

Title:	RELATIONSHIPS AND SEX EDUCATION AND HEALTH EDUCATION (RSE&H)
Туре:	POLICY
Group:	SAFEGUARDING
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Version:	2.0

TARGET AUDIENCE (including bank, temporary or agency colleagues)				
People who need to know this document in detail:	Teachers, School ESMT, and Governors			
People who need to have a broad understanding of this document:	Specialist Education Assistants and colleagues directly supporting YP with their learning, as directed by teachers.			
People who need to know that this document exists:	All colleagues			

Review Frequency:	3 years			
Next Review Process to Start:	Autumn 2027			
This document will remain valid during the review process				

Lead:	Relationships, Sex Education and Health Education Lead	
Support:	Headteacher	



VERSION CONTROL:					
Version No	New document or reasons for revision	Agreed by	Date		
	Policy in place	Governors	11/07/2016		
1.1	Title changed and terminology from SRE to RSE.	OM3	07/11/2019		
1.2	Updated to align with new compulsory curriculum (SY)	ОМ3	January 2022		
2.0	Reviewed and updated section 4, and minor changes.	Safeguarding & Quality Standards Committee	15/11/2024		

#### LINKED DOCUMENTS:

DfE statutory guidance: Relationships Education, Relationships and Sex Education (RSE) and Health Education.

Children's Homes Regulations and Quality Standards 2015

CQC Fundamental Standards

Equality & Diversity Policy Document

All Policies, Procedures, Guidelines, Protocols for Chailey Heritage Foundation



# **RELATIONSHIPS AND SEX EDUCATION AND HEALTH EDUCATION POLICY (RSE&H)**

## 1. Introduction

- 1.1 Chailey Heritage School (CHS) is aware of its duty to provide Relationships and Sex Education (RSE) and Health Education for children and young person/people (CYP) with a wide range of physical and associated disabilities, including varying degrees of learning difficulties, speech & language and sensory impairment.
- 1.2 The School adopts an open and positive attitude to the CYP's physical and emotional development. Every CYP is valued as an individual and actively encouraged to develop a positive self-image. The mandatory elements of RSE&H up to the age of sixteen are delivered within the CHILD curriculum by means appropriate to CYP' levels of understanding, and are clearly documented. The inevitable issues associated with puberty and sexual development are recognised and addressed by CHS in a sensitive, informative and positive way, in consultation with parents. Colleagues are provided with clear guidelines, and CYP protected from inappropriate instruction or behaviour.

# 2. Key Principles

- 2.1 CHS's RSE&H should be read in conjunction with the following documents:
  - Equality & Diversity Policy Document
  - DfE Relationships Education, Relationships and Sex Education (RSE) and Health Education
- 2.2 The mandatory or compulsory elements of RSE&H relate to the Education Act 1996, to the Learning and Skills Act 2000 and to the DFE Statutory Guidance 2020 which states 'In special schools...... there may be a need to tailor content and teaching to meet the specific needs of CYP at different developmental stages. As with all teaching for these subjects, schools should ensure that their teaching is sensitive, age appropriate, developmentally appropriate and delivered with reference to the law.'
- 2.3 Additionally, it is the policy of the School to support CYP through puberty and adolescence with clear information about the physical and emotional changes they are experiencing, assurances of their normality, encouragement to regard their developing bodies positively, support for appropriate relationships, guidance on socially acceptable and unacceptable behaviour and on keeping safe.
- 2.4 CHS recognises the benefit of ongoing consultation with parents and governors, to ensure an effective and appropriate delivery of RSE&H for each child and young person (CYP). Parents will be informed on a regular basis of their statutory right to withdraw individual CYP from all but the mandatory elements of National Curriculum Sex Education up to the age of sixteen, if they so wish, it is hoped that with careful explanation and involving parents in discussion of My Next Steps (MNS) that a request for a withdrawal is extremely unlikely. Parents are offered regular workshops, provided by the RSE&H lead, where examples of resources are shown and discussed.

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- 2.5 CHS recognizes the importance of CYPs' faith backgrounds and takes the religious background of all CYP into account when teaching these subjects.
- 2.6 Owing to the particular 'protected characteristics' of CYP at CHS (which mean that they are statistically at greater risk) it is important that colleagues are supported in using bespoke 'in- house' teaching resources, written especially for the CYP which address issues (eg. intimate care and 'safe' touch) in a way that is relevant for CHS CYP. There is a full suite of materials developed at CHS, which is continually reviewed and added to.
- 2.7 CHS is aware of issues, within society such as everyday sexism, misogyny, systemic racism, homophobia and gender stereotypes and takes positive action (through training, working groups, inclusive educational resources) to build a culture which is positive and where these are not tolerated.
- 2.8 CHS ensures that CYP are taught about sexual orientation and gender identity at a time that is right for them developmentally. LGBT+ content is fully integrated into the RSE&H materials that are used.

