



Keir Hardie Primary School

**Inspiring Excellence**

*Our days are always filled with MAGIC*

# Relationships, (Sex) and Health Education


Year 5 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**

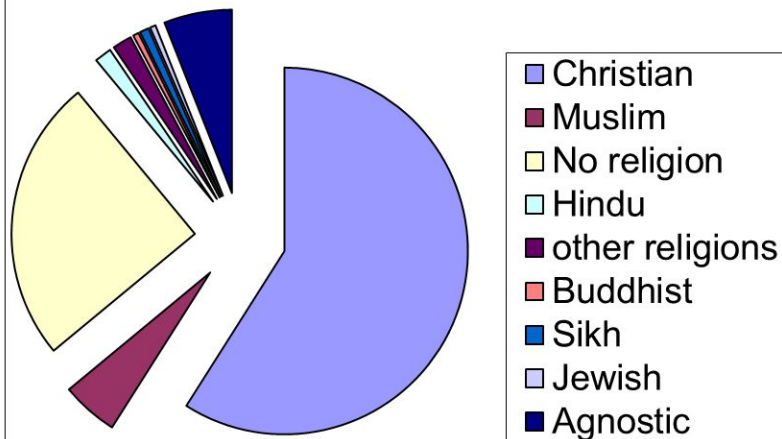
*Teaching should be based on facts and should enable pupils to develop an understanding of how the law applies to different relationships. Teachers must have regard to statutory guidance on sex and relationship education (now RSHE), and to meet duties under equality and human rights law (DfS. 2014)*



# Newham and uk statistics

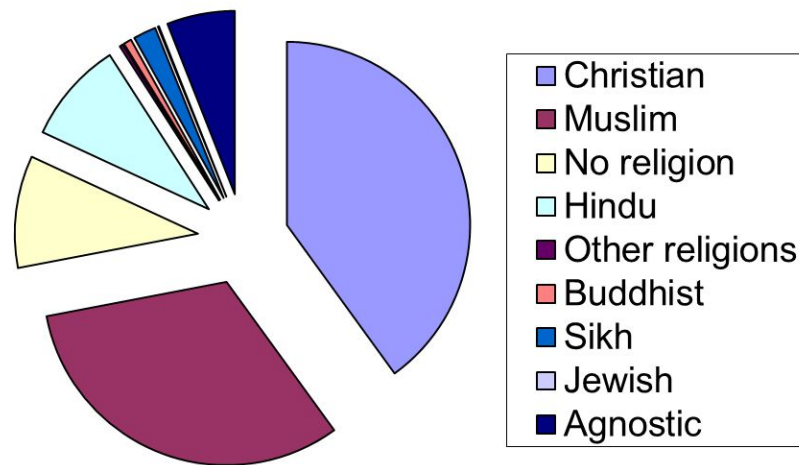


UK 2011 census data



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

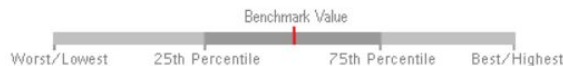
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

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

Export table as image

Export table as CSV file



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

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

Export table as image

Export table as CSV file



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

Export table as image

Export table as CSV file



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 5 overview for Relationships Education



## YEAR 5 — MEDIUM-TERM OVERVIEW

Term	Topic	In this unit of work, students learn...
Autumn — Relationships	<b>Families and friendships</b> Managing friendships and peer influence  PoS Refs: R14, R15, R16, R17, R18, R26	<ul style="list-style-type: none"> <li>• what makes a healthy friendship and how they make people feel included</li> <li>• strategies to help someone feel included</li> <li>• about peer influence and how it can make people feel or behave</li> <li>• the impact of the need for peer approval in different situations, including online</li> <li>• strategies to manage peer influence and the need for peer approval e.g. exit strategies, assertive communication</li> <li>• that it is common for friendships to experience challenges</li> <li>• strategies to positively resolve disputes and reconcile differences in friendships</li> <li>• that friendships can change over time and the benefits of having new and different types of friends</li> <li>• how to recognise if a friendship is making them feel unsafe, worried, or uncomfortable</li> <li>• when and how to seek support in relation to friendships</li> </ul>
	<b>Safe relationships</b> Physical contact and feeling safe  PoS Refs: R9, R25, R26, R27, R29	<ul style="list-style-type: none"> <li>• to identify what physical touch is acceptable, unacceptable, wanted or unwanted in different situations</li> <li>• how to ask for, give and not give permission for physical contact</li> <li>• how it feels in a person's mind and body when they are uncomfortable</li> <li>• that it is never someone's fault if they have experienced unacceptable contact</li> <li>• how to respond to unwanted or unacceptable physical contact</li> <li>• that no one should ask them to keep a secret that makes them feel uncomfortable or try to persuade them to keep a secret they are worried about</li> <li>• whom to tell if they are concerned about unwanted physical contact</li> </ul>
	<b>Respecting ourselves and others</b> Responding respectfully to a wide range of people; recognising prejudice and discrimination  PoS Refs: R20, R21, R31, R33	<ul style="list-style-type: none"> <li>• to recognise that everyone should be treated equally</li> <li>• why it is important to listen and respond respectfully to a wide range of people, including those whose traditions, beliefs and lifestyle are different to their own</li> <li>• what discrimination means and different types of discrimination e.g. racism, sexism, homophobia</li> <li>• to identify online bullying and discrimination of groups or individuals e.g. trolling and harassment</li> </ul>

