



Policy Document for: Relationship and Sex Education (RSE)

Approved: TBC

Due for Review: June 2025

Ethos and rationale

All schools must provide a curriculum that is broadly based, balanced and meets the needs of all pupils. Under section 78 of the Education Act 2002 and the Academies Act 2010, a PSHE curriculum:

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

This policy meets the requirements that schools publish a Relationships and Sex Education policy and does this within the wider context of Personal, Social and Health Education.

This policy is informed by existing DfE guidance:

- [Keeping Children Safe in Education](#) (statutory guidance) Keeping children safe in education - GOV.UK (www.gov.uk)
- [Respectful School Communities: Self Review and Signposting Tool](#) (a tool to support a whole school approach that promotes respect and discipline) Respectful School Communities Self-Review and Signposting Tool (educateagainsthate.com)
- [Behaviour and Discipline in Schools](#) (advice for schools, including advice for appropriate behaviour between pupils) Behaviour in schools - GOV.UK (www.gov.uk)
- [Equality Act 2010 and schools](#) Equality Act 2010: advice for schools - GOV.UK (www.gov.uk)
- [SEND code of practice: 0 to 25 years](#) (statutory guidance) SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)
- [Alternative Provision](#) (statutory guidance) Alternative provision - GOV.UK (www.gov.uk)
- [Mental Health and Behaviour in Schools](#) (advice for schools) Mental health and behaviour in schools - GOV.UK (www.gov.uk)
- Social, emotional and mental wellbeing in primary and secondary education. (NICE guidance) Overview | Social, emotional and mental wellbeing in primary and secondary education | Guidance | NICE
- Promoting and supporting mental health and wellbeing in schools and colleges (guidance for schools and colleges) Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK (www.gov.uk)
- [Preventing and Tackling Bullying](#) (advice for schools, including advice on [cyberbullying](#)) Preventing bullying - GOV.UK (www.gov.uk)
- [The Equality and Human Rights Commission Advice and Guidance](#) (provides advice on avoiding discrimination in a variety of educational contexts) Advice and guidance | Equality and Human Rights Commission (equalityhumanrights.com)
- [Promoting Fundamental British Values as part of SMSC in schools](#) (guidance for maintained schools on promoting basic important British values as part of pupils' spiritual, moral, social and cultural (SMSC) Promoting fundamental British values through SMSC - GOV.UK (www.gov.uk)
- [SMSC requirements for independent schools](#) (guidance for independent schools on how they should support pupils' spiritual, moral, social and cultural development). Regulating independent schools - GOV.UK (www.gov.uk)

Bourne Alliance Multi Academy Trust and Aspire School

The Trust and Aspire School firmly believe that Relationship and Sex Education (RSE) gives children the essential skills for building positive and respectful relationships and equips them to stay safe on and offline. It teaches children how to be happy, healthy and confident individuals and grow into responsible citizens. RSE is learning accurate and age-appropriate skills, attitudes and knowledge about the body, reproduction, sex and sexual health. Some aspects of RSE are taught through Science and others are taught as part of personal, social, health and economic education (PSHE).

RSE is **not** about the promotion of sexual activity.

Aims

The aims of RSE at our school are to:

- Understand the importance of good personal care and hygiene
- Teach pupils the correct vocabulary to describe themselves and their bodies
- Help pupils develop feelings of self-respect, confidence and empathy
- Prepare pupils for puberty, and give them an understanding of sexual development and the importance of health and hygiene
- Provide a framework in which sensitive discussions can take place
- Create a positive culture around issues of sexuality and relationships

At Aspire School, we ensure that RSE is inclusive and meets the needs of all our pupils. It is important to acknowledge the greater vulnerability for pupils with SEND to bullying and exploitation. For example, older children at an earlier level of development are more vulnerable and therefore have greater need to be informed and supported in RSE about aspects such as puberty. Teachers will ensure that the content, approach and the use of inclusive language reflects our neurodiversity-affirmative attitude, the diversity of the school community and help all pupils feel valued and included regardless of their gender, ability, experiences and family background.

Statutory requirements

RSE is not compulsory in primary schools. Academy Trusts are not required to follow the National Curriculum and may choose not to teach the elements of sex education in the science curriculum where there is a reason not to do so. Aspire School is a part of the Bourne Alliance Multi Academy Trust and as a Trust we have chosen to teach the elements of sex education contained in the science curriculum as part of the National Curriculum for those children on a National Curriculum-based pathway.

The Trust will have regard to [guidance](#) issued by the secretary of state as outlined in section 403 of the [Education Act 1996](#) as well as being in line with our funding agreement and articles of association.

Legislation

From September 2020 the Department for Education introduced compulsory Relationship Education and Health Education for all pupils receiving primary education.

Sex Education is not compulsory in primary schools, for aspects which are not part of the Science curriculum. Here at Aspire, biological aspects of RSE (puberty and the human life cycle) are taught within the Science curriculum.

