

PSHEWB RSE school Policy

Mandatory Read



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1 Purpose and Objectives

Introduction

All children are entitled to Relationship and Sex Education. This entitlement is enshrined in the UN Convention on the Rights of the Child, which establishes that all young people have the same right to enjoy their sexuality within the highest attainable standard of health, free of coercion and violence and to access quality sexuality education (that is accessible and appropriate for them) '(RSE for disabled pupils and pupils with special educational needs.

The delivery of RSE became a statutory requirement for all schools in September 2021 – but regardless of this expectation, we need to be mindful of the strengths and needs of our young people, and work towards accessible provision of content set out in the Government guidelines – for each individual young person. Parents or carers have a right to request that their child is withdrawn from sex education, but not from relationships education.

For secondary pupils, relationships, and sex education (RSE) must be taught. Health education is now compulsory in all schools too. For our children in primary, we will put in place the key building blocks for healthy, respectful relationships, focusing on family and friendships, in all contexts, including online. This will sit alongside the essential understanding of how to be healthy. Our secondary pupil's education builds on this and develops pupils' understanding of health, relationships and online safety.

Intent:

We believe that RSE for our learners, needs to be a continuous part of lifelong learning, from reception, through formal and informal learning and beyond (e.g., into the home and therapeutic environments, as well as post 19). This is a right and should be provided for all learners at all levels of development and delivered through a whole school approach, embedding learning within daily routines and experiences and differentiated carefully to cater for differing needs and abilities (useful to use the Encountering and foundation stages of the PSHE Association planning framework for pupils with SEND)

Our approach will impact on our own behaviour and interactions and how we respond in everyday situations such as in matters of privacy, personal care, touch, tone of voice, recognition of respect and dignity. We will ensure that we support each young person to become more aware of themselves, their bodies, their rights and their identity.

What is different about RSE for our young people:

In many ways, the topics and curriculum covered may be similar, but the pace and details may be different. We will individualise our approach to meet the needs and capacity of each young person and we will need to revisit topics regularly to support changes in maturation and to reinforce and embed key principles.

We will provide a framework that encompasses the concepts of self-esteem, dignity, respect and a right to the expression of individual sexuality in a manner that takes into account what each young person can 'learn and understand'.

Important factors to consider (Flo Longhorn)

Our young people are:

- Exposed constantly to greater incidences of personal touch and although some of our learners may not 'comprehend' the difference – it is our responsibility to foster an environment of respect, safe routine and transparency in e.g., personal care, to support our young people to being to understand what is appropriate and not appropriate. Thus, the language we use, the tone of voice and our behaviour is the key – using appropriate and real vocabulary and communicating the reasons for our intervention.
- Have almost no control over their lives and are directed in every aspect of their lives.
- Have impairments that hamper the expression of full sexuality.
- Experience limitations that restrict choice of friendship or relationships
- Not acknowledged as 'sexual beings'.
- Greatly influenced by those who care for them.
- Continually exposed to public view
- May be communicating at an intentional level.
- Have difficulties in relating to peers.
- Cannot say 'no' to abuse – and may be unable to express 'informed consent'.
- Without a framework of sexual reference that they can use

None of these challenges should mean that we can decide NOT to address these issues but mean that we need to approach each young person as an individual, support their rights and look to the future.

The approaches to an RSE Curriculum for our young people will differ, depending on whether they are pre intentional, intentional or formal learners.

We also need to work in partnership with those who are closest to our young people, such as parents and carers, so that we can agree and be consistent in our approach – we understand how sensitive these issues can be – but if we fail to consider the needs of our young people, we may be failing in our duty to protect the rights of our learners, failing to safeguard our young people and may be exposing them to greater levels of vulnerability.

These issues can form a part of an ongoing discussion that includes spirituality and culture at annual reviews, and we need to approach this with respect and candour.

Flo Longhorn (&)

'Everyone is a sexual being, from one extreme to another and sexuality is unique to each individual. Sexuality is part of our lives throughout a lifetime and it changes and develops over this time. This is the same for our learners – they are also unique.'

