



# Preparing for (and Surviving) Puberty

For parents and carers of children and young people with a learning disability.







Pu•ber•ty, n. A physical and emotional rollercoaster that kids begin riding anytime between ages 9 and 14, lasting about five years.

Pro•cras•tin•ate, v. The parental tendency to put off talking to kids about puberty, characterized by sudden speechlessness and embarrassment.

From Evelyn Hendrix | September 2009

<http://www.raisingarizonakids.com/2009/09/puberty-and-the-special-needs-child/>



Talking to your children about sexual health and relationships is imperative. When you begin talking, it should be a life long process of communication. Whether we are communicating verbally or with visual resources, we need to teach our children and young people the facts, how to deal with it and how to keep themselves safe. We need to help them be able to use this knowledge in different situations, where possible.

Telling a person with Autism Spectrum Disorder (ASD) about puberty can be a challenge and your approach **must** be based on their **emotional** and **cognitive ability** rather than their chronological age.

This does not mean that most children with ASD or learning disabilities require information at a different time to their peers. Rather that they need the **same information** at the **same time** but in a **different format**.

We are good at teaching and working with our children and young people to communicate their needs or visualise the day ahead through visual structures, communication boards, schedules and works systems. There is no reason, therefore, that we cannot transfer this same visual approach to include resources which support the teaching of our child or young person about puberty and sexual health.

The visuals we design and make need to reflect the stage of learning our child or young person is at whether it be cleaning our teeth, changing a sanitary towel or tampon, masturbating safely and in an appropriate place, to keeping themselves safe within a sexual relationship.

It is easy to think that our child or young person will never grow up, but they do. Their bodies will change, just like any other child and it is important to prepare them for this before puberty starts. We must support them, visually, so that when an event happens such as having a period or erection, it does not become a worrying and frightening experience.



Puberty can be a difficult time for many young people and their parents and carers. Add in the factor of a learning disability and a difficult situation can seem almost impossible to manage.

This booklet is for parents, carers or anyone involved in supporting a child or young person with additional support needs through growing up and puberty.

The topics included are based on common questions and concerns raised by local parents/carers and the information has come from a range of sources - local and international research, credible websites, good practice by parents, teachers and professionals in Forth Valley.

Children with a learning disability are often 'sheltered' from the very information that they need.

There may be a misguided notion that children with a cognitive impairment will somehow miss out on puberty or that giving them information 'takes away their innocence' or makes them grow up too fast.

The majority of children with additional support needs will experience puberty at the same time and rate as their peers. The children provided with knowledge and skills will be better equipped to cope with growing up and will be much less vulnerable when it comes to Sexual Health and Relationships.

Not telling your child about growing up and puberty will not stop it from happening to them. Yet many parents and carers, afraid perhaps of what to discuss, still leave talking about puberty until an erection occurs, or a period starts. They then find themselves in a situation that neither they nor their child are prepared for.

Imagine how this might seem to a child.

Along with the shock of their body changing and the fear and embarrassment of bleeding or having an erection, they are then bombarded with a huge amount of information e.g why this is happening, what this all means, who you can talk to about it, how to manage these events, what to do if it happens in public, how to keep yourself clean...

Your child may be left confused and with the impression that puberty is something that brings about a crisis, rather than being a positive step in to adulthood.

The best tip I (and many other professionals) can give you is to **educate** and **start early**. If you can prepare your child for puberty before it occurs it won't seem as frightening or challenging.

As parents and carers, you are ideally placed to support your child or young person. I hope this booklet helps you to do so.

Joanne Barrie, Community Sexual  
Health Educator, NHS Forth Valley - 2015

Starting education early is important for a number of reasons:

