PSHE & RSHE Policy

More Than Ed | Independent School

Compulsory RSHE elements from 1 September 2026 (DfE 2025 Statutory Guidance)

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Personal, Social, Health and Economic Education and Relationships, Sex and Health Education

1. Introduction

This policy sets out our school's approach to Personal, Social, Health and Economic (PSHE) education and Relationships, Sex and Health Education (RSHE) for our students with social, emotional and mental health (SEMH) needs. It replaces our previous PSHE Policy and incorporates the statutory RSHE content from the Department for Education's RSHE Statutory Guidance (July 2025), which becomes compulsory from 1 September 2026.

The promotion of Fundamental British Values (FBV) is an integral part of PSHE and supports the whole-school ethos. We focus on these values through the school's continued emphasis on the growth of the Spiritual, Moral, Social and Cultural (SMSC) development of our students. SMSC is embedded into our Schemes of Work but is also reinforced through many opportunities within the curriculum. The integration of SMSC is also a prerequisite for meeting the requirements of the Independent School's Teaching Standards — Part 2. For further information about how SMSC is actively promoted, please refer to our separate SMSC British Values Policy.

At our school, PSHE and RSHE are a planned programme of learning through which students acquire the knowledge, understanding and skills they need to manage their lives, their relationships, their bodies and their wellbeing now and in the future. We recognise that our students have experienced significant trauma which affects their learning and development, and our approaches are adapted accordingly through trauma-informed practice. Every student has an EHCP identifying SEMH as a primary need, and many are care-experienced or have co-occurring needs in communication, cognition or sensory processing. Our delivery is therefore highly individualised, predominantly 1:1, and sequenced to meet each student at their actual developmental, language and processing level.

This policy should be read alongside our PSHE/RSHE Whole-School Curriculum Coverage and Mapping document, our RSHE Advisory Statement, our PSHE/RSHE Mapping documents (KS3 and KS4), our PSHE/RSHE Sequential Learning Map (KS2–KS4), our PSHE and RSHE Outcome Coding Scheme and Evidence Protocol, our Suicide Prevention and Self-Harm Curriculum Position Statement, and our Safeguarding, Curriculum, Critical Incident, and Behaviour and Relational Policies.

2. Aims and Objectives

The PSHE and RSHE curriculum aims to make a significant contribution to students' SMSC development, their behaviour and their safety. The learning provided by the whole-school and curriculum PSHE/RSHE provision is essential to the safeguarding of all our students. The three core themes of Health and Wellbeing, Relationships, and Living in the Wider World are embedded within the curriculum and link learning to economic and cultural difference, helping to promote the Fundamental British Values of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those of different faiths and beliefs. Alongside the Fundamental British Values, our wider character education emphasises service, leadership, empathy, kindness and resilience.

By ensuring that PSHE and RSHE are a central aspect of each student's learning experience, we aim to enable our students to:

- know and understand what constitutes a healthy lifestyle
- be aware of safety issues, including online, in the community, and in relationships
- understand friendships, kindness, boundaries and respectful relationships with others, both online and offline
- recognise safe, trusted relationships, including with the adults who care for them
- have respect for others, including respect for the protected characteristics under the Equality Act 2010
- know correct anatomical names for body parts and understand bodily autonomy and privacy
- understand how their body changes during adolescence, including puberty and the menstrual cycle
- recognise risk and unsafe situations, and know how to seek help and keep telling until they are heard
- be independent and responsible members of the school community
- be positive and active members of a global community
- develop self-confidence and self-esteem, and make informed choices regarding personal and social issues
- develop emotional literacy, self-regulation strategies and resilience
- understand mental wellbeing, including loss, grief and bereavement
- at secondary age, understand consent, healthy intimate relationships, sexual health, and the law
- recognise online risks including grooming, image-sharing, sextortion, deepfakes, AI-generated content, scams and gambling
- aspire to economic wellbeing and develop the skills needed for adult life

3. Statutory Context

This policy has been written with reference to the following statutory and regulatory framework:

- DfE Statutory Guidance: Relationships Education, Relationships and Sex Education (RSE) and Health Education (July 2025), compulsory from 1 September 2026
- Relationships Education, RSE and Health Education (England) Regulations 2019, made under the Children and Social Work Act 2017
- Education (Independent School Standards) Regulations 2014 — Part 1 (PSHE reflects ethos and respect), Part 2 (SMSC and British Values), Part 3 (welfare, health and safety)
- Keeping Children Safe in Education (current edition)
- Equality Act 2010

- SEND Code of Practice: 0 to 25 years (2015)
- ISI Inspection Framework (Framework 23, in force from September 2023) — Sections 2, 3, 4 and Safeguarding

As an independent specialist SEMH school providing 1:1 therapeutic education for students with EHCPs, we have a standalone duty to provide PSHE under the Independent School Standards. This duty is broader than the RSHE duty applying to all schools and requires our provision to reflect the school's aims and ethos, encourage respect for others (with regard to the protected characteristics), and contribute to SMSC development including Fundamental British Values.

