


Inspire - Enable - Achieve



The Vale Federation Stocklake Park School Relationship and Sex Education (RSE) Policy

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Signed:



Principal

Date 9th February 2026

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Statement of intent

Our PSHE and RSE curriculum aims to:

- Prepare students for adulthood by equipping them with the knowledge, skills and understanding they need to lead healthy, safe and fulfilling lives
- Promote independence and self-advocacy appropriate to each student's developmental level
- Keep students safe by teaching them to recognise risks, understand boundaries and know how to seek help
- Develop positive relationships and understanding of healthy interactions with others
- Support wellbeing through teaching about physical health, mental health, and emotional regulation
- Enable participation in society by teaching about rights, responsibilities and British values

At Stocklake Park School, we understand the importance of educating our students about sex, relationships and their health, for them to make responsible and well-informed decisions in their lives.

The teaching of RSE and health education can help to prepare students for the opportunities, responsibilities and experiences of adult life. It allows us to promote the spiritual, moral, social, cultural, mental and physical development of students at school and in the wider society.

We have an obligation to provide students with high-quality, evidence and age-appropriate teaching of these subjects. This policy outlines how the school's RSE and health education curriculum will be organised and delivered, to ensure it meets the needs of all students.

While the curriculum content mirrors that taught in mainstream settings, the pace, depth and delivery are carefully adapted. Many students require significant support to generalise their learning beyond RSE lessons and to apply it to their own relationships, behaviours and stages of maturation.

For students with SEND, revisiting topics regularly is often essential to support "overlearning"—the ongoing practice that enables students to retain new and abstract concepts and develop true mastery. Students with complex needs may require even more repetition, and teaching sequences may need to be flexible. A student may be ready and receptive to learning one day, while on another day their medical or care needs may limit their engagement. We recognise this as a natural part of meeting the needs of the whole child, and repetition is seen as a strength, not a barrier.

We also recognise the importance of creativity in planning and teaching. Our staff draw on strong expertise in sensory based approaches to ensure learning is meaningful, engaging and

accessible for all students and sensory based approaches to ensure learning is meaningful, engaging and accessible for all.

Legal framework

This policy is informed by, and fully aligned with, all relevant legislation and statutory guidance. It reflects the following key principles and requirements:

- All children are entitled to high quality Relationships and Sex Education (RSE). RSE plays a vital role in meeting the school's safeguarding duties, as outlined in *Keeping Children Safe in Education 2025*. This entitlement is grounded in the UN Convention on the Rights of the Child, which affirms every young person's right to experience their sexuality safely, free from coercion or violence, and to access appropriate sexuality education and sexual health services.
- -quality Relationships and Sex Education (RSE). RSE plays a vital role in meeting the school's safeguarding duties, as outlined in
- Schools have a statutory duty under Section 34 of the *Children and Social Work Act 2017* to provide RSE for all pupils.
- In delivering RSE, schools must follow guidance issued by the Secretary of State under Section 403 of the *Education Act 1996*.
- Statutory Government guidance (*Relationships Education, Relationships and Sex Education (RSE) and Health Education, 2025*) outlines specific considerations for disabled pupils and those with special educational needs, as set out in the *Equality Act 2010* and the *Children and Families Act 2014*.
- This policy also has due regard to the *Equality Act 2010*.
- Additional statutory and regulatory guidance informing this policy includes:
 - *Keeping Children Safe in Education* (DfE, 2018)
 - *Relationships Education, Relationships and Sex Education (RSE) and Health Education* (DfE, 2019)
 - *National Curriculum in England: Science Programmes of Study* (DfE, 2015)
 - *The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019*
 - *Children and Social Work Act 2017*

This policy operates in conjunction with the following school policies:

- Behaviour Policy
- Inclusion Policy
- SEND Policy
- E-safety Policy
- Equal Opportunities Policy
- Anti-Bullying Policy
- Child Protection and Safeguarding Policy
- Acceptable Terms of Use Agreement

Roles and responsibilities

The Governing Board is responsible for:

- Ensuring the school meets all statutory requirements relating to Relationships and Sex Education (RSE).
- Approving the school's RSE policy.
- Holding the Headteacher to account for the effective implementation of the RSE policy.
- Ensuring all students make progress in achieving the expected educational outcomes.
- Overseeing that the RSE and health education curriculum is wellled, effectively managed and carefully planned.
-led, effectively managed and carefully planned.
- Evaluating the quality of provision through regular and effective self-evaluation processes.
-evaluation processes.
- Ensuring that teaching approaches are accessible and appropriate for all students, including those with SEND.
- Providing parents with clear information about curriculum content and their right to request withdrawal from certain aspects of RSE.
- Ensuring RSE and health education are appropriately resourced, staffed and timetabled so the school can meet its legal obligations.

The Principal is responsible for:

- Overseeing the overall implementation of this policy.
- Ensuring all staff receive appropriate training to deliver RSE and health education effectively.
- Ensuring parents are fully informed about this policy and the school's approach to RSE and health education.
- Reviewing all requests from parents to withdraw their child from non-statutory elements of the RSE and health education curriculum.

- Discussing withdrawal requests with parents—and where appropriate, with the child—to ensure their views are understood and to clarify the purpose, content and benefits of the curriculum.
- Ensuring that any student who is withdrawn from RSE receives appropriate, purposeful alternative education during that period.
- Encouraging parents to engage in consultations regarding the school’s RSE and health education curriculum.
- Reviewing this policy annually to ensure it remains current, effective and compliant with statutory requirements.
- Reporting to the governing board on the effectiveness of the policy and the quality of the curriculum.

The PSHE/RSE lead is responsible for:

- Overseeing the effective delivery of RSE and PSHE across the school.
- Reviewing the RSE policy on an annual basis.
- Working closely with colleagues across relevant curriculum areas to ensure the RSE and health education curriculum complements, rather than duplicates, content taught in national curriculum subjects.
- Ensuring the curriculum is high-quality, age appropriate and suitable for the developmental stages of students with a wide range of special educational needs.
- Ensuring the curriculum is high-quality, age-appropriate and suitable for the developmental stages of students with a wide range of special educational needs.
- Reviewing updates to the RSE and health education curriculum and advising on their implementation within the school.
- Monitoring the teaching and learning of RSE and health education and providing support to staff where needed.
- Ensuring continuity and progression for all students by considering their individual levels of ability and special educational needs.
- Supporting the development of staff expertise by organising, delivering and monitoring CPD related to RSE and PSHE.