- Parents are best placed to become the primary educator for their child through a lifelong process.
- It can help prevent the shock, fear and distress of the sudden onset of puberty for the child.
- It can help prevent the shock, fear and distress of the sudden onset of puberty for the parent/carer.
- Without adequate preparation, children may think there is something wrong with them and some have been known to self-harm.
- The concept of 'change' can be introduced at a young age as a natural progression that they can (and already do) deal with e.g. starting nursery/school, moving up a class, celebrating a birthday, getting older.
- 'Body changes' can be introduced at a young age as a natural progression that they can (and already do) deal with e.g. getting taller, growing out of clothes, needing bigger shoes. Most children enjoy these changes.
- Advanced planning can make the difference between presenting a positive or a negative view of puberty to the child, which in turn can influence the child's own response.
- Anxiety can be common amongst children with a learning disability. Advanced planning can be effective in reducing and managing anxiety during puberty.
- Whatever the cognitive ability (mental ability) of a child, the vast majority go through puberty at exactly the same time and rate as their peers. This can start as young as 8, much earlier than people often anticipate.
- It takes children with a learning disability longer to learn new information and practise skills. Starting early ensures more time to repeat information and check understanding.
- It takes children with a learning disability longer to change their behaviour. Bad habits developed as a child can continue through to adulthood. The earlier you teach/model good practice and behaviour the better.



### **How do I know what to teach and when?**

Education Scotland have guidelines for schools on Relationships, Sexual Health and Parenthood (RSHP) Education (which includes Body Changes and Puberty).

<http://www.educationscotland.gov.uk/sharingpractice/r/rshp/introduction.asp>

Your child's school will use these guidelines to decide which topics are appropriate to teach and at what age.

All you need to do is ask the school which topics they are teaching to your child, and when, and repeat this work at home.

(RSHP Education starts at nursery school and continues through to the Senior Phase at Secondary, so children of all ages will be included)

### **How do I teach these things to my child?**

Children learn in different ways. For example, some children learn best from 'visual resources' such as pictures, books, photographs, demonstrations.

The school will already know your child's preferred 'learning style' because they have experience of teaching them many other things in the classroom.

The school may also have carried out learning assessments with your child and/or developed an Individualised Learning Plan or Co-ordinated Support plan.

Your child's school are in a good position to offer you advice on the best way you can support RSHP Education with your child, so talk to them.

Don't forget - as parents/carers- you also have a huge amount of knowledge and experience from teaching your child about things every day. Just apply these same skills to teaching RSHP Education.

### **Which resources should I use to teach RSHP Education?**

There is a list of resources and information at the back of this booklet. There is a lot to choose from and it can be confusing.

As all schools will be teaching RSHP Education, the quickest and easiest thing to do is to ask which resources they are using. Use the same resource at home with your child. (You can ask to borrow a resource from school, or from your local NHS Health Improvement Resource Service. See appendix for details).

## **How do I start talking to my child about Relationships and Sexual Health and Puberty?**

Ask your child's school what they are teaching and repeat this at home. Introduce the topic simply as 'let's see what you did at school today'.

You could also borrow resources and leaflets from your NHS Health Improvement Resource Service. Leave them for your children to read or read them together.

Education Scotland 's 'Parentzone' website provides more ideas on how to talk to your child.

<http://www.educationscotland.gov.uk/parentzone/learningathome/supportinghw/rshp/about.asp>

## **How do I know where to begin?**

A good place to start would be to find out what your child already knows and build on this. This could be as simple as asking them questions as you look at a book or leaflet together.

Your school will carry out observations and Assessments For Learning in school, so they should have a good idea of what knowledge and understanding your child already has about RSHP Education.

The school may also record your child's progression through an Individualised Learning Plan or Co-ordinated Support Plan.

An 'Assessment Tool' specifically for measuring a young person's knowledge and understanding of Sexual Health and Relationships Education is also available (see Appendix).

Educate and start early. Long before puberty begins, children should understand that their body will change.

As a parent you will have an understanding of how your child learns best. Apply the information you already know about them to this stage called puberty.

From a very early age, introduce the idea of change as being normal and constant. Take note of their bodies as they get taller and grow out of clothes and shoes. They could measure themselves, weigh themselves, draw around their hands and feet and look back at clothes they wore as a baby.

Celebrate growing up ('Look how tall you are now!') and help the child to see change as a positive aspect which they can and do cope with.

From an early age, teach your child the proper words for body parts including vagina and penis. Children will view these words as any others, with none of the sexual connotations that adults attach to them. It will then be less embarrassing for both the child and parent to talk about periods and 'blood coming from the vagina', or erections and wet dreams with a 'hard penis', or 'ejaculating penis'.

Teach your child to value all of their body parts. Girls in particular are often presented with a negative view of their genitals as being too rude for them to mention, look at or touch.

Use bathtime or bedtime (when a child is naked) to reinforce body part names and any changes occurring.

Encourage your child to touch and explore their own bodies. This will help them to identify, locate and communicate any changes, soreness or concerns.