4. Equality Act Compliance

Schools are required to comply with the relevant requirements of the Equality Act 2010. Under the provisions of the Act, schools must not unlawfully discriminate against students because of their age, sex, race, disability, religion or belief, gender reassignment, pregnancy or maternity, marriage or civil partnership, or sexual orientation (collectively known as the protected characteristics). Schools must also make reasonable adjustments to alleviate disadvantages and be mindful of the SEND Code of Practice when planning these subjects.

Our PSHE and RSHE programme promotes equality and diversity, celebrates difference, and ensures no student is disadvantaged by their individual circumstances, learning needs or protected characteristics. Coverage of the protected characteristics is delivered primarily through Focus Friday (our cultural calendar programme), supported by our relational culture and 1:1 curriculum work. Where students have particular characteristics that are personally relevant — for example care-experienced students, LGBTQ+ students, or students from minority faith communities — content is delivered with additional sensitivity and personalised support.

Biological sex and gender reassignment

In line with the 2025 statutory guidance, we teach the facts and the law about biological sex and gender reassignment. Students are taught that people have legal rights by virtue of their biological sex which are different from the rights of those of the opposite sex with the protected characteristic of gender reassignment, and that people with the protected characteristic of gender reassignment have protection from discrimination and should be treated with respect and dignity. Where there is significant public debate beyond the facts and the law, we are careful not to endorse a particular view or teach contested views as fact — for example, we do not teach as fact that all people have a gender identity. We avoid language and activities that repeat or enforce gender stereotypes, and we are mindful to avoid any suggestion that social transition is a simple solution to feelings of distress or discomfort. We will incorporate the DfE's forthcoming Gender Questioning Children guidance into our practice once it is finalised.

5. PSHE and RSHE Leadership

Roles and Responsibilities

PSHE and RSHE are led jointly by Karen Holmes and Hayley Winstanley (Heads of PSHE/RSHE), who work closely with our therapeutic team, Designated Safeguarding Lead, in-house psychotherapist, Speech and Language Therapist (SaLT), and teaching staff to

ensure effective delivery across all year groups. The programme is taught by trained staff who understand our students' SEMH needs and adapt their teaching accordingly. Strategic oversight is provided by the Senior Leadership Team.

The Heads of PSHE/RSHE are responsible for:

- Updating and evaluating curriculum content in line with the 2025 DfE Statutory Guidance and the wider PSHE Association framework
- Maintaining the PSHE/RSHE Mapping documents, the Sequential Learning Map and the Outcome Coding Scheme, including the annual binding of statutory outcomes to subject plans
- Ensuring curriculum content is shared with all relevant staff
- Providing ongoing support and guidance for staff, especially for sensitive topics
- Curriculum planning and adaptation, including language adaptation for our cohort
- Monitoring provision, student engagement, and impact
- Liaising with parents, carers, foster carers, kinship carers, residential providers and placing authorities about the PSHE/RSHE programme
- Managing requests for withdrawal from sex education in line with statutory guidance
- Coordinating with the DSL on safeguarding-relevant content and disclosures arising through PSHE/RSHE

Teaching staff are responsible for:

- Creating safe, supportive 1:1 learning environments
- Delivering content in accessible ways using trauma-informed approaches
- Adapting language, pace and total communication approaches in line with SaLT guidance
- Maintaining appropriate records via Evidence for Learning (EfL), conversation logs and CPOMS where relevant
- Identifying when students need additional support, including from the in-house psychotherapist
- Establishing clear parameters for discussion using ground rules and detachment tools
- Keeping their unit planning in the Subject Planning Folder on KIT. Teaching staff are not asked to record statutory coverage: the Heads of PSHE/RSHE do this through the Outcome Coding Scheme

Staff Training and Support

All staff teaching PSHE and RSHE receive initial training on the curriculum, the 2025 statutory requirements, and supporting students with SEMH needs. This includes training in trauma-informed practice (PACE, Dyadic Developmental Practice, the Trauma Recovery Model), managing sensitive topics, and supporting emotional regulation. Staff receive ongoing professional development through the PSHE Association, Adoption UK, NSPCC, and internal training programmes.

We do not deliver content on suicide prevention or self-harm, and therefore do not train staff to do so — see section 13. Before any staff member delivers content on eating disorders or disordered eating, they must complete approved external training (for example through Beat). Regular supervision and support is provided to all PSHE/RSHE teachers, recognising that working with SEMH students on sensitive content can be emotionally demanding. This safeguards staff wellbeing and maintains high-quality provision.

External Contributors

We use external contributors to enhance our PSHE/RSHE programme when their expertise adds value to planned learning. Organisations delivering sessions will be pre-approved and made aware of our safeguarding procedures. All visitors receive a comprehensive briefing about our students' needs and work alongside our staff, who remain responsible for student support and behaviour management. All materials are reviewed in advance by the Heads of PSHE/RSHE in consultation with the DSL.

6. Engaging with Parents/Carers and Students

We are committed to working in active partnership with parents, adoptive parents, foster carers, kinship carers, residential providers, local authority corporate parents, and placing authorities. Parents and carers are informed about this policy through consultation, and the policy is published on the school website. We will provide a copy free of charge on request.