Term	Topic
------	-------

Families and friendships
Managing friendships and peer influence

PoS Refs: R14, R15, R16, R17, R18, R26

## Autumn — Relationships

### Safe relationships

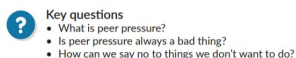
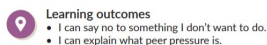
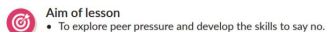
Physical contact and feeling safe

PoS Refs: R9, R25, R26, R27, R29

## Respecting ourselves and others

Responding respectfully to a wide range of people; recognising prejudice and discrimination

PoS Refs: R20, R21, R31, R33



Tom is hanging out with his friends at lunchtime.

His friend, Johnny,  
lights up a cigarette  
and passes it  
around.

What should Tom say to his friends?



Tom sees his school friend Jack smack his other friend Jake on the bum.

Yasmine gives their pet dog a hug.

A grown up hugs Tom.

Yasmine's aunt grabs her just before she walks in front of an oncoming car on the road.

Yasmine's younger sister is screaming, shouting and hitting herself so a grown up holds her tight to stop her hurting herself.

Yasmine sees her schoolfriend Sophie accidentally barge into another child in school.

Yasmine 'fools' someone when she is playing football



Sort each of the scenarios into the appropriate headings 'Safe', 'Unsafe' and 'Depends' and unsafe touches.

Yasmine's friend gives her a shoulder massage.

An adult friend of Yasmine's mum kisses Yasmine on the lips

---

---

There's also another hidden film.

Yasmine sees a boy called Adam at school kick another child

A friend kisses Tom on the lip

Um... okay...

No!

It is okay to say no to your friends if they want you to do something you don't want to do.

No one can touch you on a private part without you agreeing to it.

Talk to someone if this happens to you.

Grandpa,  
can I tell you  
something?

Cut up these scenarios and provide each pupil group with one of them to discuss.

1. The referee says a player is off-side. The team were about to score to win the game and are not happy with the referee's decision.

2. A playground game is going well – except no one realises that a younger pupil has been knocked over by another player.

3. It is the start of morning playtime and captains are picking teams for a football game. The same children as always are being chosen. Some children are feeling very left out.

4. Some pupils are playing a football game on the playground. Other pupils playing quietly on the edge of the playground keep being knocked into and their games disrupted.

5. A pupil asks to join in a playground game, even though it makes the sides uneven

6. During a playtime game one pupil accidentally trips up another pupil, preventing them

### Instructions

1. Draw a person who is behaving responsibly (and well) in your school. (You do not have to name him or her.)
2. Around the outside, write all the things that the person is doing, saying or thinking that show they are behaving well