Policy development

- Review – a working party viewed relevant information and national and local guidance materials to ensure compliance
- Staff consultation – all school staff were given the opportunity to review a draft document and make recommendations
- Parent/Stakeholder consultation – parents and any interested parties were invited to review the draft policy before ratification
- Pupil consultation – pupil voice was gathered from the Student Leadership Team, feedback shared with the PSHE Lead

- Ratification – once amendments were made the policy was shared with the Trust Board and ratified

Curriculum Design

Pathway 1

Children’s EHCP outcomes and targets on their Individual Learning Plans, as well as daily classroom routine forms the basis of the PSHE and RSE programme for children in Pathway 1 . A sensory approach will be taken, with a focus on body awareness, communication (being able to express their likes and preferences) as well as being supported to respond positively to changes in environment, activity, object and person. This approach will ensure the progress that children make is meaningful and purposeful to their development.

RSE and PSHE learning in Pathway 1 will be delivered in a number of ways:

- Daily morning and afternoon nurture time (breakfast, yoga, songs, massage etc), in which the focus is on emotional wellbeing, building friends, communication and family values
- Daily continuous provision, enabling all children to access indoor and outdoor learning of their choosing
- EHCP SEMH targets link into wellbeing and preparation for life
- Sensory Circuits sessions
- Intensive Interaction
- Attention Autism sessions
- Individual Learning Plan life and social skill targets
- Curiosity Approach
- As part of Aspire’s Intimate Care Policy (see Appendix 2)

Pathway 2 and 3

At Aspire School, Pathways 2 and 3 follow a spiral PSHE education programme, drawing from the Jigsaw PSHE Programme, which is a scheme of work aligned to the PSHE Association Programmes of Study for PSHE, including the Planning Framework for Pupils with SEND. We include the statutory Relationships and Health Education within our whole-school PSHE Programme. The Jigsaw Programme also supports the “Personal Development” and “Behaviour and Attitude” aspects evaluated under the Ofsted Inspection Framework, as well as significantly contributing to the school’s Safeguarding and Equality Duties, the Government’s British Values agenda and the SMSC (Spiritual, Moral, Social, Cultural) development opportunities provided for our children. Our PSHE programme is further supplemented through feedback from annual consultation with parents, pupils and staff taking into account the needs and feelings of pupils. Teachers are encouraged to use our PSHE programme flexibly, adapting it to the unique needs and abilities of their pupils, as their development will not necessarily correspond to their chronological age or their key stage in many aspects of their learning in PSHE education. If pupils ask questions outside the scope of our curriculum, teachers will respond in an appropriate manner, so pupils are fully informed and don’t seek answers online. Much of the children’s learning may need to be regularly re-visited and consolidated – the focus at Aspire will always be on the quality of learning rather than the quantity of topics covered. An overview of the programme can be provided on request.

Over the course of the academic year, Pathway 2 and 3 will focus on a different theme each term:

Term 1 – Self-Awareness (Me, who I am, my likes, dislikes, strengths and interests)

Term 2 – Self-Care, Support and Safety (Looking after myself and keeping safe; aspects of RSE)

Term 3 – Managing Feelings (Understanding feelings, and that how I feel and how others feel affects choices and behaviour; aspects of RSE)

Term 4 – Changing and Growing (How I and others are changing; new opportunities and responsibilities; aspects of RSE)

Term 5 – Healthy Lifestyles (Being and keeping healthy, physically and mentally)

Term 6 – The World I Live In (Living confidently in the wider world)

RSE and PSHE learning in Pathway 2 and 3 will be taught within PSHE and Science schemes of work, which will be delivered in the following ways:

- Daily nurture time
- Daily continuous provision, enabling all children to access indoor and outdoor learning of their choosing
- EHCP SEMH targets link into wellbeing and preparation for life
- Sensory Circuits sessions
- Attention Autism sessions
- Individual Learning Plan life and social skill targets
- Weekly timetabled PSHE sessions
- As a part of Aspire's Intimate Care Policy (see Appendix 2)

The transition phase before moving to Secondary school for all Aspire Pathways must support pupils' ongoing emotional and physical development effectively. The Department for Education recommends that all Primary schools have a relationships and sex education programme which is tailored to the age and physical and emotional maturity of pupils and ensures that both boys and girls are prepared for the changes that adolescence brings, drawing on the National curriculum elements of the human life cycle which are part of Science. The school ensures that teaching materials are appropriate to the age and stage of development of the pupils in Year 4, 5 and 6. The PSHE leads are happy to offer support to parents about how to have discussions about sex education at home, and how this links to the programme in school.

LGBTQ+

In teaching RSE, we will ensure that the needs of all pupils are appropriately met, and that pupils understand the importance of equality and respect. We will ensure that we comply with the relevant provisions of the [Equality Act 2010](#) and [The Equality Act 2010: advice for schools](#), under which sexual orientation and gender reassignment are amongst the protected characteristics.