We communicate with parents and carers daily — in person at drop-off and pick-up, through students' learning managers, and through termly reviews and EHCP annual reviews — where any concerns or worries can be discussed. We offer support and encourage discussion of topics at home by directing families to or providing resources that enable conversations and support outside school.

In line with the 2025 statutory guidance, we will notify parents in advance of any sex education content to be taught, and make all PSHE/RSHE materials available on request. Where a request for withdrawal is made, this will be discussed with parents (and the student where appropriate) before any decision is taken, to clarify the nature and purpose of the curriculum.

If a parent or carer has questions about our PSHE/RSHE provision, they can contact the school on 01302 957433 and ask to speak to one of the Heads of PSHE/RSHE. Parents/carers wishing to view PSHE/RSHE curriculum materials should contact the school.

Student Voice

Students have been involved in the development of the PSHE/RSHE curriculum through student voice and regular feedback from lessons, where they share their views and opinions. Our students' needs will continue to be met by ensuring that the curriculum is relevant to their particular circumstances and background. To achieve this, the school's approach to PSHE and RSHE takes account of:

- Ethnic and Cultural Diversity
- Sexual Identity and Sexual Orientation
- Mental Health and Wellbeing
- Special Educational Needs

- Care-experienced students, including looked-after, adopted, kinship and previously looked-after students
- Developmental trauma and attachment-related needs

Key priorities identified by our students include feeling safe in lessons, having clear routines, working 1:1 with a trusted adult, and learning practical skills for managing emotions, relationships and their own bodies.

7. The PSHE and RSHE Curriculum

Structure and Framework

The curriculum is planned around the three core themes that align both the 2025 DfE Statutory Guidance and the PSHE Association framework:

Health and Wellbeing encompasses statutory Health Education including mental wellbeing; internet safety and harms; physical health and fitness; healthy eating; drugs, alcohol, tobacco and vaping; health and prevention; basic first aid (including CPR and defibrillators at secondary); and the changing adolescent body, including puberty and menstruation. In line with the 2025 guidance we include grief, loss and bereavement (including pregnancy loss); disordered eating delivered via safe-messaging; and, at secondary, navigating the healthcare system, Gillick competence, the legal age of medical consent, and stem cell, blood and organ donation.

Relationships delivers statutory Relationships Education at primary level (KS2) and Relationships and Sex Education at secondary level (KS3 and KS4). This includes: families and people who care for me (reframed as 'safe, trusted adults who care for me' to be inclusive of all our students' care arrangements); caring friendships; respectful, kind relationships; online safety and online relationships; being safe (including bodily autonomy, recognising abuse, exploitation, grooming, and the correct anatomical names for body parts); and, at secondary, intimate and sexual relationships including sexual health, consent, and the law. The 2025 guidance introduces expanded content on misogyny and violence against women and girls (VAWG), the manosphere, sextortion, deepfakes, AI chatbots, strangulation and suffocation as criminal offences, and pre-conception, menstrual and reproductive health — all of which are mapped into our curriculum, with reference to the Online Safety Act and the relevant criminal law.

Living in the Wider World covers our wider PSHE duties including economic wellbeing and financial capability (including online gambling, gaming-related spending and money mules as safeguarding concerns); careers education and aspiration; personal safety including fire, water, road and rail safety; rights and responsibilities; British Values; the protected characteristics; and environmental awareness. Careers education is supported by an Independent Careers Advisor in line with the SEND Code of Practice.

Discrete vs Integrated Delivery

In line with our published RSHE Advisory Statement, decisions about discrete versus integrated teaching are guided by the parental right of withdrawal, the sensitivity of the content, and the expectation that our mapping documents provide defensible evidence of full coverage. Content from which parents have a statutory right to withdraw their child is taught discretely and evidenced separately. The most sensitive content, and the legal topics in para

63 of the guidance, are also taught discretely. All other PSHE/RSHE content is woven across the curriculum, with coverage documented in our mapping documents and evidenced through the Outcome Coding Scheme.

The only content the school is required to teach as discrete, separately evidenced lessons is:

- Sex Education within secondary RSE — specifically the 'Intimate and sexual relationships, including sexual health' strand
- Sex Education at primary, taught in Years 5 and 6, alongside the National Curriculum science content on conception, puberty and reproduction

We teach Sex Education at primary in Year 6 (Summer 1), building on the National Curriculum science content on conception and birth taught in Year 6 Spring, in line with the 2025 statutory guidance recommendation. Parents and carers are consulted on the content of any sex education taught at primary, are notified in advance, and have the right to withdraw their child from any element other than the science-curriculum content.

Our Discrete Provision runs from Year 5 to Year 11 (KS2 and KS3–KS4 Discrete Provision Medium-Term Plans). As well as sex education, it teaches puberty, consent, abuse and exploitation (including county lines), domestic abuse, sexual harassment and violence, FGM and forced marriage, strangulation and suffocation, pornography, sexual images and sextortion, knives and the law, and the legal topics in para 63 (including hate crime, the age of criminal responsibility and the Online Safety Act). Only the blocks marked as sex education can be withdrawn from.