## 3. Aims

- 3.1 The aims of the RSE&H programme at CHS are to:
  - a) support CYP through their physical, sexual, emotional and moral development
  - b) encourage a positive self-image of themselves as disabled people to raise confidence and empower CYP
  - c) emphasise the normality of sexual feelings and behaviour
  - d) promote healthy and appropriate relationships
  - e) establish patterns of socially acceptable behaviour
  - f) keep the CYP safe.
  - g) raise CYP awareness (where possible) of wider issues in society (re.2.7)
  - h) teach CYP that they have a right to form both friendships and intimate relationships, in adult life
  - i) promote the mental wellbeing of our CYP
  - j) promote the health of our CYP
  - k) promote the understanding of healthy living for our CYP

### 4. Implementation

4.1 RSE&H at CHS will be delivered clearly, positively and sensitively, as appropriate to the age and maturity of CYP. In St Martin's, Seymour and Hanbury it will be taught, for each CYP within the CHILD Curriculum. Teachers will be supported by the RSE&H/PSHE Co-ordination Team, and attend training courses as necessary.

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#### 4.2 The following core areas will be taught in **St Martin's**:

- a) Families and people who care for me
- b) Caring Friendships
- c) Respectful relationships
- d) Online Relationships
- e) Being Safe
- f) Preparation for the changes physical and emotional which occur during puberty
- g) AAC communication (including Makaton), ensuring that CYP who use AAC are taught where to find the key language needed to communicate about RSE&H issues and are taught the relevant Makaton signs.
- h) Strategies for Mental wellbeing
- i) Physical Health and Fitness (including body awareness)
- j) Healthy Eating
- k) Drugs, Alcohol and Tobacco
- I) Health and Prevention
- m) Basic First Aid
- n) Changing Adolescent Body
- o) Keeping safe online

NB.' Healthy Eating', 'Drugs, Alcohol and Tobacco' and 'Basic First Aid', are unlikely to be relevant topics for many of the CYP at CHS. It is recommended that where appropriate, CYP are educated about their own specific medical needs and begin to build up an understanding of the purpose of their own medication, health appointments/clinics and equipment. For older CYP this may include a discussion about how alcohol could react with their medication and help them to make informed decisions. (4.2 I and 4.3 i)

- 4.3 The above are to be developed and reinforced in **Seymour and Hanbury** and expanded, where appropriate, to cover:
  - a) Families
  - b) Respectful and Healthy Relationships, including friendships
  - c) Being Safe
  - d) Mental Wellbeing
  - e) Physical Health and Fitness (including body awareness)
  - f) Healthy Eating
  - g) Drugs, Alcohol and Tobacco
  - h) Health and Prevention
  - i) Basic First Aid
  - j) Changing Adolescent Body
  - k) AAC/Makaton Communication (re.4.2 g)
  - I) Keeping safe online
- 4.4 It is important to acknowledge that 4.2 and 4.3 are not seen as lists to be worked through. Each CYP will work on areas of relevance and importance to them through the MNSs.
- 4.5 Where possible older CYP (16+) will be encouraged to direct some of their own learning e.g. choosing which part of RSE&H they want to focus on, their views will be taken into account and MNSs written accordingly.

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#### 4.6 For **Hanbury** CYP, further education and discussion will include:

- a) Intimate Relationships including Sexual Health
- b) Keeping safe online

NB. This work will usually be covered in Hanbury for CYP who are developmentally and emotionally ready for it but could be taught to any CYP in Seymour. Due to the severe physical disabilities of our CYP it is very important that this area is taught by an experienced colleague in an inclusive way that is relevant and meaningful for our CYP.

4.7 Additionally, RSE&H within the Residential Bungalows is to be related to and coordinated with individual CYP's classwork, as appropriate to their age and development, in consultation with the RSE&H lead.

# 5. Health

- 5.1 Each CYP's daily and weekly timetable is very focused on physical activity, with programs devised by physiotherapists, aquatherapists and hippotherapists, supported by the occupational therapy teams. Each CYP receives individual physiotherapy as well as a timetable of triking, standing, Innowalking, hydrotherapy, hippotherapy and so on. Keeping the CYP fit and healthy is at the very core of CHS's purpose.
- 5.2 Where appropriate, for the more cognitively able who may have some sort of independence, the concepts of healthy living will be taught. This will be reflected in their individual MNSs.

### 6. Resources

- 6.1 A wide range of resources are available to all departments of CHS, including literature, DVDs, illustrations and diagrams, and anatomically correct dolls. These will be supplemented and updated as necessary.
- 6.2 The RSE&H lead has produced a pack which includes over 30 bespoke multi-sensory stories, rationale for teaching techniques and colleague training (The Sex Factor!) The stories are designed to be used with anatomically correct dolls.
- 6.3 Each toilet changing area has been fitted with a horizontal mirror, parallel to the changing bed so that CYP can see their bodies while they are receiving intimate care. This is education in context and all colleagues are trained in how to provide appropriate narrative (re. section in 'The Sex Factor' Pack).
- 6.4 Many CYP will also benefit from techniques such as 'Intensive Interaction', Massage Stories and personalised TacPacs.

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# 7. Monitoring

- 7.1 The CHS RSE&H Policy will be reviewed on a regular basis by the RSE&H Lead and School Management teams.
- 7.2 Teachers are responsible for setting MNSs in line with the CHILD Curriculum, which will include MNSs that encompass RSE&H at an appropriate level for the CYP. Progress in this area will be monitored and recorded by the teacher in accordance with the Teaching and Learning Policy.
- 7.3 The RSE&H lead is available to all colleagues and parents to help discuss and plan relevant work.

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