

PSHE and RsE @ Marine Park Primary School

Parent Engagement Session
May 2021



How are we going to collect your views?

Parents and carers can email any queries to the school (marinepark@marinepark.s-tyneside.sch.uk) which will be answered as fully as possible by the appropriate member of staff.

By attending the 'Parent and Carers Virtual RSHE Meeting' on the 24th May 2021 at 9.30am.

By viewing the PSHE/RsE questions and answers on the school website and responding with feedback (available as soon as possible after the meeting on the 24th May).

What has changed ?

At Marine Park, PSHE has been taught as part of the curriculum for many years. The differences from September refer to the teaching of Relationships and Health Education.

By law, Relationships Education is to be compulsory for all pupils receiving primary education. Health Education is also compulsory in all schools.

The law is outlined in 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.

Why do we do it?

There are many, many reasons why PSHE is important. The well-being of our children is our driving force, supported by:

Personal, social, health and economic (PSHE) education is an important and necessary part of all pupils' education. All school should teach PSHE, this expectation is outlined in the national curriculum.

DfE Gov.uk

PSHE 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	Donington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Roker 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 years)	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 don't need to understand data to see the 'Reds' in South Tyneside.

This shows the areas of greatest need in our local area. A good PSHE curriculum in all schools can help our children to overcome the statistics.

Impact on pupils

PSHE/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 first job, 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 children's understanding of healthy relationships

Health Education has been proving to improved attitudes to health and reduce tobacco, cannabis 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.

PSHE/RsE 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.

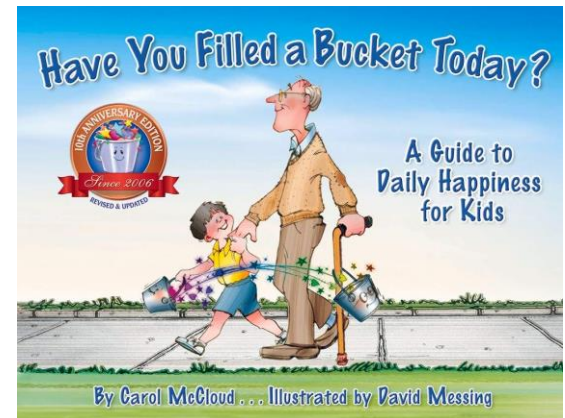
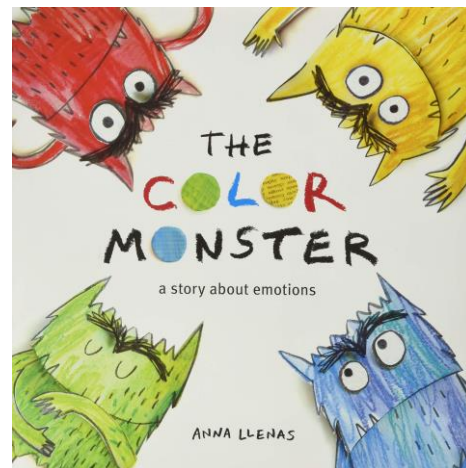
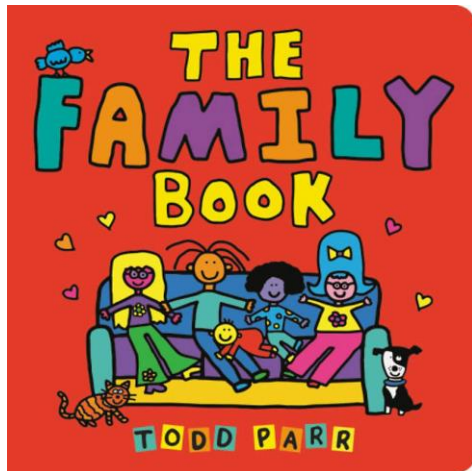
We believe that parents welcome a partnership between home and schools which supports their children's personal and social development, and help deal with issues of increasing complexity such as those related to mental health and staying safe, both online and offline.

(PSHE Association)

Our framework

At Marine Park, our PSHE curriculum currently follows the One Life scheme which was written by South Tyneside teachers for South Tyneside schools. Where necessary, it is adapted to meet the needs of particular groups of children and is delivered by skilled, experienced staff in all year groups.

Recently, we have introduced some whole-school texts to improve the PSHE provision for our children.



Our Approach

PSHE is currently taught in a safe, familiar environment by experienced staff who have excellent relationships with the children they teach. This will continue from September with the compulsory elements included in lessons.

All our PSHE lessons are taught in an **age appropriate way that accounts for the needs of the children in the group**. We understand that every group or class of children is different so the lessons we teach are adapted as needed.

As with all lessons, children will have questions about what they are taught in PSHE. All questions will be answered in a factual way, taking into account the age and needs of the child/class. Children will be given the tools and information they need to make their own decisions rather than be influenced by their friends and others.

Your child will continue to have timetabled PSHE lessons which will follow our scheme of work. There will be times when particular issues need to be addressed in addition to the lesson or in assemblies, depending on the need. As always at Marine Park, the curriculum will have flexibility to adapt to the needs of the children to ensure they are met as fully as possible.

Resources

As with all lessons at Marine Park, PSHE and RsE is resourced in the best way to meet the needs of the children. This will include relevant online and interactive resources as well as visitors where appropriate.

Throughout the year, the PSHE curriculum will be enhanced by using a range of quality texts as a whole school or year group focus.

Feedback

If you wish to talk about any of the changes or the PSHE or RsE curriculum your child will receive at Marine Park, please get in touch through the school office either by email (marinepark@marinepark.s-Tyneside.sch.uk) or phone (0191 4554513).

Summary

- From September 2021, RsE is compulsory for all primary age children
- There are very few changes to what is already taught; the main change is that schools have to teach it
- At Marine Park, we will always try to meet the needs of the children in our PSHE and RsE lessons
- All PSHE and RsE lessons will be age appropriate in terms of resources, vocabulary and content
- Effective PSHE and RsE has been proven to have a positive impact on children and young people in terms of the healthy life choices they make
- A range of high quality resources, including picture and story books, will be used to support the PSHE and RsE provision at Marine Park
- Feedback, questions and queries can be made through the school office via email (marinepark@marinepark.s-Tyneside.sch.uk) or phone (0191 4554513).