Ormiston Academies Trust

Ormiston Park Academy
Relationships, sex and health education (RSHE) policy

Policy version control

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1. Policy statement and principles

1.1. Purpose

1.1.1. This policy outlines the organisation, content and delivery of Relationships and Sex Education (RSE) and Health Education in the academy, including how this content is planned, taught and reviewed.

1.1.2. Our vision is that, by the time they leave our academy, our children will be able to make informed decisions with regard to their own physical, mental and sexual health and wellbeing, whilst having regard for the wellbeing and rights of others. Our children will not only survive in their lives after formal education but thrive.

1.1.3. This policy also reinforces our Trust mission of ensuring that every child has excellent learning opportunities, inside and outside of the classroom, which enrich their lives and afford them choice and opportunity in the future.

1.2. Legal and statutory framework

1.2.1. This policy complies with the following statutory guidance and legislation:

- Children and Social Work Act 2017
- DfE National Curriculum (Citizenship, Computing, PE, Science)
- DfE Relationship Education, Relationships and Sex Education (RSE) and Health Education statutory guidance 2025
- Early years foundation stage (EYFS) statutory framework
- Education Act 2002 (Section 80a)
- Equality Act 2010
- Keeping Children Safe in Education 2026
- Teaching Online Safety in Schools 2023
- Working Together to Safeguard Children 2026

1.2.2. This policy operates in conjunction with the following academy policies:

- Anti-bullying policy
- Behaviour policy
- Equality and Diversity policy
- Safeguarding and Child Protection policy
- Teaching and Learning policy
- Visitors policy

1.3. Definitions

1.3.1. The Sex Education Forum defines Relationships and Sex Education (RSE) as:

- Learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. It should equip children and young people with the information, skills and positive values to have safe, fulfilling relationships, to enjoy their sexuality and to take responsibility for their sexual health and well-being.

1.3.2. We have defined Health Education as:

- Learning about mental and physical aspects of health, including developmental changes, personal hygiene and self-care, legal and illegal drugs, emotional wellbeing and basic first aid. It should support children and young people in understanding how external influences may affect their decisions, and in turn the potential effects of such decisions on their health.

1.3.3. For the purposes of this policy, the acronym 'RSHE' will be used to refer to all aspects of RSE and Health Education content.

1.4. Our commitment

1.4.1. Our academy is committed to RSHE which:

- Challenges all forms of discrimination in lessons and every-day school life and promotes equality
- Gives children opportunities to reflect on values and influences (such as from peers, media, faith and culture) that may shape their attitudes to relationships, sex and health, and nurtures respect for different views
- Includes learning about how to get help and treatment from reliable, reputable sources, including health and advice services, both in-person and online
- Is an identifiable part of our Personal, Social, Health and Economic (PSHE) education curriculum, which has planned, timetabled lessons across all the Key Stages
- Is based on reliable sources of information, including about the law and legal rights, and distinguishes between fact and opinion
- Is taught by staff regularly trained in RSHE content, pedagogy and practice, with expert visitors invited in to enhance and supplement the programme where appropriate
- Maintains a safe space in which children are provided with opportunities to discuss, deliberate and develop critical thinking and interpersonal skills
- Meets the needs of all children with their diverse experiences, including those with special educational needs and disabilities
- Promotes a positive view of human sexuality, with honest and medically accurate information, so that children can learn about their bodies and sexual and reproductive health in ways that are appropriate to their age and maturity
- Promotes safe, equal, caring and enjoyable relationships and discusses real-life issues appropriate to the age and stage of children, including friendships, families, consent, relationship abuse, sexual exploitation and safe relationships online
- Seeks children's views about RSHE content and the PSHE curriculum, so teaching can be made relevant to their real lives and assessed and adapted as their needs change

- Works in partnership with parents and carers, informing them about what their children will be learning and about how they can contribute at home

2. Roles and responsibilities

2.1. The principal is responsible for:

- The overall implementation of this policy.
- Ensuring staff are suitably trained to deliver the subjects.
- Ensuring that parents and carers are fully informed of this policy.
- Reviewing requests from parents and carers to withdraw their children from the subjects.
- Discussing requests for withdrawal with parents and carers.
- Organising alternative education for children, where necessary, that is appropriate and purposeful.
- Reporting to the governing board on the effectiveness of this policy.
- Reviewing this policy on an annual basis.

2.2. The RSHE subject leader is responsible for:

- Overseeing the delivery of the subjects.
- Ensuring that the content of lessons is age-appropriate and high-quality.
- Ensuring teachers are provided with adequate resources to support teaching of the subjects.
- Ensuring the academy meets its statutory requirements in relation to the provision of RSHE.
- Ensuring the PSHE curriculum is inclusive and accessible for all children.
- Liaising with the Designated Safeguarding Lead to discuss the content of the PSHE curriculum, identify emerging curriculum needs and agree appropriate ways of adapting or contextualising the PSHE curriculum to meet the needs of children. Such meetings should also include the sharing of confidential information about specific children's lived experience, where appropriate, so that mitigations can be put in place to reduce the risk of retraumatising a child.
- Working with other subject leaders to ensure the Relationships, Sex and Health Education curriculum complements, but does not duplicate, the content covered in the national curriculum.
- Monitoring and evaluating the effectiveness of the delivery of RSHE content and providing reports to the principal.
- Communicating the content of the curriculum with parents and carers.
- Ensuring the curriculum is communicated effectively on the school website.
- Leading on assessment and reporting for PSHE and monitoring the progress of the children.

