Relationships Education, Relationships Sex Education (RSE)

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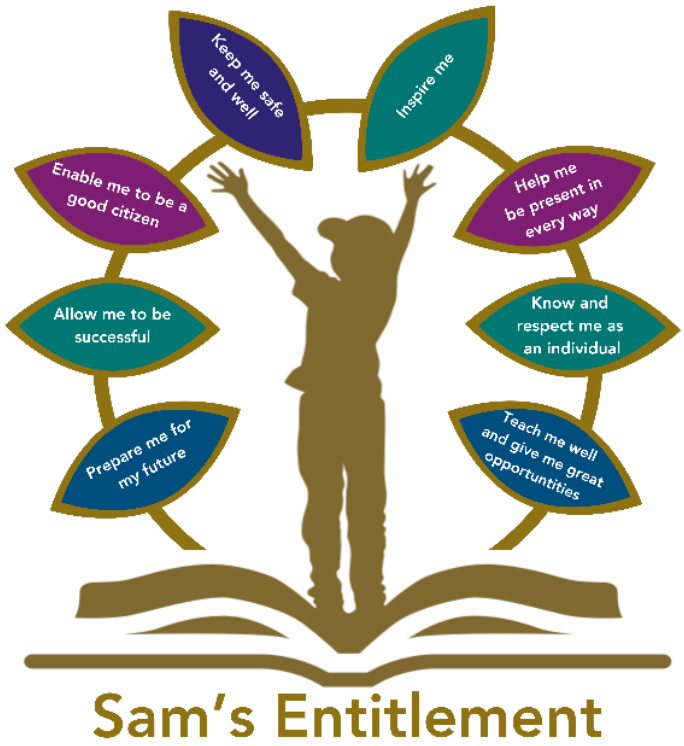
History of Policy Changes

Date	Page	Change	Origin of Change
Sep 26	All	Combined primary and secondary into one policy using the Browne Jacobson template. Summary of changes: The revised DfE Relationships Education, Relationships and Sex Education (RSE) and Health Education Guidance becomes statutory from 1 September 2026 and replaces the 2019 guidance. The most significant change is a stronger safeguarding focus, particularly in relation to the online world. Schools are now expected to teach pupils about online harms, misinformation, AI-generated content, deepfakes, online scams, pornography, and the influence of misogynistic and incel cultures. In primary schools, there is greater emphasis on online safety, personal boundaries, consent in age-appropriate contexts, communication skills, resilience, bereavement and loss, and teaching accurate anatomical terminology. Schools are strongly encouraged to include same-sex parents and a range of family structures when teaching about relationships and families. In secondary schools, new content includes AI literacy, sexual ethics, misogyny, respectful relationships, pornography, and the impact of harmful online influences. Teaching on sexual and reproductive health has been expanded to include menstrual and gynaecological health, such as endometriosis and PCOS, fertility, menopause, contraception and accessing healthcare services. The DfE has removed the previously proposed age restrictions on sensitive topics, instead requiring schools to use professional judgement to ensure content is age and stage appropriate. The guidance also clarifies teaching about biological sex, gender reassignment, equality and respect. Schools must review and update their RSHE policies and curriculum arrangements before September 2026.	Annual Review
Sep 25	All All	References to Governing Body changed to Local Governing Committee References to Headteacher changed to School Leader	Annual Review

		Due to the adoption of Browne Jacobson's template, this review is 'wholesale' and the document should be reviewed in its entirety, before approval.	

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1. Introduction

1.1 Hamwic Education Trust (HET) believe that all pupils should receive a high quality, enriching, learning experience in a safe and inclusive environment, which promotes excellence through a broad curriculum that prepares them for their future and opens doors to a diverse array of opportunities as well as that all pupils and adults within HET flourish as individuals and together." HET believes that to prepare for the opportunities and responsibilities of adult life, children and young people need to have the knowledge, skills and self-confidence to make informed and ethical decisions about their wellbeing, health, and relationships. Relationships education and relationships and sex education (RSE) is about giving children and young people the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. Health education is giving pupils information to make well-informed, positive choices about their own health and wellbeing. HET recognises that physical health and mental wellbeing are interlinked, and it is important that pupils can recognise when things are not right in their own health or the health of others and can seek support when needed.

Southampton Hospital School is an Alternative Provision setting providing education for children and young people with acute and chronic medical conditions, mental health needs, emotionally based school avoidance (EBSA) and other health-related barriers to education. Pupils may attend for a single day, several weeks or many months, and remain dual-registered with their home school throughout their placement. As a result, RSE is delivered through a flexible and responsive model that allows staff to address individual pupil needs while ensuring statutory requirements are met.

Teaching is underpinned by the school's values of Resilience, Aspiration and Compassion and forms part of the wider Personal Development curriculum.

1.2 HET has a responsibility under the Equality Act 2010 to ensure the best for all pupils at its schools irrespective of disability, educational needs, race, nationality, ethnic or national origin, sex, gender identity, pregnancy, maternity, religion, or sexual orientation. Relationships education, RSE and health education will be taught in a way which is sensitive to the different needs of individual pupils and may need to adapt and change over time to reflect the needs of the particular cohort.

1.3 HET is aware of the need to be mindful of, and respectful to a wide variety of faith and cultural beliefs across its schools and will make every attempt to be appropriately sensitive. Equally, it is essential that children and young people still have access to the learning they need to stay safe, healthy, and understand their rights as individuals. HET believes that its pupils deserve the right to honest, clear, and impartial scientific and factual information to help better form their own beliefs and values, free from bias, judgement, or subjective personal beliefs of those who teach them.

