

# RSHE @ Keelman's Way School

Parent Engagement  
Session



# What has changed ?

The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, Relationships Education compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) compulsory for all pupils receiving secondary education. They also make Health Education compulsory in all schools.

In school we have already been teaching a lot of these subjects.

# Why do we do it?

- RSHE, Relationship, Sex, Health and Economic (RSHE) education is an important and necessary part of all pupils' education. All school should teach RSHE, this expectation is outlined in the national curriculum.

*DfE Gov.uk*

- RSHE education gives pupils the knowledge, skills, and attributes they need to keep themselves healthy and safe and to prepare them for life and work in modern Britain.

*PSHE Association*

\* a note is attached to the value, hover over to see more details  
 Compared with benchmark:

Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Rochdale and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Infant mortality	2015 - 17	3.9	3.3	4.3	2.9	3.8	3.5	4.7	2.9	2.1	2.6	3.5	2.2	3.7	2.7
Child mortality rate (1-17 years)	2014 - 16	11.6	12.1	12.8	*	10.0	*	12.1	16.1	10.3	10.5	12.3	*	13.5	11.2
Population vaccination coverage - MMR for one dose (2 years old)	2017/18	91.2	94.5	96.9	93.0	93.6	92.4	91.9	93.3	96.7	94.6	95.1	96.7	93.7	92.7
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2017/18	95.1	97.2	98.5	98.0	95.7	96.7	95.8	95.9	98.4	95.8	97.1	98.3	97.0	98.1
Children in care immunisations	2017	84.6	90.4	84.8	*	99.2	91.6	91.6	94.8	91.4	99.6	96.6	95.6	93.0	69.0
Children achieving a good level of development at the end of reception	2017/18	71.5	71.5	72.8	72.6	70.1	69.4	63.9	70.9	72.8	75.0	71.4	72.8	70.5	71.1
Average Attainment 8 score	2016/17	44.6	44.6	44.6	45.3	46.8	44.0	43.2	43.3	47.0	44.7	44.0	43.0	45.6	43.8
Average attainment 8 score of children in care	2016/17	22.8	25.9	31.3	26.3	28.3	23.0	17.1	30.9	23.3	22.9	23.7	23.8	26.9	23.2
16-17 year olds not in education, employment or training (NEET) or whose activity is not known - current method	2017	6.0	6.2	6.3	4.4	10.7	3.6	4.2	6.6	4.3	4.5	5.5	8.3	4.2	9.4
16-18 year olds not in education, employment or training - historical method	2015	4.2	5.7	5.9	6.3	5.2	4.6	6.4	5.7	3.8	5.0	7.6	5.7	6.6	5.9
First time entrants to the youth justice system	2017	292.5	365.2	293.7	369.2	447.3	336.7	406.8	487.5	449.5	351.1	236.8	452.2	260.5	358.8
Children in poverty (under 16s)	2015	16.8	22.0	21.4	19.6	19.8	27.0	30.5	25.4	17.1	16.7	24.2	25.7	20.6	22.8
Family homelessness	2016/17	1.9	0.7	0.4	0.1	1.5	0.4	0.4	1.2	1.1	0.9	0.3	1.0	0.6	0.3
Children in care	2017	62	92	81	97	95	129	137	94	73	69	86	93	101	100
Children killed and seriously injured (KSI) on England's roads	2014 - 16	17	23	24	13	19	21	29	30	20	17	25	19	20	26
Low birth weight of term babies	2016	2.79	2.97	3.02	3.43	2.59	3.35	4.68	3.01	2.78	2.23	2.54	2.70	2.64	3.17
Obese children (4-5 years)	2017/18	9.5	10.9	10.9	8.6	9.7	12.2	13.0	11.8	9.8	10.7	11.6	10.4	10.5	11.4
Obese children (10-11 years)	2017/18	20.1	22.8	22.8	21.2	22.9	24.1	23.0	24.6	20.9	20.7	22.3	24.2	21.5	25.0
Children with one or more decayed, missing or filled teeth	2016/17	23.3	23.9	25.8	26.4	23.2	20.5	32.1	19.3	20.0	22.6	24.9	21.7	20.6	28.4
Hospital admissions for dental caries (0-4 years)	2014/15 - 16/17	234.7	299.5	112.6	*	329.9	*	357.1	598.1	327.4	609.2	331.3	251.4	289.5	145.5
Under 18 conceptions	2016	18.8	24.6	21.6	24.1	20.6	34.9	36.5	20.8	15.4	21.0	31.6	24.0	27.7	31.9
Teenage mothers	2016/17	0.8	1.4	1.5	1.5	1.3	2.0	1.8	1.1	0.9	1.3	2.0	1.3	1.5	1.6
Admission episodes for mental health conditions - Under 18s	2015/16 - 17/18	32.9	62.7	53.1	50.2	74.4	38.4	45.6	43.3	81.2	45.2	59.6	106.5	71.3	92.6
Hospital admissions due to substance misuse (15-24 years)	2014/15 - 16/17	89.8	113.2	92.0	126.0	139.3	139.4	176.4	81.0	156.6	115.4	132.2	156.9	110.2	103.9
Smoking status at time of delivery	2017/18	10.8	16.3	18.2	16.2	15.1	17.0	17.8	15.1	11.3	13.4	17.8	19.9	17.0	17.8
Breastfeeding initiation	2016/17	74.5	59.0	56.0	*	75.6	37.9	47.9	69.4	65.4	65.6	49.9	55.6	48.7	56.6
Breastfeeding prevalence at 6-8 weeks after birth - current method	2017/18	42.7*	32.1*	29.0	31.9	*	*	29.8	46.9	*	36.7	27.2	26.2	*	24.6
A&E attendances (0-4 years)	2016/17	601.8	928.5	861.4	1533.9	1123.2	539.8	635.0	813.6	784.7	835.0	671.3	1228.6	561.4	1558.1
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2017/18	96.4	130.4	152.0	155.8	112.1	106.6	139.1	123.0	111.3	111.2	132.7	150.1	96.9	154.6
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2017/18	132.7	157.0	144.1	189.8	156.7	143.3	164.6	135.9	200.6	219.3	159.5	153.3	158.3	123.9
Hospital admissions for asthma (under 19 years)	2016/17	202.8	266.2	248.0	255.8	225.5	232.4	406.0	201.1	198.4	267.5	276.8	362.4	262.8	327.1
Hospital admissions for mental health conditions	2016/17	81.5	99.3	94.7	97.7	104.9	70.0	80.8	87.6	125.6	105.1	69.6	125.4	86.1	123.5
Hospital admissions as a result of self-harm (10-24 years)	2016/17	407.1	425.3	400.8	472.8	422.7	275.8	483.1	369.7	603.3	492.3	441.4	540.3	414.6	362.3

