

Considerations for teaching Relationships and Sexuality Education to children with special educational needs

Introduction

The diversity of children present in primary schools in Ireland means that there is no 'one-size-fits-all' approach to teaching SPHE/RSE. This support material aims to assist you in planning appropriate SPHE/RSE learning experiences for children in your class who have special educational needs (SEN). This support material is for teachers working in a special school or special class, however, those working with children with SEN in a mainstream school may also find this support material helpful. It is important to remember that the age range of children in a special school is different to that of a mainstream primary school. Therefore, the ideas and learning experiences suggested in this resource should be considered with respect to the particular needs, interests, age and stage of children in consultation with their parents, the wider school community, and your school's SPHE plan and RSE policy. In particular, the focus of this support material is on supporting children with general learning disabilities (GLD). In doing so, it recognises that there are different ranges of abilities within GLD (mild, moderate, severe and profound) and that children may also have other needs in addition to a general learning disability.

The sections are as follows:

- RSE for children with special educational needs
- Planning for inclusive learning experiences in SPHE/RSE
- Practical considerations and strategies for teaching RSE to children with special educational needs
- Further reading.

RSE for children with special educational needs

The SPHE Curriculum outlines the appropriate learning for each age and stage of a child's development. In order to ensure accessibility, quality, and equity teachers should:

- consider how best to meet the needs of all children when planning for RSE by focusing on how to differentiate appropriately during the RSE lesson
- be mindful that the pace and detail of topics may be different
- understand that children may need additional support in their learning outside of RSE lessons as well as further support to personalise the learning to their own relationships, behaviours and level of maturity
- recognise that it may be necessary to revisit topics more frequently with some children, especially for new and abstract topics.

Be mindful that the Stay Safe programme is a mandatory aspect of SPHE/RSE and this support material is not intended to supersede its use. The **'Stay Safe Programme for Children with Special Educational Needs'** includes lessons for children with visual impairment, physical disabilities, general learning difficulties, hearing impairment and for children with social, emotional and behavioural difficulties.

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Teacher Snapshot



RSE can require a very individualised approach for children with special educational needs and I always match my teaching to the child's learning style. An important aspect is planning early for the needs of the child and engaging with their parents and other professionals who may work with the child. For older children, I always teach concepts, topics and language in advance so the children have time to internalise the key messages and can be prepared, especially for the changes that occur during puberty. I have noticed that when these topics are taught too late, it can result in behaviour issues as the child isn't aware of and able to cope with what is happening.

Practical considerations and strategies for teaching RSE to children with SEN

The following considerations will assist you in providing inclusive RSE for children in your school with special educational needs.

- **A whole-school approach:** RSE is most effective when delivered through a whole-school approach. Your school's SPHE/RSE policy should outline a whole-school approach by addressing the language, resources and methodologies used to teach RSE and the school's expectations around communication with parents. A whole-school approach is the effective linking of all aspects of a school's curriculum, policy, staff and community. It encourages the communication and reinforcement of a consistently positive culture and provides holistic high-quality support for learners. For children with SEN, this means learning continuously through informal opportunities as well as through the formal SPHE/RSE curriculum. All staff should be actively involved in offering consistent messages around SPHE/RSE. Children will learn from the way staff react in everyday situations and interactions such as those concerned with consent or privacy. It is also helpful for the response from staff to be linked to SPHE/RSE learning and school codes of behaviour. You might like to consider the role of the school self-evaluation process in developing your practice as a whole school in this area. When considering a whole-school approach, it may be useful to identify the professional development needs of staff in this area and arrange appropriate training that will enable them to become more confident and competent in planning for high-quality learning experiences in RSE.

Planning for inclusive learning experiences in SPHE/RSE

All children are individuals, with their own individual strengths, skills and areas for support. As a child's teacher, you are best placed to identify how best to support and challenge every child you work with. In planning for learning and teaching, it is important to have conversations with children and their parents about what they consider the desired outcomes in SPHE/RSE to be. The term 'differentiation' refers to the process of varying content, activities, teaching, learning, methods and resources to take into account the range of interests, needs and experiences of individual children. Differentiation applies to all effective teaching but is particularly important for children with special educational needs. To read more about differentiation for children with a general learning disability see [Guidelines for Teachers of Students with General Learning Disabilities Introduction](#). The following guidance offers some considerations regarding differentiation for children with SEN in the RSE lesson.