- Ensuring teachers have access to appropriate and sufficient resources to support high-quality teaching.
- Ensuring the school continues to meet its statutory obligations relating to RSE and health education.
- Leading staff meetings and ensuring all staff involved in delivering the curriculum have received appropriate training.
- Collaborating with colleagues, families and students to gather feedback on the programme.

Teachers are responsible for:

- Acting in accordance with this policy and promoting its principles in all aspects of their practice.
- Delivering RSE and health education sensitively and in a way that is high-quality, developmentally appropriate, and matched to the special educational needs and abilities of each student.
- Ensuring they do not express personal views or beliefs when delivering the curriculum.
- Planning lessons effectively, using a range of appropriate teaching methods and resources to cover required content thoroughly and accessibly.
- Modelling positive, respectful and professional attitudes towards RSE and health education.
- Liaising with the PSHE/RSE Lead about key topics, suitable resources and additional support needed for individual students.
- Monitoring student progress in RSE and health education to ensure understanding, engagement and development.
- Reporting any concerns related to the delivery or understanding of RSE or health education to the PSHE/RSE Lead.
- Reporting any safeguarding concerns or disclosures made by students as a result of the subject content to the DSL immediately, following the school's safeguarding procedures.

- Responding appropriately to students whose parents have requested withdrawal from non-statutory aspects of RSE by providing suitable, purposeful alternative learning opportunities.
- statutory aspects of RSE by providing suitable, purposeful alternative learning opportunities.

Curriculum, Planning and Teaching

Coverage of the RSE curriculum build on learning from the primary RSE curriculum, coverage areas include:

- Families
- Respectful relationships
- Online Safety and awareness
- Being safe
- Intimate and sexual relationships, including sexual health
- Health including mental health, wellbeing online, physical health and fitness, healthy eating, drugs, alcohol, tobacco and vaping, health protection and prevention and understanding the healthcare system, personal safety, basic first aid, developing bodies.

The pace and level of detail within RSE topics will vary across different curriculum pathways- this outlined within the rolling programme. Many students will require substantial support to transfer and generalise their learning beyond RSE lessons, and to personalise content to their own relationships, behaviours and stages of maturation.

It is often necessary to revisit topics regularly to support “overlearning”—the repetition and reinforcement needed for students to practise, embed and retain new or abstract skills and concepts over time.

Government guidance recognises that schools may need to tailor the content and teaching of RSE to meet the specific needs of students at different developmental stages.

The guidance also notes the increased vulnerability of some students, particularly older students who are developing at an earlier stage, who may be at greater risk of bullying and therefore require additional support and information within RSE.

Our aim is not to omit content. Instead, teachers will personalise learning in line with each student’s developmental ability wherever possible, ensuring full access to the curriculum while appropriately adapting delivery.

Personalisation:

- A well-planned, age and stage appropriate RSE curriculum is essential. For some students, additional individualised planning and targeted support may also be required. A planned, age and stage appropriate RSE curriculum is essential. For some students, additional individualised planning and targeted support may also be required. -appropriate RSE curriculum is essential. For some students, additional individualised planning and targeted support may also be required.
- We consider pupils' maturity rather than relying solely on chronological age, recognising that physical development may sometimes progress ahead of emotional or social maturity.
- It is important that all pupils are prepared for puberty. Some may require personalised support and, where appropriate, single gender sessions to learn about more intimate aspects of personal hygiene and sexual development and gender sessions to learn about more intimate aspects of personal hygiene and sexual development.
- We ensure that RSE is appropriate to each pupil's maturity, social understanding and level of interest, tailoring delivery wherever needed so that all students can fully access and engage with the learning.

Approach to RSE for pupils with PMLD - Impacts curriculum

- Students with PMLD have a right to high-quality RSE that is differentiated to meet their wide range of needs and abilities that is differentiated to meet their wide range of needs and abilities.
- While capacity to consent may be limited for some students with PMLD, it remains essential that their lived experiences reflect good RSE principles. For example, a pupil may experience consent when a teacher communicates, "I would like to move you in your wheelchair to your desk," then pauses to allow the student time to indicate readiness or awareness before the action is completed.
- Privacy can be taught and experienced through the way adults support students during personal care. Staff narrate their actions—such as "I am closing the curtain to make this space private" or "I am helping you because I am your key worker; I am cleaning your vulva/penis in private"—so that concepts such as public/private, accurate naming of body parts and safeguarding are reinforced, contextualised and repeated through daily routines.
- Students with PMLD experience significantly more personal touch than their peers. Even if they do not fully understand the distinctions, staff must ensure that personal care is delivered in an environment that models respect, safe routines and transparency. This helps pupils form a developing understanding of appropriate and caring interactions. Additionally, changes in behaviour during intimate care may signal negative experiences and should be closely monitored.

Challenging Sexualised Behaviour

- Our core concepts in RSE are embedded and reinforced from an early age.
- Our aim is for students to develop knowledge of consent, appropriate touch, personal boundaries, and the distinction between public and private. Our proactive RSE teaching plays a key role in addressing a range of behaviour support needs such as respecting boundaries, understanding privacy, and recognising appropriate behaviours and places, alongside our wider behaviour management strategies to ensure the safety and dignity of students.
- We believe RSE is valuable in supporting students who display sexualised behaviour in school. Open discussion with parents and carers is often necessary to address behaviours that may be inappropriate in a school environment but could be healthy and normal in the correct private context—for example, masturbation at home versus in the classroom.
- Strategies are shared with families to support them in managing behaviours at home and to ensure a consistent, safe and supportive approach across school and home settings.

Teaching methods

- We value fun and engaging teaching approaches that make RSE memorable and easier to recall, helping to reduce embarrassment for students.
- We use a wide range of resources—including visual, tactile and auditory materials—and incorporate real-life props where appropriate (e.g., shavers, tampons, deodorant, items of clothing).
- We use a variety of techniques to reinforce each concept, such as games, stories and pictures, adopting an “all channels” approach wherever possible: **see it, hear it, do it.**
- When answering questions, we seek clarification if we are unsure what the student is asking, recognising that they may be struggling to understand a social situation or a wider concept. We use simple, straightforward language with key words and phrases that are repeated regularly and consistently across settings, ideally reinforced with clear visual cues.