All other content — Relationships Education at primary, the relationships strands of secondary RSE, the whole of Health Education, and the wider PSHE programme — is delivered through our integrated whole-school approach and mapped to the statutory outcomes in each subject long-term plan.

Structure of Teaching

The PSHE/RSHE curriculum is delivered using the PSHE Association framework and the 2025 DfE statutory guidance. Much of our provision is delivered 1:1 or in very small groups with the student's key adult. Statutory content is planned through the Discrete Provision, Active Life Skills (KS2–KS3), Life Skills (KS4), Philosophy for Children (P4C), Focus Friday, Executive Functioning, ICT, Science, English (including the reading spine), Humanities, Maths, PE and Cooking. Each subject long-term plan is mapped to the 2026 statutory statements. Students in Years 10 and 11 are also supported by work experience and the Independent Careers Advisor.

Content is planned in a sensitive manner to ensure that it remains factual, unbiased and inclusive. A degree of flexibility is built into lessons to allow staff to adapt content and delivery to suit the specific needs of individuals, recognising that our students' developmental, language and processing levels often differ significantly from age-related expectations. The most sensitive content (FGM, forced marriage, sexual violence, detailed contraception and STIs, pornography, sextortion, knives and exploitation) is taught through the Discrete Provision by trusted adults, planned with the DSL and the in-house psychotherapist, with key adults briefed in advance. Students who have been sexually

abused follow an individual pathway agreed with the DSL, which may include deferring consent and sex education content.

The PSHE/RSHE curriculum is regularly reviewed to ensure that its coverage remains up to date with the 2025 statutory guidance and the teaching and learning requirements of our students. Whilst there is a planned curriculum, the order of coverage may shift to adapt to the needs of the ever-changing world or to respond to events of national significance (for example, as during the COVID-19 pandemic, where particular emphasis was placed on supporting student mental and emotional health).

Resources

The PSHE/RSHE curriculum is available to staff through the subject long-term plans, the Discrete Provision Medium-Term Plans, the PSHE/RSHE Mapping documents and the Sequential Learning Map (KS2–KS4). Lesson plans are shared with staff in advance by the Heads of PSHE/RSHE and are reviewed regularly to ensure responsiveness to individuals or events of national significance. Resources are SaLT-informed (visuals, social stories, symbols, objects of reference) and adapted in line with guidance from the PSHE Association, Adoption UK, CoramBAAF, PAC-UK, the Rees Centre, NASEN, and the NSPCC.

Age- and Developmentally-Appropriate Delivery

Content is delivered at age- and developmentally-appropriate levels, recognising that our students' emotional, social, language and processing development frequently differs from typical expectations. We ensure dignity and respect by using age-appropriate materials whilst differentiating teaching methods to support individual learning needs. Our trauma-informed approach means we are particularly sensitive to topics that might be challenging for students with adverse childhood experiences, including those who are care-experienced, who have attachment-related needs, or who carry diagnoses of attachment disorder, PTSD, ADHD, ASC, FASD, anxiety or depressive disorders.

Spiral and Sequential Curriculum

Our curriculum follows a spiral, sequential model: KS2 lays the foundations; KS3 develops and extends; KS4 consolidates and deepens for adult life. Key concepts are revisited regularly with increasing depth, an approach that particularly benefits our students, who often need additional reinforcement and repetition. Each topic builds on prior learning whilst allowing for different starting points and progression rates. The detailed sequencing for each statutory strand is set out in our PSHE/RSHE Sequential Learning Map (KS2 → KS3 → KS4).

8. Teaching and Learning

PSHE and RSHE are delivered predominantly on a 1:1 basis with the student's trusted key adult, supplemented by the Discrete Provision and by small-group and whole-school provision through Focus Friday, Life Skills, P4C, internal visitors, external visits, and work experience for Years 10 and 11. Lessons include a range of teaching strategies and materials, including visuals, social stories, sensory and practical activities, designed to support students in their understanding of the curriculum topics.

Topics are handled sensitively and within a framework of equality. While personal views are respected, all PSHE and RSHE issues are taught without bias. Topics are presented using a variety of views and beliefs so that students can form their own informed opinions whilst also respecting others who may hold a different view.

Creating Safe Learning Environments

Staff establish clear parameters for appropriate discussion using ground rules, including detachment tools that remove any requirement to think or speak personally — using scenarios and phrases such as ‘Someone might think that…’ and ‘What if…?’. These create a respectful atmosphere where students feel safe to participate and learn. The physical environment is organised to minimise distractions and provide calm spaces when needed. Our 1:1 relational delivery is itself the primary vehicle through which students experience safe, respectful, attuned relationships.

Handling Questions

We believe students should have opportunities to have their questions answered in a sensitive and informative way. Students will not be directed to find answers online unless through a carefully selected and pre-approved organisation or resource. Due to the nature of these topics, questions posed by students do not have to be answered immediately. Staff will use their professional judgement to decide whether it is appropriate to answer a question, and whether it is best answered immediately or at a later time. Staff are required to refer to the Designated Safeguarding Team if a question or comment gives rise to a concern about a child’s welfare.