1.4 HET will ensure pupils understand the importance of equality and respect and that they learn about all protected characteristics, including sexual orientation and gender reassignment, by the end of their secondary education. The teaching of lesbian, gay, bisexual and transgender content will be sensitive and age appropriate and will be fully integrated into programmes of study for this area of the curriculum rather than delivered as a standalone unit or lesson. HET is mindful that beyond the facts and the law about biological sex and gender reassignment there is significant debate, and will be careful not to endorse any particular view or teach it as fact. However, HET will ensure pupils are taught to recognise that all those with a protected characteristic should be treated with dignity and respect.

1.5 This policy advocates a curriculum which supports a whole-school culture, challenging everyday sexism, misogyny, homophobia and stereotypes, avoiding language that stigmatises boys, and ensuring pupils understand links between misogyny and violence against women and girls.

1.6 This policy has been developed in consultation (at school-level) with parents, pupils, and staff from all schools within HET to ensure that it meets the needs of the whole HET community.

1.7 The policy will be reviewed annually, and parents will be consulted in advance about significant changes.

2. Aims and Objectives

2.1 Through the delivery of high quality, evidence-based and age-appropriate relationships education, RSE and health education, HET aims to help prepare pupils for the onset of puberty, give them an understanding of sexual development and the importance of health and hygiene, create a positive culture in relation to sexuality and relationships and to ensure pupils know how and when to ask for help and where to access support. By the end of their education HET hopes pupils will have developed resilience and feelings of self-respect, confidence, and empathy in preparation for the

responsibilities and experiences of adult life.

2.2 Relationships education, RSE and health education are intended to help pupils to:

- Build healthy, respectful relationships focusing on family and friends.
- Understand how to be healthy and be aware of potential risk areas (such as drugs and alcohol).
- Learn about intimate relationships and sex.
- Learn about mental wellbeing.
  Develop key personal attributes, such as kindness, integrity, generosity, and honesty.

3. Definition of Relationships Education and Relationships & Sex Education (RSE)

3.1 Relationships education at primary phase is about teaching the fundamental building blocks and characteristics of positive relationships, with particular reference to friendships, family relationships, and relationships with other children and with adults and who can support them. It includes how to take turns, how to treat each other with kindness, consideration and respect, the importance of honesty and truthfulness, permission seeking and giving, and the concept of personal privacy, establishing personal space and boundaries. Relationships education doesn't involve explaining the detail of different forms of sexual activity but can cover sensitive topics such as sexual violence in order to keep children safe.

3.2 RSE is lifelong learning about physical, sexual, moral, and emotional development. It is about teaching sex, sexuality and sexual health in a way that gives pupils the confidence to make sound decisions when facing risks and other challenges. It includes teaching about friendship, the importance of caring, stable, and mutually supportive relationships with another person, and how to control and understand feelings that come with being in a relationship.

3.3 RSE does not encourage early sexual experimentation. It teaches children and young people to understand human sexuality and to respect themselves and others, to build self-esteem and understand the reasons for delaying sexual activity so that they can develop safe, fulfilling, and healthy sexual relationships, at the appropriate time.

3.4 RSE will outline that there are different types of committed, stable relationships, the characteristics and legal status of other types of long-term relationships, the importance of marriage as a relationship choice and why it must be freely entered into, how relationships might contribute to human happiness and their importance for raising children, as well as highlighting the roles and responsibilities of parents with respect to raising children, characteristics of successful parenting and how to judge when relationships have become unsafe as well as how to seek help or advice and report concerns about others.

4. Roles and responsibilities

All members of the HET community are expected to follow this policy. Roles, responsibilities, and expectations of each section of HET and school community are set out in detail below.

4.1 Board of Trustees

Trustees will monitor and evaluate the impact of the policy by reviewing pupils' progress in achieving the expected educational outcomes. They will hold the Chief Executive Officer (CEO) and School Leaders (SL) to account for the implementation of the policy. This includes monitoring and evaluating the religious ethos of the schools where this applies.

4.2 The Chief Executive Officer

The CEO will ensure that Relationships Education, RSE, and Health Education is taught consistently across the schools within HET and will report back to the Board of Trustees on educational outcomes. They will ensure that senior staff receive regular professional development training in how to deliver relationships education, RSE and health education.

4.3 Local Governing Committee

Local Governors at Southampton Hospital School (SHS) will review and monitor the application and implementation of this policy by receiving regular reports from the SL on educational outcomes.

Each SL, with support from their respective Senior Leadership Team (SLT), will ensure that staff are supported and up to date with policy changes. They will ensure that Relationships Education, RSE and Health Education are well led, effectively managed and well planned across various subjects (to avoid unnecessary duplication of topics) and that the quality of provision is subject to regular and effective self-evaluation. The SL will ensure that teaching is age-appropriate, delivered in ways that are accessible to all pupils with SEND, and that the subjects are resourced, staffed, and timetabled appropriately. They will ensure that teaching delivered by any external organisation is age-appropriate and accessible for pupils and will liaise with parents about any concerns or opinions regarding Relationships Education, RSE and Health Education provision and will manage parental requests for withdrawal of pupils from non-statutory, non-science components of relationships education, RSE and health education.

4.4 Staff

Teachers of Relationships Education, RSE and Health Education will ensure that they are up to date with school policy and curriculum requirements regarding sex education and will attend and engage in professional development training. Teachers will encourage pupils to communicate concerns regarding their social, personal, and emotional development in confidence, listen to their needs, and support them seriously. If a pupil comes to a member of staff with an issue that the member of staff feels they are not able to deal with alone, they will take this concern to their line manager.

