

Relationships and Sex Education (RSE)

Policy Document

Written by	Agreed by Governing Body	Next Review
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Name of School: The Brook Special Primary School

Date of Policy: April 2021

Member of Staff Responsible: Gemma Varcianna, Curriculum Team

Member of Governing Body with Designated Responsibility: tbc

Review Date: April 2022

2. The purpose of the policy

The purpose of a whole school Relationships and Sex Education policy is to:

- Explain the definition, aims and objectives of RSE.

- Describe what we teach and the approaches we use.

This policy helps ensure that the whole school community (pupils, parents/carers, staff, and governors) have a shared understanding of this important area of the curriculum. It is accessible to all stakeholders on the school website or by request.

As a school which values personal development in our children and young people we ensure our RSE is up to date and regularly evaluated.

This is a working document which provides guidance and information on all aspects of RSE and aims to provide a secure framework within which staff can work.

The term Relationships and Sex Education (RSE) is used in this policy rather than Sex Education. This is to stress that our approach goes beyond provision of biological information to also focus on clarifying attitudes and values, and developing self-esteem and the skills to manage relationships.

Definition:

Relationships and Sex education is learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. Some aspects are taught in science, and others are taught as part of personal, social, health and economic education (PSHE).

A comprehensive programme of RSE provides accurate information about the body, reproduction, sex, and sexual health. It also gives children and young people essential skills for building positive, enjoyable, respectful and non-exploitative relationships and staying safe both on and offline (21st Century Guidance 2014).

Legal Requirements:

The sex education contained in National Curriculum science (Key Stages 1 and 2) is compulsory in maintained schools. All state-funded schools must have 'due regard' to the Secretary of State's guidance on RSE (DfE, 2000). This states that:

- 'All children, including those who develop earlier than average, need to know about puberty before they experience the onset of physical changes' (1.13).
- Children should learn 'how a baby is conceived and born' before they leave primary school (1.16).

Every state-funded school must offer a curriculum which is balanced and broadly based and which:

- Prepares pupils at the school for the opportunities, responsibilities and experiences of later life.
- Promotes the spiritual, moral, cultural, mental and physical development of pupils.

This is stated in section 2.1 of the National Curriculum framework (DfE, 2013a) and relates to duties set out in the 2002 Education Act and the 2010 Academies Act.

3. Aims and objectives

Our aim is to present a caring and developmental RSE programme which helps and supports young people through their physical, emotional and moral development. A successful programme will help children to learn to respect themselves and others and move with confidence through adolescence into adulthood. Many will grow into adulthood but remain highly dependent on others, needing physical care and constant support to enjoy interaction and make their needs known. With appropriate experiences and skilled teaching we believe that we can reduce the risks of exploitation and improve all our pupils' chances of establishing positive relationships now and later in their adult lives.

At the Brook School, we recognise that much of the literature published is not easily accessible to children with SEND, therefore we ensure that our teaching and learning resources are all tailored to meet the needs of all of our learners. They need appropriate vocabulary and language/symbols in addition to knowledge and the skills appropriate to their level of maturity and developmental needs.

Central to the RSE programme is the growth of self-esteem and taking responsibility for oneself and one's actions. RSE will always be taught with due regard to moral and legal consideration and with explicit values of family life and supportive relationships. To this end, the lead subject area in delivering RSE will be Personal, Social and Health Education (PSHE). Furthermore, in teaching about safety and safe touch, there is inevitably an increased possibility of disclosure of abuse. Should such disclosures arise, the school's Safeguarding Policy is adhered to in order that appropriate actions are taken to ensure the safeguarding of individual pupils.

Whilst we use RSE to inform children about sexual issues, we do this with regard to matters of morality and individual responsibility, and in a way that allows children to ask and explore moral questions. We do not use RSE as a means of promoting any form of sexual orientation and teachers will deal honestly and sensitively with sexual orientation queries should they arise, answering questions and offering support.

Addressing Relationships and Sex Education has three main elements enabling pupils to:

- Explore their own and other peoples' attitudes and values.
- Develop and practice personal and social skills.
- Increase their knowledge and skills.