You need to understand data to see the 'Reds' in South Tyneside.

# Impact on pupils

- RSHE/RSE education helps pupils to develop the knowledge, skills and attributes they need to thrive as individuals, family members and members of society. From making responsible decisions about alcohol to succeeding in their futures, PSHE education helps pupils to manage many of the most critical opportunities, challenges and responsibilities they will face growing up.
- RSE lessons are proven to increase the age of first sexual experience and reduce unplanned pregnancies.
- Health Education has been proving to improved attitudes to health and reduce tobacco and alcohol use by young people.
- First Aid will be taught across schools for the first time. Our current out of hospital cardiac arrest survival rate is 12%. In Norway that routine teaches first aid in schools the rate is 52%

*(PSHE Association)*

# Impact on schools

- Schools must "promote the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life" while having a duty to keep pupils safe.
- RSHE education helps children and young people to achieve their potential by supporting their wellbeing and tackling issues that can affect their ability to learn, such as anxiety and unhealthy relationships. PSHE education also helps pupils to develop skills and aptitudes - like teamwork, communication, and resilience - that are crucial to navigating the challenges and opportunities of the modern world, and are increasingly valued by employers.
- A growing body of research shows that pupils who are emotionally healthy do better at school.

*(PSHE Association)*

# Impact on parents/carers

- An overwhelming majority of parents support the view that schools should prepare children for life and work, not just for exams. 90% of parents say that all schools should teach PSHE education according to [2015 YouGov polling](#) commissioned by the PSHE Association and the subject is supported by leading parent bodies including Mumsnet, PTA UK and the National Governors Association.
- We believe that parents welcome a partnership between home and schools which supports their children's personal and social development, and help deal with issues of increasing complexity such as those related to mental health and staying safe, both online and offline.

*(PSHE Association)*

# Our framework

1. Self-Awareness
2. Self-Care, Support and Safety
3. Managing Feelings
4. Changing and Growing
5. Healthy Lifestyles
6. The World I Live In



## More details about the six sections:

1. **Self-Awareness** (Me, who I am, my likes, dislikes, strengths and interests)
2. **Self-care, Support and Safety** (Looking after myself and keeping safe; aspects of Relationships and Sex Education.)
3. **Managing Feelings** (Understanding feelings, and that how I feel and how others feel affects choices and behaviour; aspects of Relationships and Sex Education)
4. **Changing and Growing** (How I and others are changing; new opportunities and responsibilities; aspects of Relationships and Sex Education)
5. **Healthy Lifestyles** (Being and keeping healthy, physically and mentally)
6. **The World I Live In** (Living confidently in the wider world)

# In Keelman's Way our RSHE Curriculum is

Learning outcomes are in progressive stages, starting with the first stage 'Encountering', through to the final stage 'Enhancement'.

<b>Encountering</b> <i>(effective engagement in the learning process)</i>	<b>Foundation</b> <i>(underpinning learning)</i>	<b>Core</b> <i>(fundamental learning elements)</i>	<b>Development</b> <i>(increasing understanding of learning)</i>	<b>Enrichment</b> <i>(deepening of application of learning)</i>	<b>Enhancement</b> <i>(applying learning in different contexts)</i>
--	---	---	---	--	--

# Our Approach

- Using specialist aids and equipment, adapting tasks or environments, or providing alternative activities, where necessary to meet the needs of student.
- Strategies will be age appropriate as well as meet the needs of the students.
- Student questions will be answered in line with the government guidance. Questions will be answered in a factual and age appropriate way
- Every class teacher will ensure that the curriculum delivery in their class is developmentally appropriate and in a way that will be most beneficial for their particular pupils; and be delivered in a way that engages.

# Feedback

You can always:

Feedback via our school email address:  
[info@keelmanswayschool.co.uk](mailto:info@keelmanswayschool.co.uk)