The objectives of the policy are to:

- To promote an awareness of themselves as individuals – 'I am', their identity, self-concept and self-esteem.
- To promote an awareness and understanding as an individual – of 'my body'.
- To promote opportunities and skills to communicate needs, feelings and emotions at a level appropriate to the individual.
- To promote opportunities to experience and reflect on their 'life story' (from babyhood to growing older).

- To offer opportunities to learn about relationships.
- To promote personal development for each young person and add to protections for our young people from abuse.
- To respect the religious and cultural beliefs of learners and their families / carers – who need to feel confident that the programme compliments, informs and supports their values.

Relevant laws and regulations include but are not limited to:

Please also refer to section 6 and 7 for additional references and resources used to inform this policy.

- Sex and Relationship Education Guidance, DfE (2000)
- PSHE Education Planning framework for Pupils with SEND - current guidance
- KCSIE 2022
- Mental Capacity Act (2005)
- Convention on the rights of the child (adopted in 1989, UK agreement 1991)
- The Human Rights Act 1998

2 Scope

This policy applies to:

- The children and young people
- Staff across Education, Health, Therapy and Care
- Families and carers

3 Definitions

Unless otherwise stated, the words or expressions contained in this document shall have the following meaning:

[the Charity/ organisation/ [means The Children’s Trust]
TCT]

PSHE	Personal, Social and Health Education
PSHEWB	Personal, Social, Health and Emotional Well-being
MCA	Mental Capacity Act
ImPACTS	Individualised Profile, Assessment, Curriculum, Target Setting
DfE	Department for Education
RSE	Relationships and Sex Education
RHE	Relationships and Health Education

4 Policy Statement

This Policy seeks to identify the core values and principles essential in ensuring that we provide a holistic and integrated comprehensive but highly differentiated range of learning opportunities and experiences, across contexts, for our children and young people, to promote the development of all aspects of Personal, Social, Health and Emotional Wellbeing for each young person according to their strengths, needs and understanding.

All aspects of the programme, across contexts, must be informed by current statutory guidance for Relationships Education, Relationships and Sex Education, (RSE) and Health Education from the (DFE) Department for Education. It is critical to ensure that core values are maintained that reflect both Human rights and the safeguarding of our children and young people. It is also critical that all those closely involved in the life of the young person is part of ongoing discussions relating to the sensitive issues raised in this policy.

Working with Families and carers:

Families or carers should feel confident in discussing any concerns about RSE with the school.

Content:

We intend to take a holistic and integrated approach to delivering PSHEWB and RSE curriculum - across the different strands of the curriculum. We will work with families, teachers, therapists and carers to identify priorities for each young person.

We will work alongside the statutory new national RSE guidance, as well as the ImPACTS curriculum.

Our framework will focus on the following areas and cross reference to P4A agenda, the Engagement Model and PERMA model of Quality of Life.

1. Identity / self-awareness – getting to know myself, my needs and wishes, celebrating diversity, my body and how it changes and my life.
2. Relationships: engaging with others, people who will help us, sexuality, personal space, appropriate touch.
3. Staying safe and healthy: private and public, self / personal care needs, healthy lifestyle,
4. Choice and control: Self Advocacy, likes and dislikes, my voice and my rights.
5. My world: my culture, my spirituality, my religion and my community.
6. Becoming more independent: making sense of my world, being actively engaged in my world, (sense of belonging).
7. Emotional well-being: What makes me happy (this will change), what is meaningful to me, getting to understand how I feel, how I express myself.
8. Physical well-being: play, leisure, hobbies, exercise and sport, yoga, music.
9. Dreams and goals: building a positive future together, transition and aspirations – preparing for adulthood.

Implementation – Getting started – a whole school approach –

- Establish early partnerships with parents, carers and others who are closely involved with the life of the young person.
- Getting to know a young person well enough to interpret what they feel, like, dislike, want etc. through talking with families, young people, using wellbeing and engagement profiles and by listening to their needs and creating a balance alongside an understanding of the perspective of the family.
- Establish a multi-disciplinary curriculum development group.
- Be available to work with staff relating to their values relating to RSE, including addressing any concerns.