4.5 Working with external agencies

Working with external organisations can enhance delivery of these subjects, bringing in specialist knowledge and different ways of engaging with young people.

As with any visitor, schools are responsible for ensuring that they check the visitor or visiting organisation's credentials SHS will ensure that the teaching delivered by the visitor fits with their planned programme and their published policy. Visitors will be asked to show the materials they will use as well as a lesson plan in advance, to ensure it meets the full range of pupils' needs (e.g. special educational needs). How confidentiality will work in any lesson will be agreed in advance and the school will ensure that the visitor understands how safeguarding reports should be dealt with in line with school policy.

Use of visitors should be to enhance teaching by an appropriate member of the teaching staff, rather than as a replacement for teaching by those staff.

4.6 **Parents**

SHS aims to build a positive and supporting relationship with parents through mutual understanding, cooperation, and trust. Parents are expected to share the responsibility of sex education and support their children's personal, social, and emotional development. SHS hopes parents will create an open home environment where pupils can engage, discuss, and continue to learn about matters that have been raised through school. Parents are also encouraged to seek additional support from SHS if they feel it is needed.

4.7 **Pupils**

Pupils are expected to take Relationships Education, RSE and Health Education seriously. Pupils are expected to listen, be considerate of other pupils' feelings and beliefs, comply with class-set confidentiality rules and support one another with issues that arise during class. Pupils who fail to follow these standards of behaviour will be dealt with under the HET Behaviour Policy.

5. Delivery of Relationships Education, RSE and Health Education

Relationships Education, RSE and Health Education will be delivered in a non-judgmental, factual way allowing scope for children and young people to ask questions in a safe environment. Teachers will tailor the delivery of Relationships Education, RSE and Health Education to meet the specific needs of the pupils in that class, and to be responsive to their behaviour and development. Classes will explore different attitudes, values, and social labels, and develop skills that will enable our pupils to make informed decisions regarding sex and relationships as well as being able to differentiate between fact, opinion and belief and an understanding of the law on various topics. Pupils will be taught the anatomically correct names for body parts, but slang or everyday terms used in certain social circles will be discussed; this will surround discussion about what is and is not acceptable language to use.

Careful consideration is given to pupils' transition back to their home schools, communities and routines. RSHE contributes to this process by supporting pupils to explore feelings, develop coping strategies and strengthen self-advocacy skills. Where appropriate, relevant information is shared with home schools to support successful reintegration and continuity

of care. Close liaison with home schools helps ensure pupils' physical, emotional and educational needs continue to be met following discharge.

At Southampton Hospital School, RSHE is taught through a combination of discrete Personal Development lessons, tutor sessions, cross-curricular opportunities and responsive pastoral support. Due to the highly variable nature of pupil admissions and lengths of stay, the curriculum is delivered through a personalised and non-linear model rather than a fixed yearly sequence. Teachers draw from statutory RSHE content and adapt learning according to pupils' age, developmental stage, medical needs, readiness and length of placement.

Teaching may take place through:

- individual teaching sessions;
- small group lessons;
- tutor time activities;
- Personal Development curriculum delivery;
- therapeutic and wellbeing activities;
- assemblies and awareness events;
- external educational visits and wider opportunities;
- collaboration with healthcare professionals where appropriate.

Staff may use anonymous question boxes and other safeguarding-informed strategies to enable pupils to ask sensitive questions safely.

5.1 Staff will ensure that all resources used in the delivery of Relationships Education, RSE and Health Education are appropriate for the age and needs of their pupils. Examples of these resources are included in the annexes of this policy.

5.2 **Primary pupils**:

In SHS Relationships Education will be delivered as explained above. We recognise that children of the same age may be developmentally at different stages, leading to differing types of questions or behaviours. Staff will use teaching methods that take account of these differences and the potential for discussion on a one-to-one basis or in small groups.

5.3 **Secondary pupils:**

In SHS RSE will be delivered as explained above and will build on the foundation of relationships education delivered in primary school. We recognise that children of the same age may be developmentally at different stages, leading to differing types of questions or behaviours. Staff will use teaching methods that take account of these differences and the potential for discussion on a one-to-one basis or in small groups.

6. Relationships education and RSE: Curriculum and outcomes

6.1 By the end of primary, SHS will cover the content set out in Annex 1 as far as the admission period allows.

6.2 **By the end of secondary, SHS will cover the content set out in Annex 2** as far as the admission period allows.

6.3 SHS recognises that pupils may ask questions about topics which go beyond any sex education covered by the school, or which relate to sex education from which they have been withdrawn. SHS recognises that children may turn to inappropriate sources of information, including online, when they have unanswered questions. Staff will use different strategies to handle these questions, which may include close liaison with health teams, home schools, parents and external agencies as appropriate. Young people will be signposted towards appropriate services and sources of reliable information.

6.4 Curriculum materials can be viewed on the PSHE Association website.

7. Health education: Physical health and mental well-being

7.1 At Southampton Hospital School, health education is a particularly significant aspect of our curriculum due to the medical and mental health needs of many of our pupils. Teaching is delivered through Personal Development, RSHE, science, physical activity programmes and wider wellbeing interventions. Particular emphasis is placed on:

- emotional wellbeing and mental health;
- managing anxiety and stress;
- healthy relationships;
- consent and personal safety;
- online safety;
- physical health and self-care;
- transition back to education and community participation.

Wherever appropriate, learning reflects pupils' personal circumstances and supports preparation for successful reintegration into home schools and communities.

