respecting the differences and similarities between people • a vocabulary to sensitively discuss difference and include everyone



Examples of resources for Year 4 Relationships Education

Autumn - Relationships

YEAR 4 — MEDIUM-TERM OVERVIEW

Term	Topic
	Families and friendships
	Positive friendships, including online
	Safe relationships
	Responding to hurtful behaviour; managing confidentiality; recognising risks online
	Respecting ourselves and others
	Respecting differences and similarities; discussing difference sensitively

Learning Objectives
Learning Outcomes
Key Vocabulary

We are learning about online safety and how to access available help inside and outside school

Pupils will leave this lesson understanding the dangers of taking personal photographs and sharing them online

Passwords, social media, Facebook, online safety, danger signs

Why should Alex not have sent the photo in the first place?

When Alex started to get texts from someone trying to bully him, and a man he didn't know, what could he have done then?

What do you think the outcome might be?

Coping with Online Bullying

Read the different scenarios below. What advice could you give each of the characters to support them in having a safe and positive experience online?

Dom is intentionally leaving Max out of a group chat.

How might Max be feeling? What could Max do?

What advice would you give to Dom?

Staying Safe Online

How can you stay safe online? Fill in the devices below with your ideas. Darlee has completed the first one for you.

Do not give out your passwords

Age restrictions

Do you know how old you have to be to use the applications below? You may have to research your answers. Darlee has completed the first one for you.

Minimum age 13. If you have the permission of your parent/carer, then you can have an email account under the age of 13.

1. What does **diversity** mean?

A Admiring someone you think is good
B Very special or unusual
C A range of different types of things or people
D To be the same as someone

2. Which statement would make someone **feel valued**?

A Be careful!
B Well done!
C What did you say?
D Hurry up!

Valuing others

Pupils reflect on and discuss their ideas for how they can celebrate diversity and why this is important and work towards agreeing a class pledge on valuing others, which can be put on display.

Why teach Health Education?



To teach pupils the information they need to make good decisions about their own health and wellbeing, to recognise issues in themselves and others, and seek support as early as possible when issues arise.

*A firm foundation in the **benefits and characteristics of good health and wellbeing** will enable teachers to talk about isolation, loneliness, unhappiness, bullying and the negative impact of poor health and wellbeing.*

The three key topics taught as part of Health Education are:

Physical and mental wellbeing; growing and changing; and keeping safe. It will be taught in an age-appropriate way and we will cover how to be healthy, physical and emotional changes and how to keep themselves safe.

Year 4 overview for Health Education



Summer - Health and wellbeing	<p><u>Physical health and Mental wellbeing</u></p> <p>Maintaining a balanced lifestyle; oral hygiene and dental care</p>	<ul style="list-style-type: none"> • to identify a wide range of factors that maintain a balanced, healthy lifestyle, physically and mentally • what good physical health means and how to recognise early signs of physical illness • that common illnesses can be quickly and easily treated with the right care e.g. visiting the doctor when necessary • how to maintain oral hygiene and dental health, including how to brush and floss correctly • the importance of regular visits to the dentist and the effects of different foods, drinks and substances on dental health
	<p><u>Growing and changing</u></p> <p>Physical and emotional changes in puberty; external genitalia; personal hygiene routines; support with puberty</p>	<ul style="list-style-type: none"> • how to identify external genitalia and reproductive organs • about the physical and emotional changes during puberty • key facts about the menstrual cycle and menstrual wellbeing, erections and wet dreams • strategies to manage the changes during puberty including menstruation • the importance of personal hygiene routines during puberty including washing regularly and using deodorant • how to discuss the challenges of puberty with a trusted adult • how to get information, help and advice about puberty
	<p><u>Keeping safe</u></p> <p>Medicines and household products; drugs common to everyday life</p>	<ul style="list-style-type: none"> • how to recognise risk in everyday situations, e.g. road, water and rail safety, medicines • how to help keep themselves safe in familiar and unfamiliar environments, such as in school, online and 'out and about' • to identify potential unsafe situations, who is responsible for keeping them safe in these situations, and steps they can take to avoid or remove themselves from danger • how to help keep themselves safe at home in relation to electrical appliances, fire safety and medicines/household products • about things that people can put into their body or onto their skin (e.g. medicines and creams) and how these can affect how people feel • how to respond if there is an accident and someone is hurt • about whose job it is to keep us safe and how to get help in an emergency, including how to dial 999 and what to say

Examples of resources for Year 4 Health Education



Summer - Health and wellbeing

Physical health and Mental wellbeing

Maintaining a balanced lifestyle; oral hygiene and dental care

Growing and changing

Physical and emotional changes in puberty; external genitalia; personal hygiene routines; support with puberty

Keeping safe

Medicines and household products; drugs common to everyday life

ABC Module Word Bank XYZ

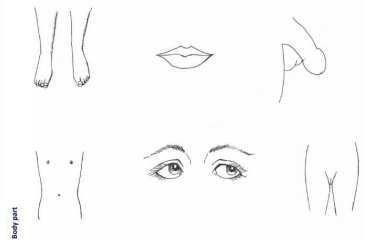
Let's explore some new words. Do you know what each of them mean?

Healthy Allergies Antibodies Ingredients Research

Unhealthy Prescription Immunisation Medicine

Responsible Risky Vaccination Germs Immune System

Can you use any of these words in a sentence?