Trauma-Informed Approach

As a Trauma Informed school, staff are aware that some topics may activate an emotional response in students, who may then present with expressive behaviours. Staff use their judgement to respond appropriately, drawing on PACE, Dyadic Developmental Practice, and the Trauma Recovery Model. The Senior Leadership Team and DSL audit topic coverage and give guidance to staff where students may need to be sensitively given the option to step away. Students are regularly signposted to specialist organisations, helplines, trained school staff and trusted adults. The in-house psychotherapist is available for containment of any activated material arising from PSHE/RSHE.

Language and Content Adaptation

Where statutory outcomes use language that may not be accessible, inclusive or safe for our cohort, language is adapted whilst preserving the underlying learning. Examples include reframing ‘families’ as ‘safe, trusted adults who care for me’ (inclusive of birth, adoptive, foster, kinship, residential staff and key adults); referring to ‘home’ as ‘the place I live’ or ‘where I am safe’; and breaking ‘friendship’ into observable components (kindness, taking turns, listening, repairing). Abstract concepts are supported by visuals, symbols, social stories and objects of reference.

9. Parental Right to Withdraw

In line with the 2025 statutory guidance, parents and carers have the right to request withdrawal from some or all of sex education, but not from Relationships Education, Health

Education, the wider PSHE programme, or any content covered by the National Curriculum for Science (puberty, conception and birth, reproduction).

At primary, a request to withdraw from sex education (Year 6 Summer 1) will be granted.

At secondary age, the headteacher may refuse a request to withdraw only in exceptional circumstances. From three terms before their 16th birthday, the student gains the right to opt back into sex education even if their parent has previously requested withdrawal; the school will ensure students are aware of this right.

Sex education is taught in identifiable discrete blocks (KS2: Year 6 Summer 1; KS3–KS4: Year 9 Summer, Year 10 Autumn and Spring, Year 11 Spring), so that withdrawal is workable without a student missing other content. Where a request is made, the headteacher will discuss it with the parents/carers (and the student where appropriate), ensure the wishes are understood and respected, and document the outcome. Students withdrawn from sex education receive purposeful alternative provision, continue to be supported with relationships and health education, and are safeguarded with regard to any disclosures or concerns that may arise outside taught sessions.

10. Assessment and Evaluation

Our school uses a range of methods to assess and report on student progress, development and the impact of our PSHE/RSHE provision:

- Recognition of achievement and personal progress
- Formative assessment through 1:1 conversation and observation
- Evidence for Learning (EfL) app — providing a longitudinal record of engagement, progress and response
- Conversation logs — recording meaningful 1:1 discussions arising from sensitive topics, disclosures or student questions
- CPOMS entries — capturing safeguarding-relevant interactions and pastoral concerns
- Lesson observations — quality assurance of how content is delivered, both in discrete lessons and within integrated provision
- PSHE/RSHE Mapping documents and the Outcome Coding Scheme — showing where every statutory outcome is taught, and evidencing coverage through annual binding, termly access records and termly assurance sampling
- Discrete Provision planning files, separately retained, with clear records of which students participated, which were withdrawn, which opted back in, and any individual deferral agreed with the DSL
- EHCP-driven personalisation — statutory PSHE/RSHE outcomes tracked alongside academic and therapeutic targets through annual reviews and termly target setting
- ISI inspections (most recent: February 2026, with student welfare and mental health identified as a significant strength)
- Annual reporting to parents/carers

Beyond evidence of delivery, we judge the success of our PSHE/RSHE provision by the lived experience of our students and the culture of the school community. Indicators that our curriculum is having its intended impact include:

- an absence of discriminatory language and bullying — particularly in relation to family structure, care experience, or other protected or vulnerable groups
- low levels of student illness, suggesting messages around physical and mental health, hygiene, sleep and self-care are being internalised
- an absence of illegal activity involving students in the wider community, suggesting messages around personal safety, peer influence and the law are landing effectively
- students' openness with staff about their worries, anxieties or concerns — a key indicator that we have built the trusted relationships and reporting culture the statutory guidance prioritises

We do not hold formal examinations in PSHE or RSHE. Assessments are positive and reflect each student's individual development and understanding throughout the year. Student achievement is reported to parents/carers in the annual report.

11. Monitoring and Review

The Heads of PSHE/RSHE will review this policy annually, and more often where legislation, statutory guidance, or KCSIE updates require. Reviews are also triggered by changes to the Independent School Standards or the ISI Inspection Framework, ISI inspection findings, student/parent/carer feedback, and safeguarding learning. The review is conducted in consultation with the DSL, the in-house psychotherapist, the SaLT, the Focus Friday lead, the Executive Functioning lead, the P4C lead and the Headteacher. The Senior Leadership Team and Heads of PSHE/RSHE regularly monitor and review the implementation of the curriculum.

12. Safeguarding

Staff are aware that effective PSHE and RSHE — which bring an understanding of what is and is not appropriate in a relationship, lifestyle or community — can lead to the disclosure of a child protection issue. PSHE/RSHE plays a crucial role in keeping our students safe: the curriculum explicitly teaches students to recognise risks, understand their rights, know how to seek help, and develop protective behaviours.