8. Pupils with special educational needs and/or disabilities

Southampton Hospital School recognises that a significant proportion of pupils have SEND, SEMH needs, neurodiversity, mental health needs or medical conditions which may make them more vulnerable to exploitation, unhealthy relationships, online harms or difficulties understanding social interaction. Teaching is therefore highly personalised and adapted to individual cognitive, emotional and developmental needs. Staff draw upon their knowledge of each young person to ensure learning is accessible, relevant and appropriately challenging.

9. Working with Parents/Carers and the Wider Community

Due to the nature of our provision, Southampton Hospital School works in partnership with parents, carers, home schools, healthcare professionals and external agencies to ensure RSHE learning is appropriate, sensitive and aligned with each pupil's individual circumstances. We will ensure that parents know what will be taught and when, and clearly communicate the fact that parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

SHS will proactively engage parents, consult when developing and reviewing the policy, and share all RSHE materials on request, including materials from external providers. copyright

should not be used as a reason to refuse parental access, and that schools may use a parent portal or presentation route with appropriate copyright safeguards.

Parents should be given every opportunity to understand the purpose and content of Relationships Education and RSE. We will ensure that there are good communication and opportunities for parents to understand and ask questions about the school's approach help secure their confidence in the curriculum.

10. Right to Request Withdrawal from Sex Education

10.1 SHS hopes that parents will feel comfortable with, and understand the importance of, the education provided to their children as described in this policy.

10.2 Parents of primary school aged children at SHS have the right to withdraw their child from sex education and should state this in writing and send it to the headteacher, Nell Giles. Primary schools will automatically grant withdrawal from sex education, except if included in the science curriculum. Parents of children in secondary schools have the right to request that their child be withdrawn from some or all of the sex education aspects of RSE.

10.3 Before withdrawing or making a request, HET strongly urges parents to carefully consider their decision, as sex education is a vital part of the school curriculum and supports child development. Parents cannot withdraw their child from relationships education or health education or the elements on human growth and reproduction which fall under the science curriculum.

10.4 Any parent of secondary aged children wishing to withdraw their child from sex education in SHS should put their request in writing and send it to the headteacher, Nell Giles who will arrange a meeting to discuss their concerns. Once those discussions have taken place, unless in exceptional circumstances, the school will respect the parents' request to withdraw the child, up to and until three terms before the child turns 16. After that point, if the child wishes to receive sex education rather than be withdrawn, the school will make arrangements to provide the child with sex education during one of those terms.

10.5 If a pupil is excused from sex education, SHS will ensure that the pupil receives appropriate, purposeful education during the period of withdrawal.

11. Flexibility

As an Alternative Provision serving pupils from Southampton, Hampshire, neighbouring counties and the Channel Islands, Southampton Hospital School continually reviews local and national contextual safeguarding information. Curriculum content may be adapted to respond to emerging issues affecting pupils, including mental health concerns, online harms, exploitation, misogyny, harmful online influences, county lines, gambling, vaping and other relevant safeguarding concerns identified through local intelligence or pupil need.

12. Monitoring of RSE

The delivery of RSE is monitored by Senior Leaders and HET Safeguarding Reviews to ensure provision can be further strengthened. The RSE leader carries out monitoring through:

- Planning scrutiny
- Lesson observations
- Analysis of pupils' work and discussions with pupils
- Monitoring of SEN plans and IEPs where appropriate
- Sampling of pupils' end of year reports
- Review of pupil wellbeing questionnaires.
- Sampling of pupil profiles and discharge reports.
- Review of transition information shared with home schools.
- Monitoring of Personal Development learning journeys.
- Collaboration with health professionals and safeguarding teams where appropriate.
- Evaluation of pupil voice and feedback regarding RSHE provision.

13. Confidentiality and Child Protection

13.1 HET hopes to provide a safe and supportive school community where pupils feel comfortable seeking help and guidance on anything that may be concerning them about life either at school or at home. All teachers will receive training around confidentiality and should ensure that pupils understand that they cannot offer unconditional confidentiality. If a child protection issue is disclosed to a member of staff, that member of staff should follow the HET Child Protection and Safeguarding Procedures.

13.2 If a staff member is approached by a pupil under 16 who is having, or is contemplating having sexual intercourse, the teacher should:

- Ensure that the pupil is accessing all the contraceptive and sexual health advice available and understands the risks of being sexually active.
- Encourage the pupil to talk to their parent or carer. Pupils may feel that they are more comfortable bringing these issues to a teacher they trust, but it is important that children and their parents have open and trusting relationships when it comes to sexual health and the school will encourage this as much as possible.
- Decide whether there is a child protection issue. This may be the case if the teacher is concerned that there is coercion or abuse involved. If a member of staff is informed that a pupil under 13 is having, or is contemplating having sexual intercourse, this will be dealt with under child protection procedures.

13.3 Pupils with special educational needs may be more vulnerable to exploitation and less able to protect themselves from harmful influences. If staff are concerned that this is the case, they should seek support from the designated safeguarding lead, to decide what is in the best interest of the child.

SHS must ensure that Relationships Education, RSE and Health Education is accessible for all pupils. This is particularly important when planning teaching for pupils with special educational needs and disabilities who represent a large minority of pupils. High-quality teaching that is differentiated and personalised will be the starting point to ensure accessibility. SHS will be mindful of the preparing for

adulthood outcomes, as set out in the SEND code of practice, when teaching these subjects to those with SEND.

14. Equal opportunities

14.1 Relationships Education, RSE and Health Education will be delivered equally to both genders, either one to one or in small groups. In the classrooms. The age and stage of children will always be taken fully into account when planning RSE learning topics and activities within mixed age groups. There are, however, certain topics that may be delivered in single sex groupings, e.g. menstruation and personal hygiene.