Vocabulary:

- As a school, we aim to use anatomically correct language agreed by our core working group and governors. This consistent vocabulary is embedded as part of school policy, communicated to all, and reinforced with clear explanations when needed.
- We will always use correct terminology for private body parts. Where only one word is being taught, we ensure it is widely used, acceptable and easily understood by all.

- We acknowledge that the language learned first—especially within families—can remain deeply embedded. For example, if a family word is used at home for genitalia, some students may find it difficult to understand that another word is used in more formal or safeguarding contexts.
- If a student uses a family word, it is important that the correct anatomical term is also provided to avoid misunderstanding. This is essential for safeguarding.
- We always listen to children and young people, aiming to identify their needs while balancing and respecting family perspectives.

Use of resources:

When selecting resources for RSE, we ensure that they:

- Are aligned with the teaching requirements set out in the statutory RSE guidance.
- Support students in applying their knowledge across different contexts and settings.
- Are age appropriate and suitable for the developmental stage and background of our students. -appropriate and suitable for the developmental stage and background of our students.
- Are evidence based and include accurate facts and statistics. -based and include accurate facts and statistics.
- Fit effectively within our curriculum plan.
- Come from credible, trustworthy sources.
- Are compatible with effective teaching approaches.
- Are sensitive to students’ experiences and will not provoke distress.

Approaches for dealing with RSE questions, issues or inappropriate behaviour

- We encourage the use of a *matter-of-fact* tone and recognise the importance of remaining calm. Staff avoid becoming “jokey” and instead, maintain consistent language and key messages that are age appropriate.
- For some students, or in response to particularly sensitive questions, it may be necessary to find an appropriate private space. Staff focus on the question asked and seek clarification if the student’s meaning is unclear. We always aim to check understanding and ensure the student feels their question has been answered. Students are reminded that they may speak privately with staff after the lesson if this feels more appropriate. Staff are clear about the limits of confidentiality, as no member of staff can promise confidentiality where safeguarding concerns exist.
- Teachers are encouraged to take time when responding to questions. When needed, a question may be answered with: “Let me think about that and we’ll talk later.” Staff do not use themselves or family members as examples; instead, they use distancing techniques such as, “This body change happens to most girls when they grow up.”
- Staff are encouraged to discuss issues with colleagues and seek advice and support where needed.

- It is acceptable—and encouraged—to ask for support with an RSE issue or behaviour concern. Collaboration helps ensure consistent, safe and appropriate responses.
- Teachers will ensure that every response given to a student is in line with this policy.
- This policy must always be read alongside the school's **Child Protection and Safeguarding Policy and Procedure**, especially where questions or issues raise safeguarding concerns.

Working with parents

- The school recognises that parents play a vital role in developing their children's understanding of relationships and health.
- Parents will be provided with clear information regarding their right to request withdrawal from non-statutory elements of RSE and health education – statutory elements of RSE and health education.
- Parents will have frequent opportunities to learn about, understand, and ask questions regarding the school's approach to RSE and health education.
- The school acknowledges that some aspects of the curriculum may be sensitive or concerning for parents.
- If parents have concerns about RSE or health education, they may raise these via email or by contacting the school office to arrange a meeting with the Head of Department.
- Parents will be regularly consulted about curriculum content through meetings and letters, and the curriculum will be planned in partnership with parents' views.
- Parents will be informed at least two weeks before sensitive topics (e.g., puberty, sexual health) are taught.

Withdrawal from lessons

- Parents have the right to request that their child is withdrawn from some or all of the sex education delivered as part of statutory RSE.
- Parents do not have the right to withdraw their child from the relationships or health elements of the curriculum.
- Requests to withdraw a child from sex education must be made in writing to the Principal
- Before granting a withdrawal request, the Principal will discuss the request with parents and, where appropriate, with the student. This discussion ensures their views are understood and clarifies the nature and purpose of the curriculum. Parents will also be informed of the benefits of their child receiving RSE and any potential negative effects of withdrawal. All discussions will be documented and stored securely in the school office.
- Following discussions, the school will respect a parent's request to withdraw their child from sex education up to three terms before the student turns 16. After this point, if the student wishes to receive RSE rather than be withdrawn, this decision will be honoured.

- Students who are withdrawn from RSE will receive appropriate, purposeful alternative education during the withdrawal period.

Equality and accessibility

The school will comply with the relevant requirements of the Equality Act 2010 and will ensure the curriculum does not discriminate against students because of their:

- Age
- Sex
- Race
- Disability
- Religion or belief
- Gender reassignment
- Pregnancy or maternity
- Marriage or civil partnership
- Sexual orientation

The school will consider the backgrounds, gender, age range and special educational needs of its students and determine whether it is necessary to put in place additional support for students with the above protected characteristics.

The school understands that students with SEND are entitled to learn about RSE and health education, and the curriculum is designed taking this into consideration.

The school is aware that some students are more vulnerable to exploitation, bullying and other issues due to the nature of their SEND and teachers will take this into consideration and liaise with the PSHE/RSE lead when necessary.

The content and teaching of the curriculum is tailored to meet the needs of students at different developmental stages, the school will ensure the teaching remains sensitive, age-appropriate, developmentally appropriate and is delivered with reference to the law.

The school will take steps to foster healthy and respectful peer-to-peer communication and behaviour between boys and girls and provide an environment which challenges perceived limits on students based on their gender or any other characteristic.

The school will be actively aware of everyday issues such as sexism, misogyny, homophobia and gender stereotypes and take positive action to build a culture within which these are not tolerated. Any occurrences of such issues will be identified and tackled promptly.

The school will make clear that sexual violence and sexual harassment are not acceptable and will not be tolerated.

