



# Teaching R(S)HE to children with SEND

**Personal, Social, Health & Economic Education**

The Department for Education is clear that Relationships Education, Relationships and Sex Education, and Health Education must be accessible for all pupils and, that this is particularly important when planning teaching for pupils with special educational needs and disabilities. The guidance suggests that this is achieved through high quality teaching that is differentiated and personalised. [Relationships Education, Relationships and Sex and Health Education \(DfE 2020\)](#).

The term Special Educational Needs and Disabilities (SEND) covers a wide gamut of diagnoses. You may well be teaching children in your class who are on the autistic spectrum, and, although not classed as a learning disability, approximately 20-30% of people with a learning disability also have autism.

The overarching principle of 1decision is accessibility, and this has been nationally recognised by the PSHE Association who have granted 1decision accredited status.

This document sits alongside the 1decision resources to support you in adapting and personalising your planning and teaching to meet the diverse, and uniquely individual needs of the children with special educational needs (SEND) in your classroom.

It is important, before any R(S)HE lesson to create a safe learning environment by establishing a group agreement - in the How it Works page within the 1decision portal, you will be able to find the document '*Creating a safe learning environment*' - but for those children with special needs you may need to make these 'rules' even clearer. Set firm boundaries about what can be discussed within the R(S)HE lesson but have not now become acceptable topics to discuss in other subject lessons. Nor is disclosure regarding subjects discussed in R(S)HE something to be continued outside of the lesson, e.g. it is okay to talk about your periods or wet dreams in R(S)HE or with a trusted adult but this should not be shared with the bus driver or the person in the corner shop!

'Forewarned is forearmed'. Inform the pupil in your class with special needs about proposed changes to the timetable well in advance and briefly outline what you will be covering in each session. If a child always has PE first lesson on a Monday but suddenly, the lesson changes and a new teacher starts talking about periods and wet dreams, this could possibly cause considerable anxiety.

This is where it is also helpful to include parents and carers. Inform them in advance and share the lesson content. They can then prepare their child and plan for any questions that might arise because of the session.

A learning objective from the R(S)HE guidance is that all children in primary school, should learn the vocabulary to report abuse. In key stage 1, this can include teaching children the correct terminology for their body parts including the external genitalia, e.g. penis, testicles, vagina, vulva. This is particularly important for some pupils with special needs who may have a disjointed understanding of their physical identity. Many of these terms will be covered in the science curriculum. Within the 1decision resources, this is covered in the '*Touch*' topic within the *Relationships* module for children aged 5-8. Within the *Growing and Changing* module for children aged 8-11, male and female body parts are covered in more detail. Teach children that although these body parts are private, and we usually keep them covered up, they are nonetheless healthy and acceptable parts of their bodies. If a child understands what constitutes healthy touch, they will also be more able to identify abuse and, if this happens, have the appropriate language to report it.

As part of the [PANTS \(the underwear rule\)](#) initiative, the NSPCC have produced resources for parents of children with learning disabilities (in a pictorial format) and for children with autism. By starting, and sharing, this dialogue early, you will be creating the foundations on which you can build conversations about hygiene, keeping healthy, and staying safe.

When planning any R(S)HE lesson it is advisable to consider the wider language you are going to use. Particularly in primary, it is common practice to focus solely on the biological terms. For those children with SEND, it is important to acknowledge that there are a myriad of terms that people may use for describing their 'private parts.' This can be helpful when teaching them which words are acceptable to use in school or visiting the doctor but will not equip them to fit into their peer group and may increase the potential for bullying.

A child with SEND may also have a propensity for literal translation, so be careful with the terminology you use. For instance, it can cause considerable anxiety if a pupil thinks their testicles will actually drop or their voice will actually break. Perhaps compile, (together with the pupil), and using visual prompts if available, a dictionary of adolescent terms that they might have heard but did not understand e.g. 'going 'out' with someone, 'chilling out,' or 'seeing red.' This can be added to, and used as a reference guide.