14.2 HET has a commitment to ensure that Relationships Education, RSE and Health Education is relevant to all pupils and is taught in a way that is age and stage appropriate. Pupils are encouraged to openly and freely discuss diversity of personal, social and sexual preferences. Prejudiced views will be challenged, and equality promoted. Any bullying that relates to sexual behaviour or perceived sexual orientation will be dealt with swiftly and seriously in accordance with the SHS behaviour policy.

15. Complaints

If parents have any concerns or complaints over the application or implementation of this policy, they should raise their concerns with a staff member or the SL in accordance with the HET Complaints Policy.

Appendix 1 Relationships education primary stage curriculum and outcomes (schools edit table as needed)

Year Group	Term	Topic/Theme	Resources
Year 2	Spring 1	Relationships: • Things that cause conflict between me and my friends • What I do when my friend makes me upset	
Year 3	Summer 2	My changing body: How boys' and girls' bodies change as we grow up, and how these changes affect us	

Relationships Education

Families and people who care for me	• That families are important for children growing up safe and happy because they can provide love, security and stability. • The characteristics of safe and happy family life, such as commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives. • That the families of other children, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care. • That stable, caring relationships are at the heart of safe and happy families and are important for children's security as they grow up. • That marriage and civil partnerships represent a formal and legally recognised commitment of two people to each other which is intended to be lifelong. • How to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.
Caring friendships	• How important friendships are in making us feel happy and secure, and how people choose and make friends. • That healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded. Pupils should learn skills for developing caring, kind friendships. • That not every child will have the friends they would like at all times, that most people feel lonely sometimes, and that there is no shame in feeling lonely or talking about it.

	• The characteristics of friendships that lead to happiness and security, including mutual respect, honesty, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences, and support with problems and difficulties. • That most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened. • How to manage conflict, and that resorting to violence is never right. • How to recognise when a friendship is making them feel unhappy or uncomfortable, and how to get support when needed.
Respectful, kind relationships	• How to pay attention to the needs and preferences of others, including in families and friendships. Pupils should be encouraged to discuss how we balance the needs and wishes of different people in relationships and why this can be complicated. • The importance of setting and respecting healthy boundaries in relationships with friends, family, peers and adults. • How to communicate effectively and manage conflict with kindness and respect; how to be assertive and express needs and boundaries; how to manage feelings, including disappointment and frustration. • Pupils should have opportunities to discuss the difference between being assertive and being controlling, and conversely the difference between being kind to other people and neglecting your own needs. • That they can expect to be treated with respect by others, and the importance of respecting others, including those who are different (for example, physically, in character, personality or backgrounds), or make different choices, or have different preferences or beliefs. • Practical steps they can take and skills they can develop in a range of different contexts to improve or support their relationships. • The conventions of courtesy and manners. • The importance of self-respect and how this links to their own happiness. Pupils should have opportunities to think about how they foster their own self-esteem and build a strong sense of their own identity, including through developing skills and interests. • The different types of bullying (including online bullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult), and how to get help. • What a stereotype is, how stereotypes can be unfair, negative, destructive or lead to bullying and how to challenge a stereotype. • How to seek help when needed, including when they are concerned about violence, harm, or when they are unsure who to trust.
Online safety and awareness	• That people should be respectful in online interactions, and that the same principles apply to online relationships as to face-to-face

	relationships, including where people are anonymous. For example, the importance of avoiding putting pressure on others to share information and images online, and strategies for resisting peer pressure. • How to critically evaluate their online relationships and sources of information, including awareness of the risks associated with people they have never met. For example, that people sometimes behave differently online, including pretending to be someone else, or pretending to be a child, and that this can lead to dangerous situations. How to recognise harmful content or harmful contact, and how to report this. • That there is a minimum age for joining social media sites (currently 13), which protects children from inappropriate content or unsafe contact with older social media users, who may be strangers, including other children and adults. • The importance of exercising caution about sharing any information about themselves online. Understanding the importance of privacy and location settings to protect information online. • Online risks, including that any material provided online might be circulated, and that once a picture or words has been circulated there is no way of deleting it everywhere and no control over where it ends up. • That the internet contains a lot of content that can be inappropriate and upsetting for children, and where to go for advice and support when they feel worried or concerned about something they have seen or engaged with online.
Being safe	• What sorts of boundaries are appropriate in friendships with peers and others (including online). This can include learning about boundaries in play and in negotiations about space, toys, books, resources etc. • The concept of privacy and its implications for both children and adults; including that it is not always right to keep secrets if they relate to being safe. • That each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe contact, including physical contact. • How to respond safely and appropriately to adults they may encounter (in all contexts, including online), including those they do and do not know. • How to recognise when a relationship is harmful or dangerous, including skills for recognising who to trust and who not to trust.

	• How to report abuse, concerns about something seen online or experienced in real life, or feelings of being unsafe or feeling bad about any adult and the vocabulary and confidence needed to do so. • How to ask for advice or help for themselves or others, and to keep trying until they are heard. Where to get advice e.g. family, school and/or other sources.

Sex Education –

The Curriculum for science covers:

- Naming the main external parts of the human body.
- The human body as it grows from birth to old age (including puberty).
- Processes of reproduction and growth in animals; and
- Reproduction in some plants.