The Relationships and Sex Education (RSE) policy is underpinned by the ethos and values of our school and we uphold it as an entitlement for all our pupils. We recognise the need to work as a whole school community to ensure a shared understanding of RSE and its under-pinning values and to deliver an effective programme that meets the needs of our pupils.

As appropriate for each pupil, we aim to develop **attitudes and values through**:

- providing opportunities to experience and reflect on positive relationships and learn the importance of love, respect and care;
- providing physical care (including intimate care where necessary) and physical guidance within the context of supportive relationships;
- enabling pupils to experience being part of a community within the class, the school or the wider world;
- promoting a positive self-image;
- promoting the confidence to make and express choices;
- ensuring that there is always at least one member of staff whom a pupil could approach for support;
- expecting pupils to treat other people with respect;
- dealing appropriately with incidents of aggression, bullying, discrimination or injustice;
- developing an understanding of the school's Respect Mindset

We aim to develop personal and social skills through:

- providing opportunities to interact with a range of people within and beyond the school community;
- teaching pupils to share and co-operate with others;
- helping pupils to accept healthy choices in, for example, diet, exercise and health care;
- teaching the difference between 'private' and 'public' behaviour;
- equipping pupils to express preferences, communicate needs and make decisions;
- supporting pupils to understand, talk about and manage their emotions;
- supporting pupils to manage their behaviour and to understand the consequences of their actions;
- teaching an acceptable vocabulary to express likes and dislikes in relation to experiences and people;
- developing pupils' understanding of other people's preferences and points of view;
- teaching pupils how to assert themselves appropriately;
- discussing the impact of peer pressure/bullying and suggesting ways to deal with it;
- teaching pupils to manage the practicalities of self-care including menstruation;
- discussing ways of making decisions about relationships and lifestyles now and in their adult lives.

We aim to develop **knowledge and understanding** through:

- developing pupils' body awareness and physical control;
- providing opportunities to develop awareness of other people; teaching appropriate language to refer to body parts and bodily functions;
- teaching about gender, growth and development;
- teaching about healthy lifestyles including emotional well-being;

- teaching about when privacy is appropriate and how to maintain it;
- teaching about the changes which occur at puberty and the skills needed to cope with them;
- exploring and developing the concept of family and family life, taking account of the different family structures of which pupils are a part;
- exploring and developing the concept of community;
- learning about keeping safe whilst using the computer and mobile technology;
- developing and using their communication skills and assertiveness skills to cope with the influences of their peers and the media.

Relationships and Sex Education is taught as part of a broad curriculum and it operates on two levels focussing on the pupils' individual complex needs:

- Engagement, Sensory, Emerging learners: pupils at these early developmental stages are supported to make positive relationships, to communicate effectively and to experience healthy choices within the programmes of study for Communication, Language and Literacy and PSHE.
- Emerging and Functional learners: pupils are supported to express themselves, to treat other people appropriately, to understand healthy lifestyles and to make a contribution to their community within the programmes of study for Communication, Language and Literacy and PSHE. The programme of study for PSHE includes a discrete section on Relationship and Sex Education in year 6 and target groups.

Body awareness and naming parts of the body is also incorporated within the Science curriculum.

4. Ethos and Environment

The guidance documents from which this policy has drawn are:

- DCSF Sex and Relationships Guidance (01 15/2000)
- Sex and relationship Guidance (SRE) for the 21st Century. Supplementary advice to the Sex and Relationship Education Guidance DfE (01 16/2000)
- The Equality Act 2010 and schools (DfE 2014b).
- Keeping Children Safe in Education, (2020-2021).
- The PSHE Association's Programme of Study document (<u>https://pshe-association.org.uk/resources search details. Aspx?resourceld=495</u>)

The Brook Special Primary School will follow best practice by ensuring that the personal beliefs and attitudes of teachers and support staff will not influence their teaching within RSE lessons.

In order to produce this policy, consultation, dissemination of information and review has taken place with:

- The whole, wider school community including teachers, support staff, therapists, school nurses
- The Governing Body
- Parents and carers.
- Pupils for whom such consultation will be meaningful

The policy will be available to parents through direct request and available on the website.