## **Puberty (read in conjunction with - 'How to Create an Inclusive Puberty Lesson')**

Puberty is a time of great adjustment and all children can find this transition difficult. However, for children with special needs, who struggle generally with change, it can be even more anxiety inducing when your body starts to change and these changes are outside of your control.

Not only is a child experiencing their body going through a fundamental period of transformation, but they also have surges in hormones to deal with. For a child with special needs, these feelings can be exemplified and this can lead to confusion and, at times, instability. As a teacher you may wonder if their behaviour is related to the changes all children are experiencing when going through puberty, or whether it is related to their special need.

Conversations about forthcoming changes, therefore, need to start earlier than for their peer group. For the child with special needs it could take considerably longer for them to adjust and feel comfortable with the concept. This may require 1:1 support before you begin your programme of lessons, and afterwards to ensure that they have understood the content.

Using social stories or pictures illustrating the process of how a baby grows into a toddler, a teenager and how an adult progresses into old age, emphasise the positive aspects of growing and changing. Create visual timelines, and ask the pupil about what they did as a baby and how they envisage they will change as they grow up. You may need to manage expectations if they appear unrealistic.

A sensible way to approach the topic is to err towards the scientific. Explain that every part of the body, both external and internal has a name and a function. Some of these functions include the production of fluids, e.g. tears, urine, sweat, semen, menstrual blood, vaginal discharge. Using a body outline, together with the pupil, label each body part, internal and external, illustrating how these will change as they go through puberty, and which are associated with the production and excretion of a fluid.

Stress that there is no uniformity when it comes to the human body. Penises, and vulvas come in all shapes and sizes and it doesn't matter how big your penis is, or if your breasts are not developing at the same speed as your friends.

In the 1decision video there is a section on the importance of rigorous hygiene routines whilst going through puberty. For the child with special needs, keeping clean may present some difficulties related to executive functioning, and issues with fine motor skills. There may also be sensory issues associated with the keeping clean, e.g. the strong smells of soaps and deodorants, the taste or texture of toothpaste, or the feeling of running water in the shower. They may also not acknowledge, or see it as an issue, if their lack of hygiene has a negative impact on those around them. As one 11-year-old girl said to her mother, *“if you don’t like the way I smell, then just don’t stand near me. It’s your choice.”*

Although, as a member of school staff, it would be unlikely that you would have a conversation about personal intimate hygiene with a pupil, there may be an occasion when a 1:1 chat does become necessary.

For younger children it may be helpful to create a ‘my hygiene’ book with social stories and visible routines for keeping clean throughout the school day, e.g. using the toilet, hand washing, using tissues to wipe their nose etc.

Some children with special needs may need more support to manage their periods, this can be exacerbated by the fact that they may not pick up knowledge from their friends. They may also struggle with sensitivities relating to menstrual loss, period pains, and pre-menstrual tension. Periods, particularly at the beginning, can be unpredictable and this can be a real challenge for children who function best within a routine. You might find it helpful to use visual cues and social stories that illustrate menstrual loss, how to use a range of products, when to change them, and how and where to dispose of them. To ensure that they are receiving consistent information between home and school it is advisable to involve parents (where applicable). By doing so, coping strategies can be developed and embedded and anxiety reduced.

When talking about period products, talk about, and demonstrate the full range, including the menstrual cup, reusable cotton pads, as well as pads and tampons. Period pants can be effective in reducing anxiety about their period leaking through clothing whilst they are at school, particularly if they also have issues about regularly changing their product or using school toilets.

## Talking about public and private

Teaching about public and private starts in early years foundation stage and is a fundamental part of teaching children to safeguard themselves. To the child with special needs, these rules can be vague and confusing, which can make them more vulnerable to exploitation and abuse. Reiterate that a private place is not just somewhere where you are alone but is a place where no one will walk in without knocking or being invited, a public place is where anyone can either see you or have access. Some places can be both public and private, like a swimming pool or public toilet. Perhaps print off some pictures or share photos that are familiar and discuss with the pupil the appropriate behaviour to exhibit relating to each setting. E.g. doctor’s surgery, supermarket, high street.