Ask the school which resources/activities they are using to teach about body changes. This should be part of their Health and Wellbeing Curriculum (I am aware of my growing body and I am learning the correct names for its different parts and how they work **HWB 0-47b/HWB 1-47B**). Repeat and reinforce this work at home.

Show your child photographs of yourself and other family members at various ages to see how different you looked. This can help your child understand when puberty occurs and how we all change.

Use a large body outline to label the body parts and highlight the changes that will happen - from getting taller to growing pubic hair.

Learning could be with a Social Story for example: ‘When a girl grows up her body will change. She will grow taller, her hips will widen, hair will grow under her arms... and blood will come from her vagina once a month’. Or ‘When a boy grows up his body will change. He will grow taller, his voice will sound deeper, hair will grow under his arms...sometimes his penis will go hard and stick out from his body..’

Girls and boys should learn about each other’s bodies as well as their own. This enables them to:

- recognise gender
- make choices about what they want to do in an intimate relationship
- accurately describe situations where abuse has occurred

Choose resources that will suit their preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

Watch a video on a health website. For example:

[www.bbc.co.uk/science/humanbody/body/interactives/lifecycle/teenagers/](http://www.bbc.co.uk/science/humanbody/body/interactives/lifecycle/teenagers/)

Talk about body image (see section on body image).

Borrow/order resources from:

**Health Improvement Resource Service, Unit 2, Colquhoun Street, Stirling FK7 7PX**

**tel: 01786-433868**

**fax: 01786-451156**

**email: FV-UHB.HIRS-group-mailbox@nhs.net**

Educate and start early. Long before her periods begin, a girl should understand that her body will change.

Take the initiative and start the conversation. Ask what they already know. Don't wait for your child to ask - children with additional support needs often don't.

As a parent you will have an understanding of how your daughter learns best. Apply the information you already know about her to this stage called puberty.

She may just need to learn the basics of body changes at first. This learning could be with a Social Story 'When a girl grows up her body will change. She will grow taller, her hips will widen, hair will grow under her arms... and blood will come from her vagina once a month'.

Choose resources that will suit her preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

More detailed information on the menstrual cycle can be found online.

[http://kidshealth.org/teen/interactive/female\\_it.html](http://kidshealth.org/teen/interactive/female_it.html)

<http://www.bbc.co.uk/science/humanbody/body/interactives/lifecycle/teenagers/>

Ask your school which resources/activities they are using to teach about body changes and periods. This should be part of their Health and Wellbeing Curriculum (I can describe the physical and emotional changes during puberty, understand why they are taking place and the importance of personal hygiene **HWB 2-48a**). Repeat and reinforce this work at home.

If your daughter is toilet-trained then she'll probably be able to take care of her period. Use the same successful techniques.

It is not always advisable to use medication to stop her periods. It is better that she learns how to manage them. Medication is often unreliable, which can result in periods arriving, leaving both you and her unprepared. Medication is also short-term and just postpones the inevitable.

Use language and concepts she will understand. For example - a daughter who screamed at the sight of blood became calm when a bandage was put over the cut. Her father discussed sanitary pads as being like a large bandage. This language helped their daughter transition to starting to menstruate.

When you are in a supermarket, point out sanitary wear on the shelves. Exaggerate the process of looking at and comparing brands.

Buy a few different kinds of sanitary pads. Let her explore different brands, sizes, thicknesses, wings or no wings.

Mark the pad and pants with a different colour to show where the pad should be placed in her underwear.

Before her period starts, encourage her to practise the steps from wearing a pad to changing it regularly, putting it in the bin, washing hands etc.

Let her practise wearing a variety of sanitary wear. Start with a small thin panty liner if necessary.

Break it down in to small pieces of information 'This is a pad'. 'This is where it goes'.

Put red food colouring in her underwear to show what the blood might look like when she starts her period.

Have her trusted female model for her the steps to wearing and changing a sanitary pad.

For sensory issues, temporary measures can be made:-

- putting the sanitary towel in to the gusset of the pants
- wearing 2 pairs of pants with a pad inbetween
- having an extra cloth covering over the pad

Make a visual timetable/Social Story. (The school/Speech and Language Therapy can help with this). Think through the process of changing sanitary wear, write it down and then turn it in to a list of instructions with bullet points.