In order for all members of staff to adhere to this policy and deliver RSE consistently throughout the school, continuing professional development is offered and revisited annually or more frequently as the

need arises.

The curriculum lead is given training in order to be able to undertake the lead position effectively. Other staff are given training by:

- The Curriculum lead highlighting the content and aims and objectives of the policy and the content of the curriculum
- Trained practitioners showcasing best practice in delivering RSE to children with SEND
- Participating in Share and Inspire sessions in which successful teaching approaches and resources are shared
- Collaborating with other special schools

The Equality Act 2010 covers the way the curriculum is delivered and schools must ensure that issues are taught in a way that does not subject pupils to discrimination. Schools have a duty under the Equality Act to ensure that teaching is accessible to all children and young people, including those who are lesbian, gay, bisexual and transgender (LGBT) and any other groups, however they choose to identify. Inclusive RSE will foster good relationships between pupils, tackle all types of prejudice, including homophobia, and promote understanding and respect. Therefore, the Brook Special primary School considers the needs of different groups within the school, such as boys and girls, varying home backgrounds, sexuality, SEND, LAC, Faith, ethnicity and culture and so forth).The programme is differentiated at point of delivery by trained staff, so that it is appropriate to pupils' age, ability, gender and maturity.

We aim to ensure all pupils are treated fairly, with no discrimination or bullying on grounds of gender, race, religion, colour, language, culture, social circumstances, appearance, sexuality, ability or disability.

5. Child protection and safeguarding

Children and young people with special educational needs are known to be more vulnerable to child abuse and exploitation and may be less clear about what is acceptable public behaviour. We provide explicit teaching in these areas and provide guidance for staff on ways to protect themselves and their pupils. Some issues may result in children making disclosures which will be addressed in line with the school safeguarding policy and procedures. RSE plays a very important part in fulfilling the statutory duties all schools have to meet. RSE helps children understand the difference between safe and abusive relationships and equips them with the skills to get help if they need it. State-funded schools have responsibilities for safeguarding and a legal duty to promote pupil well-being (Education and Inspections Act 2006 Section 38). Updated government safeguarding guidance is available (Keeping Children Safe in Education, 2014a) and includes a section about being alert to signs that young girls may be at risk of female genital mutilation (FGM).

The Multi Agency Group play an important role in ensuring The Brook Special Primary School meets these requirements through: staff training and awareness, daily support in school to pupils, parents/carers and staff, and liaison with external agencies.

Staff will follow the school's policy with regard to confidentiality. Pupils should also be made aware of the boundaries of confidentiality should they choose to make a disclosure to a member of staff.

Working with parents

We recognise that parents are usually the key people in teaching their children about sex and relationships and in supporting PSHE/RSE education. We also recognise that some parents find it difficult to discuss sensitive matters with their children and that these difficulties may be exacerbated where the child has special educational needs. Parents may face particular issues where their children behave inappropriately within the wider community. Class teachers are the first point of contact in keeping parents informed of individual programmes and discussing parents' preferences and concerns.

Work on topics linked to family life will also recognise that our pupils come from a variety of backgrounds and reflect family patterns in what is taught and recorded (for example, a display about 'our families' will be inclusive in nature). Staff are respectful of different faiths and cultural perspectives and expect pupils to show the same respect to one another's views.

We aim to build a positive and supporting relationship with our parents through mutual understanding, trust and co-operation. In promoting this objective we:

- Inform parents about the school's RSE policy and practice;
- Answer any questions that parents may have about the RSE of their child;
- Take seriously any issue that parents raise with teachers or governors about this policy or the arrangements for RSE in the school;
- Encourage parents to be involved in reviewing the school policy and making modifications to it as necessary;
- Ensure learning is culturally appropriate and inclusive of all children. For example, addressing any particular issues in single sex groups;
- Inform parents about the best practice known with regard to RSE so that the teaching in school supports the key messages that parents and carers give to children at home. We believe that, through this mutual exchange of knowledge and information, children will benefit from being given consistent messages about their changing body and their increasing responsibilities.