All staff read Keeping Children Safe in Education (KCSIE) annually, attend regular safeguarding training, and adhere to the school's safeguarding policy when a disclosure is made: not offering complete confidentiality and ensuring the Designated Safeguarding Team is informed of any safeguarding concerns. Staff are aware of the existing FGM mandatory reporting duty, and of the new statutory duty introduced under the 2025 framework requiring those in regulated activity (including teachers) to report where they are made aware that a child is being sexually abused. All PSHE/RSHE provision is planned in consultation with the DSL and informed by individual care plans, EHCPs and therapeutic formulations. The DSL maintains oversight of activating themes, and key adults are briefed in advance.

Staff are trained to recognise that our students may be particularly vulnerable, and ensure safeguarding themes are woven throughout the programme. Disclosures may emerge through play, art, behaviour or indirect communication, and staff respond per the

Safeguarding Policy. Organisations delivering sessions around PSHE/RSHE are pre-approved and made aware of our safeguarding procedures.

13. Suicide Prevention

Our decision not to deliver suicide prevention education

The 2025 statutory guidance does not require schools to teach about suicide. Suicide prevention is not listed within the statutory curriculum content. It is addressed in the narrative of the guidance, which asks secondary schools to consider how to safely address suicide prevention, states that many aspects of it are already delivered through the mental wellbeing curriculum from primary onwards, and asks schools to consider carefully when delivery is suitable, taking account of the age, maturity and personal experiences of students.

Having considered this carefully, the school has decided that it does not deliver direct suicide prevention or self-harm education to any student, at any key stage. This is a deliberate, recorded decision taken on the grounds of the vulnerability of our cohort, and not an omission.

The reasons for this decision are:

- Every student holds an EHCP identifying social, emotional and mental health as a primary need. The level of need and risk within our cohort is significantly higher than in a mainstream setting.
- A substantial majority of our students are looked-after, adopted, subject to a Special Guardianship Order, or on a child protection plan, and none has fewer than six adverse childhood experiences.
- Many of our students have direct personal, family or community experience of suicide, self-harm or sudden bereavement. Direct teaching would not introduce an unfamiliar topic; it would return students to lived trauma.
- For students with this profile, the risk that direct content is experienced as activating, suggestive or distressing outweighs any protective benefit it might offer. The guidance itself warns of the risk of signposting students towards dangerous ideas of which they may not previously have been aware.
- Health education is not statutory for independent schools. Our duty in this area arises through the requirement to make provision for PSHE under the Education (Independent School Standards) Regulations 2014, which allows us to shape provision to the needs of our students.

Our in-house clinical team does not deliver this content either. The psychotherapist's role is therapeutic and responsive: she works with individual students on the material they bring, at the pace they bring it, within her professional scope and supervision. She does not deliver curriculum content on suicide or self-harm, and the school does not ask her to.

Because we do not deliver this content, we do not seek or maintain training in its delivery, and we do not commission external providers to deliver it. This decision is reviewed annually by the Heads of PSHE/RSHE in consultation with the Designated Safeguarding Lead and the in-house psychotherapist, and is recorded in our Suicide Prevention and Self-Harm Curriculum Position Statement together with the reasoning above. It would be reviewed sooner should the statutory position change or should the needs of our cohort change.

What we provide instead

The statutory guidance is explicit that many aspects of suicide prevention are delivered through the mental wellbeing curriculum, beginning in primary. That preventative teaching is delivered in full, to every student, and is the substance of our approach:

- Recognising and talking about emotions, using vocabulary individualised to each student and informed by Speech and Language Therapy.
- Understanding that worrying and feeling down are normal and are not in themselves a sign of a mental health condition.
- Judging whether what they are feeling, and how they are behaving, needs adult support.
- Isolation, loneliness and bullying, and their impact on wellbeing.
- Managing change, loss, grief and bereavement, and coping when things go wrong.
- Where and how to seek help, who to speak to in school, and keeping telling until they are heard — including when they are worried about someone else.
- That mental health difficulties are common, that early support helps, and that asking for help works.
- Daily access to a trusted key adult and to the in-house psychotherapist, and a relational culture in which help-seeking is modelled and normalised.

Two items of statutory curriculum content refer to suicide as a harm rather than as a subject of instruction, and these continue to be taught within their own strands: that gambling can lead to serious mental health harms including suicide, and the serious risks of viewing online content that promotes self-harm, suicide or violence, including how to report it and access support afterwards. These are taught factually and briefly, within the gambling and online safety strands, and are not expanded into discussion of suicide itself.

Handling questions and unplanned references

A decision not to teach a topic does not mean students will not raise it. Where a student asks a question about suicide or self-harm, or refers to it in conversation, staff do not shut the conversation down and do not appear shocked. They respond briefly, focusing on how to get help and who to tell, and then follow up individually through pastoral and safeguarding routes rather than exploring the subject in the moment. Methods are never discussed, in any context, including in direct response to a question. Where a question or comment gives rise to any concern, staff follow the response set out below.

