

Relationships and Sex Education (RSE) in Kingston Schools 2017

RSE programmes have been shown to reduce risky behaviours and negative outcomes (e.g. unplanned pregnancies), and to increase the chances of individuals going on to have healthier relationships^{1,2,3,4}. There is no evidence that RSE or access to services increases sexual activity among young people. Further, promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational outcomes *too*^{5,6,7}. Ofsted's grade descriptors for PSHE education make a clear connection between PSHE education, SMSC⁸ and behaviour and safety, so is likely to be very interested in the subject's provision when looking for evidence to support these elements of section 5 inspections.

The effectiveness of prevention education programmes is affected by the quality of implementation⁹. Kingston Public Health wishes to promote a best practice model throughout the development of curricula, resources, and delivery of RSE.

It is recognised as [best practice](#) that RSE be taught as part of an overall PSHE programme that develops essential skills and attributes (e.g. self-esteem, managing risk, and resisting peer pressure), which pupils can apply to a range of areas. Such a programme should also address related factors such as alcohol and drugs, media literacy, and equality and prejudice.

[RSE should be taught](#) in discrete lessons, supported by other learning opportunities across the curriculum, including the use of enhancement days where possible. A number of other models can be used to supplement discrete lessons with dedicated curriculum time. These include:

- learning opportunities in other curriculum subjects (RSE integrated within other subjects)
- whole school and extended timetable activities
- cross-curricular projects
- one-to-one or small group support and guidance on specific areas of learning & development
- learning through involvement in the life of the school and wider community.

These opportunities, wherever they occur, should be planned, coordinated, monitored and evaluated. Pupils should be involved in this process, influencing provision from the start as well as having a say in how learning develops.

While factual knowledge is essential, schools have limited curriculum time and it is recommended that co-ordinators use local data (e.g. Public Health England CHIMAT datasets, and the [School Health Education Unit survey](#)), and knowledge of their own pupil's needs (e.g. pupil questionnaires) to prioritise the most relevant topics. These will provide a relevant context for pupils to both broaden and deepen their understanding of the key concepts, and to develop competence in the essential skills. It is important that pupils can see how the skills acquired in looking at one issue, can be transferrable to other contexts.

The 2017 [Children and Social Work Act](#) includes legislation that makes relationships and sex education (RSE) statutory in all secondary schools including academies and independent schools, and 'relationships education' in all primary schools. The Act also gives the Government power to make PSHE education statutory in its entirety, pending the results of a consultation. The Government plans to introduce statutory RSE and 'relationships education' and potentially all of PSHE education from **September 2019** following a period of consultation. Whilst we await the forthcoming related guidance and regulations, Kingston has developed this RSE Charter to support local RSE delivery in Kingston's primary and secondary schools. To date, all state-funded schools are required to pay regard to statutory Department for Education (DfE) [SRE Guidance \(2000\)](#). Independent schools, academies and free schools that provide RSE must also have 'due regard' to this guidance. The PSHE Association's '[SRE for the 21st century](#)' provides advice on emerging issues e.g. pornography and staying safe online, that are not fully covered within the statutory guidance, and has been endorsed by DfE, Brook, the Sex Education Forum. The information provided complements the PSHE Association's guidance for schools on [drafting their SRE policy](#), whilst [Unit 8](#) of the online CPD programme guides schools on how to review their policy.

Relationships and Sex Education (RSE) Charter, 2017

Kingston's RSE Charter is based on the [Key principles of effective prevention education](#) produced by the PSHE Association, and is endorsed locally by the Boroughs Director of Public Health. RSE resources, including structured learning programmes provided by organisations commissioned through Kingston Public Health, are delivered in line with this Charter.