Going back to the language that we use, it is essential when labelling body parts that you stress that *‘all areas of your body are private and that every part of your body belongs to you and you have to give permission for anyone to touch it’*. For 1decision lesson content which will help you cover this, please refer to the *Relationships* module for 5-8 and the *Growing and Changing* module for 8-11. Consent is also covered in the *Being Responsible* for both age groups.

## Masturbation/Unexpected sensory stimulation

Occasionally you may have a child in your class who is touching their genitals, or perhaps rubbing themselves against furniture. Curiosity in one's own body is part of normal development, as is the touching of genitalia and masturbation. For many young people, touching their genitalia may be a way of exploring their bodies, gaining sensory stimulation or enjoyment or self-soothing. As they approach adolescence, it can be a way of coping with an increase in sexual feelings. Most adolescents intuitively pick social cues associated with time and place but this may not be the case for those pupils with special needs.

It is important not to overreact. Children should never be given the message that touching themselves is 'wrong,' or 'dirty.' If you find yourself in a rare situation where a child is displaying this behaviour at school, reinforce the messages associated with public and private. School is a public place and there are no private places, this includes the toilets. Therefore it is not an appropriate place for masturbation. If deemed appropriate for the situation, you may decide to have a carefully managed conversation with the child's parents or carers to ensure that the pupil knows that their bedroom is a private space where they will not be disturbed and this will be respected. For younger children, it may be that they are bored or under stimulated so using distraction techniques can be a helpful way to minimise this behaviour.

## Relationships

Within the statutory curriculum for R(S)HE in primary, there is an emphasis on supporting children to recognise, establish and maintain, mutually healthy, supportive relationships within friendship groups, families and wider society. This is embedded throughout every module within the 1decision portal and can be assessed at multiple points within every year group.

Children with special needs may struggle more than their neurotypical peers to understand the complex nuances of relationships and what is, and what is not, appropriate behaviour to display when interacting with the people around them.

Start conversations about personal space and touch in early years foundation stage and reiterate regularly. This is particularly important for those children with autism as their vestibular system may prohibit them from judging distances and they may not be able to grasp the concept of where they end and another person begins. Spontaneous hugs in early years can be endearing. However, this behaviour is not as acceptable from a 16-year-old.

Verbal prompts may not work, particularly with a child who is autistic, so you may need to play games that demonstrate personal space, e.g. Ask the pupil with autism to stand inside a circle, possibly smaller than a traditional hoola hoop. Ask one of their peers to stand inside this with them. The likely response will be that the child with autism is uncomfortable with the proximity and reacts negatively to having their space 'invaded'. Try the exercise again, this time with a little more space between the children outside of the hoop. Repeat until the child with autism feels comfortable. This will help them to visualise what constitutes personal space and how someone else might feel if they get too close.

Something we don't routinely do is teach children, from an early age, when and how to say 'no'. Throughout the 1decision activities, you will note many opportunities for students to recognise times where they should be confident to say 'no'. Whether that is to peers, family members, or strangers. For example: topics that help cover this are: '*Staying Safe*' in 5-8, '*Peer Pressure*' in 8-11, and many more.

As parents and teachers, we often instil in them that ‘you must always do what a grown up tells you to do’ and that ‘adults know best’. This can increase vulnerability for the child with special needs as they may have more difficulties distinguishing between appropriate and inappropriate touch. If we are going to empower children to ‘safeguard’ themselves, then we need to ensure that they have the ability to recognise situations where they should say ‘no’ by teaching them how to say ‘no’ and giving them opportunities to practice these skills. This can be difficult for any child, particularly if the adult is being manipulative, coercive and/or threatening. Within the summative assessment of the 1decision *Relationships* module for children aged 5-8, and *Growing and Changing* for children aged 8-11, we explore this further and provide children with information and tools to manage these situations, now and in the future.