Aspire School is committed to creating a safe and inclusive learning environment where all students, regardless of their sexual orientation or gender identity, feel accepted and respected. Recognising the diverse needs of our students, we will adopt a tailored approach when teaching LGBTQ+ topics during Personal, Social, Health, and Economic (PSHE) education. Teachers and staff members will undergo training to enhance their understanding of LGBTQ+ issues and develop strategies to effectively teach these topics in a manner that is sensitive and appropriate for students with diverse learning needs. Utilisation of visual aids, social stories and alternative communication methods will be employed to facilitate understanding and engagement among students. We will be using a set list of books (see Appendix 1) and online resources to give a broad but focussed overview of the topic. Our curriculum will focus on promoting respect, empathy, consent and understanding towards individuals of all sexual orientations and gender identities, fostering a culture of acceptance and diversity within the school community. Regular feedback will be sought from students, parents, and staff members to assess the effectiveness of our approach to teaching LGBTQ+ topics, with periodic reviews conducted to ensure that our practices remain inclusive and supportive. By implementing this policy, we aim to create a learning environment where all students feel valued, respected, and empowered to embrace diversity and promote inclusivity within our school community.

Equality

All schools are required to comply with relevant requirements of the Equality Act 2010. Further guidance is available for schools in <https://www.gov.uk/guidance/equality-act-2010-guidance> and <https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>. Schools should pay particular attention to the Public sector equality duty (PSED) (s.149 of the Equality Act).

Under the provisions of the Equality Act, schools must not unlawfully discriminate against pupils 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). Here at

Aspire, we take care to ensure that there is no stigmatisation of children based on their home circumstances, along with reflecting sensitively that some children may have a different structure of support around them. We are aware that we have several same-sex families, adopted children, foster families, blended families, single parents and children who live with grandparents or wider family.

Provisions within the Equality Act allow schools to take positive action, where it can be shown that it is proportionate, to deal with disadvantages affecting one group because of a protected characteristic. This should be taken into consideration in designing and teaching these subjects. A school, could, for example, consider taking positive action to support girls if there was evidence that they were being disproportionately subjected to sexual violence or sexual harassment. This will be monitored as the curriculum is delivered, alongside ongoing reviews of incidents for safeguarding, behaviour and wellbeing on MyConcern by the Designated Safeguarding Team. Any patterns which emerge will be identified and positive action taken to make adjustments in the curriculum or any additional action which needs to be taken.

The contextual makeup of the pupils, including gender balance and any pupils with particular protected characteristics are considered in developing our RSE and PSHE curriculum. The Trust is ambitious for all pupils and acts positively to create an environment which challenges perceived limits on pupils based on their gender or any other characteristic, including through these subjects and as part of a whole-school approach. The Trust is mindful of issues such as everyday sexism, misogyny, homophobia and gender stereotypes and takes positive action to build a culture where these are not tolerated, and any occurrences are identified and tackled. Staff have an important role to play in modelling positive behaviours. The Trust policies are developed to support all pupils, such as **safeguarding and child protection** and **behaviour** policies.

Ongoing CPD as part of our safeguarding culture continues to support staff awareness of these issues. An understanding for all pupils of healthy relationships, acceptable behaviour and the right of everyone to equal treatment will help ensure that pupils treat each other well and go on to be respectful and kind adults.

Roles and Responsibilities

The Governing Body

- The Governing Body has delegated the approval of this policy to the CEO
- Acts to hold the Heads of School to account for the implementation of this policy
- Undertakes monitoring of the impact of the curriculum
- Ensures that clear information is provided for parents on the subject content and the right to request that their child is withdrawn

The PSHE Leads

The Leads are responsible to ensure the RSE curriculum content meets the needs of the children in all Aspire Pathways and the requirements of the Department for Education.

The Headteacher

The Headteacher is responsible for ensuring RSE is taught consistently across their school, and for managing requests to withdraw pupils from the non-statutory components of RSE.

Teaching Staff

Staff are responsible for:

- Delivering RSE in a sensitive way
- Modelling positive attitudes to RSE
- Monitoring progress
- Responding to the needs of individual pupils
- Responding appropriately to pupils whose parents wish them to be withdrawn from the non-statutory components of RSE so that meaningful learning activities are provided

Pupils

Pupils will reach end points appropriate to their abilities and understanding. This will vary greatly from our most sensory to our most able learners. We strive for all pupils to be as independent as possible and have 'real life' skills that support their transition to adulthood, from making choices, to having the skills to form and maintain positive, healthy relationships and knowing how their bodies will change and develop as they progress into adulthood. Pupil progress is measured against Individual Learning Plan SMART targets and EHCP outcomes.

Staff training

Staff are trained on the delivery of RSE as part of our CPD calendar across the year, as well as where teachers may need support and training in answering questions which are best not dealt with in front of a whole class.

The Headteacher will coordinate with the PSHE/RSE Lead to invite visitors from outside the school, such as school nurses to provide support and training to staff teaching RSE.

Monitoring of effectiveness of the RSE curriculum

The delivery of the RSE curriculum is monitored by the PSHE/RSE Lead. Pupil development in RSE is assessed by class teachers as part of their usual internal assessment processes. At the end of the academic year teachers will review the RSE programme they have implemented and pass on comments to the PSHE Leads as part of the monitoring cycle. The Senior Leadership Team shall also meet with the PSHE/RSE Leads to discuss contextual influences and how the curriculum may need to be adjusted to meet these.

Safeguarding

Teachers are aware that effective RSE, which brings an understanding of what is and what is not appropriate in a relationship, can lead to a disclosure of a child protection issue. In this instance the teacher will consult with the Designated Safeguarding Lead (DSL) and ensure the relevant safeguarding procedure is logged and updated in a timely manner alerting the DSL team and assigned to the Head of School.