Children may need simple schedules to start with and more pictures.

Make a visual timetable of how often the sanitary pad should be changed when she is in school. Try to arrange the changing time with the times that she would change classes/have break times. The more the schedule is the same at home and school, the easier the transition will be.

Display schedules and sequencing lists in the toilet 'take dirty pad out, wrap in tissue, put in to sanitary bin' etc. Have this at home and at school.

Have own box of sanitary wear in school and at home. Nicer still if they decorate their box and fill it themselves.

Plan a celebration for when she starts her period. Growing into a woman is exciting and should be celebrated.

Identify someone at school who she can go to for help if necessary.

Have a healthy checklist of tasks (shower once a day, brush teeth twice a day, change underwear, wash hair etc) and include 'change sanitary wear' during her period. Introduce a reward system for completing these tasks.

Help her keep a diary of when her periods are and mark off the days. Although periods can arrive earlier/later than expected, she can prepare well in advance by taking sanitary wear to school.

Explore emotions and how she might feel when her period is due. Explain that this is normal. See section on 'emotions and behaviour' and develop coping strategies.

Look at ways to help with period pains - hot water bottle, exercise, pain relief, who to tell. You could use a social story.

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Educate and start early. Long before erections and wet dreams begin, a boy should understand that his body will change.

Take the initiative and start the conversation. Ask what they already know. Don't wait for your child to ask - children with additional support needs often don't.

As a parent you will have an understanding of how your son learns best. Apply the information you already know about him to this stage called puberty.

He may just need the basics of body changes. This learning could be with a Social Story 'When a boy grows up his body will change. He will grow taller, his voice will sound deeper, hair will grow under his arms... sometimes his penis will go hard and stick out from his body...'

Remember to include 'after a while the erection will finish and the penis will go soft again' as many boys do not understand that erections are temporary.

Ask the school which resources/activities they are using to teach about body changes and erections/wet dreams. This should be part of their Health and Wellbeing Curriculum (I can describe the physical and emotional changes during puberty, understand why they are taking place and the importance of personal hygiene **HWB 2-48a**).

Repeat and reinforce this work at home.

Education and preparation is very important. Some boys self-harm when they have an erection as they are embarrassed and ashamed and just want the erection to go away.

Let him know who he can talk to about erections and that it is normal and healthy and nothing to worry about.

Choose resources that will suit his preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

Explain that erections can happen any time, it is a normal part of growing up for boys and involuntary erections often happen more frequently during puberty but settle down again later.

Practise what to do if he has an erection at school e.g sit still, put your bag in front of you.

Make a visual schedule/Social Story (these can reduce anxiety). Think through the process of 'what to do if I have an erection in school', write it down and then turn it in to a list of instructions with bullet points. Children may need simple schedules to start with and more pictures.

Identify who can help if he has an erection at home or school.

Education and preparation is very important. Some boys are afraid to go to bed once wet dreams occur. Let him know they are normal and ok and he can talk to you about them.

Practise changing the bedding and pyjamas in case of a wet dream.

Remind him to wash his genital area and hands after a wet dream.

Make a visual schedule/Social Story. (The school/Speech and Language Therapy can help with this). Think through the process of 'what to do after a wet dream' (change the bedding, wash your hands etc), write it down and then turn it in to a list of instructions with bullet points.

Identify who can help if he has a wet dream.

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Educate and start early. Although puberty will bring increasing importance to keeping clean, it is easier if children have been taught to cope with toileting from a young age and also been given responsibility for washing parts of their body, handwashing, teeth cleaning etc.

Make a 'keeping clean' chart or visual timetable (timetable with pictures) to show all the tasks to be carried out and how many times a day. Tick off each activity, use a star chart reward system.

Break tasks in to small steps so that showering, for example, includes a checklist for washing all body parts. This is useful in identifying any aspects being missed (e.g washing hair) and exploring why.

Break difficult activities down to smaller steps if necessary e.g washing hair - wet hair, rub shampoo in to hair, rinse shampoo off.

Demonstrate using deodorant and other keeping clean activities.

Create a toiletry bag. Try out different products. Children with sensory processing difficulties may dislike certain scents/consistencies. Better still if the young person can go shopping and choose their own toiletries.

Try out different routines. Children with sensory processing difficulties may like to wash with a certain cloth, or prefer the feel of one towel to another, or dislike the feel of the shower spray on their head.