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Snapshot from research



Evidence gathered during the development of the Welsh Relationships and Sexuality Education curriculum (2019) found that a “whole-school approach” was the single most important element for ensuring high quality and effective RSE. The research demonstrated that a well-planned whole-school approach to RSE supported positive changes to attitudes and behaviour.

- **Using a multi-sensory and multi-methodological approach:** A multi-sensory approach describes learning experiences that involve engaging more than one sense at a time. This can include the sense of taste, smell, touch, sight, hearing and movement. This type of learning experience is particularly useful for children with a learning disability. For example, a child may have difficulty processing visual information. This can make it challenging for them to learn and retain information through only text-based or visual stimuli. Visual methods include, but are not limited to, the use of photographs, videos and line drawings. Using other senses, such as tactile or auditory, children can make a stronger connection with what they are learning. An example of multi-sensory learning in RSE would be the use of anatomically correct dolls when learning about the names of the body parts, in addition to videos or illustrations of the body parts. It is also important to use a variety of methodologies when teaching RSE to children with SEN, as is highlighted in the following ‘Snapshot from research’.

Snapshot from research



Schmidt *et al.*, (2020) recommend the use of multiple teaching methodologies when teaching RSE to children with intellectual and developmental disabilities. The most common methodologies used in RSE for children with intellectual and developmental disabilities include feedback and reinforcement, didactic teaching, clear instructions, discussion, structured routines, and take-home tasks (Schmidt, Brown and Darragh, 2020). However, the use of illustrations (e.g., pictures and videos) and activity-based learning or guided practice (e.g., role play, modelling, and video modelling) were found to be particularly effective (Schmidt, Brown and Darragh, 2020; Schmidt *et al.*, 2020).

- **Resources:** When choosing or creating resources for your SPHE/RSE lesson ensure that they are inclusive of every child. For example, they include images of people in wheelchairs, people wearing hearing aids, or people using assistive technology. Your choice of resources and the characterisations they portray should reinforce the message that human sexuality is a positive thing and that no one is excluded from that. You might find the [‘Free to be me’](#) resources from Children’s Books Ireland useful when looking for inclusive examples of resources.

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Snapshot from research



Research has found that sex education provision is often ableist (Campbell, Löfgren-Mårtenson and Martino, 2020) which is problematic, as self-esteem can be negatively impacted in individuals who do not see themselves in education materials (Campbell, Löfgren-Mårtenson and Martino, 2020; Ferrante and Oak, 2020). If materials have not been inclusive to the child and their identity, it can create barriers for children when they are trying to generalise or applying the information to themselves (Ferrante and Oak, 2020).

- **Language:** Be aware of language used in RSE and ensure that it is inclusive and accessible. Agree your vocabulary as a school and ensure that it is aligned with the curriculum. Once agreed within the staff and established as a school policy, this vocabulary can be communicated to everyone, consistently reinforced and explanations given when needed. Prior to teaching a SPHE/RSE lesson, consider if it would be beneficial to the child/ children you work with to pre-teach the vocabulary they will need for the lesson. Where new language has been taught as part of the RSE lesson, a follow up session may be helpful with smaller groups or individually to personalise the learning from the whole class lessons. Always use correct language for body parts. Remember that patterns and language that are first learned can remain for life. For example, if a 'slang' word is learned for referring to genitalia at home, some children may struggle to understand that there can be another word that is used in more formal circumstances. If a child does use 'slang', it is important to give the proper name as well, to avoid any misunderstanding. This is important for safeguarding.
- **Involving children and parents in the planning process for RSE:** Ideally, children should have an opportunity to have a say in their learning in RSE. Where possible, take time to communicate with children about their experiences and needs in RSE and use these interactions to plan appropriate learning experiences. You could do this by having one-to-one conversations with children about their learning in RSE or by asking the child to make choices about what they would like to learn next or the resources they find most engaging. For example, "We have been learning about friendship, would you like to read a story about friendship or watch a video about friendship in the next part of the lesson?" In some cases, children with special educational needs will not be able to communicate their needs in relation to RSE or do not have the cognitive capacity to make decisions about their learning. While it is always important to discuss children's learning in RSE with parents, it is particularly important to include parents in the planning process when a child is not able to communicate their needs.
- **Establish partnership with parents:** Working in partnership with parents is a very important aspect of effective SPHE/RSE. Parents of children with special educational needs may face challenging situations at home that are relevant to RSE. Parents will appreciate information about what the school provides in RSE and may value opportunities for further discussion and support. Working in partnership with parents helps to achieve consistency across home and school and can contribute to parents positively supporting their child's independence and successful journey to adulthood. Even a simple act of a child making and taking home a 'private' sign for a bathroom or bedroom may contribute to parents reflecting on their child's need for privacy as they mature. Parent - teacher meetings and support planning meetings may provide an opportunity to recognise such shared needs and to prepare them and their children for puberty.