In order to maintain transparency and allay any concerns that parents have all parents are given information about the content of RSE in the curriculum areas through letter, workshops and access to RSE resources. Individual meetings are held where necessary for those parents who have concerns. They are also informed that they have the right to withdraw from specific aspects but not that part with is delivered in the science curriculum. At the beginning of Key Stage 2, meetings and reviews involving professionals (teaching staff, nurse, therapists, family liaison) and parents will be held to identify those children undergoing physical and emotional changes who will benefit from distinct small group learning sessions, rather than just participating in whole class taught sessions. Specifically, for Year 6 pupils, they will learn about life cycles and reproduction within the science curriculum; RSE will support children and families with these changes and develop their understanding and parents will be notified and asked for their consent before teaching of these topics commences.

7. Content of the RSE curriculum

The content of our curriculum is set out within our medium term planning. Teachers identify relevant learning objectives and activities for their pupils, taking account of the pupils' age, developmental level and level of understanding.

Teachers ensure that their objectives and resources reflect the range of cultures represented in the school and the range of family units in which pupils live. Below are the modules and units covered by PSED/PSHE and RSE in The Brook Curriculum 3 year mapping cycle. The module covering *Growth and Change* in PSHE is refined in further units for RSE. This unit is repeated on a yearly base in the summer term.

PSED EYFS, Engagement, Sensory and Emerging learners	PSHE Emerging and functional learners	RSE Small group sessions for pupils undergoing change. Specific module for year 6 pupils preparing them for transition. This module is repeated yearly during summer term.
 Self-Regulation Managing Self Building Relationships 	 Self-Awareness Managing Feelings Changing and growing Healthy Lifestyles The World I live in Self-Care, Support and Safety (independence) 	 Changing and growing Baby to adult Changes at puberty Dealing with touch Different types of relationships

The Brook Primary School has agreed what is acceptable and appropriate language to be used in RSE lessons. Staff will

- Use inclusive language (partner rather than boyfriend/girlfriend)
- Use correct medical terminology for genitalia and sexual parts of the body
- Avoid the use of slang but address what 'slang' words mean if used by pupils and highlight that some are offensive
- Use respectful language which challenges sexism, homophobia and other forms of prejudice

8. Monitoring, Evaluation and Assessment

The policy is regularly monitored by the PSED/PSHE team as part of the School Improvement cycle. It is the responsibility of the PSED/PSHE team to oversee and organise the monitoring and evaluation of the Relationship and Sex Education policy, in the context of the overall school plans for monitoring the quality of teaching and learning. Teachers evaluate lessons and the curriculum is monitored and evaluated by the Curriculum Co-ordinator. Relationships and Sex Education is reviewed as part of the school's subject audit cycle. Teaching and learning of RSE will be assessed by student self-assessment and assessment for learning.

9. Role of Others

Headteacher

It is the responsibility of the Headteacher to ensure that both staff and parents are informed about our RSE policy, and that the policy is implemented effectively. It is also the Headteacher's responsibility to ensure that members of staff are given sufficient training, so that they can teach effectively and handle any difficult issues with sensitivity.

The Governing Body

The Governing body is responsible for overseeing, reviewing and organising the revision of the RSE Policy

External Professionals

We encourage other valued members of the community to work with us to provide advice and support to the children with regard to health education. In particular, members of the Primary Care Trust, such as the School nurse and other health professionals, give us valuable support with our RSE programme. Other people that we may call on include local clergy, social workers and youth workers.

10. Other related School Policies

- Teaching and Learning Policy
- Safeguarding Children Policy
- Equal Opportunities Policy
- E-safety Policy
- PSHE policy
- Anti-bullying

Appendices

Appendix A



GUIDELINES FOR GOOD PRACTICE IN INTIMATE CARE

All pupils have the right to be safe and treated with dignity and respect, as set out in the Charter of Children's Rights. Their welfare and dignity are of paramount importance.

Intimate Care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing.

These guidelines are designed to safeguard both pupils and staff, and apply to every member of staff involved with intimate care of pupils.