2.3. All teachers are responsible for:

- Modelling positive attitudes to RSHE content and PSHE lessons.
- Delivering a high-quality and age-appropriate RSHE content, in line with statutory requirements.

- Acting in accordance with agreed planning, monitoring, and assessment requirements within PSHE lessons.
- Liaising with the SENCO to identify and respond to individual needs of children with SEND.
- Liaising with the Designated Safeguarding Lead to identify children who have undergone trauma which may be related to topics covered in the curriculum, or who might otherwise be affected by lesson content.
- Using a variety of teaching methods and resources to provide an engaging curriculum that meets the needs of all children.
- Sharing their own views or beliefs only when it is appropriate and relevant to the lesson content; in such Instances, teachers will clarify such comments as being of their own opinion and not fact.
- Responding to any safeguarding concerns in line with the Child Protection and Safeguarding policy.
- Working with the PSHE subject leader to evaluate the quality of provision.

2.4. The Designated Safeguarding Lead is responsible for:

- Meeting regularly with the PSHE subject leader to discuss the curriculum content, identify emerging curriculum needs and agree appropriate ways of contextualising the PSHE curriculum to meet the needs of children.
- Acting upon any safeguarding concerns disclosed by children or raised by members of staff, in line with the Child Protection and Safeguarding policy.

2.5. The SENCO is responsible for:

- Advising teaching staff how best to identify and support children's individual needs.
- Advising staff on the use of TAs in order to meet children's individual needs.

2.6. Children are responsible for:

- Engaging positively in PSHE lessons and activities.
- Demonstrating respect for others' views, experiences and backgrounds during discussions.
- Following agreed ground rules to ensure a safe and supportive learning environment.
- Listening to others and contributing appropriately to class and group discussions.
- Seeking help, advice or support from a trusted adult if they are concerned about their own or others' wellbeing.
- Reporting any concerns about safety, including those relating to relationships, online activity or harmful behaviour, to a member of staff.
- Treating sensitive topics with maturity and understanding, recognising that experiences and beliefs may differ.

2.7. The governing board is responsible for:

- Ensuring all children make progress in achieving the expected educational outcomes.
- Ensuring the curriculum is well led, effectively managed and well planned.

- Ensuring the subjects are resourced, staffed, and timetabled in a way that ensures the academy can fulfil its legal obligations.
- Evaluating the quality of provision through regular and effective self-evaluation.
- Ensuring teaching is delivered in ways that are accessible to all children with SEND.
- Monitoring the provision of clear information for parents and carers regarding subject content and their right to request the withdrawal of children from Sex Education content.

3. Curriculum overview and delivery

3.1. Planning and delivery of RSHE content

3.1.1. The provision of RSHE content is co-ordinated by the PSHE subject leader, who is responsible for the overall planning, implementation and review of the programme.

3.1.2. RSHE content will be planned to meet the current DfE Relationship Education, Sex Education and Health Education statutory guidance, in line with relevant school policies. The current DfE statutory guidance for Key Stage 3 and 4 is included in Appendix 1.

3.1.3. RSHE content forms part of the curriculum in every year group, and our programmes of study are reviewed on an annual basis. The curriculum is delivered proactively, such that it addresses issues in a timely way, in line with current evidence on children's physical, emotional and development, and local and national statistics. The current programmes of study for each year level are included in Appendix 2.

3.1.4. The majority of RSHE content will be taught within PSHE and will be supported by the delivery of content from the national curriculum in Citizenship, Science, Physical Education and Computing.

3.1.5. Children may be taught in a range of groupings, including single-sex groups, as appropriate to the context of lessons.

3.1.6. In each year group, a range of resources including diagrams, videos, books, games, discussions, and practical activities may be used to assist learning. Inappropriate images, videos or resources, including those that rely on shock or scare tactics, will not be used. Resources will be selected with sensitivity given to the age, developmental stage, and cultural background of children.

3.1.7. Child voice will be used to inform and adapt the planned curriculum, both formally through surveys and consultation, and informally within lessons. Teachers will encourage children to ask questions, share opinions and engage in discussion. Teachers will answer questions sensitively, honestly, and appropriately, with consideration of the age and maturity of the child.

3.1.8. Any resources or materials used to support learning will be reviewed by the teacher delivering the lesson before use, to ensure they are appropriate for the age and maturity of children, and sensitive to their needs.