Ask school to use a similar system if children are showering after P.E./games etc.

Write a visual schedule/Social Story. (The School/Speech and Language Therapy can help with this). Think through or act out the process of showering, teeth cleaning etc, write it down and then turn it in to a list of instructions with bullet points.

Children may need simple schedules to start with and more pictures.

Use a Social Story to explain keeping clean and the impact of not doing so (on self and others).

Be honest with your child. Other people may not want to play with you/sit next to you/be friends with you if you don't smell clean.

Be honest with your child. Tell them if they need to shower/use deodorant etc. Other adults will not tell them. Children might, but usually in a tormenting or bullying way.

Practise a bit of “tough love”!. Many parents have stood by the bathroom door until their child has washed themselves properly. This also requires time and patience!

Use occasions to introduce/revisit body hygiene e.g going on holiday and sharing a room with someone, staying overnight with a relative/friend. Practising keeping clean can be part of the preparation.

Praise your child for their success ‘you smell lovely and clean’, ‘you look very smart and tidy’.

Lots of children go through a stage of ‘poor hygiene’, including many young people with no additional support needs. It can be a normal part of puberty and children with additional support needs can grow out of it just like anyone else.

Schools should be teaching about hygiene as part of the Curriculum For Excellence Health and Wellbeing Outcomes: I am learning what I can do to look after my body and who can help me **HWB 0-48a/HWB 1-48a**. I... understand... the importance of personal hygiene **HWB 2.48a**.

Speak to the school about what activities/resources they are using to teach your child.

Repeat and reinforce this work at home.

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Educate and start early. Very young children often like to touch their genitals because it is comforting and feels nice.

Teach them the correct names for their body parts from an early age so that you can say 'it's ok to touch your vulva/vagina/penis/testicles but not... in the park/on the bus/in the supermarket'.

When you teach the correct terms of body parts, identify which ones are private body parts.

Use bath time to explore when and why you might touch your private body parts - to keep clean in the bath, to check your whole body is healthy and nothing hurts, because it feels nice. Reassure them that this is ok if done in private.

Reinforce that touching those private body parts feels nice and is pleasurable. It is not dirty or disgusting. Remember that masturbation is normal and healthy.

Ask the school which resources/activities they are using to teach about body changes and masturbation. This should be part of their Health and Wellbeing Curriculum (I can describe the physical and emotional changes during puberty, understand why they are taking place and the importance of personal hygiene **HWB 2-48a**). Replicate and reinforce this work at home.

Synchronise work at home and at school. Choose resources that will suit their preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

If and when your child starts to masturbate more frequently (usually the onset of puberty) remember to stay calm and don't panic. A disgusted or negative reaction from you makes the situation worse for the child.

Many young people and adults masturbate but instinctively know to do this in private. Emphasise that while masturbating in a public place is wrong, it is not the act that is wrong, it is just in the wrong place.

Identify places where your child can masturbate in private.

Be mindful what you teach your child. Instances of children and adults rubbing genitals up against bed posts, cars, furniture, shop counters can be a result of being told 'don't touch your genitals with your hands'.

Be sensitive to your child and afford them some respect and dignity. Discuss any issues in private and only with those who need to be involved.

Remember that they are not doing this on purpose to embarrass you.

Accept your child as a sexual being. Some parents prefer to think about their child masturbating as 'sensory' rather than 'sexual'. If your child is going through puberty it's more likely to be sexual, as their hormones are racing just like everyone else.

Whether it's sensory or sexual, the child still needs the same support and direction.

Identify when and where your child can have private time alone when they know nobody will disturb them e.g. my private places at home are: my bedroom with the door and the curtains closed, the bathroom with the door closed.

Make a visual schedule/Social Story. (The school/Speech and Language Therapy can help with this). Think through the process, write it down and then turn it in to a list of instructions with bullet points e.g. 'If I want to masturbate I must... go to my bedroom, shut my bedroom door...'

Children may need simple schedules to start with and more pictures.

Introduce privacy rules for the bedroom and bathroom (e.g. knock on the door and wait for response before entering) so your child has time alone.

Teach "public and private" use photographs of 'private rooms at home' as reminders.

Tight clothing and continence pants can restrict access to their own body. Allow your child private time alone without restrictions.