Learning objective

- To learn about the safe use of medicines and household products

Learning outcomes

By the end of the lesson pupils will be able to:

- explain the importance of taking medicines correctly and using household products safely
- identify risk in relation to the use of medicines and household products, and suggest what action to take to help prevent or minimise harm
- recognise sources of information and whom to ask for help with medicine safety

I can brush my teeth

Can you follow the steps below when brushing your teeth?

Remember: Use Red To Go

1 I can turn on the tap

2 I can use my toothbrush

3 I can turn the tap off to save water

4 I can get a small amount of toothpaste on my toothbrush

5 I can brush my teeth in, out and all around for 2 minutes

6 I can clean my tongue with the back of my toothbrush

7 I can turn the tap on and rinse my toothbrush

8 I can turn the tap off

Medicines

Draw or write your answers to the questions below.

When should we take medicines?

Who should give us medicines when we need them?

Healthy and Unhealthy Relationships

Think of some ways a relationship could be healthy or unhealthy.

Healthy

What makes a healthy relationship?

Unhealthy

What makes an unhealthy relationship?

Coping with Puberty

What/who can help us during puberty?

Make a list of what/who can help us both emotionally and physically.

What/who can help us with our emotional changes?

What/who can help us with our body changes?

15 Role Play

Next, pupils discuss the following two questions for their given scenario:

- What should the characters do now to prevent any further risk?
- Who could help? Where could the person get more support or advice?

Stepping back 'into role', pupils role-play what the characters should do to prevent any further risk and identify who can help.

Some of the groups can show their role plays to the class. The class feedback on whether they think the characters did the right thing to help prevent any further risk and share further ideas.

Suggestions to support pupils' learning:

- Frankie, Sam and the Inhaler – prescribed medicines should not be shared, as the prescription (which medicine and how much they should take) may differ for individuals; some medicines are only prescribed to individuals, whereas others can be taken by anyone with that condition. Using someone else's inhaler may cause a bad reaction. This should only ever be done in an emergency and under the guidance of a trained adult or medical professional. Frankie should move away from any triggers, sit up straight, try to remain calm and control her breathing. Sam should go and get help.

Myths



Clarification of some misinformation regarding the R(S)HE curriculum

Myth 1. 'Schools are teaching children to have sex'

As part of R(S)HE in some primary schools and as part of science in all secondary schools, children and young people are taught about human reproduction, but schools are not teaching or encouraging children or young people to have sex. Schools are giving them the skills and knowledge to make intelligent healthy decisions when they do decide to have sex, in line with their own morality, beliefs and their aspirations for their future. Research has shown (Sell 2019) that school is seen as a trusted source of R(S)HE for young people. It is important to give them the tools which mean they have the confidence and knowledge to say *no* to sex, or *yes*, or *not now, maybe in the future*. For some that may not be until they are married or much later in their life.

Myth 2. 'Schools are teaching children to masturbate'

We have had a leaflet handed out at schools in Newham saying this was happening. The organisation when challenged admitted they had no evidence this was going on in Newham and have now changed their leaflet and website accordingly. However, schools may talk about wet dreams and erections as part of puberty, especially for the boys who may become aware of these changes to their bodies but in year 6.

Myths continued...



Myth 3. 'No-one considers a pupil's religious beliefs when teaching RSHE'

Schools should be mindful of all their pupils' backgrounds when teaching R(S)HE, whatever that may be. Newham, because of our commitment to respecting differing faith groups, as well as other backgrounds our pupils may have, has employed, as its R(S)HE advisor, someone who has completed an extensive research study, using the voices of young people to explore what constitutes good quality, faith- and student-sensitive R(S)HE. This research, carried out at UCL Institute of Education, fits well with the borough's commitment to faith-sensitive and student-sensitive R(S)HE and informs the borough's plans and training concerning R(S)HE. It is important that whilst faith is respected and also talked about in RSHE, so are other belief systems, and R(S)HE should be sensitive to pupils or students from all differing backgrounds.

Myth 4. 'Schools are promoting LGBT+ relationships'

Schools should not be advocating LGBT+ relationships over any other relationship. However, they will be talking about LGBT+ relationships and families in an age-appropriate way in R(S)HE. All people and loving families, including those who are LGBT+, have much to give society. Schools have a duty to present modern British society and educate children and young people about diversity, inclusion, and equality for all groups, including faith groups, as mentioned in the Equality Act 2010. Pupil- and student-sensitive R(S)HE can also be used to make sure other children and young people from minority groups not mentioned in the 2010 Act are included and valued too; children such as looked after children.

Myths continued...



Myth 5. 'Schools are sexualising children at too young an age'

Schools need to think carefully about what they teach children and young people, making sure it is age appropriate. Knowing the context of our pupils' lives, what they see and hear around them, as well as keeping them safe, are big drivers for schools.

Safeguarding children and young people is a very important element of R(S)HE. An example of how schools can help children express themselves clearly is the use of accepted shared language, the words 'vulva' and 'penis' as external organs do not lead to a child understanding a sexual act, but does give them an easily understood, common vocabulary should they need to explain something in everyday life or something that has happened to them that they did not like. Parents/carers are of course able to use family names for various parts of their body at home, but in schools 'proper' or scientific words will be used.

Next steps:



- Read Keir Hardie's draft R(S)HE policy
- Please complete the survey- questions and comments will be taken into account when finalising the R(S)HE policy.
- Parent consultation outcome will be shared with school governors, who will make the final decision regarding our R(S)HE policy.
- Agreed R(S)HE policy will be shared with staff and parents and made available on the school website