Response to a concern or disclosure

Where any member of staff has a concern that a student may be feeling suicidal, or where a student discloses suicidal thoughts or intent or an intention to harm themselves, the school does not attempt to treat, assess or manage that risk internally. Our students require clinical intervention from clinically qualified professionals, and they require it immediately. Our staff are trauma-informed and trained to Level 3 DSL safeguarding standard, and are highly skilled at holding relationships with distressed young people. They are not clinicians, and they are not asked to act as clinicians. The school's role is to recognise the concern, keep the student safe, and hand over without delay to the services that can provide clinical care.

The following applies without exception, whether the concern arises in a PSHE/RSHE lesson, in any other lesson, during transport, at drop-off or pick-up, or outside the school day.

1. Stay with the student. The student is not left alone and is not sent to wait anywhere unsupervised. Another adult is summoned to fetch help so that the first adult can remain with them.
2. Respond calmly and take the student seriously. Staff listen, remain warm and regulated, and do not express shock or alarm. Staff do not minimise what has been said and do not attempt to talk the student out of how they feel.
3. Do not attempt assessment. Staff do not ask about methods, plans or timing, and do not attempt to judge how serious the risk is. Risk assessment is a clinical task and belongs to the services to which the student is being referred.
4. Do not promise confidentiality. The student is told plainly that the Designated Safeguarding Lead must be informed so that they can be kept safe, and that the adult will stay with them.
5. Alert the Designated Safeguarding Lead immediately and in person. This takes precedence over teaching and over every other commitment. The in-house psychotherapist is alerted at the same time. Outside the school day, contact routes to the Headteacher and Proprietor in line with the Safeguarding Policy.
6. Contact parents and carers immediately. Where the student is looked after, this includes the foster carer, kinship carer or residential provider, the social worker and the placing authority. Contact is made the same day and without delay.
7. Refer to emergency and specialist services immediately. Where there is an immediate risk to life, emergency services are called. In all other cases the student is referred to A&E and to the CAMHS Crisis Team. The school does not wait for the student to be collected, or for the end of the school day, before making the referral.
8. Remain with the student until handover. Handover is explicit and to a named person: a parent, a carer, or a clinical service. The student is not sent home unaccompanied.
9. Record the same day. The reporting adult records what was said, in the student's own words where possible, who was informed and when, what action was taken, and to whom the student was handed over. Records are made on CPOMS and reviewed by the Designated Safeguarding Lead.

Nothing in this policy prevents any member of staff from acting immediately where they believe there is an immediate risk to life. Where there is any doubt, staff act.

What we do not do

- We do not deliver suicide prevention or self-harm education, and we do not commission others to deliver it on our behalf.
- We do not attempt to assess, grade or triage the level of risk.
- We do not attempt clinical or therapeutic intervention in response to a suicidal disclosure. Our in-house psychotherapist provides containment, clinical advice and liaison within her professional scope and supervision, but in-house therapeutic provision is never substituted for the crisis and clinical services a student requires.

- We do not delay referral in order to gather more information, seek a second view, or wait for a more convenient moment.
- We do not withhold information from parents and carers, except where the Safeguarding Policy indicates that informing them would place the student at greater risk, in which case the Designated Safeguarding Lead escalates to children's social care.
- We do not discuss methods of suicide or self-harm with students in any context.

After an incident

- Return to school is planned jointly by the Designated Safeguarding Lead, the in-house psychotherapist, the student's key adult, parents and carers, and the external service involved. The student does not return to their usual timetable without that plan.
- Information is shared with staff on a need-to-know basis, agreed with the student in advance where possible, so that the student is met with neither silence nor exposure.
- The student's individual support and risk management plan is reviewed and updated, and the EHCP annual review considers whether provision remains appropriate.
- Staff involved are debriefed and offered supervision, and the school's standard provision of a day off following a major incident involving their student applies.
- The impact on other students is considered by the Designated Safeguarding Lead and the in-house psychotherapist. Any response to peers is pastoral and individual; it is never delivered as a lesson, and suicide prevention content is never introduced reactively following a death in the school or wider school community.
- The Designated Safeguarding Lead reviews whether the incident indicates a wider pattern, or a change required to this policy, to the Safeguarding and Child Protection Policy, or to the Critical Incident Policy.

Individual safety planning

Where a student is assessed as being at risk of suicide or self-harm, any safety plan or risk management plan is created by the CAMHS Crisis Team or other treating clinical service. The school does not write clinical safety plans and does not hold clinical responsibility for a student's risk.

Our contribution to that planning is to provide what we know about the student, and to set out clearly and realistically how the school can assist. That may include:

- The role of the student's trusted key adult, and who else the student will talk to.
- Adjustments to the timetable, environment, transport or staffing that would support the student.
- What the school can observe and feed back to the clinical service, and how often.
- How communication with parents, carers, social workers and the placing authority will work.
- What the school cannot do, so that no part of the plan rests on clinical competence we do not hold.

Once a plan is in place, the school implements the part of it that belongs to us and reports back to the clinical service. Where we believe a plan asks the school to hold clinical risk beyond our competence, we say so at the point the plan is made rather than accepting it and hoping to manage.