Although masturbation is private, your child may need someone to talk to. Identify people who can help. (Better still if the child can identify who they would like to talk to).

If masturbation becomes frequent or habit forming or worrying in any way, speak to the school. Schools in Forth Valley have Managing Sexualised Behaviour Guidelines which are part of their Behaviour Policy. The Guidelines encourage parents and teachers (those who know the child best and how they learn, communicate and what their triggers are) to work together to resolve any concerns.

Boredom or frustration sometimes results in frequent masturbation. Try different strategies of re-direction - keep hands busy (e.g. squeeze ball), burn off energy with a weighted vest/in the gym, relaxation techniques, other sensory objects.

Check for any allergies, soreness or infection that may be causing more frequent rubbing. Speak to your doctor about any concerns.

Ensure physical comfort. Tight underwear, restrictive clothing, trapped erection, allergy to fabric can also lead to touching.

Check that medication (or other issues) are not interfering with the erection, ejaculation or orgasm as this can cause frustration. Repeated masturbation could be a sign that they are not climaxing (and being fulfilled). Ask your doctor for advice.

Be mindful that the young person may require a stimulus to effectively masturbate (e.g. magazine, lubricant) and this can include unusual objects or pictures of abstract things.

Whilst the majority of cases of masturbation are natural and healthy, it can be an indicator of abuse. A range of professionals can help if you have concerns (doctor, police officer, social worker or teacher).

Some children behave in a particular way to get attention. Masturbating tends to create an entertaining response! Staying calm can prevent this.

Monitor when masturbation occurs to identify triggers. Some children use masturbation as task avoidance, to get them out of doing unpleasant things.

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Educate and start early. Long before children get to the stage where they may be attracted to other people, a lot of learning should have taken place around family, good friendships, different relationships, emotions and love.

Ask the school which resources/activities they are using to teach about friendships and relationships. This should be part of their Health and Wellbeing Curriculum (I understand that a wide range of different kinds of friendships and relationships exist **HWB 2-44a** I am aware that positive friendships and relationships can promote health and the health and wellbeing of others **HWB 2-44b**). Replicate and reinforce this work at home.

Explain about chemicals in our bodies called hormones. These too affect how we feel, especially as we go through puberty.

Remember that young people can be heterosexual, lesbian, gay, bisexual or unsure about their sexual orientation.

Don't assume everyone is heterosexual (straight). Adults tend to talk to boys about 'having girlfriends' and to girls about 'having boyfriends', which can lead to some young people feeling confused.

Create discussion about couples on TV, in magazines etc. include same sex relationships, older couples, people with disabilities, so that your child knows different relationships exist.

Talk about the difference between what 'friends' do together and what 'boyfriends and girlfriends' do together.

Accept that your child is a sexual being. Even if they will not have the capacity for a sexual relationship, they are likely to want to have someone special, maybe to hug and kiss, maybe someone to spend time with. They still need information and support.

Do not ignore inappropriate behaviour. Children with additional needs are often 'allowed' to hug and kiss and sit on adult's knees **long after it is appropriate to do so**. This could be because their behaviour is often not seen as 'sexual'. It may be sexual, or it may not be. This type of behaviour can however increase the young person's vulnerability to abuse or result in them committing a sexual offence against a third party.

Ensure that the school use the same guidance as you with regards to kissing, hugging and touching others. Adults should lead by example.

If issues of touching, stalking or other sexualised behaviour occurs, follow the Managing Sexualised Behaviour Guidelines which all schools in Forth Valley have. As part of the school's Behaviour Policy, it provides guidance to enable school staff and parents/carers to identify a consistent approach to support the child/young person.

Some inappropriate behaviour occurs because young people don't have boundaries. Some behaviour occurs because nobody has spoken to them about relationships or taught them how to deal with feelings and attraction. Starting this type of education early may prevent these behaviours escalating and becoming an issue.

Skills/knowledge children and young people may need in this topic area include:- appropriate and inappropriate touch, greetings, conversational skills, keeping eye contact (not staring at someone's breasts or other body parts), listening skills, dealing with feelings/having a crush/being in love, asking someone out, dealing with rejection.

Ask your school what they are teaching about boundaries as part of the Health and Wellbeing Curriculum (I am aware of the need to respect personal space and boundaries and can recognise and respond appropriately to verbal and non-verbal communication **HWB 0-45b/HWB 1-45b/HWB 2-45b/HWB 3-45b/HWB 4-45b**).