Safeguarding and confidentiality

- All students will be taught about keeping themselves safe, including online, as part of a broad and balanced curriculum tailored to the students' special educational needs and level of ability.
- Confidentiality within the classroom is an important component of RSE and health education, and teachers are expected to respect the confidentiality of their students as far as is possible.
- Teachers will, however, understand that some aspects of RSE may lead to a student raising a safeguarding concern, e.g. disclosing that they are being abused, and that if a disclosure is made, the Designated Safeguarding Lead (DSL) will be alerted immediately.
- Students will be made aware of how to raise their concerns or make a report, and how their report will be handled – this includes the process for when they have a concern about a peer. This takes into consideration the students' special educational needs and levels of ability.
- Staff are trained to recognise that students with SEND are three times more likely to be abused than their peers (Ofsted 2021). RSE plays a vital protective role by teaching students to recognise inappropriate touch, understand their right to say no, and know how to report concerns using their preferred communication method.

Assessment

- The school has the same high expectations of the quality of students' work in RSE and health education as for other curriculum areas.
- Lessons are planned to provide suitable challenge to students at the appropriate level through the five levels of differentiation (encounter & explore; engage & respond; initiate & develop; apply & generalise; extended learning).
- Assessments are used to identify where students need extra support or intervention.
- Progress in RSE is recorded on EFL. For students working below formal curriculum levels, we use the Engagement Model to capture meaningful progress. Evidence includes observations, photos, video, communication logs and staff reflections. Students working at formal levels complete adapted assessments and curriculum strand outcomes matched to their communication needs (see PSHE Rolling Programme).

Staff training

- Training will be provided to staff to ensure they are up-to-date with the RSE and health education curriculum.

- Training will also be scheduled around any updated guidance on the curriculum and any new developments, such as “sexting”, which may need to be addressed in relation to the curriculum.
- Appropriately trained staff will be able to give students information on where and how to obtain confidential advice, counselling and treatment, as well as guidance on emergency contraception and their effectiveness.
- All staff delivering RSE receive a minimum of 3 hours annual training. This includes safeguarding updates, curriculum content review, and SEND-specific pedagogy. Staff working with PMLD students receive additional training in sensory approaches and communicating during intimate care. The PSHE/RSE Lead accesses national training and networks to ensure practice remains current.

Monitoring quality

Assistant Heads, Deputy Department Leads and PSHE/RSE Leads are responsible for monitoring the quality of teaching and learning within the subject.

The PSHE/RSE Lead will conduct subject assessments on a termly basis, which will include (but are not limited to):

- Self-evaluation's -evaluations
- Lesson observations
- Topic feedback forms
- Learning walks
- Work scrutiny
- Lesson planning scrutiny

Appendix A - Protocol for Managing Sexualised Behaviour

1. Guiding Principles

All responses to sexualised behaviour must be:

- Calm and non-judgemental – avoiding shame or distress
- Developmentally informed – considering the student's cognitive and emotional age, not just chronological age
- Safeguarding-focused – prioritising student safety and wellbeing
- Consistent – using agreed language and approaches across all staff
- Collaborative – involving parents/carers as partners (unless this increases risk)
- Educational – viewing behaviour as a teaching opportunity where appropriate

2. Immediate Response Procedures

When sexualised behaviour occurs, staff should:

STEP 1: Ensure Safety

- Ensure the immediate safety and dignity of all students
- If behaviour involves another student, separate calmly and sensitively
- Protect privacy – move to a private space if appropriate, or use screens/positioning

STEP 2: Calm Redirection

- Use a calm, matter-of-fact tone (avoid shock, embarrassment or anger)
- Redirect using simple, clear language:
 - "That's private. We keep private things private."
 - "Hands down please. Let's [alternative activity]."
 - "That's for the bedroom/home. This is the classroom."
 -
- Use visual supports where appropriate:
 - Public/private visual cards
 - Social story about appropriate behaviour
 - Visual schedule showing appropriate activity
 - "Stop" symbol or communication card

STEP 3: Offer Alternative

- Provide a sensory alternative if behaviour appears sensory-seeking (e.g., fidget tool, weighted item, movement break)
- Redirect to an appropriate activity matched to the student's interests
- Use positive reinforcement when student engages appropriately

STEP 4: Monitor and Support

- Observe for triggers or patterns
- Provide additional supervision if needed
- Remain calm and professional throughout

3. Recording Procedures

All incidents of sexualised behaviour must be recorded immediately using CPOMS

The record must include:

Field	Details Required
Date, time, location	Exact details of when and where behaviour occurred
Student(s) involved	Names and roles (e.g., Student A displayed behaviour; Student B was present)
Description of behaviour	Factual, objective description using correct anatomical terms. What exactly happened?
Context	What was happening before? What triggered the behaviour? Who else was present?
Student's communication/understanding	What did the student say/communicate? Did they understand it was inappropriate?
Immediate response	What did staff do? How did student respond?
Assessment of behaviour type	Initial assessment (see Section 4 below)
Safeguarding concerns	Any indicators of possible abuse or exploitation?
Staff member	Name of person recording and any witnesses
Follow-up actions	What happens next? (e.g., DSL informed, parents contacted, risk assessment and Safety Plan if appropriate)

Recording standards:

- Use factual, objective language (not "inappropriate touching" but "Student A touched their genitals over clothing")
- Use correct anatomical terminology (penis, vulva, breasts, etc.)
- Never use judgmental language ("disgusting," "sexual," "naughty")
- Record exactly what was said by the student (in quotation marks)
- Note any changes from baseline behaviour
- The incident should not be shared widely and follow safeguarding procedures

4. Risk Assessment Framework

All recorded incidents must be reviewed by the DSL within 24 hours using this framework:

Category 1: Developmentally Appropriate Behaviour in Wrong Context

Indicators:

- Behaviour is age-appropriate and typical for sexual development
- Behaviour occurs in wrong place/time (e.g., masturbation in classroom rather than private space)
- Student shows limited understanding of public/private boundaries
- No indication of coercion, aggression or distress
- Behaviour is self-directed (not involving others)
- Student responds positively to redirection

Examples:

- Touching own genitals over/under clothing in classroom
- Removing clothing in public areas
- Talking about private body parts in public
- Showing curiosity about bodies (own or others)
- Age-appropriate interest in relationships/romance

Response pathway: → Educational intervention (not safeguarding referral)