The guidelines aim to support good practice in intimate care and state that;

1Every pupil is treated with dignity and respect and privacy is ensured.Every pupil is encouraged to have a positive self-image

For some pupils intimate care can be carried out by one staff member alone with one pupil; for others, especially those who are not mobile, it may require two staff members working closely together. Having people working alone does increase the opportunity for possible abuse, but this is balanced by the loss of privacy and lack of trust implied if two people have to be present if it is not necessary for the student.

There will also always be other staff members around in the changing/toilet area which can act as a deterrent to possible abusers. Staff should be sensitive to the pupil's need for privacy, dignity and gentle handling.

It is important that staff never talk across a pupil and never talk about them, especially in a derogatory fashion.

Privacy is an important issue. No staff member should walk through an occupied toilet or changing area without making absolutely certain that an interruption is acceptable.

2 The pupil is involved as far as possible in their intimate care.

Close contact and handling should be kept to the minimum necessary to complete the task. Staff should avoid doing things for a pupil that he or she can do alone, and if a pupil is able to help, staff must ensure that they are given the chance to do so. It is necessary for staff to support the pupil in doing all they can for themselves and always to explain to the child what the adult is doing.

3 <u>Ensure reactions of the pupil are responded to.</u>

Staff must ensure that they are responding appropriately to the pupil by asking them, particularly a pupil the staff member has not previously cared for, if they may help the child or telling them what that staff member will be doing, e.g. 'are you ready?', 'I am going to wash you now etc.'. It is necessary to forewarn and prepare the pupil and behave consistently – this is not necessarily a time for choices but the pupil's choice of carer for carrying out intimate tasks should always be respected where practicable.

4 Intimate care must be as consistent as possible.

Teachers are responsible for ensuring that their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches are not markedly different between different staff e.g. is caring for menstruation consistent across different staff?

Wherever possible a child will not be cared for solely by the same adult on a regular basis but by a whole class group. This will ensure that, as far as possible, over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

5 <u>Clarification must be sought for any uncertainties.</u>

If a staff member needs to be shown more than once it is imperative that they ask again. Certain intimate care or treatment procedures must only be given by the school nurse or staff who have been formally trained and assessed as competent. These are included in the Administration Of Medicines Policy.

Pupils must be supervised at all times in the toilet or changing areas and pupils should never be alone whilst on a plinth. If a pupil is on a programme e.g. toilet training or working towards independence, the supervision should be appropriate to the programme and, under these circumstances, it may be valid to leave a pupil for the amount of time requested in the programme.

6 Any child protection concerns are reported.

If, during the intimate care of the pupil a member of staff accidentally injures, scratches, causes distress, the pupil seems unusually sore in the genital area, appears to be sexually aroused by the staff's actions, or has a very emotional reaction without apparent cause, any such incident must be reported as soon as possible in line with Child Protection Procedures. The way in which pupils are physically cared for will give them an understanding of appropriate physical contact which may

alert them to inappropriate contacts and help them to respond appropriately as far as they are able.

7 Volunteers/students/supply staff

See Child Protection and Safeguarding procedures and Student/Volunteer Guidelines. Staff in these categories should be allowed to familiarise themselves with the pupils before taking part in any personal care – even changing shoes and socks for PE. No students should be allowed to complete intimate care programmes but can take part in personal care such as dressing/undressing for swimming/PE under the supervision of the class staff.



GUIDELINES FOR WORKING WITH PUPILS OF THE OPPOSITE SEX

These guidelines are based on the following principles:

- a. That there is positive value in both male and female staff being involved with pupils.
- b. That, ideally, every pupil would be offered a same sex carer for all of their intimate care. This, sadly, is often not possible and by necessity female staff must carry out much of the care. However, if it is obvious that a young man is embarrassed being changed by a female member of staff, the school will try its utmost to provide a male member of staff if at all possible.
- c. That the individual pupil's safety, dignity, privacy and their right to exercise choice of carer are of paramount importance but need to fit within the Guidelines for Intimate Care. (see section 4)
- d. That intimate and personal care of boys and girls up to the age of 7 years 11months can be undertaken by all special nursery nurses.
- e. That intimate and personal care for boys is undertaken by male staff where at all possible at Key Stage 2
- f. For any supply staff see Child Protection and Safeguarding procedures and Volunteer Guidelines
- g. That parent/carer preferences are taken into account in the intimate care of their children eg the request for a same sex care. These issues will be discussed carefully with the parents and carers when this arises.