# 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 5 overview for Health Education



<b>Summer</b>	<b>Physical health and Mental wellbeing</b> Healthy sleep habits; sun safety; medicines, vaccinations, immunisations and allergies	<ul style="list-style-type: none"> <li>• how sleep contributes to a healthy lifestyle</li> <li>• healthy sleep strategies and how to maintain them</li> <li>• about the benefits of being outdoors and in the sun for physical and mental health</li> <li>• how to manage risk in relation to sun exposure, including skin damage and heat stroke</li> </ul>
<b>Summer — Health and wellbeing</b>	PoS Refs: H8, H9, H10, H12	<ul style="list-style-type: none"> <li>• how medicines can contribute to health and how allergies can be managed</li> <li>• that some diseases can be prevented by vaccinations and immunisations</li> <li>• that bacteria and viruses can affect health</li> <li>• how they can prevent the spread of bacteria and viruses with everyday hygiene routines</li> <li>• to recognise the shared responsibility of keeping a clean environment</li> </ul>
	<b>Growing and changing</b> Personal identity; recognising individuality and different qualities; mental wellbeing  PoS Refs: H16, H25, H26, H27	<ul style="list-style-type: none"> <li>• about personal identity and what contributes to it, including race, sex, gender, family, faith, culture, hobbies, likes/dislikes</li> <li>• that for some people their gender identity does not correspond with their biological sex</li> <li>• how to recognise, respect and express their individuality and personal qualities</li> <li>• ways to boost their mood and improve emotional wellbeing</li> <li>• about the link between participating in interests, hobbies and community groups and mental wellbeing</li> </ul>
	<b>Keeping safe</b> Keeping safe in different situations, including responding in emergencies, first aid and FGM  PoS Refs: H38, H43, H44, H45	<ul style="list-style-type: none"> <li>• to identify when situations are becoming risky, unsafe or an emergency</li> <li>• to identify occasions where they can help take responsibility for their own safety</li> <li>• to differentiate between positive risk taking (e.g. trying a challenging new sport) and dangerous behaviour</li> <li>• how to deal with common injuries using basic first aid techniques</li> <li>• how to respond in an emergency, including when and how to contact different</li> </ul>





# Examples of resources for Year 5 Health Education

Summer	<b>Physical health and Mental wellbeing</b>  Healthy sleep habits; sun safety; medicines, vaccinations, immunisations and allergies
	PoS Refs: H8, H9, H10, H12
	<b>Growing and changing</b>  Personal identity; recognising individuality and different qualities; mental wellbeing
	PoS Refs: H16, H25, H26, H27
Summer — Health and wellbeing	<b>Keeping safe</b>  Keeping safe in different situations, including responding in emergencies, first aid and FGM
	PoS Refs: H38, H43, H44, H45

ACTIVITY	DESCRIPTION	TIMING
1. INTRODUCTION	Introduce or revisit ground rules	-
2. BASELINE ASSESSMENT	Pupils draw a person getting good sleep, and add ideas about what might be helping or hindering them	10 MINS
3. FACT HUNT	Pupils discover facts about sleep using posters displayed around the room	20 MINS
4. SLEEP SCHEDULE	Pupils discuss types of activities that might make going to sleep more difficult and suggest solutions	15 MINS
5. ENDPOINT ASSESSMENT	Pupils revisit the draw and write activity to capture what they have learnt about sleep. Remind pupils who they can speak to if they are worried about getting good sleep	10 MINS

## Today we are learning...

... about what gender means to us and society.

... about how being seen as different can affect how people are treated.

...about people's experience of being seen different to others in school.

## Emergency action

An **emergency** is a situation where someone needs help quickly. That person may have been badly hurt in an accident, or they might be ill or unresponsive.

This section is all about how you can get help in this type of situation. It will help you:

- > learn when to get adult **help**
- > know how to call 999 and what to say to the operator
- > keep **calm** and help the person not to worry.

You can watch the end of the video about Kelly, Dan and Josh here, and there is an online activity to do as well.

## Discuss...

Why might someone want to take the risk?



## Learning objective

- To learn about some of the risks and effects of legal and illegal drug use



## Learning outcomes

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

- explain that there are risks associated with using any type of drug and identify some of the risks and effects of drug use
- recognise that drugs have laws related to them and that some drugs are illegal to own, use or give to others

### The Equality Act

It is **illegal** to treat someone unfairly because of who they are attracted to, or their identity.



## Learning objective

- To learn how the correct use of medicines, and how vaccinations and immunisation, can help to maintain health and wellbeing



## Learning outcomes

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

- describe how medicines, when used responsibly, can support health and wellbeing
- explain how preventative medicines such as vaccinations and immunisation can stop disease from spreading
- explain the safe use of medicines to help manage illness and allergies
- identify where to find further advice and guidance about the correct use of medicines



Activity	Description	Time
1. Baseline assessment	Discuss what is meant by risk, types of risks and what makes something more or less risky	5-10
2. Risk continuum	Pupils draw an example of a risky activity then place them on a risk continuum - class feedback and discuss	15
3. Paired discussion	Pupils discuss why people take risks	5
4. In the moment	Class discuss how a character could manage a situation involving risk	10
5. Risk scenarios	Pairs of pupils assess levels of risk in different situations, potential consequences and suggest how to minimise the risk	15
6. Endpoint assessment	Pupils complete a self-evaluation sheet about their learning on risk	5
7. Extension activity	Pupils create a cartoon strip using the 'in the moment' scenario as stimulus, provide advice and depict a positive outcome	-

# 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