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- **Model positive interactions and consent:** Be aware that some children with a general learning disability may show impaired social, behavioural, and decision-making skills (Schaafsma *et al.*, 2015), which will impact their capacity to consent. It is important that the child's experience in school reflects good practices around consent and positive interactions. Model asking for consent and respecting a child's wishes if they do not consent. For example, if you are working with a child with a moderate general learning disability, give time to the child following a request by saying 'I would like to...' and then wait a moment for the child to indicate readiness before you complete the action. For more information see the support materials 'Teaching about consent' and 'Teaching children with special educational needs about the concepts of 'public' and 'private'.
- **Respect a child's right to dignity, respect, and privacy:** Children who require assistance with personal and intimate care needs are exposed to greater incidences of personal touch. It is important to ensure that you foster an environment of respect, safe routine and transparency when undertaking personal care routines – so that the children can develop an understanding of appropriate practices and positive interactions. Personal care routines can be used as a teaching moment, whereby the SNA working with the child, or the class teacher narrates their actions. This can be done prior to, during, or after the care routine, depending on the needs of the child. In this way, the concepts of public/private as well as the accurate names for the child's body parts and safeguarding are all experienced by the child, in a contextualised and repeated approach. The teacher and SNA should be aware that changes of behaviour during intimate routines can be an indication that the child is having a negative experience. It is important that the school's policy is adhered to in relation to all intimate care routines.
- **Bullying and child protection for children with special educational needs:** As a whole school community, be aware that some children with special educational needs, particularly those with a general learning disability, have been identified as more vulnerable to bullying and exploitation. In planning for your SPHE/RSE lesson, make sure that adequate safeguards are in place to protect children during the lesson, for example, that classroom responsibilities and boundaries are well established (see Support Material: **Fostering relationships, expectations, and boundaries**) and that the staff, parents and, where possible, children are familiar with the school's anti-bullying policy and code of behaviour.
- **Assessment:** Assessment for learning strategies, differentiated to meet the needs of the individual child, can inform planning, teaching and learning for children with SEN. Teacher observation is particularly important. Ensure children have enough time to answer (wait time) and to use different stimuli to support questions (e.g. visual or verbal stimuli) and various ways of responding (e.g. eye contact or gestures). It is important to develop children's ability to self-assess. Build in regular opportunities for children to offer feedback on the lesson and evaluate their own learning through self-assessment. Offer children an opportunity to show what they have learned in a variety of ways. Revisit topics often to ensure that learning is consolidated regularly. Be aware that for some children there is likely to be a higher incidence of 'social masking'¹ and this should be taken into consideration when evaluating the learning that has taken place and whether children have understood the nuances of the RSE lesson.

¹ Social masking is when a child with autism artificially performs social behaviours that are deemed to be socially acceptable or hide behaviours that are deemed to be socially unacceptable. This might be in order to avoid negative social consequences like bullying. It consists of a combination of masking and compensation techniques where a person works to control their impulses, rehearse answers to questions or conversations and mimics others.

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What's Next?

How can I support parents?



Home learning: Talk to parents about their expectations in relation to RSE for their child and, where possible, share what you are teaching about in school to enable parents to consolidate and reinforce new content in the home.

Communications: Parents will often face the same challenges as the school does in relation to RSE. Regular communication between home and school will enable a united approach to RSE that will ensure learning is consolidated across home and school environments.

Further reading



[Social, Personal and Health Education Guidelines for Teachers of Students with MILD General Learning Disabilities](#)

[Social, Personal and Health Education Guidelines for Teachers of Students with MODERATE General Learning Disabilities](#)

[Social, Personal and Health Education Guidelines for Teachers of Students with SEVERE and PROFOUND General Learning Disabilities](#)

[Guidelines for Teachers of Students with General Learning Disabilities Introduction](#)

[The Stay Safe Programme for children with special educational needs](#)

References

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