- 1. RSE is given the priority it deserves as an integral part of a school's overall curriculum,** and uses a whole-school approach, including different types of interventions. This will ensure that the curriculum, school policies, pastoral support and the school ethos complement each other to create an environment that helps to prevent negative behaviours.
- 2. A developmental programme, appropriate to pupils' age and maturity** will aid resilience and support during periods of transition in a student's educational life. In catering to such needs, the school will avoid interventions that induce fear, shock, or guilt.
- 3. Varied teaching styles,** including active skills-based learning, will best secure student engagement. Aspects of learning will include:
 - Psychosocial aspects and normative education - developing confidence, resilience, self-esteem and self-efficacy.
 - Attitudes, values and perceived norms. Risk perception surrounding healthy or abusive relationships, child sexual exploitation (CSE), consent, sexting, on-line and off-line abuse, influence of the media, sexual behaviour and expression of sexuality, and gender. From whom and where to seek help if they have concerns or are being abused.
- 4. Learning that is inclusive of difference and relevant to the social and cultural background of pupils** will play a direct role in reducing the likelihood of sexist, sexual, homophobic and transphobic bullying occurring in part through addressing some of the underlying attitudes and values that underpin it. Consideration should be given to the specific needs of vulnerable groups (although this list is not exhaustive):
 - Looked after children (LAC) and care leavers
 - Young people with physical or learning disabilities
 - Young offenders
 - Minority ethnic groups, including young refugees and travellers
 - Lesbian, gay, bisexual or transgender (LGBT) young people
 - Young people with mental health issues
 - Young people who have been or are at risk of being abused or abusing others
 - Young parents.
- 5. Well-trained teachers or external providers will deliver RSE that is evidence based,** for example as promoted through the national PSHE CPD programme, and be part of ongoing evaluation of pupil's and teacher's views of the programme.
- 6. Building links between home and school, and supporting positive parenting practices,** will aid in a community led design and development of the programme, and will ensure that the intervention takes place in multiple areas of a child's life.

Undertaking Relationships and Sex (RSE) in Kingston Schools:

Facilitating Success, 2017

Kingston Public Health commissions best practice modelled RSE services, which are available free to schools, colleges and other learning centres (such as Pupil Referral Units) throughout the Borough. Schools and the providers of RSE alike are eager to ensure that pupil's experience of RSE is a positive one; that fosters learning in a safe and accepting environment.

Such quality standards of RSE provision can be best assured by schools choosing providers that are commissioned locally and those that adhere to best practice guidance, and supporting the creation of an optimum learning environment for RSE.

With that in mind we have set-out below some key points in the role of both providers of RSE and learning centres in adopting a best approach to the delivery of RSE.

Role of the RSE provider:

- respect the ethos and policies of the school
- raise awareness about the importance of RSE and good practice
- provide expert support to enrich and inform the curriculum
- introduce new media, methods and approaches that have been shown to be effective
- help schools to independently sustain improvements to the quality of RSE
- plan RSE delivery in collaboration with school staff.

Role of the school:

- make a considered choice about which expert RSE provider to work with, why and how
- facilitate an RSE curriculum that meets the needs of pupils; and brief the RSE provider about practicalities, protocols and policies within the school
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- ensure classroom input is planned and learning objectives agreed
- brief the RSE provider on student ability, previous learning and special educational needs, and consider the benefit of preparatory and follow-up lessons
- manage the classroom, whilst also listening and responding to the views of pupils
- give the RSE provider feedback on the effectiveness of their input.

This school _____ will provide RSE that is aligned to the above 6 principles of this RSE Charter

Signed _____ (Head Teacher).

References

- ¹ Kirby, D. and Laris, B. A. (2009). Effective curriculum-based sex and STD/HIV education programs for adolescents. *Child Development Perspectives*, 3(1), 21-29.
- ² UNESCO (2009). *International Technical Guidance on Sexuality Education*. UNESCO.
- ³ NICE (2010). *Public Health Draft Guidance: School, College and Community Personal, Social, Health and Economic Education Focusing on Sex Alcohol Education*.
- ⁴ NATSAL (1991, 2001, 2012). *The National Survey of Sexual Attitudes and Lifestyles*. NATSAL. NATSAL, 2012.
- ⁵ Bradley B and Greene A (2013). Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *Journal of Adolescent Health*, 52 (5), 523-32 2.
- ⁶ Suhrcke M, de Paz Nieves C (2011). *The impact on health and health behaviours on educational outcomes in high income countries: a review of the evidence*. Copenhagen: WHO Regional Office for Europe.
- ⁷ [PHE \(2014\) The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings](#)
- ⁸spiritual, moral, social and cultural development
- ⁹ Durlak, J. A. and DuPre, E. P. (2008). Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41(3), 327-350.