Remember that the majority of children with additional support needs have the same feelings of attraction as their peers. Instead of ignoring or suppressing these feelings, children/young people need help to channel them.

Being allowed to socialise and build friendships is a positive learning experience. Learning the skills of friendship and the positive and the negative aspects is a vital stepping stone to developing the skills required of a successful and happy relationship with a boyfriend/girlfriend.

Children with additional support needs may not be in mainstream Sexual Health & Relationship classes in school. Or have a group of friends to swap information with about feelings and attractions. As parents and carers, you may be the only people who can support them. Be prepared to take on that responsibility.

Talk to your child about their hopes for the future. Many children with learning disabilities want to have relationships and maybe get married. It gives you an idea of what they know and want and what they need to build on in terms of skills and knowledge.

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Educate about emotions and start early. Most children find it difficult to put feelings in to words. It can be even more difficult for children with a learning disability or communication difficulty.

Begin with the basics of 'happy' and 'sad' from an early age. Use signs and symbols if necessary.

As your child grows introduce more emotional literacy. It would be useful if your child could differentiate between feeling 'sad, bad, mad, frustrated, worried, disappointed, scared...' but any range is beneficial.

Speech and Language Therapy can assist if your child needs help to communicate how they feel and what they need (Talking Mats are an effective tool). They can also teach parents and school staff the skills to communicate with the young person.

It is equally important for children to identify why they are happy/sad/angry and what creates these emotions. (I feel sad when... I feel happy when...).

Once your child has a grasp of some emotions they can identify, explore coping strategies e.g going for a walk, listening to music, doing some exercise, meditation, yoga, bubble bath. What makes them feel calmer? Secure? Comforted?

Ask your school which resources/activities they are using to teach about emotions and behaviour. This should be part of their Health and Wellbeing Curriculum (I understand positive things about friendships and relationships but when something worries or upsets me I know who I should talk to **HWB 0-44b/HWB 1-44b** I recognise that how my body changes can affect how I feel about myself and how I may behave **HWB 2-47a**).

Replicate and reinforce this work at home.

Keep a Feelings Diary so you and your child can learn from triggers, outbursts and coping strategies that work/don't work.

Use a traffic light system as a basic strategy for children to identify how they feel e.g. GREEN - good/positive/happy/I can do it, AMBER - nervous/undecided/bit unsettled/I'm not sure yet, RED - frightened/negative/unhappy/I'm not ready yet.

Use visuals your child can relate e.g. drawing stick people with thought bubbles, creating comic strip pictures, Feelings Thermometer, Angry Volcano.

Have a private place where your child can have quiet time to themselves ('time out' space).

Agree boundaries and house rules from an early age. These should be clear and should change as the young person gets older and can handle more responsibility.

Adolescence is a time when most young people battle with parents for more independence. Children with additional support needs also benefit from greater independence, responsibility and freedom.

The majority of young people's behaviour changes as they go through puberty. This is due to their hormones rising and falling and it will settle down. Challenging behaviour is often attributed to the learning disability, when it may just be that they are experiencing what every other young person experiences during puberty.

Some frustration may be due to confusion and lack of understanding. ('What is happening to me?'). Preparing your child for puberty by giving them lots of information and support BEFORE puberty starts can take away some of these fears and behaviour.

Speak to the school about sensory provision - sensory breaks throughout the day with a quiet place to relax: weighted vest, deep pressure massage, swinging, bouncing etc. Occupational Therapy can also offer support and resources.

Use visual timetables of the day to bring some stability in to your child's daily life.

Diet can help with mood swings. Eat healthily and avoid unhealthy trigger foods (often food colourings, caffeine, energy drinks etc).

If you become very concerned about your child's behaviour, speak to the school about counselling or therapy. (See mental health section).

Borrow/order resources from:

**Health Improvement Resource Service, Unit 2, Colquhoun Street, Stirling FK7 7PX**  
**tel: 01786-433868**  
**fax: 01786-451156**  
**email: FV-UHB.HIRS-group-mailbox@nhs.net**

Educate and start early. Teach your child to have confidence and self esteem.

Children experience puberty at different rates. Early developers and late developers can need extra support because they may feel different to their peers.