3.1.9. Teachers will be aware that PSHE lessons may directly cover sensitive content or that such content may be raised by children in discussions. When talking about sensitive topics in lessons,

teachers will be aware of the risks of encouraging certain behaviours and will avoid any resources or discussions that may be seen to instruct rather than prevent.

3.1.10. On some occasions, external experts may be invited to support with the delivery of the RHSE content. In such circumstances, visitors will be expected to comply with the provisions of this policy and the Visitors policy.

3.2. Staff training

3.2.1. The PSHE subject leader will receive bespoke, enhanced and ongoing safeguarding training to support their role in overseeing the provision of RSHE content and the wider PSHE curriculum.

3.2.2. All staff members at the academy will undergo training on a timely basis to ensure they are informed of planned RSHE content and the wider PSHE curriculum.

3.2.3. Training of staff will also be scheduled in response to updated DfE Relationships Education, Relationships and Sex Education and Health Education guidance, and any new content added to the academy's PSHE curriculum.

3.2.4. The academy will ensure that teachers delivering RSHE Education content receive training on best practice principles around creating a safe learning environment, as outlined by the PSHE Association. These principles include:

- Setting ground rules
- Distancing the learning
- The safe handling of questions
- The protection of vulnerable learners
- Signposting for further help and support

3.2.5. The academy may use National College training materials, RSHE resources published by the DfE and/or on-demand CPD from OAT to train staff members in the teaching of PSHE.

3.3. Assessment

3.3.1. The academy will have the same high expectations of the quality of children's work in these subjects as for other curriculum areas. A strong curriculum will build on the knowledge children have previously acquired, including in other subjects, with regular feedback provided on child progress.

3.3.2. Lessons will be planned to ensure that children of differing abilities, including the most able, are suitably challenged. Teaching will be assessed, and assessments used to identify where children need extra support or intervention.

3.3.3. Children's knowledge and skills of RSHE content will be assessed in a range of ways, including:

assessment tasks such as spider diagrams or draw-and-write tasks
- low-stakes quizzes
- summative task-based assessments

3.4. Quality assurance and monitoring

3.4.1 The PSHE subject leader is responsible for monitoring the quality of teaching and learning of RSHE content.

3.4.2 The PSHE subject leader, with the support of members of the Senior Leadership Team, will conduct regular assessments of the provision of RSHE content, which may include:

- Learning walks
- Work scrutiny
- Child interviews
- Staff interviews

3.4.3 The PSHE subject leader will report on the quality of the provision of RSHE content to the principal and governing board on an annual basis.

3.4.4 The PSHE subject leader will collaborate regularly with the principal and members of the Senior Leadership Team to evaluate the effectiveness of the provision of RSHE content, and to implement changes as required.

4. The preventative PSHE curriculum

4.1. Safeguarding, reports of abuse and confidentiality

4.1.1 At the heart of these subjects there is a focus on keeping children safe, we play an important role in preventative education. Keeping Children Safe in Education (KCSIE) sets out that all schools and colleges should ensure children are taught about safeguarding, including how to stay safe online, as part of providing a broad and balanced curriculum.

4.1.2 Teachers will follow best-practice guidelines allowing children an open forum to discuss potentially sensitive issues. Maintaining confidentiality within the classroom is an important component of PSHE lessons, and teachers are expected to respect the confidentiality of their children as far as is possible.

4.1.3 The nature of discussions within these subjects can lead to increased safeguarding reports. Children will be made aware of how to raise their concerns or make a report and how any report will be handled. This process will include when they have a concern about a friend or peer.

4.1.4 Recognising and responding to safeguarding disclosures in a timely manner is essential for keeping children safe.

4.1.4.1 The PSHE subject leader will identify, and share with other teaching staff, a shortlist of lessons involving particularly sensitive content which may subsequently result in a child making a disclosure.

4.1.4.2 After these lessons, staff will review children's written work for potential disclosures; any identified disclosures will be reported to the Designated Safeguarding Lead (or deputy) according

to academy procedures. This review of children's written work is separate from the marking and provision of feedback about children's work, which is outlined in the academy's marking policy.

4.1.5 All staff know what to do if a child tells them that they are being abused or neglected or are witnessing abuse, as outlined in the Safeguarding and Child Protection policy.

4.1.5.1 Staff know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the Designated Safeguarding Lead (or deputy) and children's social care.

4.1.5.2 Staff will never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

4.1.6 When we invite external agencies in to support delivery of these subjects, we will agree in advance of the session how a safeguarding report should be dealt with by the external visitor. We will ensure that children understand how confidentiality will be handled in a lesson and what might happen if they choose to make a report.

4.2 Addressing sexual violence and sexual harassment in the PSHE curriculum

4.2.1 Sexual violence and sexual harassment can occur between two children of any age and sex from primary through to secondary stage into colleges. It can occur through a group of children sexually assaulting or sexually harassing a single child or a group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable. Our staff maintain an attitude of 'it could happen here.'