The Trust makes use of agencies such as NSPCC who deliver relationships education which is appropriate for the different key stages in Primary school.

Visitors and external agencies who support the delivery of RSE will be required to read the RSE policy in advance to ensure they are informed of the safeguarding protocols and are supportive of the school's whole school approach to RSE.

Pupils will be taught how to report concerns and get help when they think something is wrong, both in their online life as well as in 'real' life. This knowledge helps to support safeguarding children.

Working with parents

The role of our parents and carers in the development of their children's understanding about relationships is vital since they have the most significant influence in enabling their children to grow and mature and form healthy relationships.

The Trust works closely with parents and carers in planning and delivering the RSE curriculum through consulting on the proposed curriculum and ensuring parents know what is taught and when.

Withdrawing your child

Parents do not have the right to withdraw their children from Relationship Education as from September 2020 this became a compulsory element of RSE.

Parents have the right to withdraw their children from the non-statutory components of RSE; that being sex education beyond the biological and reproductive aspects required of the science curriculum (conception and birth).

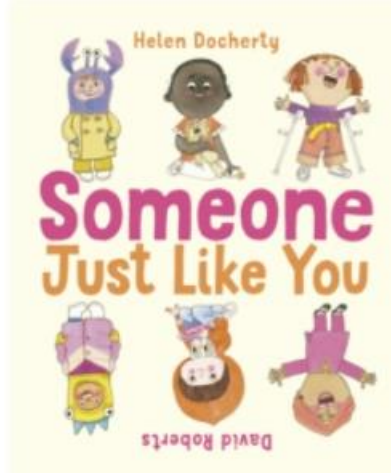
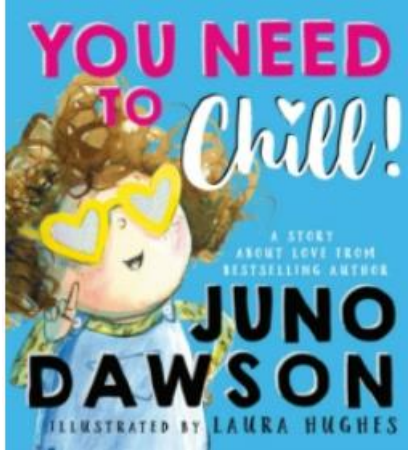
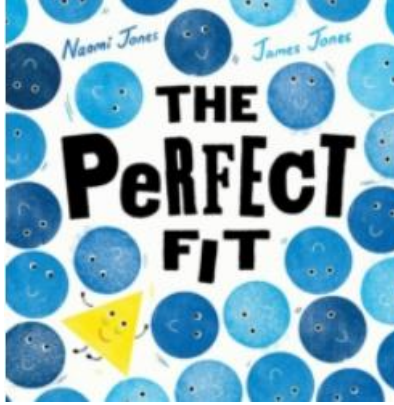
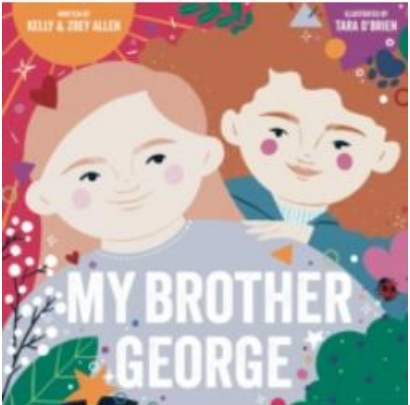
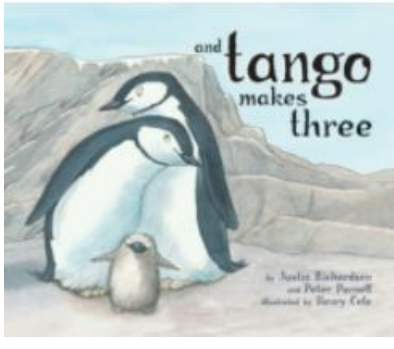

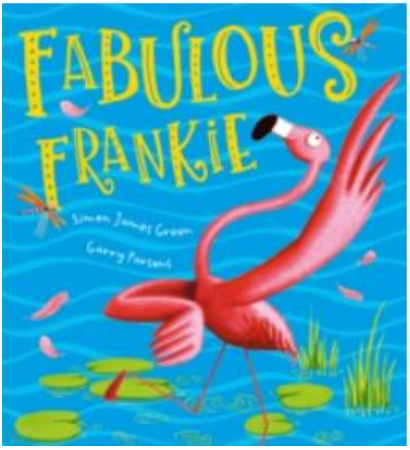

Requests for withdrawal should be put in writing and addressed to the Headteacher - a copy of the withdrawal request shall be placed in the pupil's educational record. The Headteacher will discuss the request with the parents, the benefits of receiving this important education and any detrimental effects that withdrawal might have on the child. This could include any social and emotional effects of being excluded, as well as the likelihood of the child hearing their peers' version of what was said in the classes, rather than what was directly said by the teacher. Although the detrimental effects may be mitigated if the parents propose to deliver sex education to their child at home instead.

After discussions with parents, the parents still wish to withdraw their child, this will be granted from sex education, other than part of the science curriculum.