- Teaching about public/private using visual supports
- Social stories about appropriate places for private behaviours
- Environmental modifications (e.g., providing privacy space, visual reminders)
- Communication with parents to ensure consistent approach
- Individual behaviour plan if behaviour is frequent
- **No external referral unless behaviour escalates or doesn't respond to teaching**

Category 2: Behaviour Linked to SEND (Sensory/Communication Need)

Indicators:

- Behaviour appears sensory-seeking rather than sexual

- Student has known sensory processing needs
- Behaviour occurs when under/over-stimulated
- Student has limited communication and may be expressing an unmet need
- Behaviour reduces when sensory need is met
- No sexual intent evident

Examples:

- Rocking/rubbing against objects for sensory input
- Removing clothing due to sensory discomfort
- Touching others for sensory feedback (not understanding personal space)
- Repetitive touching of own body for self-regulation

Response pathway: → SEND/Therapy intervention

- Occupational therapy assessment of sensory needs
- Sensory diet to meet needs proactively
- Communication assessment – is student trying to communicate something?
- Environmental adjustments (sensory room access, movement breaks, alternative seating)
- Teaching alternatives (appropriate sensory tools, communication methods)
- Behaviour support plan with sensory strategies
- Parent partnership to understand home context and share strategies
- Monitor effectiveness – is behaviour reducing with support?

Category 3: Concerning Behaviour – Possible Safeguarding Indicators

Indicators:

- Behaviour is not age-appropriate or is unusually explicit for student's developmental level
- Student displays knowledge beyond their experience (e.g., sexual acts, explicit language)
- Behaviour involves coercion, force or aggression toward others
- Student shows distress, fear or anxiety related to the behaviour
- Behaviour is compulsive or persistent despite teaching and support
- Sudden onset of sexualised behaviour with no clear trigger
- Behaviour is directed at specific individuals (particularly younger/more vulnerable students)
- Student resists personal care or shows fear of specific adults
- Regression in self-care or communication skills
- Physical indicators (e.g., injuries to genital area, UTIs, STIs)

Examples:

- Explicit sexual language or gestures beyond developmental level
- Attempting to engage others in sexual activity

- Recreating sexual acts with toys/objects
- Aggressive or coercive behaviour toward peers
- Sexualised behaviour toward adults
- Fear or distress during personal care
- Age-inappropriate sexual knowledge

Response pathway: → IMMEDIATE SAFEGUARDING RESPONSE

Within 1 hour:

1. Report to DSL immediately (same day)
2. DSL completes safeguarding assessment using school's safeguarding procedures
3. Consider immediate safety measures (risk assessment, supervision plan)

Within 24 hours: 4. DSL determines if referral needed to:

- Children's Social Care (if indicators of abuse/neglect)
 - Police (if criminal behaviour suspected)
 - MASH (Multi-Agency Safeguarding Hub)
5. Parents informed (unless this would place child at greater risk)
 6. Detailed chronology compiled of all related incidents

Within 1 week: 7. Multi-agency meeting if appropriate (social care, police, CAMHS, school) 8. Safety plan developed (may include individual risk assessment, supervision arrangements, restricted access) 9. Therapeutic support arranged if needed

10. Review of RSE teaching for individual student

Ongoing:

- Regular monitoring and review of safety plan
- Evidence gathering if investigation ongoing
- Support for all students involved (victim, alleged perpetrator, witnesses)
- Staff support and supervision

A multi-agency review should be convened when:

- Behaviour meets Category 3 criteria (safeguarding concern)
- Behaviour is persistent despite educational and SEND interventions
- Behaviour poses significant risk to the student or others
- External agency involvement is already in place
- Parents request multi-agency support
- Behaviour may indicate abuse or exploitation

External agencies (as appropriate):

- Social worker (if child in need/child protection plan)
- Educational psychologist
- CAMHS practitioner

- sexual health nurse
- Police (if criminal concerns)
- Harmful sexual behaviour specialist
- Virtual school (if child looked after)

For Category 1 and 2 behaviours, develop an individual behaviour support plan including:

A. Understanding the Behaviour

- Function: Why is this behaviour happening? (attention, sensory, communication, escape, learned)
- Triggers: What happens before? (time of day, activities, people, environments)
- Pattern: When/where does it occur most? Least?
- Communication: What might the student be trying to communicate?

B. Proactive Strategies (Prevention)

- Environmental modifications:
 - Provide access to private space when needed
 - Visual reminders about public/private
 - Reduce triggers (e.g., avoid overstimulating environments)
- **Teaching programme:**
 - Daily/weekly RSE teaching on relevant topic (privacy, appropriate touch, consent)
 - Social stories personalised to student
 - Visual schedules showing appropriate times/places
 - Communication teaching (how to ask for privacy, express needs)
- **Sensory support** (if sensory-seeking):
 - Sensory diet throughout day
 - Alternative sensory tools (fidgets, weighted items, movement breaks)
 - Occupational therapy strategies
- **Meeting underlying needs:**
 - Regular movement breaks
 - Access to quiet/calm space
 - Communication supports
 - Predictable routine

C. Reactive Strategies (Response)

- What staff will do when behaviour occurs:
 - Specific language to use (scripted responses)
 - Redirection technique
 - Visual support to show
 - Where to redirect student
 - How to maintain dignity
- What staff will NOT do:

- Shout or show shock
- Physically restrain unless immediate safety risk
- Shame or embarrass the student
- Discuss in front of other students
- Discuss widely with other staff members

D. Teaching Alternative Behaviours

- Replacement behaviour: What should student do instead?
 - "When you need privacy, ask to go to [private space]"
 - "When you need sensory input, use your [fidget/weighted item]"
 - "When you want to talk about bodies, ask to speak to [trusted adult]"
- How this will be taught:
 - Explicit teaching sessions (frequency, duration)
 - Visual supports and prompts
 - Practice opportunities
 - Reinforcement system

E. Communication with Home

- How parents will be informed
- Strategies for home consistency
- Resources for families
- How often communication will occur

F. Monitoring and Review

- **Data collection:** How will we track frequency/intensity?
- **Success criteria:** What does improvement look like?
- **Review date:** When will plan be reviewed? (recommend 2-4 weeks initially)
- **Who reviews:** DSL, class teacher, parents

Appendix B - Agreed Vocabulary for RSE Teaching

Purpose of This Appendix: This vocabulary list has been agreed by our RSE working group, senior leadership team, and governing board. It ensures:

- Consistency across school and home
- Safeguarding – students can clearly communicate about their bodies
- Accuracy – anatomically correct terms are used
- Clarity – everyone uses the same words to avoid confusion
- Protection – students can disclose abuse clearly if needed

This vocabulary is shared with all families so you can use the same language at home.