Resources

A range of teaching resources are used in the delivery of RSHE lessons, including schemes from NSPCC and PSHE association, in addition to an anxiety resource created by SHS. Parents can request to see curriculum materials and these can be shared with them in person with a discussion or online. Under these circumstances access to documents is accompanied by a sufficient acknowledgment of the provider's authorship and includes a statement, that parents agree to as a condition of access, that the content should not be copied or shared further except as authorised under copyright law. Careful consideration is given to the well-being of pupils regarding their transition back to their homes, communities and schools. Feelings and coping strategies are explored and shared with their home schools, where appropriate, through a transition questionnaire. Close links are formed with the usual school to ensure as smooth a transition as possible, ensuring the physical and mental needs of the pupil are catered for.

Appendix 2 RSE Secondary stage curriculum and outcomes

Families	• That there are different types of committed, stable relationships. • How these relationships might contribute to wellbeing, and their importance for bringing up children. • 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. • That 'common-law marriage' is a myth, and cohabitants do not obtain marriage-like status or rights from living together or by having children. • That forced marriage and marrying before the age of 18 are illegal. • How families and relationships change over time, including through birth, death, separation and new relationships. • 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. • 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	• 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. • 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. • 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. • What tolerance requires, including the importance of tolerance of other people's beliefs. • 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. • 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. • Skills for ending relationships or friendships with kindness and managing the difficult feelings that endings might bring, including disappointment, hurt or frustration. • 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. • 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. • 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. • 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. 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	• Rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online. • 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.

	• 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. • 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. • 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. • 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. • 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. • 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. • That social media can lead to escalations in conflicts, how to avoid these escalations and where to go for help and advice. • 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. • 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. • How information and data is generated, collected, shared and used online. • 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). • 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. • 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	• 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. • 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. • 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. • 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. • 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. • 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. • The concepts and laws relating to sexual violence, including rape and sexual assault. • 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. • The concepts and laws relating to domestic abuse, including controlling or coercive behaviour, emotional, sexual, economic or physical abuse, and violent or threatening behaviour. • That fixated, obsessive, unwanted and repeated behaviours can be criminal, and where to get help if needed. • The concepts and laws relating to harms which are exploitative, including sexual exploitation, criminal exploitation and abuse, grooming, and financial exploitation. • The concepts and laws relating to forced marriage. • 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. • 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.

	• 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. • 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	• That sex, for people who feel ready and are over the age of consent, can and should be enjoyable and positive. • 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. • 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. • 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. • That some sexual behaviours can be harmful. • 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. • 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. • 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 • The prevalence of STIs, the short- and long-term impact they can have on those who contract them and key facts about treatment. • How the use of alcohol and drugs can lead people to take risks in their sexual behaviour.

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

Relationships, Sex and Health Education (RSHE) is taught through weekly lessons linked to the school's curriculum maps. Due to the nature of our setting, pupils are registered at Southampton Hospital School for varying amounts of time, from a few days to several months. Our curriculum is non-linear and therefore there is not a long term overview of when topics will be taught. Instead teachers will consider the needs of their pupils and teach topics from the RSHE Curriculum as appropriate.

The three key areas that RSHE teaching focuses on are:

- Family, friendships and Relationships (including the issue of consent)
- Keeping myself safe (covering safety online and safety in relationships, including consent)
- Mental Well being

Teachers plan responsively, selecting relevant topics from the RSHE curriculum based on each pupil's needs. An overview of the broad themes and linked Relationship and Health Education objectives can be found in Appendix 2.

Biological aspects of sex education can be taught within the science curriculum in line with the age expectations set out in the National curriculum.

A range of teaching resources are used in the delivery of RSHE lessons, including schemes from NSPCC and PSHE association, in addition to an anxiety resource created by SHS. Parents can request to see curriculum materials and these can be shared with them in person with a discussion or online. Under these circumstances access to documents is accompanied by a sufficient acknowledgment of the provider's authorship and includes a statement, that parents agree to as a condition of access, that the content should not be copied or shared further except as authorised under copyright law. Careful consideration is given to the well-being of pupils regarding their transition back to their homes, communities and schools. Feelings and coping strategies are explored and shared with their home schools, where appropriate, through a transition questionnaire. Close links are formed with the usual school to ensure as smooth a transition as possible, ensuring the physical and mental needs of the pupil are catered for.

The areas of learning are taught within the context of family life taking care to ensure that there is no stigmatisation of pupils based on their home circumstances (families can include single parent families, LGBT parents, families headed by grandparents, adoptive parents, foster parents/carers amongst other structures) along with reflecting sensitively that some pupils may have a different structure of support around them (for example: looked after children or young carers).

The school is mindful that some children with SEND may need additional support to understand the themes and learning within the relationships and health education curriculum. Teachers will draw on their knowledge of the child to ensure learning is adapted appropriately.

We will keep abreast of local contextual issues and support these through our curriculum where possible. Pupils at Southampton Hospital School come from a wide area, largely from the southern counties of England and the Channel Islands, and therefore we strive to be aware of issues both locally and further afield.

Approximately one quarter of our pupils come from within the city of Southampton. In Southampton, we are aware of that the locality reports lower happiness than the national picture, 26% of the area are reported to live in poverty, there is a need to improve children's dental hygiene, that there is an increase in the elderly population and an increase in those with diabetes. We are pleased that the teenage pregnancy rate is falling, but are aware it is still high.