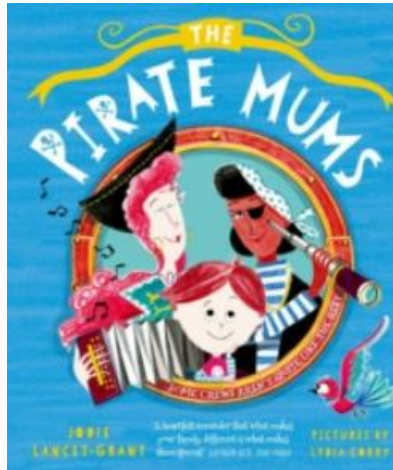
The teachers will then provide purposeful, appropriate education for any child withdrawn. There is no right to withdraw from Relationships Education or Health Education.

Appendix 1: Diverse and Inclusive Book List

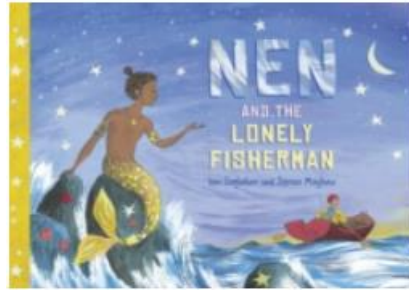
The list includes books with ethnic minority main characters, books that celebrate difference and books with representations of cultural diversity, different types of families, physical disabilities and neurodiversity.

| | | |
|--|--|--|
| <p><i>Someone Just Like You</i> by Helen Docherty</p>  | <p><i>You Need to Chill!</i> by Juno Dawson</p>  | <p><i>The Perfect Fit</i> by Naomi Jones</p>  |
| <p><i>Out of Nowhere</i> by Chris Naylor-Ballesteros</p>  | <p><i>My Brother George</i> by Kelly Allen</p>  | <p><i>And Tango Makes Three</i> by Peter Parnell</p>  |
| <p><i>Julian is a Mermaid</i> by Jessica Love</p>  | <p><i>Fabulous Frankie</i> by Simon James Green</p>  | <p><i>The Girl with Two Dads</i> by Mel Elliott</p>  |

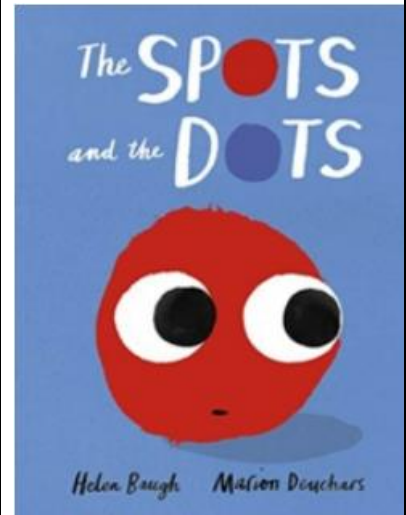
The Pirate Mums by Jodie Lancel-Grant



Nen and the Lonely Fisherman by Ian Eagleton



The Spots and the Dots by Helen Baugh



Rhinocorn Rules! by Matt Carr



Pink is for Boys by Robb Pearlman



Prince & Knight by Daniel Haack



Stella Brings the Family by Miriam Schiffer



My Shadow is Pink by Scott Stuart



Intimate care policy on a page

This policy applies to all children in Trust schools, regardless of age or need in line with the Public Sector Equality Duty.

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas. In most cases the responsibility for intimate care will be part of a staff members duty of care. The issue of intimate care is a sensitive one and will require staff to be respectful of a child's needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible

- For children requiring routine or occasional intimate care (such as for toileting or toileting accidents), parents/carers will be asked to sign the consent form in Appendix 1. This is then scanned and attached to the pupil record on Arbor
- For children with more complex needs or require additional support, an intimate care plan will be written with parents/carers – see Appendix 2. This will then be scanned and attached to the pupil record on Arbor
- Where possible, pupils will be consulted on their wishes which are written into the plan
- Each plan will be reviewed twice a year even when no changes are needed
- If there is no plan in place, but intimate care is needed, such as when a child has vomited all over themselves, parents/carers will be contacted to seek permission and share an update. If a parent/carer cannot be contacted, the child will be supported with intimate care as part of the school duty of care – parents/carers will be informed as soon as possible
- Parents/carers are expected to provide at least a weeks worth of resources needed, such as nappies, underwear, spare clothing etc.
- As far as possible, any soiled clothing will be contained securely and returned discretely to parents at the end of the day,
- The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed

Safeguarding

- Safeguarding remains the highest priority within the Trust. Any member of staff or volunteers will challenge any adult in school who is not complying with BA MAT safeguarding policies and report this to the Trust DSL leads. **2 members of staff MUST be present in any incident requiring intimate care.**
- Any concerns around safeguarding MUST be recorded on CPOMS/MYCONCERN and reported to a DSL
- If a child is unhappy/distressed about being cared for by a particular member of staff, or there is an allegation against a member of staff, the LADO will be contacted. This will then be investigated and outcomes/actions recorded
- If a child is accidentally hurt during the intimate care, this will be recorded on CPOMS/MYCONCERN and reported to the DSL
- If there is an increasing pattern of soiling, speak to the parent/carer and appropriate medical professionals for insight. If this continues, log concerns on CPOMS/MYCONCERN and speak to the school DSL
- Meeting pupils away from school premises without a parent/carer/chaperone present is NOT PERMITTED unless specific approval has been given by the Head
- Staff should not put themselves in a position to be alone with a child in a vehicle, house or other venue
- Staff must contain to behave in a professional manner should they have contact with any pupils outside of school