Why Correct Terminology Matters

For Safeguarding:

- If a child needs to disclose abuse, they must be able to name body parts clearly
- Professionals (police, social workers, doctors) need to understand exactly what a child is describing
- Using correct terms from an early age normalises body talk and reduces embarrassment
- Children who know correct terms are less vulnerable to abuse (research shows abusers often target children who lack body knowledge)
- For Health:
- Students need to communicate about health concerns (pain, infections, menstruation issues)
- Medical professionals need clear information
- Understanding bodies supports independence and self-care

For SEND Students:

- Many of our students have limited language – learning multiple words for the same body part creates confusion
- Consistent vocabulary across school and home supports learning and retention
- Visual supports (symbols, photos) are matched to these agreed terms

How We Use This Vocabulary

✓ We DO:

- Use these terms consistently in all RSE teaching
- Use these terms during personal care routines (narrating actions)
- Use these terms when responding to student questions
- Use these terms in social stories and visual resources
- Teach these terms explicitly as part of the curriculum
- Encourage students to use these terms

- Respect that families may use different words at home, but always provide the correct term alongside

✗ We DON'T:

- Use slang, baby talk, or euphemisms in teaching
- Shame students for using family words
- Ignore or dismiss questions about bodies
- Use different terms with different students (consistency is key)
- Agreed Vocabulary List

Differentiation by Learning Profile

Pre-Formal Learners (PMLD, Early Development)

Focus vocabulary:

- Body parts: penis, vulva, bottom, chest
- Actions: washing, wiping, changing
- Concepts: private, my body

Teaching approach:

- Use real objects, photos, and symbols
- Teach through personal care routines with narration
- Focus on 3-5 key words with lots of repetition
- Use sensory exploration (appropriate dolls/models)

Semi-Formal Learners

Focus vocabulary:

- Body parts: penis, vulva, vagina, breasts, testicles, bottom
- Puberty: period, hair, body odour, deodorant
- Boundaries: private, public, safe touch, unsafe touch, saying no
- Hygiene: washing, pad, toilet

Teaching approach:

- Use visual supports (symbols, photos, simple diagrams)
- Use social stories and role-play
- Teach 10-15 key words with regular revision
- Link to real-life contexts (personal care, puberty changes)

Formal Learners

Full vocabulary list as appropriate to age and maturity

Teaching approach:

- Use diagrams, videos, and written materials
- Discuss concepts in depth (consent, relationships, sexual health)
- Teach 20+ terms with understanding of context
- Link to science curriculum and real-world scenarios
- Prepare for adult life and independence

Appendix C - Curriculum Progression Framework RSE and PSHE at Stocklake Park School: KS3–KS5

Introduction to the Framework

This progression framework shows how RSE and PSHE learning develops across Key Stages 3, 4, and 5 for students with complex needs. It demonstrates:

- **Vertical progression:** How learning deepens within each pathway (Pre-formal → Semi-formal → Formal)
- **Horizontal progression:** How learning builds across key stages (KS3 → KS4 → KS5)
- **Differentiation:** How the same core concepts are taught at different developmental levels
- **Statutory coverage:** How all DfE requirements are met across the curriculum

Our Three Learning Pathways:

Pre-Formal: Adventurers

- Students with PMLD and those at very early developmental stages
- Learning through sensory experiences, exploration, and intensive interaction
- Focus on awareness, engagement, and early communication
- Assessment using the Engagement Model

Semi-Formal: Navigators

- Students developing functional skills and early independence
- Learning through structured activities, visual supports, and repetition
- Focus on understanding, application in familiar contexts, and building skills
- Assessment through observation and adapted tasks

Formal: Pathfinders

- Students working towards independence and preparation for adulthood
- Learning through discussion, problem-solving, and real-world application
- Focus on knowledge, critical thinking, and transferable skills
- Assessment through adapted written/verbal tasks and practical application

Framework Structure

Each topic area shows progression across:

1. **Key Stages** (KS3 → KS4 → KS5)
2. **Learning Pathways** (Pre-formal → Semi-formal → Formal)
3. **Knowledge, Skills, and Understanding** expected at each stage

Colour coding:

- **Blue** = Pre-Formal (Adventurers)
- **Yellow** = Semi-Formal (Navigators)
- **Green** = Formal (Pathfinders)

Glossary

Glossary of Terms: RSE and PSHE Policy – Stocklake Park School

Purpose of This Glossary

This glossary provides clear definitions of key terms used throughout our RSE and PSHE policy and curriculum. It is designed to support:

Staff delivering RSE and PSHE

Governors monitoring policy implementation

Parents and carers understanding curriculum content

External agencies working with the school

Terms are organised alphabetically with cross-references where relevant.

A

Adventurers

The name given to our **pre-formal learning pathway** for students with PMLD and those at very early developmental stages. See also: **Pre-formal, Learning Pathways**.

Age-appropriate

Content and teaching methods matched to a student's chronological age, while also considering their developmental stage and maturity. For SEND students, this may mean adapting content designed for their age group to match their understanding level.

Anatomically correct terminology

The proper medical/scientific names for body parts (e.g., penis, vulva, vagina) rather than slang, euphemisms, or family words. Essential for safeguarding and health communication. See: **Appendix A: Agreed Vocabulary**.

Anticipation

One of the five areas of the **Engagement Model**. The student begins to show they know what will happen next in familiar routines (e.g., opening mouth when toothbrush approaches).

Assessment for Learning

Ongoing assessment during lessons that informs teaching and helps students progress. For SEND students, this includes observation, communication logs, sensory responses, and adapted tasks.

B

Baseline assessment

Initial assessment to establish a student's starting point in knowledge, skills, and understanding. Used to plan appropriate next steps and measure progress over time.