4.2.2 Schools and colleges have a statutory duty to safeguard and promote the welfare of the children at their school/college. The best response to child sexual violence and harassment are those which take a whole school or college approach to safeguarding and child protection.

4.2.3 Our planned programme of evidence-based content delivered through the PSHE curriculum is part of our whole school approach that prepares our students for life in modern Britain. It is delivered in regularly timetabled lessons and reinforced through the whole curriculum. We have planned our programme with a spiral approach to meet the needs of our children, considering their age and stage of development. Our schemes of learning build on prior knowledge with the importance of healthy relationships developed during the earlier years, and a focus on specific aspects, such as teen relationship violence, sexual exploitation, and coercion – at an appropriate stage. Our preventative PSHE education curriculum specifically includes content about:

- Healthy and respectful relationships
- Respectful behaviour, boundaries and consent
- Stereotyping, prejudice, and equality
- Body confidence and self-esteem

- The features of unhealthy and coercive relationships, including coercive and controlling behaviour and how to recognise an abusive relationship
- The concepts of, and laws relating to sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, and honour-based abuse such as forced marriage and FGM, and how to access support
- Teaching about the risks associated with sharing sexual images and the potential impacts of viewing pornography
- That sexual violence and sexual harassment is always unacceptable and how the law defines such acts
- When, why, and how to report abuse and access appropriate support.
- Additional content within the DfE Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance

4.2.4 We ensure that our academy Designated Safeguarding Lead and pastoral team are aware of the content of the PSHE curriculum and understand when these topics are taught, so they are prepared to support children who may be affected by the issues raised or make disclosures.

5. Parental involvement

5.1 We understand that the teaching of some aspects of the programme may be of concern to parents and carers.

5.2 The content of the programme provides children with factual content, in line with our vision as referenced in section 1.1.2. Children will be encouraged to share their views, and to recognise and appreciate views which may differ from their own. Teachers may share their own views or beliefs where it is appropriate and relevant to the lesson content; in such instances, teachers will clarify such comments as being of their own opinion and not fact. Teachers will also ensure that they abide by relevant professional and impartiality guidelines in making such contributions.

5.3 Parents and carers will be regularly consulted on the content of the programme, through meetings or letters, and the programme will therefore be planned in conjunction with parents and carers. Parents and carers can access the curriculum overview on the academy website and will be kept informed of the specific curriculum content in advance of delivery.

5.4 Parental right to request withdrawal from Sex Education lessons

5.4.1 We respect the legal right of parents and carers to withdraw their child from all or part of the Sex Education component of the RSHE programme, except for statutory elements included within the national curriculum for Citizenship, PE, Computing and Science.

5.4.2 In accordance with the DfE Relationships Education, Relationships and Sex Education and Health Education statutory guidance, parents and carers will not be able to withdraw their child from Relationships Education and/or Health Education content. For clarity, the lessons specifically deemed as Sex Education content, and therefore from which a child may be withdrawn, are:

- Year 9: What might people think or feel about sex?
- Year 10: What risks might be involved in having sex?
- Year 10: What options does someone have if they are pregnant?
- Year 11: Where can people access sexual health services?

5.4.3 If a parent or carer wishes their child to be withdrawn from any or all of the lesson content listed in section 5.6, they should put in writing which aspects of the programme they do not wish their child to participate in and send this to the academy, addressed to the PSHE lead.

5.4.4 Before granting any such request the PSHE lead will discuss the request with parents or carers and, as appropriate, with the child to ensure that their wishes are understood and to clarify the nature and purpose of the curriculum. The academy will document this process to ensure a record is kept.

5.4.5 During this discussion the PSHE lead will discuss with parents and carers the planned lesson content, the benefits of receiving this education in the classroom, and any detrimental effects that withdrawal might have on the child. This could include any social and emotional effects of being excluded, as well as the likelihood of the child hearing their peers' version of what was said in lessons, rather than what was directly said by the teacher.

5.4.6 Once those discussions have taken place, except in exceptional circumstances, we will respect the parents' or carers' request to withdraw the child from topics which are not included in the statutory national curriculum, Relationships Education curriculum or Health Education curriculum. The academy will then make alternative arrangements for the child.

5.4.7 This process is the same for children with SEND. However, there may be exceptional circumstances where the PSHE Lead may want to take a child's specific needs arising from their SEND into account when making this decision. Additional support may be offered to ensure the best learning outcomes where appropriate.

5.4.8 In accordance with the DfE Relationships Education, Relationships and Sex Education and Health Education statutory guidance, a child who has been withdrawn from Sex Education content will have the right to opt into Sex Education content from their 15th birthday (specifically, three academic terms before turning 16). After that point, if the child wishes to receive sex education rather than be withdrawn, the academy will make arrangements to provide the child with sex education during one of those terms.

6. Equal opportunities

6.1 The academy understands and abides by the Equality Act 2010 and fully respects the rights of children and staff members.