Role of staff

- Children will be encouraged and supported to be as independent as possible, given their age and stage
- Any member of staff can provide intimate care where it does not use unusual procedures such as a hoist (in place at Aspire but only to be used by trained staff)
- Volunteers cannot undertake intimate care but can be a witness providing they have a full DBS in place
- Staff should ideally only care intimately for an individual of the same gender, but this can be waived where failure to provide intimate care would result in negligence (such as few or no staff or same gender available)
- Where possible the child will not be cared for by the same adult on a regular basis, but this will be on a rota of adults known to the child
- PPE will be available to all staff undertaking intimate care

Providing comfort & limited touch

- Staff should be mindful in using physical contact in providing comfort to children who are distressed. This should be of limited duration and appropriate given age, stage and known background
 - Side on to older pupils
 - Do not sit children on laps – crouch down to offer comfort
- Staff must be aware that even well intentioned physical contact might be misconstrued by the child, an observer or anyone the action is described to. Staff must be prepared to justify actions and be open to scrutiny. Physical comfort should be in sight of other adults to support safeguarding
- Some children with additional needs may need more physical contact to assist every day learning. The culture of limited touch will be adapted to meet the needs of the child – this must be known to all, consistently applied and open to scrutiny
- Extra caution will be needed where a child is known to have suffered previous abuse or neglect. The child may associate physical contact with such experiences and this would cause distress to the child and leave staff open to allegations of abuse. If a child responds in such a way, this must be logged on CPOMS/MY-CONCERN and speak to a DSL
- Some activities such as PE may bring staff into physical contact with pupils when demonstrating or assisting with learning. Staff must remain aware of limits of such contact and ensure another adult is present, as well as considering if there is an alternative way of demonstrating

Types of intimate care – see page 7-9 for full details.

First aid

- Where possible staff should administer first aid with another adult in sight
- Screens can be used to protect the dignity of a member of staff or pupil

Policy Document for: Intimate care

Approved:

Due for Review: May 2025

Additions/amendments in this version

| | |
|----------------|--|
| | <i>Updated to changes references to include HT and changing to BA MAT policy</i> |
| | <i>Policy re-written in line with latest guidance</i> |
| <i>May 24</i> | <i>Policy reviewed and minor edits made including adding policy on a page</i> |
| <i>Page 4</i> | <i>Added sharing information section</i> |
| <i>Page 4</i> | <i>Edited safeguarding section</i> |
| <i>Page 6</i> | <i>Edited providing comfort and limited touch section</i> |
| <i>Page 7</i> | <i>Edited use of anatomically correct vocabulary</i> |
| <i>Page 8</i> | <i>Edited children wearing nappies/disposable underwear section</i> |
| <i>Page 8</i> | <i>Edited to add use of term 'pull-ups' in changing section</i> |
| <i>Page10</i> | <i>Added period bins to periods section</i> |
| <i>Page 12</i> | <i>Added agreed vocabulary section to form</i> |
| <i>Page 13</i> | <i>Added agreed vocabulary section to form</i> |

Introduction

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

This policy complies with [statutory safeguarding guidance](#) and our articles of association and funding agreement.

It is our intention to develop independence in each child, however there will be occasions when help is required. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a child after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and will require staff to be respectful of a child's needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Bourne Alliance MAT is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Our schools recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Role of parents

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form (Appendix 1). For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see Appendix 2).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure. If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing. As far as possible, any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately. Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted. This will use the form in appendix 2.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

The intimate care plan will be uploaded to Arbor as a medical document and pinned to the pupil profile.

Sharing information

(added May 24)

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed

Safeguarding

(edited May 24)

Safeguarding remains the highest priority within the Trust. Any member of staff or volunteers will challenge any adult in school who is not complying with BA MAT safeguarding policies and report this to the Trust DSL leads. 2 members of staff MUST be present in any incident requiring intimate care.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the DSL team and a CPOMS/MYCONCERN incident logged (in accordance with the **Safeguarding and child protection** policy).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to a member of the DSL team.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

If there is an increasing pattern of soiling issues, staff should speak to the parent/carer first, along with support from medical professionals involved with the child. Staff should explain what they have noticed and ask parents/carers if they can shed any light on why this might be occurring and how to help their child. If this pattern continues, then the member of staff should then speak to the DSL in school and log their concern on CPOMS/MYCONCERN.

- Meetings with pupils away from the school premises where a chaperone will not be present, are **not permitted** unless specific approval is obtained from the Head or another senior colleague with delegated authority.
- Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.
- If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Role of staff

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

The management of all children with intimate care needs will be carefully planned. Staff will be supported to adapt their practice in relation to the needs of individual children. The child will be supported to achieve the highest level of independence that is possible given their age and stage of development. Staff will encourage each child to do as much for themselves as they can.