Body autonomy

The right of every person to have control over their own body, including the right to decide who touches them and how. A key concept in safeguarding and consent education.

British Values

The fundamental values promoted in schools: democracy, rule of law, individual liberty, mutual respect, and tolerance of different faiths and beliefs. Integrated throughout RSE and PSHE teaching.

Bullying

Repeated, intentional behaviour that hurts, harms, or humiliates someone. Can be physical, verbal, emotional, or online (cyberbullying). Students with SEND are at higher risk and require specific teaching about recognition and reporting.

C

Capacity to consent

The ability to understand information, retain it, weigh it up, and communicate a decision. Some students with PMLD or complex needs may have limited capacity, but this does not remove their right to dignity, respect, and appropriate RSE education.

CEOP (Child Exploitation and Online Protection Command)

Part of the National Crime Agency. Provides online safety resources and a reporting mechanism for online abuse and exploitation. Website: www.ceop.police.uk

Coercion

Using pressure, threats, or manipulation to make someone do something against their will. A form of abuse that students must be taught to recognise.

Consent

Freely given, informed agreement to something. In RSE, this includes:

Physical consent: Agreeing to touch, hugs, personal care

Sexual consent: Legal agreement to sexual activity (age 16+ in UK, with additional protections for vulnerable people)

Digital consent: Agreement to share images or information online

Key principle: Consent can be withdrawn at any time. See also: **Capacity to consent.**

Contextual safeguarding

An approach that considers the wider contexts in which abuse occurs (peer groups, schools, neighbourhoods, online spaces), not just family settings. Essential for understanding risks to SEND students.

CPOMS (or equivalent safeguarding system)

Electronic system for recording safeguarding concerns, incidents, and behaviour. All sexualised behaviour incidents must be logged here.

CSE (Child Sexual Exploitation)

A form of child abuse where someone manipulates or coerces a child into sexual activity in exchange for something (gifts, attention, accommodation, substances). Students with SEND are particularly vulnerable.

Curriculum differentiation

Adapting teaching content, methods, resources, and outcomes to meet the diverse needs of learners. See: **Pre-formal, Semi-formal, Formal.**

D

Designated Safeguarding Lead (DSL)

The senior member of staff responsible for safeguarding and child protection. Must be informed immediately of any safeguarding concerns arising from RSE lessons or sexualised behaviour.

Developmental stage

A student's level of cognitive, emotional, social, and physical development, which may differ from their chronological age. RSE teaching must match developmental stage, not just age.

Disclosure

When a student reveals information about abuse, harm, or concerning experiences. Staff must follow safeguarding procedures immediately and never promise confidentiality.

Distancing techniques

Teaching methods that avoid using personal examples (e.g., "Most people experience puberty between ages 9-16" rather than "When I went through puberty..."). Maintains professional boundaries.

E

Eatwell Guide

Visual tool showing proportions of different food groups for a healthy, balanced diet. Used in health education, adapted for SEND students with visual supports.

Ejaculation

The release of semen from the penis. Taught as part of puberty education for boys (KS4/5, formal learners). Also called "coming." See: **Appendix A: Agreed Vocabulary**.

Emotional literacy

The ability to recognise, understand, express, and manage emotions in oneself and others. A core skill developed throughout PSHE.

Emotional regulation

The ability to manage emotional responses appropriately. Students with SEND often require explicit teaching and support to develop this skill.

Encounter

One of the five areas of the **Engagement Model**. The student is present and beginning to notice sensory experiences.

Engagement Model

DfE-approved assessment framework for students working below the level of the national curriculum. Assesses five areas:

Exploration, Realisation, Anticipation, Persistence, Initiation. Used for pre-formal learners.

Equality Act 2010

UK law protecting people from discrimination based on nine protected characteristics: age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, sexual orientation. Schools must comply in all aspects of provision.

Exploitation

Taking advantage of someone for personal gain. Types include:

Sexual exploitation (CSE)

Criminal exploitation (county lines, forced criminality)

Financial exploitation

Online exploitation (sextortion, grooming)

Students with SEND are at higher risk and require targeted teaching.

Exploration

One of the five areas of the **Engagement Model**. The student actively explores objects, people, and experiences using their senses.

F

FGM (Female Genital Mutilation)

Illegal practice of partially or totally removing external female genitalia for non-medical reasons. A form of child abuse. Schools have a legal duty to report known cases to police.

Forced marriage

Marriage without the valid consent of both parties, where duress is a factor. Illegal in UK and a form of abuse. Different from arranged marriage (which involves consent).

Formal learners (Pathfinders)

Students working towards independence and preparation for adulthood, typically accessing adapted national curriculum content. Able to engage with abstract concepts, discussion, and problem-solving. See: **Learning Pathways**.

G

Gaslighting

Psychological manipulation that makes someone question their own reality, memory, or perceptions. A form of emotional abuse. Taught at KS5 formal level.

Gender identity

A person's internal sense of their own gender (male, female, non-binary, etc.), which may or may not correspond to sex assigned at birth. Protected characteristic under Equality Act 2010.

Generalisation

The ability to apply learned skills or knowledge across different contexts, settings, and people. Many SEND students require explicit teaching and practice to generalise learning from RSE lessons to real life.

Grooming

Building a relationship with a child to gain trust for the purpose of abuse or exploitation. Can occur:

In person (by adults or peers)

Online (through gaming, social media, messaging)

Students with SEND may be particularly vulnerable due to desire for friendship and difficulty recognising manipulation.

H

Healthy relationships

Relationships characterised by mutual respect, trust, honesty, equality, and appropriate boundaries. Taught across all key stages, adapted to developmental level.

Honour-based abuse

Violence or abuse committed to protect perceived family or community honour. Can include forced marriage, FGM, and other forms of control. A safeguarding concern.

I

IMPACTS Curriculum

Stocklake Park School's curriculum for students with PMLD (pre-formal learners). Focuses on sensory experiences, engagement, and early communication. RSE is integrated through personal care routines and sensory exploration.

Initiation

One of the five areas of the **Engagement Model**. The student begins to initiate interactions, make choices, and show intentional communication.

Intensive Interaction

Communication approach for students with PMLD or complex needs. Uses non-verbal communication (eye contact, facial expressions, vocalisations, body language) to build relationships and develop early communication skills.