- Agree vocabulary at the start with all and ensure this is established in our policy across all contexts (house, school, therapy, home). This needs to be consistently reinforced with clear explanations as to why this is essential.
- Always use correct language for body parts; patterns of language that are first learned, can remain for life. If a family word is used, then it is important that we also use the correct word alongside the family word, to avoid any misunderstanding and to safeguard our young people.
- Ensure that the appropriate ImpACTS curriculum strands (self-advocacy – body awareness, advocacy, emotional, attachment, enjoyment) and Self Care are cross referenced to the new statutory guidelines for the delivery of RSE.
- Identify appropriate training and opportunities for ‘practice leaders’ – to provide guidance/ support across departments to provide to promote confidence, share best practice and support staff teams across contexts.

Taking the long view – Preparing for Adulthood

- Recognising that RSE for our learners, works by building layers that are reinforced throughout the day, in context, in a meaningful way and re visited to expand understanding and skills.
- Topics need to continue to be extended reflecting different times of day, context and different ages.
- Incorporate cross curricular messages into daily routines to support overlearning.
- Plan for this repetition in order to support young people to become more able to make sense of their experiences.
- Ensure that this area of learning is included in Annual reviews and that goals are embedded into EHC plans in a respectful manner.

Special considerations

- We are keenly aware that the issues arising from this Policy and from Government guidance may evoke considerable emotions for young people and all those who work with and care for our young people. This will need to be consistently balanced against the human rights for each child and young person.

Masturbation

- Our young people may experience the same needs as other young adults, and this might include masturbation. Many of our young people may experience this need but be unable to give expression to this need. This may often result in frustration, discomfort or distress and anxiety and needs to be recognised.
- This should not be perceived as ‘challenging behaviour’, or as rude or dirty, but we may need to support a young person to access opportunities, to masturbate e.g., where and when, it is ok to do this such as developing public and private time.
- For young people to have private time in a private space (their room/bathroom).
- For young people to ensure their private time sign is placed on their door.
- For staff to knock and wait before entering a young person’s room with a private sign on door.

Teaching Methods

- Embedding learning opportunities across the day (e.g., through therapy/ exercise/ yoga/ music/ care routines)
- Use a range of resources (real life props, sensory/ visual or audio)
- Use games, stories, pictures or objects of reference.
- Use simple but clear language and/ or cues, which are reinforced consistently.
- Regardless of cognitive level, use age respectful and realistic approaches.

- Staff can role model appropriate skills through – being respectful/ kind/ helpful to each other/ talking to and not about a young person/ considering their feelings.

Assessments:

The school will continue to monitor progress and achievement through establishing relevant and individual goals/ targets that integrate outcomes from the EHCP, ImPACTS goals, well-being profile information and therapy goals.

Observations and evidence will be gathered on an ongoing basis throughout the year and should be coordinated across contexts. This is a key factor in embracing this area of learning. Progress and achievement will be logged through Evidence PowerPoints and ImPACTS profile updates but may consider observations from a range of sources. Outcomes will be reviewed and revised where appropriate but will also be integrated into the Education Health and Care Planning Review (Annual Review) system.

Reviewing / Evaluation of programme

- Establishing specific element within annual reviews.
- Identifying areas covered through audit for school development planning – through e.g., evidence PowerPoints, annual reviews, analysis of feedback from questionnaires etc.
- Feedback in reflective supervision / safeguarding supervision / PDRs.
- Identification of actions completed within the curriculum development group.
- Staff / family/ carers questionnaire / conversation.
- Feedback from training.

Training:

- Training will be identified from the above evidence and reflected in the training plan attached to the school development plan on an ongoing basis.
- Impact, Assessment, and outcomes.
- The impact and relevant / appropriate and realistic outcomes will be agreed for each young person and reviewed on a regular basis.
- Young people will have been offered meaningful experiences and differentiated activities to and will have met agreed targets.

5 Stakeholder Consultation

Appendix 1 details the stakeholders who were consulted in the development of this policy.