Any member of staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists). Volunteers are not to provide intimate care, but they may be used as a witness where they have a full DBS check in place. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

Aspire: have a hoist but this can only be used by trained staff

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. Wherever possible staff should only care intimately for an individual of the same sex. However, this principle may need to be waived where failure to provide appropriate care would result in negligence for example, the constraints of staffing e.g. female staff supporting boys in a primary school, as few or no male staff are available.

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures
- They will also be encouraged to seek further advice as needed.

All staff who undertake intimate care will have suitable PPE made available to them. (added May 24)

Providing comfort and limited touch

(Edited May 24)

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Children with additional needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involve the same pupil over a period of time.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Ensuring that a witness is present will help to protect staff from such allegations. If a child responds in a negative way, this must be logged on CPOMS/MYCONCERN and speak to a DSL.

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Meetings with pupils away from the school premises where a chaperone will not be present, are **not permitted** unless specific approval is obtained from the Head or another senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child. If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

What is intimate care?

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.' (9.26, ACPC Regional Policy and Procedures).

In school this may occur on a regular basis or during a one-off incident. All children are always encouraged to be independent therefore the child should be encouraged to do as much cleaning and removal of clothes as is practical. If a child needs intimate care parental permission must be obtained and an agreement signed (appendix 2). The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

(edited May 24)

Staff should agree on the Intimate Care Plan with the child and their family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts and this will be encouraged in all pathways. Staff must always communicate in an age appropriate way considering the child's developmental level and their preferred communication method.

Intimate care is any care which involves one of the following:

1. Children wearing nappies/disposable underwear
2. Assisting a child to change their clothes
3. Changing or washing a child who has soiled themselves
4. Supervising a child involved in intimate self-care
5. Providing comfort to an upset or distressed child and limited touch
6. Swimming trips and lessons
7. Residential trips
8. Periods
9. Positive handling
10. Providing first aid assistance
11. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Children wearing pull-ups/disposable underwear

(edited May 24)

On occasions children may be in nappies or disposable underwear. Providing intimate care for pupils who are not toilet trained, or able to use a toilet independently is a reasonable adjustment under the Equality Act 2010 as without this care this would impact on their right to education. Parents/carers are not required to come into school to change their child, since if their child has a disability this would breach the Equality Act.

If a pupil does not have a care plan but is soiling themselves, the class teacher should meet with the parents to see if there is a diagnosed medical reason. If there is, staff will ask what specific needs the pupil has which are associated with the condition. If there is no diagnosis, staff will ask the parent/carer for input from their child's GP on what support may be needed.

Parents are asked to complete the Health Care Plan which also sets out who will be responsible in school for changing their child, when and how this will be carried out and giving their signed agreement. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset. Where possible, children will be consulted about this care plan. The school asks that parents/carers keep them updated on the outcome of relevant medical appointments for their child.

All staff should follow the procedure for changing (Appendix 3). This should be attached to the Health Care Plan where this is needed to remind staff.

Bobbing/Iwade/Grove Park: staff will have a home/school book to record who changes a child, how often this task is carried out and the time it occurred. This provides reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow. Once the child has been changed, the home/school book will be completed to note when the child was changed and by whom.

Aspire: In classes when several or all children require support with intimate care and toileting, the class teacher will agree the best way to communicate this with each family to meet their needs. All procedures (as in Appendix 3) will be followed as part of the Health Care Plan/Care Plan. At Aspire, all disposable underwear is called 'pull-ups' rather than 'nappies' once children come into school. This is to promote age-appropriate terms being used and prevent using terms intended for babies and toddlers.

Nappies and pull-ups must be placed in the appropriate nappy/pull up bin and NOT in the medical waste bin.

Assisting a child to change their clothes

On occasions an individual child may require some assistance with changing if, for example, gets wet outside, or has vomit on their clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing for safeguarding reasons and will always give the child the opportunity to change in private.

Changing a child who has soiled themselves

If a child soils themselves in school the child's needs are paramount and they should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available)
- These are held in
 - Iwade: The Inclusion office and Child's Play office
 - Bobbing: School Office
 - Aspire: in classrooms and in the school supply cupboard
 - Grove Park: classrooms and in disabled toilets
- If a child is not able to complete this task unaided, school staff will offer support to the child in the most appropriate way for the age and understanding of the child involved. This is in accordance with acting in loco-parentis and our duty of care to meet the needs of the child
- 2 members of staff will be present for safeguarding purposes
- The parent/carer collecting the child later in the day will be informed of the support the child has been given
- Staff can take the decision to contact the parents should the child be very distressed, unwell or under a Health Care Plan

Supervising a child involved in intimate self-care

Some children may to be supervised while using the toilet. Children are encouraged to toilet themselves independently, however at times they may need assistance. This will have been discussed ahead of the child starting school with the parents. Where necessary a Health Care Plan will be completed where there is a medical need, or parents will be clear on how the school offers assistance to their child which will be documented on a care plan. There will always be 2 adults present for safeguarding reasons when a child needs support.