Appendix 3 Health education primary stage curriculum and outcomes

General wellbeing	• The benefits of physical activity, time outdoors, and helping others for health, wellbeing and happiness. Simple self-care techniques, including the importance of rest, time spent with friends and family, as well as hobbies, interests and community participation. • The importance of promoting general wellbeing and physical health. • The range and scale of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) that they might experience in different situations. Pupils should understand that worrying and feeling down are normal, affect everyone at different times, and are not in themselves a sign of a mental health condition. • How to recognise feelings and use varied vocabulary to talk about their own and others' feelings. • How to judge whether what they are feeling and how they are behaving is appropriate and proportionate. • That isolation and loneliness can affect children, and the benefits of seeking support. • That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing and how to seek help for themselves or others. • That change and loss, including bereavement, can provoke a range of feelings, that grief is a natural response to bereavement, and that everyone grieves differently. • Where and how to seek support (including recognising the triggers for seeking support), including who in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online). • That it is common to experience mental health problems, and early support can help.
Wellbeing online	• That for almost everyone the internet is an integral part of life. Pupils should be supported to think about positive and negative aspects of the internet. • Pupils should be supported to discuss how online relationships can complement and support meaningful in-person relationships, but also how they might be in tension, and the reasons why online relationships are unlikely to be a good substitute for high quality in-person relationships, looking at the pros and cons of different ways of using online connection. • 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. • How to consider the impact of their online behaviour on others, and how to recognise and display respectful behaviour online. • Why social media, some apps, computer games and online gaming, including gambling sites, are age restricted. • The risks relating to online gaming, video game monetisation, scams, fraud and other financial harms, and that gaming can become addictive. • How to take a critical approach to what they see and read online and make responsible decisions about which content, including content on social media and apps, is appropriate for them. • That abuse, bullying and harassment can take place online and that this can impact wellbeing. How to seek support from trusted adults. • How to understand the information they find online, including from search engines, and know how information is selected and targeted. • That they have rights in relation to sharing personal data, privacy and consent. • Where and how to report concerns and get support with issues online.
Physical health and fitness	• The characteristics and mental and physical benefits of an active lifestyle. • The importance of building regular physical activity into daily and weekly routines and how to achieve this; for example, walking or cycling to school, a daily active mile or other forms of regular, moderate and/or vigorous physical activity. • The risks associated with an inactive lifestyle, including obesity. • How and when to seek support including which adults to speak to in school if they are worried about their health.
Healthy eating	• What constitutes a healthy diet (including understanding calories and other nutritional content). • Understanding the importance of a healthy relationship with food. • The principles of planning and preparing a range of healthy meals. • The characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).
Drugs, alcohol, tobacco and vaping	• The facts about legal and illegal harmful substances and associated risks, including smoking, vaping, alcohol use and drug-taking. This should include the risks of nicotine addiction, which are also caused by other nicotine products such as nicotine pouches.

Health protection and prevention	• How to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body. • About safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer. • The importance of sufficient good quality sleep for health, the amount of sleep recommended for their age, and practical steps for improving sleep, such as not using screens in the bedroom. The impact of poor sleep on weight, mood and ability to learn. • About dental health and the benefits of good oral hygiene, including brushing teeth twice a day with fluoride toothpaste, cleaning between teeth, and regular checkups at the dentist. • About personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing. • The facts and scientific evidence relating to vaccination and immunisation. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.
Personal Safety	• About hazards (including fire risks) that may cause harm, injury or risk and ways to reduce risks. 2. How to recognise risk and keep safe around roads, railways, including level crossings, and water, including the water safety code.
Basic first aid	• How to make a clear and efficient call to emergency services if necessary, including the importance of reporting incidents rather than filming them. • Concepts of basic first aid, for example dealing with common injuries and ailments, including head injuries.
Developing bodies	• About growth and other ways the body can change and develop, particularly during adolescence. This topic should include the human lifecycle, and puberty should be discussed as a stage in this process. • The correct names of body parts, including the penis, vulva, vagina, testicles, scrotum, nipples. Pupils should understand that all of these parts of the body are private and have skills to understand and express their own boundaries around these body parts. • The facts about the menstrual cycle, including physical and emotional changes, whilst the average age of the onset of menstruation is twelve, periods can start at eight, so covering this topic before girls' periods start will help them understand what to expect and avoid distress..

Appendix 4 Health Education Secondary Stage Curriculum and Outcomes

The DfE guidance says secondary schools should take particular care when addressing suicide prevention, self-harm and eating disorders, including using qualified support, evidence-based materials, staff training, safeguarding procedures, and avoiding methods/instructions or emotive materials.

The DfE guidance says menstruation teaching should be supported by sensitive arrangements for period products and recommends language such as period pads and menstrual products, rather than "sanitary items" or "feminine hygiene products".

Mental wellbeing	• How to talk about their emotions accurately and sensitively, using appropriate vocabulary. • The benefits and importance of physical activity, sleep, time outdoors, community participation and volunteering or acts of kindness for mental wellbeing and happiness. • 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. • 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. • 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 including suicide. This should not be discussed in a way that encourages normal feelings to be labelled as mental health conditions. • How to critically evaluate which activities will contribute to their overall wellbeing. • 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. • 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.

	• 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	• 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. • 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. • 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. • The risks related to online gambling and gambling-like content within gaming, including the accumulation of debt. • 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. • The risks of illegal behaviours online, including drug and knife supply or the sale or purchasing of illicit drugs online. • 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	• 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. • Factual information about the prevalence and characteristics of more serious health conditions. • That physical activity can promote wellbeing and combat stress.