6.2 Under the provisions of the Equality Act, the academy will not unlawfully discriminate against children or staff members because of their age, sex, race, disability, religion or belief, gender reassignment, pregnancy or maternity, marriage or civil partnership, or sexual orientation

(collectively known as the protected characteristics). The academy will also make reasonable adjustments to alleviate disadvantage and be mindful of the SEND Code of Practice when planning for these subjects.

6.3 The academy is dedicated to delivering RSHE content, and the wider PSHE curriculum, with sensitivity and respect, avoiding any derogatory or prejudicial terms which may cause offence.

6.4 Staff members will be alive to issues such as everyday sexism, misogyny, homophobia and gender stereotypes and take positive action to build a culture where these are not tolerated, and any occurrences are identified and tackled. Staff members will also model positive behaviours and provide to support to all children when needed.

6.5 Sexual violence and sexual harassment are not acceptable, will never be tolerated and are not an inevitable part of growing up. Any report of sexual violence or sexual harassment will be taken seriously. The academy will foster an understanding for all children of healthy relationships, acceptable behaviour and the right of everyone to equal treatment. This will help to ensure that children treat each other well and go on to be respectful and kind adults.

6.6 Any occurrence incidents contravening the Equality Act 2010 should be reported to a member of academy staff. These incidents will be dealt with in line with the processes outlined in the Anti-Bullying policy and the child-on-child abuse section of the Child Protection and Safeguarding Policy. The principal will then decide what further action is required, potentially including notifying the police or an anti-social behaviour coordinator in their local authority about the incident and the academy's response.

7. Policy monitoring and review

7.1 This policy will be reviewed in line with OAT's internal policy schedule, or in the following circumstances:

- changes in legislation and / or government guidance
- as a result of any other significant change or event
- in the event that the policy is determined not to be effective

7.2 In addition, this policy will be reviewed by the principal in conjunction with the PSHE coordinator on an annual basis. Any changes needed to the policy, including changes to the programme, will be implemented by the principal.

7.3 Any changes to the policy will be clearly communicated to all members of staff involved in delivering RSHE content and the wider PSHE curriculum.

Appendix 1 – Summary of content from DfE Relationship Education, Relationships and Sex Education (RSE) and Health Education statutory guidance 2025 – secondary

Relationships and sex education

Families

1. That there are different types of committed, stable relationships.

2. How these relationships might contribute to wellbeing, and their importance for bringing up children.

3. Why marriage or civil partnership is an important relationship choice for many couples. The legal status of marriage and civil partnership, including that they carry legal rights, benefits and protections that are not available to couples who are cohabiting or who have, for example, undergone a non-legally binding religious ceremony.

4. That 'common-law marriage' is a myth and cohabitants do not obtain marriage-like status or rights from living together or by having children.

5. That forced marriage and marrying before the age of 18 are illegal.

6. How families and relationships change over time, including through birth, death, separation and new relationships.

7. The roles and responsibilities of parents with respect to raising children, including the characteristics of successful parenting and the importance of the early years of a child's life for brain development.

8. How to judge when a relationship is unsafe and where to seek help when needed, including when pupils are concerned about violence, harm, or when they are unsure who to trust.

Respectful relationships

1. The characteristics of positive relationships of all kinds, online and offline, including romantic relationships. For example, pupils should understand the role of consent, trust, mutual respect, honesty, kindness, loyalty, shared interests and outlooks, generosity, boundaries, tolerance, privacy, and the management of conflict, reconciliation and ending relationships.

2. How to evaluate their impact on other people and treat others with kindness and respect, including in public spaces and including strangers. Pupils should understand the legal rights and responsibilities regarding equality, and that everyone is unique and equal.

3. The importance of self-esteem, independence and having a positive relationship with oneself, and how these characteristics support healthy relationships with others. This includes developing one's own interests, hobbies, friendship groups, and skills. Pupils should understand what it means to be treated with respect by others.

4. What tolerance requires, including the importance of tolerance of other people's beliefs.

5. The practical steps pupils can take and skills they can develop to support respectful and kind relationships. This includes skills for communicating respectfully within relationships and with strangers, including in situations of conflict.

6. The different types of bullying (including online bullying), the impact of bullying, the responsibilities of bystanders to report bullying and how and where to get help.

7. Skills for ending relationships or friendships with kindness and managing the difficult feelings that endings might bring, including disappointment, hurt or frustration.

8. The role of consent, including in romantic and sexual relationships. Pupils should understand that ethical behaviour goes beyond consent and involves kindness, care, attention to the needs and vulnerabilities of the other person, as well as an awareness of power dynamics. Pupils should understand that just because someone says yes to doing something, that doesn't automatically make it ethically ok.

9. How stereotypes, in particular stereotypes based on sex, gender reassignment, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice). Pupils should be equipped to recognise misogyny and other forms of prejudice.