Swimming trips and lessons

Any class participating in a swimming programme at the local swimming pool is entitled to respect and privacy when changing their clothes however there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur. The local swimming pool has group male and female changing rooms with single changing cubicles. This supports effective and discrete supervision and privacy for our children when changing. Where a child needs additional support for changing parental permission will be sought and an individual care plan will be drawn up so as to maintain dignity but increase independence.

Residential trips

Staff should take particular care when supervising children in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy regarding out of school activities.

Periods

Some girls will develop periods during their Primary Education. They should be supported and encouraged to keep their own supply of period protection without having to request it from staff/carers. A central bank of period protection will be stored in each year 5 & 6 classroom and School Office.

However, it should be recognised that some children will not know how to deal with menstruation and they will need guidance and support to manage their periods appropriately. This should be provided by female staff or carers in a positive manner and is taught through the PSHE/SRE curriculum. It is important that we address period poverty for all children and so, where developmentally appropriate, both boys and girls are taught about menstruation and we have adequate supplies to support girls. There should also be adequate provision for the private disposal of used period protection. If a child or staff member needs further assistance they should seek advice from the Head of School or Assistant Head Teachers in each school.

All the schools have period bins which are accessible in adult toilets but also in toilets used by older female pupils. (added May 24)

Positive handling

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In all cases of Positive Handling the incident must be documented on CPOMS (Bobbing/Iwade), My Concern (Grove Park) or Sleuth (Aspire) and reported according to the school's **Positive Handling** policy.

Providing first aid assistance

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing, blankets to screen), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Assisting a child who requires a specific medical procedure

Our **Pupils with medical needs** policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school- this form is available in the school offices. A small number of children will have significant medical needs and will have an individual Health Care Plan. If required, school staff will receive appropriate training.

Nobody should be delivering intimate care on their own.

Individual Health Care Plan

Individual Health Care plans will be drawn up for children requiring ongoing intimate care to suit their individual circumstances. It is vital that these plans are prepared prior to admission, and where possible opportunities are made for the child and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis. When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with. This is the responsibility of the child's teacher. These will be reviewed on a termly basis and discussed with the parents/carers.

Resources

The dignity and privacy of the child is of paramount concern. An area will be made private when a child is to be changed. If a changing mat is being used, it should not be situated in a thoroughfare, as it will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

Iwade: have a gas lift changing table so that this can be adjusted to the heights of the staff. This can only be used by trained staff

The Trust will ensure that staff have:

- hot running water and soap
- paper towels
- aprons and gloves
- nappy/pull up bags
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy/pull up. Soiled nappies should be placed in a nappy/pull up bag which is then tied up and placed in an appropriate nappy/pull up bin (not the medical waste bin).

The bin should be emptied on a daily or weekly basis (as appropriate) and is collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's **Health and Safety** policy and **control of infections** policy (edited May 24)

Appendix 1: Permission for the school to provide intimate care

Please print this form and once complete, add to Arbor for the child.

| Permission for school to provide intimate care | |
|---|--------------------------|
| Name of child | |
| Date of birth | |
| Name of parent/carer | |
| Address | |
| I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting) | <input type="checkbox"/> |
| I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection) | <input type="checkbox"/> |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns | <input type="checkbox"/> |
| What feedback is agreed between home and school in the event of intimate care being given? | |
| | |
| What vocabulary is agreed between home and school for intimate areas? | |
| penis <input type="checkbox"/> vulva <input type="checkbox"/> anus/bottom <input type="checkbox"/> other _____ | |
| <p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p> | <input type="checkbox"/> |
| Parent/carer signature | |
| Name of parent/carer | |
| Relationship to child | |
| Date | |

Appendix 2: Intimate care plan

| Parents/Carers | |
|--|---|
| Name of child | |
| Type of intimate care needed | |
| How often care will be given | |
| What training staff will be given | |
| Where care will take place | |
| What resources and equipment will be used, and who will provide them | |
| What vocabulary is agreed between home and school for intimate areas? | penis <input type="checkbox"/> vulva <input type="checkbox"/> anus/bottom <input type="checkbox"/> other _____ |
| What daily feedback is agreed between home and school? | |
| How procedures will differ if taking place on a trip or outing | |
| Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan | |
| Name of parent or carer | |
| Relationship to child | |
| Signature of parent or carer | |
| Date | |
| Child (as age and stage appropriate) | |
| How many members of staff would you like to help? | |
| Do you mind having a chat when you are being changed or washed? | |
| Signature of child | |
| Date | |

Appendix 3: Procedure for changing

Reassure child throughout

1. Consider whether the child can be changed in a toilet cubicle (standing up)
 2. Wash your hands
 3. Assemble the equipment
 4. Put on gloves
 5. Remove wet/ soiled nappy/pull up/clothing
 6. Either place waste in toilet and then place the soiled underwear in a bag to go home. If using disposable undergarments these can be disposed of using appropriate bags and in the 'offensive' waste bin.
 7. Using wipes, clean the child of any urine or faecal matter and put on the clean clothing
- Used wipes and gloves are to be disposed of in a bin with a disposable liner
 - The bin should be emptied at least once a day and the liner replaced
 - Once the child has been changed and returned safely to the class clean the changing area with a detergent spray or soap and water
 - Hands should be washed thoroughly.