	• The science relating to blood, organ and stem cell donation.
Healthy eating	• How to maintain healthy eating and the links between a poor diet and health risks, including tooth decay, unhealthy weight gain, and cardiovascular disease. • The risks of unhealthy weight gain, including increased risks of cancer, type 2 diabetes and cardiovascular disease. • The impacts of alcohol on diet and unhealthy weight gain.
Drugs, alcohol, tobacco and vaping	• 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. • The law relating to the supply and possession of illegal substances. • 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. • The physical and psychological consequences of problem-use of alcohol, including alcohol dependency. • The dangers of the misuse of prescribed and over-the-counter medicines. • 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. • 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	• Personal hygiene, germs and how they are spread, including bacteria and viruses, treatment and prevention of infection, and about antibiotics. • 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. • How and when to self-care for minor ailments, and the role of pharmacists as knowledgeable healthcare professionals. • The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening. • 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. • 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. • 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. • 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. • 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	• 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).

	• How to recognise and manage peer influence in relation to risk-taking behaviour and personal safety, including peer influence online and on social media. • 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. • Understanding which trusted adults they can talk to if pupils are worried about violence and/or knife crime. • 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). • 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	• Basic treatment for common injuries and ailments. • Life-saving skills, including how to administer CPR. • The purpose of defibrillators, when one might be needed and who can use them.
Developing bodies	• The main changes which take place in males and females, and the implications for emotional and physical health. • The facts about puberty, the changing adolescent body, including brain development. • 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. • The facts about reproductive health, including fertility and menopause, and the potential impact of lifestyle on fertility for men and women.

Appendix 5: RHE Curriculum Overview

At Southampton Hospital School, we do not follow a traditional long-term RSE curriculum map due to the highly variable length of pupil stays and the diverse medical and personal circumstances of our learners. Instead, our RSE curriculum forms part of a wider, holistic Personal Development framework, underpinned by our vision and non-negotiables.

SHS Personal Development Vision (included in place of a long-term map)
At SHS, personal development is not just a curriculum subject — it is the compass that helps pupils rediscover direction, identity and purpose when illness or adversity has disrupted their journey. For children whose confidence, agency or sense of belonging may have been diminished, we provide experiences that restore hope and self-belief through engagement with education and connection with trusted adults.
Through carefully curated opportunities — RSHE, PSHE, careers guidance, British Values, enrichment opportunities and building cultural capital — we empower pupils to see beyond present challenges, to advocate for themselves, and to reimagine their future with clarity and courage. Personal development underpins every interaction, every decision, and every curriculum choice, ensuring that each child leaves us equipped not only with knowledge, but with resilience, character and the conviction that their voice and life have meaning.

SHS Personal Development Non-Negotiables

- Teachers provide a rich, inclusive programme of personal development (RSHE, PSHE, careers, enrichment) that meets statutory requirements and reflects our values of aspiration, compassion and resilience.
- Teachers adapt opportunities thoughtfully so pupils with medical or SEND needs access meaningful experiences without compromising ambition.
- Teachers promote pupil voice and agency in shaping personal development, ensuring feedback informs planning and improvement.

How RSE is Delivered at SHS (replacing the requirement for a long-term plan)
Because pupils attend SHS for varying lengths of time — from a few days to several months — RSE is delivered through a **flexible, personalised**, needs-driven model.
Teachers select learning from across the statutory RSE guidance, ensuring:

- pupils receive essential knowledge in a **timely and relevant** manner
- topics align with individual wellbeing, readiness and medical context
- content builds on statutory expectations from the DfE's RSE and Health Education framework
- teaching connects to the wider Personal Development Vision

The RSE curriculum is therefore presented not as a fixed sequence, but as a structured framework of **essential knowledge, safeguarding priorities, and developmental expectations**, within which teachers respond dynamically to pupils' needs.
An example framework mapping RSE content and statutory objectives can be found through the PSHE Association link below, which SHS draws upon to inform planning:
PSHE Association Programme of Study for PSHE Education (Key stages 1–5), Jan 2020.pdf

SHS RSE curriculum overview

	EYFS	KS1	KS2	KS3	KS4
Healthy Relationships	Begin to form positive relationships	Understand the importance	Recognise different types of relationships,	Explore characteristics of healthy and	Understand the impact of relationships

	with peers and adults.	of kindness, sharing, and respect.	including family and friends.	unhealthy relationships.	on mental and emotional wellbeing.
Consent	Learn to ask for permission and respect others' choices.	Understand personal boundaries and the right to say no.	Recognise the importance of consent in friendships and play.	Explore the legal and ethical aspects of consent.	Understand consent in the context of relationships and the law.
Mental Wellbeing	Identify and talk about feelings.	Understand how to manage feelings and ask for help.	Learn strategies to support mental wellbeing.	Explore mental health challenges and how to seek support.	Understand the link between mental health and lifestyle choices.
Keeping safe (including healthy eating, medicine, lifestyle)	Learn about healthy food and basic hygiene.	Understand how to stay safe at home and school.	Recognise risks and how to respond safely.	Explore personal safety, substance use, and healthy choices.	Understand risk management and making informed decisions.
Online Safety	Use technology with adult supervision.	Understand rules for staying safe online.	Recognise online risks and how to report concerns.	Explore digital footprints and online reputation.	Understand online safety in the context of relationships and employment.
Careers	Talk about different jobs people do.	Learn about the world of work and aspirations.	Explore skills and qualities for different jobs.	Investigate career pathways and goal setting.	Prepare for the world of work and further education.
Transitions	Prepare for changes like starting school.	Understand changes and how they make us feel.	Learn strategies for managing change.	Prepare for moving schools and adolescence.	Plan for post-16 transitions and independence.
Current Affairs	Talk about things happening in the world around them.	Learn about events in the news in a safe, age-appropriate way.	Discuss how current events affect people and communities.	Explore social and political issues critically.	Engage with national and global issues and their impact.