10. How inequalities of power can impact behaviour within relationships, including sexual relationships. For example, how people who are disempowered can feel they are not entitled to be treated with respect by others or how those who enjoy an unequal amount of power might, with or without realising it, impose their preferences on others.

11. How pornography can negatively influence sexual attitudes and behaviours, including by normalising harmful sexual behaviours and by disempowering some people, especially women, to feel a sense of autonomy over their own body and providing some people with a sense of sexual entitlement to the bodies of others.

12. Pupils should have an opportunity to discuss how some sub-cultures might influence our understanding of sexual ethics, including the sexual norms endorsed by so-called "involuntary celibates" (incels) or online influencers.

Online safety and awareness

1. Rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.

2. Online risks, including the importance of being cautious about sharing personal information online and of using privacy and location settings appropriately to protect information online. Pupils should also understand the difference between public and private online spaces and related safety issues.

3. The characteristics of social media, including that some social media accounts are fake, and / or may post things which aren't real / have been created with AI. That social media users may say things in more extreme ways than they might in face-to-face situations, and that some users present highly exaggerated or idealised profiles of themselves online.

4. Not to provide material to others that they would not want to be distributed further and not to pass on personal material which is sent to them. Pupils should understand that any material provided online might be circulated, and that once this has happened there is no way of controlling where it ends up. Pupils should understand the serious risks of sending material to others, including the law concerning the sharing of images.

5. That keeping or forwarding indecent or sexual images of someone under 18 is a crime, even if the photo is of themselves or of someone who has consented, and even if the image was created by the child and/or using AI

generated imagery. Pupils should understand the potentially serious consequences of acquiring or generating indecent or sexual images of someone under 18, including the potential for criminal charges and severe penalties including imprisonment. Pupils should know how to seek support and should understand that they will not be in trouble for asking for help, either at school or with the police, if an image of themselves has been shared. Pupils should also understand that sharing indecent images of people over 18 without consent is a crime.

6. What to do and how to report when they are concerned about material that has been circulated, including personal information, images or videos, and how to manage issues online.

7. About the prevalence of deepfakes including videos and photos, how deepfakes can be used maliciously as well as for entertainment, the harms that can be caused by deepfakes and how to identify them.

8. That the internet contains inappropriate and upsetting content, some of which is illegal, including unacceptable content that encourages misogyny, violence or use of weapons. Pupils should be taught where to go for advice and support about something they have seen online. Pupils should understand that online content can present a distorted picture of the world and normalise or glamorise behaviours which are unhealthy and wrong.

9. That social media can lead to escalations in conflicts, how to avoid these escalations and where to go for help and advice.

10. How to identify when technology and social media is used as part of bullying, harassment, stalking, coercive and controlling behaviour, and other forms of abusive and/or illegal behaviour and how to seek support about concerns.

11. That pornography, and other online content, often presents a distorted picture of people and their sexual behaviours and can negatively affect how people behave towards sexual partners. This can affect pupils who see pornographic content accidentally as well as those who see it deliberately. Pornography can also portray misogynistic behaviours and attitudes which can negatively influence those who see it.

12. How information and data is generated, collected, shared and used online.

13. That websites may share personal data about their users, and information collected on their internet use, for commercial purposes (e.g. to enable targeted advertising).

14. That criminals can operate online scams, for example using fake websites or emails to extort money or valuable personal information. This information can be used to the detriment of the person or wider society. About risks of sextortion, how to identify online scams relating to sex, and how to seek support if they have been scammed or involved in sextortion.

15. That AI chatbots are an example of how AI is rapidly developing, and that these can pose risks by creating fake intimacy or offering harmful advice. It is important to be able to critically think about new types of technology as they appear online and how they might pose a risk.

Being Safe

1. How to recognise, respect and communicate consent and boundaries in relationships, including in early romantic relationships (in all contexts, including online) and early sexual relationships that might involve kissing or touching. That kindness and care for others requires more than just consent. 2. That there are a range of strategies for identifying, resisting and understanding pressure in relationships from peers or others, including sexual pressure, and how to avoid putting pressure on others.

3. How to determine whether other children, adults or sources of information are trustworthy, how to judge when a relationship is unsafe (and recognise this in the relationships of others); how to seek help or advice, including reporting concerns about others, if needed.

4. How to increase their personal safety in public spaces, including when socialising with friends, family, the wider community or strangers. Pupils should learn ways of seeking help when needed and how to report harmful behaviour. Pupils should understand that there are strategies they can use to increase their safety, and that this does not mean they will be blamed if they are victims of harmful behaviour. Pupils might reflect on the importance of trusting their instincts when something doesn't feel right, and should understand that in some situations a person might appear trustworthy but have harmful intentions.

5. What constitutes sexual harassment or sexual violence, and that such behaviour is unacceptable, emphasising that it is never the fault of the person experiencing it.

6. That sexual harassment includes unsolicited sexual language / attention / touching, taking and/or sharing intimate or sexual images without consent, public sexual harassment, pressuring other people to do sexual things, and upskirting.