Some children with special needs may misunderstand the difference between those people with whom they can, and cannot show affection, share personal information with, or who can touch them in an intimate manner e.g. kissing and cuddling. A useful way to introduce relationships in primary, particularly when associated with keeping children safe, is by using the relationships circle exercise, indeed, you may already use this in your school. This exercise will assist the pupil in ascertaining the difference between a family member, a friend, carer, acquaintance and stranger and the acceptable behaviour to adopt in various situations. You will also find a similar version of the relationship circle activity called ‘*Relationship Web*’ within the *Relationships* module for 5-8.

Some young people with special needs may be more vulnerable to bullying or exploitation as they can take people at face value, and struggle to spot whether someone is a genuine friend or is taking advantage of them. Work with the pupil to help them critically examine what it means to be a good friend and the qualities they would be looking for in a prospective friend. Discuss the importance of shared values and not judging someone purely on the way they look. A friendship quiz can be a helpful tool in this situation. You will also find many lessons to support positive friendships and relationships throughout the 1decision topics, such as ‘*Friendship*’ within the *Relationships* module for 5-8, ‘*Looking Out for Others*’ within the *Being Responsible* for 8-11, and many more.

As children enter adolescence making new relationships can become more complex. Intimate relationships begin with friendships and this relies on young people understanding quite complex social interactions. Indeed language is only a small component of communication with nuance, facial expressions, body language, body movement eye contact, (impossible for some young people with SEND), space, proximity, posture, and touch also playing a part. Even the meaning of the spoken word can change based on intonation, volume and whether someone is conveying anger, sarcasm, or affection.

This means that children and young people with some special needs will need additional support with navigating friendships, being mindful that where their neurotypical peers will likely pick up these cues from their contemporaries, this is not likely going to be the case for these children.

For children and young people, who need further advice to support their friendships and relationships, [Childline](https://www.childline.org.uk) have some useful information blogs and access to 1:1 support.

# childline

ONLINE, ON THE PHONE, ANYTIME

[childline.org.uk](https://www.childline.org.uk) | 0800 1111

## Children with SEND and social media

Realistically, in a similar fashion to their peer group, many young people with special needs will find instigating friendships and relationships online easier than through a face-to-face contact. Chatting on social media removes the need to understand body language, and it provides a wide range of emoticons to choose from that illustrate what you want to convey.

You must also be mindful, that with the number of children accessing pornography, either inadvertently or through choice, increasing, children and young people with special needs are just as likely to be viewing inappropriate content. However, as they are more likely to take people at face value, they are considerably more at risk of being the victims of cyberbullying and grooming. They may also be less cautious than their peers when meeting people online, not considering that when someone says they are of a similar age, they may not be representing their real identity. Duplicity can be a complex concept for the pupil with special needs.

Cerebra have produced a resource for parents: [Learning Disabilities, Autism and Internet Safety](#), which contains some useful tips and hints on how to manage internet use which are equally applicable to professionals. This would be useful to share so that school and home can deliver consistent messages about internet use. These topics are explored in depth throughout the *Computer Safety* modules for 5-8 and 8-11.

## Further Resources

The Leeds Children's Nursing Disability Team produced the [Puberty and Sexuality Pack](#), in 2009, which can be downloaded free of charge and would be a useful resource for you to use in conjunction the 1decision scheme of work. The target audience is 9–18 and it has been written to meet the needs of pupils with a range of learning disabilities, from severe to those in mainstream education. You might find some of the social stories and pictures helpful when planning your lesson or 1:1 intervention.

**If you would like any further information in regards to the 1decision content and how it can support your SEND students, please contact us via: [info@1decision.co.uk](mailto:info@1decision.co.uk).**