We do not maintain a separate Suicide Prevention Plan

The school does not write or hold a standalone Suicide Prevention Plan. Clinical planning for an individual student belongs to the CAMHS Crisis Team, as set out above. The functions that a whole-school plan would otherwise serve are held within the documents staff actually use: this policy sets out our curriculum position, our response to a concern or disclosure, and our safe-messaging principles; the Safeguarding and Child Protection Policy governs recording, escalation and multi-agency working; and the Critical Incident Policy governs our response to the death of a student. This is a deliberate structure, intended to keep the response in the documents staff read and use rather than in a separate plan that would sit apart from them.

Responding to the death of a student

Because of the extreme fragility of our students' mental health, the school does not attempt to manage the aftermath of a suicide alone, and does not deliver curriculum content in response to it. The death of a student is handled as a critical incident under our Critical Incident Policy, with the support of the CAMHS Crisis Team and other external professionals.

- External clinical advice is sought before any communication with students, families or staff takes place, and the wording and timing of that communication are agreed with those professionals.
- Any support offered to other students is individual and pastoral, delivered by their trusted key adult and the in-house psychotherapist. No group, class or assembly session on suicide is delivered at any point.
- Staff are supported through debrief and supervision, and the school's wellbeing provision is made available to them and to their families.
- The Designated Safeguarding Lead coordinates with the placing authority, social care, the virtual school and other agencies as required.

Staff training

We do not seek, require or maintain training in the delivery of suicide prevention education, because we do not deliver it. The statutory precondition that schools consult mental health professionals and put in place evidence-based training before addressing suicide directly with students does not apply to us, because we do not address it directly.

Training in recognising and responding to a disclosure is a separate matter and is required. All staff are trained to Level 3 DSL safeguarding standard, read Keeping Children Safe in Education annually, and receive annual safeguarding training led by the Designated Safeguarding Lead which covers the response set out above and the safe-messaging principles below. This is safeguarding training, not curriculum training, and it ensures that staff are properly equipped to respond when a student makes a disclosure.

Safe messaging

Safe-messaging principles are observed across the whole curriculum and in unplanned conversation: methods of self-harm and suicide are never discussed; emotive language, videos and images are not used; suicide is never described as a solution, an escape or a response to a particular event; eating disorders are not romanticised and no specific numbers, behaviours or targets are taught; and external sources of help (Papyrus HOPELINE247, Samaritans, Shout, Childline, CAMHS, Beat) are made known to students at the appropriate developmental stage. These principles apply to every member of staff, in every setting, and form part of annual safeguarding training.

14. Appendix 1

This policy has been developed with due regard to the following statutory guidance and advice for schools:

- Relationships Education, Relationships and Sex Education (RSE) and Health Education (DfE 2025 Statutory Guidance) - GOV.UK (compulsory from 1 September 2026)
- Keeping children safe in education - GOV.UK (statutory guidance)
- Education (Independent School Standards) Regulations 2014 - legislation.gov.uk
- Behaviour in schools - GOV.UK (advice for schools, including advice for appropriate behaviour between students)
- Equality Act 2010: advice for schools - GOV.UK
- SEND code of practice: 0 to 25 years - GOV.UK (statutory guidance)
- Mental health and behaviour in schools - GOV.UK (advice for schools)
- Preventing bullying - GOV.UK (advice for schools, including advice on cyberbullying)
- Equality Act 2010: advice for schools - GOV.UKGuidance — Equality and Human Rights Commission (advice on avoiding discrimination in a variety of educational contexts)

- Promoting fundamental British values through SMSC - GOV.UK
- Character education framework - GOV.UK (non-statutory guidance)
- Citizenship programmes of study for key stages 1 and 2 - GOV.UK
- National curriculum in England: citizenship programmes of study - GOV.UK
- ISI Inspection Framework (Framework 23, in force from September 2023) - Independent Schools Inspectorate
- Equality Act 2010: advice for schools - GOV.UKPSHE Association — charity and membership body for PSHE education

- SHEU: The Schools and Students Health Education Unit
- Adoption UK
- NSPCC PANTS - the underwear rule
- Papyrus - Prevention of Young Suicide

- Beat - the UK's eating disorder charity

15. Appendix 2

This policy should be read alongside the following school documents:

- PSHE/RSHE Whole-School Curriculum Coverage and Mapping document
- RSHE Advisory Statement
- RSHE Statutory Content (curriculum mapping reference)
- Discrete Provision Medium-Term Plans (KS2; KS3–KS4) and subject long-term plans
- PSHE/RSHE Sequential Learning Map (KS2 → KS3 → KS4)
- PSHE/RSHE Mapping documents (KS3 and KS4)
- PSHE and RSHE Outcome Coding Scheme and Evidence Protocol
- Safeguarding and Child Protection Policy
- Curriculum Policy
- Behaviour and Relational Policy
- SMSC and Fundamental British Values Policy
- Online Safety Policy
- Critical Incident Policy
- Suicide Prevention and Self-Harm Curriculum Position Statement
- Equality Policy
- SEND Policy

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