Intersectionality

The interconnected nature of social categorisations (race, class, gender, disability, etc.) creating overlapping systems of discrimination or disadvantage. Taught at KS5 formal level when exploring identity.

Intimate care

Personal care tasks involving touching private body parts (washing genitals, changing continence pads, supporting with menstruation). Must be delivered with dignity, respect, and appropriate safeguarding procedures. See: **Personal care**.

K

KCSIE (Keeping Children Safe in Education)

Statutory safeguarding guidance for schools in England, updated annually by DfE. Sets out schools' duties to protect children. RSE plays a vital role in meeting these duties.

L

Learning Pathways

Stocklake Park School's three differentiated curriculum routes:

Pre-formal (Adventurers): PMLD and early developmental stages

Semi-formal (Navigators): Developing functional skills

Formal (Pathfinders): Working towards independence

Each pathway covers the same RSE topics but with different depth, pace, and teaching methods.

LGBTQ+

Acronym for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, plus other identities. Schools must teach about diverse families and relationships, and challenge homophobic, biphobic, and transphobic language and behaviour.

M

MASH (Multi-Agency Safeguarding Hub)

Local authority service where safeguarding concerns are shared between agencies (police, social care, health, education) to coordinate responses and protect children.

Masturbation

Touching own genitals for pleasure. A normal, healthy behaviour that should occur in private. Students must be taught about privacy and appropriate places. See: **Category 1 behaviour** in sexualised behaviour protocol.

Menstruation

Monthly bleeding from the vagina (period). Begins during puberty (typically ages 9-16). Students must be prepared before it occurs, with teaching adapted to developmental level. See: **Appendix A: Agreed Vocabulary**.

Mental health continuum

The concept that mental health exists on a spectrum from thriving to struggling to crisis, and everyone's position can change over time. Helps reduce stigma and normalise seeking support.

Multi-agency working

Collaboration between different services (education, health, social care, police, voluntary sector) to support children and families. Essential for complex safeguarding cases.

N

Navigators

The name given to our **semi-formal learning pathway** for students developing functional skills and early independence. See also: **Semi-formal, Learning Pathways**.

Nocturnal emission

See: **Wet dream**.

O

Ofsted

Office for Standards in Education, Children's Services and Skills. Inspects schools and evaluates quality of education, personal development, safeguarding, and leadership. RSE provision is scrutinised under **Personal Development** and **Quality of Education**.

Online grooming

See: **Grooming**.

Overlearning

The process of continuing to practice a skill or concept after initial mastery to ensure retention and automaticity. Essential for many SEND students, particularly those with memory or processing difficulties. Repetition is a strength, not a limitation.

P

Pathfinders

The name given to our **formal learning pathway** for students working towards independence and preparation for adulthood. See also: **Formal, Learning Pathways**.

Peer-on-peer abuse

Abuse between children, including:

Physical abuse

Sexual violence and harassment

Bullying (including cyberbullying)

Initiation/hazing

Prejudice-based abuse

All staff must recognise that children can abuse other children and respond appropriately.

Period

See: **Menstruation**.

Persistence

One of the five areas of the **Engagement Model**. The student maintains attention and continues to engage with activities or interactions.

Personal care

Support with hygiene, toileting, dressing, and eating. For students with complex needs, personal care routines are opportunities to teach RSE concepts (privacy, consent, body parts, appropriate touch). Also called **intimate care**.

Personal, Social, Health and Economic Education (PSHE)

Non-statutory curriculum subject covering health, relationships, living in the wider world, and economic wellbeing. RSE is a statutory component within PSHE.

PMLD (Profound and Multiple Learning Disabilities)

Students with severe cognitive impairment plus other significant difficulties (physical disabilities, sensory impairments, complex health needs). Require highly personalised curriculum and intensive support. Learn through sensory experiences and engagement.

Pre-formal learners (Adventurers)

Students with PMLD and those at very early developmental stages. Learning focuses on awareness, engagement, exploration, and early communication. Assessed using the **Engagement Model**. See: **Learning Pathways**.

Preparing for Adulthood

DfE framework for supporting young people with SEND to prepare for adult life across four areas:

Employment

Independent living

Community inclusion

Health

RSE plays a vital role in all four areas.

Privacy

The state of being alone or unobserved; keeping certain activities, body parts, or information to oneself. A core RSE concept taught across all pathways:

Pre-formal: Experiencing privacy during personal care

Semi-formal: Understanding public vs private places

Formal: Applying privacy principles to relationships, online activity, and personal information

Protected characteristics

Nine characteristics protected from discrimination under the **Equality Act 2010**: age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, sexual orientation.

Puberty

Physical and emotional changes that occur as a child's body matures into an adult body capable of reproduction. Typically begins ages 8-14. All students must be prepared for puberty before it occurs, with teaching matched to developmental level.

Public vs Private

Core RSE concept distinguishing:

Public places: Where others can see you (classroom, playground, shops, corridors)

Private places: Where you can be alone (bathroom, bedroom, changing room)

Private body parts: Areas covered by underwear (penis, vulva, breasts, bottom)

Private behaviours: Activities that should only happen in private (using toilet, getting dressed, masturbation)

Taught using visual supports, social stories, and real-life practice.

R

Realisation

One of the five areas of the **Engagement Model**. The student begins to understand cause and effect (e.g., "When I make a sound, the adult responds").

Relationships and Sex Education (RSE)

Statutory curriculum subject (since September 2020) teaching about relationships, puberty, reproduction, and sexual health. Must be age-appropriate and sensitive to students' developmental stages and backgrounds.

Resilience

The ability to cope with challenges, setbacks, and stress. Developed through PSHE teaching on emotional regulation, problem-solving, and accessing support.

Right to withdraw

Parents' legal right to request their child be withdrawn from **sex education** (not relationships or health education) up to three terms before the child turns 16. After this, the student's wishes take precedence. See: **Policy Section 7**.

Risk assessment

Systematic evaluation of potential risks and how to manage them. Used for:

Curriculum content (ensuring age-appropriate and sensitive)

Sexualised behaviour incidents (determining category and response)

Individual students (identifying vulnerabilities and protective factors)

Activities and trips