7. The concepts and laws relating to sexual violence, including rape and sexual assault.

8. The concepts and laws relating to harmful sexual behaviour, which includes all types of sexual harassment and sexual violence among young people but also includes other forms of concerning behaviour like using age-inappropriate sexual language.

9. The concepts and laws relating to domestic abuse, including controlling or coercive behaviour, emotional, sexual, economic or physical abuse, and violent or threatening behaviour.

10. That fixated, obsessive, unwanted and repeated behaviours can be criminal, and where to get help if needed.

11. The concepts and laws relating to harms which are exploitative, including sexual exploitation, criminal exploitation and abuse, grooming, and financial exploitation.

12. The concepts and laws relating to forced marriage.

13. The physical and emotional damage which can be caused by female genital mutilation (FGM), virginity testing and hymenoplasty, where to find support, and the law around these areas. This should include that it is a criminal offence for anyone to perform or assist in the performance of FGM, virginity testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible.

14. That strangulation and suffocation are criminal offences, and that strangulation (applying pressure to the neck) is an offence, regardless of whether it causes injury. That any activity that involves applying force or pressure to someone's neck or covering someone's mouth and nose is dangerous and can lead to serious injury or death.

15. That pornography presents some activities as normal which many people do not and will never engage in, some of which can be emotionally and/or physically harmful.

16. How to seek support for their own worrying or abusive behaviour or for worrying or abusive behaviour they have experienced from others, including information on where to report abuse, and where to seek medical attention when required, for example after an assault.

Intimate and sexual relationships, including sexual health

1. That sex, for people who feel ready and are over the age of consent, can and should be enjoyable and positive.

2. The law about the age of consent, that they have a choice about whether to have sex, that many young people wait until they are older, and that people of all ages can enjoy intimate and romantic relationships without sex.

3. Sexual consent and their capacity to give, withhold or remove consent at any time, even if initially given, as well as the considerations that people might take into account prior to sexual activity, e.g. the law, faith and family values. That kindness and care for others require more than just consent.

4. 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.

5. That some sexual behaviours can be harmful.

6. The facts about the full range of contraceptive choices, efficacy and options available, including male and female condoms, and signposting towards medically accurate online information about sexual and reproductive health to support contraceptive decision making.

7. That there are choices in relation to pregnancy. Pupils should be given medically and legally accurate and impartial information on all options, including keeping the baby, adoption, abortion and where to get further help.

8. How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma

9. The prevalence of STIs, the short and long term impact they can have on those who contract them and key facts about treatment.

10. How the use of alcohol and drugs can lead people to take risks in their sexual behaviour.

11. How and where to seek support for concerns around sexual relationships including sexual violence or harms.

12. How to counter misinformation, including signposting towards medically accurate information and further advice, and where to access confidential sexual and reproductive health advice and treatment.

Health and wellbeing

Mental wellbeing

1. How to talk about their emotions accurately and sensitively, using appropriate vocabulary.

2. The benefits and importance of physical activity, sleep, time outdoors, community participation and volunteering or acts of kindness for mental wellbeing and happiness.

3. That happiness is linked to being connected to others. Pupils should be supported to understand what makes them feel happy and what makes them feel unhappy, while recognising that loneliness can be for most people an inevitable part of life at times and is not something of which to be ashamed.

4. That worrying and feeling down are normal, can affect everyone at different times and are not in themselves a sign of a mental health condition, and that managing those feelings can be helped by seeing them as normal.

5. Characteristics of common types of mental ill health (e.g. anxiety and depression), including carefully-presented factual information about the prevalence and characteristics of more serious mental health conditions. This should not be discussed in a way that encourages normal feelings to be labelled as mental health conditions.

6. How to critically evaluate which activities will contribute to their overall wellbeing.

7. Understanding how to overcome anxiety or other barriers to participating in fun, enjoyable or rewarding activities – that it's possible to overcome those barriers using coping strategies, and that finding the courage to participate in activities which initially feel challenging may decrease anxiety over time rather than increasing it.

8. That gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others.

9. That the co-occurrence of alcohol/drug use and poor mental health is common and that the relationship is bi-directional: mental health problems can increase the risk of alcohol/drug use, and alcohol/drug use can trigger mental health problems or exacerbate existing ones. That stopping smoking can improve people's mental health and decrease anxiety.

Wellbeing online

1. About the benefits of limiting time spent online, the risks of excessive time spent on electronic devices and the impact of positive and negative content online on their own and others' mental and physical wellbeing.

2. The similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image); how people may curate a specific image of their life online; the impact that an over-reliance on online relationships, including relationships formed through social media, can have.

3. 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.

4. The risks related to online gambling and gambling-like content within gaming, including the accumulation of debt.

5. How advertising and information is targeted at them and how to be a discerning consumer of information online, understanding the prevalence of misinformation and disinformation online, including conspiracy theories.

6. The risks of illegal behaviours online, including drug and knife supply or the sale or purchasing of illicit drugs online.