These guidelines must be implemented sensitively and with respect for the feelings of all involved.



Touch Guidelines for the Brook Special Primary School

1. INTRODUCTION

The Brook Special Primary School is a maintained special school, which provides an appropriate education for primary-aged pupils who hold an Education, Health & Care plan for an autism spectrum disorder, complex needs, learning disability, physical disability and associated social and communication difficulties. This will include children and young people with moderate or severe learning difficulties.

2. RATIONALE

Touch is essential in order to provide sensitive and good quality care for the children and young people we support. It can be used for a range of purposes some of which include:

- Instrumental Touch which is purposeful and includes the use of an instrument or piece of equipment such as a pencil or scissors.
- Procedural Touch which is purposeful and follows a set of guidelines such as when following visual timetable or PODD procedures, carrying out a physical intervention or dressing a wound.
- **Functional** Touch which is purposeful and helps with every day functions such as washing, dressing or feeding.
- **Supportive** Touch which enables a pupil to take part in and experience a learning activity such as hand over hand prompting.
- Therapeutic Touch which is purposeful and has either physical or psychological benefits such as massage, interventions used to meet sensory needs or procedures used in Speech and Language Therapy/ Occupational Therapy programmes.
- **Expressive** Touch which is spontaneous with emotional intent to express feelings such as when hugging for reassurance or during play.
- **Communicative** Touch which is spontaneous and either reinforces communication or can be the main form of communication itself i.e. tapping a shoulder, handshakes, etc.

Evidence for the use of expressive and therapeutic touch for normal development is well established. It shows that without these types of touch children are at risk of failing to thrive, having difficulties in establishing attachments and experiencing problems with developing social communication, even if other types of touch *are* apparent. Furthermore, touch in early development has been linked to helping children to regulate their emotional and behavioural reactions and develop attention span and control.

At the Brook Special Primary School we have a duty to support our pupils in the development of their social and emotional skills as well as their communication, behaviour, self-help, independence, physical and academic skills.

Children who attend a specialist educational environment such as our school, can be at risk of having limited opportunities for therapeutic and particularly expressive touch due to staff's fear of touch being misconstrued, lack of understanding of the role of touch in development, anxiety over the age appropriateness of an activity which involves touch and being overly focussed on developing pupils' academic skills.

3. CREATING OPPORTUNITIES FOR EXPRESSIVE AND THERAPEUTIC TOUCH

It is important to remember that expressive and therapeutic touch is spontaneous so can be encountered in a variety of contexts across the school day and used when and where appropriate.

Pupil to pupil touch: Pupils should be allowed opportunities to touch each other while interacting and playing as would happen naturally for any child or young person as part of play development. Staff need to monitor pupils' reactions to ensure they are happy with the level of touch and that pupils are not being touched in, and are not touching inappropriate places or in an overzealous manner.

Staff to pupil touch, early interaction: Staff are highly likely to use touch during play and intensive interaction with pupils who are developing early interaction and communication skills. Touch at this level of development is a powerful tool for engaging pupils and responding positively to their initiations, regardless of the pupil's chronological age.

Staff to pupil touch, rough and tumble play: Staff may use direct touch as part of 'rough and tumble' play. This is a developmental stage of play which pupils may need support from an adult to experience, particularly where there is absence of suitable peers or this form of play has been missed out in their development. Play needs to be initiated by the pupil and staff must monitor pupils' actions and reactions to ensure such play does not become overly aggressive, violent or inappropriate. In such circumstances staff should bring the session to a clear end and move the pupil on to another activity.