6 Related Policies and Procedures

The following policies and procedures stated below support the effective application of this policy:

- Safeguarding Children and young people (Sept 2020)
- Health and Safety
- GDPR
- Celebrating Equality, Diversity, and Inclusion Policy

- Positive Behaviour Support Policy
- Intimate care policy
- Spirituality Care Policy (Jan 21)
- Children and Human Rights Policy
- Mental Capacity Act, best Interests and DOLS Policy
- Confidentiality Policy

7 External References and Guidance

The following external resources and guidance were consulted in drafting this policy:

- 'Sex and Relationship Education Guidance', DfE (2000)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/283599/sex_and_relationship_education_guidance.pdf
- 'Sex and Relationship Education for 21st Century', PSHA Association/Brook/Sex Education Forum (2014) <https://www.pshe-association.org.uk/system/files/SRE%20for%20the%2021st%20Century%20-%20FINAL.pdf.pdf>
- 'A Guide to Children's Homes (England) Regulations' DfE (2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/463220/Guide_to_Children_s_Home_Standards_inc_quality_standards_Version__1.17_FINAL.pdf
- 'SRE - the evidence' Sex Education Forum (2015)
<https://www.sexeducationforum.org.uk/media/28306/SRE-the-evidence-March-2015.pdf>
- 'Policy Statement: Relationships Education, Relationships and Sex Education, and Personal, Social, Health and Economic Education', DfE (2017)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595828/170301_Policy_statement_PSHEv2.pdf
- PSHE Education Planning framework for Pupils with SEND - current guidance
- Relationships Education, Relationships and Sex Education, (RSE) and Health Education statutory guidance (2019)
- PHSE Association Guidance (Jenny Fox and Karen Summers)
- Sex Education and Sexuality for very special people (Flo Longhorn 1997)
- Sensitive RE (Jo Grace, Tracy Edwards, David Purcell, Claire GeeNyland, Francesca Arosca)
- Sexuality and Relationships Vision statement (Mencap, 2018)
- PERMA Model (Seligman 2011)
- Subjective Quality of life tool (Tom Evans 2016, adapted for TCT (CR) 2019/20)
- Related policies and references
- Department of Health (2009) reference guide to consent for examination or treatment. Second edition accessed 5th June 2019
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh1036531.pdf
- General Medical Council (2013) Intimate Examinations and Chaperones - London GMC
- General Medical Council (2008) Consent: patients and doctors making decisions together – London GMC
- Intimate Care Policy
- Safeguarding Children & Young People Policy
- General Medical Council (2012) Protecting children and young people: the responsibilities of all Doctor's – London GMC

8 Document Change Control

Version	Status	Description (of changes)	Reviewed by	Reviewed/ Issued Date
0.1	Draft	This policy is 1 st draft reflecting new guidelines for the school	Written May 21	
1.0	Final	Approved	EGC	June 2021
1.1	Reviewed	Updated to reflect any change in KCSIE and school practice	RM / LR	June 2023

Appendix 1 – Stakeholder Engagement Checklist

Review and complete the following checklist to indicate which stakeholders were consulted in the development of this policy.

#	Question	Yes/ No	Stakeholder(s) to be consulted
1	Is there a statutory requirement to have in place this particular policy/ does the policy need to comply with detailed legislation?	Yes	Audit, Risk and Governance team
2	Is implementation of the policy (or any element of it) dependent on the use of new or existing information technology?	No	Head of IT
3	Does implementation of the policy (or any element of it) place any demands on/ or affect the activities of the Estates and Facilities teams (e.g., does it impact the provision or maintenance of premises, equipment, vehicles or other TCT assets)?	No	Head of Estates
4	Does implementation of the policy or any element of it involve/ impact the processing of personal data?	Yes	Data Protection Officer
5	Does implementation of the policy require significant unbudgeted operational or capital expenditure?	No	Finance Director
6	Does implementation of the policy (or any element of it) directly or indirectly impact on the delivery of services / activities in other areas of the organisation? E.g., a policy written by a clinical lead in CF&S might impact on the delivery of care for CYP attending the school.	Yes	Relevant, impacted OLT members
7	Is there a need to consider Health and Safety or potential environmental impacts in developing and implementing the policy?	Yes	Health and Safety Manager
8	Have you consulted with a representative of those who will be directly impacted by the policy?		
9	Is there a need to consider Equity, Diversity and Inclusion in developing and implementing the policy?	Yes	EDI Lead
10	Is there a need to consider sustainability and potential environmental impacts in developing and implementing the policy?	No	Lead for Responsible Organisation
11	Please detail any other stakeholder groups consulted, if applicable.		Families and carers