7. The serious risks of viewing online content that promotes self-harm, suicide or violence, including how to safely report this material and how to access support after viewing it.

Physical health and fitness

1. The characteristics of a healthy lifestyle, including physical activity and maintaining a healthy weight, including the links between an inactive lifestyle and ill-health, including cardiovascular ill-health.

2. Factual information about the prevalence and characteristics of more serious health conditions.

3. That physical activity can promote wellbeing and combat stress.

4. The science relating to blood, organ and stem cell donation.

Healthy eating

1. How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay, unhealthy weight gain, and cardiovascular disease.

2. The risks of unhealthy weight gain, including increased risks of cancer, type 2 diabetes and cardiovascular disease.

3. The impacts of alcohol on diet and unhealthy weight gain.

Drugs, alcohol, tobacco and vaping

1. The facts about which drugs are illegal, the risks of taking illegal drugs, including the increased risk of potent synthetic drugs being added to illegal drugs, the risks of illicit vapes containing drugs, illicit drugs and counterfeit medicines, and the potential health harms, including the link to poor mental health.

2. The law relating to the supply and possession of illegal substances.

3. The physical and psychological risks associated with alcohol consumption. What constitutes low risk alcohol consumption in adulthood, and the legal age of sale for alcohol in England. Understanding how to increase personal safety while drinking alcohol, including how to decrease the risks of having a drink spiked or of poisoning from potentially fatal substances such as methanol.

4. The physical and psychological consequences of problem-use of alcohol, including alcohol dependency.

5. The dangers of the misuse of prescribed and over-the-counter medicines.

6. The facts about the multiple serious harms from smoking tobacco (particularly the link to lung cancer and cardiovascular disease), the benefits of quitting and how to access support to do so.

7. The facts about vaping, including the harms posed to young people, and the role that vapes can play in helping adult smokers to quit.

Health protection and prevention, and understanding the healthcare system

1. Personal hygiene, germs and how they are spread, including bacteria and viruses, treatment and prevention of infection, and about antibiotics.

2. Dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste and cleaning between teeth, reducing consumption of sugar-containing food and drinks, and regular check-ups at the dentist.

3. How and when to self-care for minor ailments, and the role of pharmacists as knowledgeable healthcare professionals.

4. The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening.

5. The facts and scientific evidence relating to vaccination, immunisation and antimicrobial resistance. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

6. The importance of sufficient good-quality sleep for good health, the importance of screen-free time before bed and removing phones from the bedroom, and how a lack of sleep can affect weight, mood and ability to learn.

7. The importance of healthy behaviours before and during pregnancy, including the importance of pre-conception health, including taking folic acid. The importance of pelvic floor health. Information on miscarriage and pregnancy loss, and how to access care and support.

8. How to navigate their local healthcare system: what a GP is; when to use A&E / minor injuries; accessing sexual health and family planning clinics; the role of local pharmacies; and how to seek help via local third sector partners which may have specialist services.

9. The concept of Gillick competence. That the legal age of medical consent is 16. That before this, a child's parents will have responsibility for consenting to medical treatment on their behalf unless they are Gillick competent to take this decision for themselves. Pupils should understand the circumstances in which someone over 16 may not be deemed to have capacity to make decisions about medical treatment.

Personal safety

1. How to identify risk and manage personal safety in increasingly independent situations, including around roads, railways – including level crossings - and water (including the water safety code), and in unfamiliar social or work settings (for example the first time a young person goes on holiday without their parents).

2. How to recognise and manage peer influence in relation to risk-taking behaviour and personal safety, including peer influence online and on social media.

3. How to develop key social and emotional skills that will increase pupils' safety from involvement in conflict and violence. These include skills to support self-awareness, self-management, social awareness, relationship skills and responsible decision making, as well as skills to recognise and manage peer pressure.

4. Understanding which trusted adults they can talk to if pupils are worried about violence and/or knife crime.

5. The law as it relates to knives and violence. Content and examples should relate to the local context and avoid using fear as an educational tool. Children should be taught that carrying weapons is uncommon, and should not be scared into the perception that many young people are carrying knives (which can lead to the misconception that they need to carry a knife too).

6. The risks and signs that they may be at risk of grooming or exploitation, and how to seek help where there is a concern.

Basic first aid

1. Basic treatment for common injuries and ailments.

2. Life-saving skills, including how to administer CPR.

3. The purpose of defibrillators, when one might be needed and who can use them.

Developing bodies

1. The main changes which take place in males and females, and the implications for emotional and physical health.

2. The facts about puberty, the changing adolescent body, including brain development.

3. About menstrual and gynaecological health, including: what is an average period; period problems such as premenstrual syndrome; heavy menstrual bleeding; endometriosis; and polycystic ovary syndrome (PCOS). When to seek help from healthcare professionals.

4. The facts about reproductive health, including fertility and menopause, and the potential impact of lifestyle on fertility for men and women.