Staff to pupil touch, therapeutic: Where appropriate, pupils should have opportunities to experience therapeutic touch such as foot/hand massage, Indian Head massage and 'deep pressure' in order to help them to relax and reduce their levels of anxiety. Staff may use this touch as part of a planned intervention detailed in the pupil's Behaviour Support Plan or as part of a therapy programme provided by the Occupational Therapist, Speech and Language Therapist or Physiotherapist. Parental agreement should be gained for such programmes to be carried out with a pupil.

4. SAFEGUARDS AND GUIDELINES

Whilst we endeavour to use expressive and therapeutic touch as a means of engaging and interacting with our pupils we are aware of the critical need to establish safeguards and clear guidelines to protect staff and pupils.

- As far as possible the child or young person involved should give consent to being touched. Where
 this isn't possible or reliable the staff's role is to evaluate the pupil's response to touch especially
 anything which may indicate a need to reduce or withdraw touch.
- Staff need to be clear and open about why they are using touch and be able to explain their practice.

- Touch should be used in front of other staff or where they and the pupil are easily visible i.e. through a glass panel or open door.
- Whilst we must be aware of what is age appropriate touch for our pupils we must keep in mind their developmental age and their communication and emotional needs. People of any age have a requirement for expressive and therapeutic touch.
- We must be aware of any signals that touch is inadvertently triggering sexual arousal and remove touch without giving a negative reaction.
- We must be aware that pupils may touch staff inadvertently in intimate areas without any sexual intent or understanding. Should this happen, staff should withdraw themselves without negative reaction.
- Touch should not be forceful enough to leave any discernible mark on the skin during or after touch has ceased.
- Tickling is an acceptable form of touch and in most instances should be initiated by the pupil. It is
 acceptable to tickle a pupil on the lower arms, hands, feet, lower legs, face and head. If the pupil
 requests for their torso (stomach, chest, shoulders, back) to be tickled then this should be done
 through clothing and not directly on the skin.
- Touch should not be applied directly to the trunk of the body and should remain outside of the area which would be covered if the pupil were wearing shorts or a swimming suit.
- A useful guide to follow is not to touch a pupil anywhere on the body that you can cross your arms. See pictures below:



It is not acceptable for staff to:

Kissing pupils

If a pupil kisses a member of staff, the member of staff should withdraw themselves without a negative reaction and remind the pupil that 'kissing is for family only'

If a pupil attempts to kiss a member of staff, the member of staff should put their hand up to block the kiss and remind the pupil that 'kissing is for family only'

• Give full arms around the torso /neck hugs from the front or the back

If a pupil hugs or attempts to hug a member of staff in this manner, the member of staff should direct them to give a *side hug around the shoulders

Sit pupils on your knees

Only pupils within the Early Years class should be allowed to sit on the knee of a member of staff, this should be for reasons of comforting only and be for the shortest possible time. If an

Early Years pupil attempts to sit on the knee of a member of staff for any other reason, then the following actions apply.

If a pupil sits or attempts to sit on the knee of a member of a staff, the member of staff will stand up, lowering the pupil carefully to the floor and direct the pupil to sit on a chair saying 'Sit on your chair, not on my knee', if possible using symbols to support this communication.

If the pupil requires comforting then staff should offer a *side hug, massage or deep pressure.

Pick up or carry a pupil

Pupils should never be picked up or carried unless there are exceptional circumstances, i.e. imminent danger or removal from a place they should not be.

If a pupil requests / indicates that they would like to be picked up staff will remind them that 'picking up is only at home'.

Staff can offer a *side hug if the pupil requires comforting or can distract the pupil to a different game if this is appropriate.

Touch a young person's intimate areas except as part of medical/intimate care by a trained staff member.

If staff are in any doubt about issues related to touch or observe any practice that causes concern, they should discuss this with a Designated Safeguarding Person.

*side hug

To give a side hug, the member of staff sits or stands to one side of the pupil, facing the same way. They place their arm around the pupil's shoulders at the back, place their hand on the pupil's upper arm, and give them a one armed hug. See picture below. Pupils can also be taught to do this to a member of staff or to a peer if appropriate.



It is the responsibility of every staff member to adhere to these touch guidelines and to make a report to a member of the safeguarding team if they have concerns about another colleague's touch relationship with a pupil if it contravenes these guidelines.