As much as you can tell your child 'you're beautiful to me' (and mean it), it isn't your approval they seek. It is the approval of their peers and society in general. You can't make your child look like a model, but you can instead promote assets and attributes that aren't related to appearance.

Give praise regularly to your child and point out their inner qualities e.g. they try hard, help their friends, look after the dog, have a good sense of humour.

Help your child to appreciate what their body can do. Recording progress can inspire them to work harder to achieve more e.g. swimming more lengths, running faster.

Children with a physical disability may have particularly low self esteem. Concentrate on their abilities and what they **can** do and help them to try new things.

Physical activity and sport play a major part in increasing self esteem, creating a positive body image and reducing anxiety. Involve your child in some local clubs. Meeting people and making friends increases self esteem too.

Do not allow teasing about appearance at home and try not to comment on how people look. Lead by example.

Look through magazines together. Discuss airbrushing. Look for people in the magazines who are older, heavier in weight, disabled (very few if any). Explain that what they see in magazines is not like the real people they see every day.

Identify positive role models.

Investigate pictures of different but healthy body types - footballers, weight lifters, rugby players, gymnasts, jockey etc. Highlight that there is no 'one' perfect body image.

Visit a museum to explore historical dress and body-image fads of the past such as hoops, corsets, bustles, wigs, neck ruffs, breeches and tights.

Some young children already identify as transgender (someone who is labelled male/female at birth but have a different gender identity). Try to let all children 'be themselves' rather than having to follow to stereotypes e.g. boys playing football, girls dressing up as a princess.

As far as possible, allow your child to select clothes to buy/wear. Steer them towards age appropriate clothes. Teenagers wearing Mickey Mouse socks or Thomas the Tank Engine jumpers are not going to fit in with peers.

Girls should be measured for correct bra sizes. For children with sensory issues, preparation for wearing a bra can include introducing elasticated crop tops at an early age.

Have a Healthy Checklist which involves healthy eating, exercise and keeping clean.

Ask your school which resources/activities they are using to teach about body image and self esteem. This should be part of their Health and Wellbeing Curriculum (I recognise that we have similarities and differences but are all unique **HWB 0-47a/ HWB 1-47a** I recognise that how my body changes can affect how I feel about myself and how I may behave **HWB 2-47a**).

Replicate and reinforce this work at home.

Borrow/order resources from:

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**fax: 01786-451156**  
**email: FV-UHB.HIRS-group-mailbox@nhs.net**

Educate and start early. Adolescence can be a trigger for mental health issues to occur. It is helpful for children to learn that the changes in puberty (e.g hormones) can affect how they feel and behave and that this will not last.

When your child is going through puberty, they will be changing physically, emotionally, sexually and mentally. A lot of brain development will be taking place. Children may be argumentative, challenging, tired, tearful, aggressive. This could be normal teenage behaviour and not always a sign of poor mental health.

Good parent/child relationships are shown to have a direct positive impact on mental health. Reassurance, understanding and knowing that they are loved by you no matter what they do is especially important at this stage.

Reassure your son/daughter that they can talk to you about how they are feeling.

Children with learning disabilities can be at greater risk of developing mental health issues than the general population because they feel more isolated, have fewer friends, lack independence or engage in hobbies or interests. Puberty can also bring about anxiety and fear of change.

Puberty can also cause some young people to adopt unusual habits e.g rearranging bedroom furniture, organising bookshelves as a direct response to coping with body changes. It may be a desire to bring order in to their lives. It may be their way of communicating that they are finding things difficult.

Parents are essential in recognising a mental health concern in their child because they know and understand them so well.

Mental health issues for children with additional support needs are often misdiagnosed by professionals because:

- behaviour difficulties may be attributed to the child's learning disability rather than their mental health.
- they have unusual/infrequent presentation of symptoms.
- they might not express the symptoms that doctors would usually look for.
- medicines taken for physical health problems may mask mental health symptoms.
- other factors (e.g cause of their disability, level of disability, personality, cultural background and environment) can influence how they react.

The National Association for Special Schools (NASS) suggest that parents look at seven key areas of a child's life when considering what is 'usual' for them and where changes might indicate the potential for mental health problems.

For example:

1. Relationships - What do they like doing with others? How do they interact with those around them? Who do they like to spend time with? Has this changed?
2. Behaviour - Are they usually calm and relaxed?
3. Emotions - How do they show that they are happy or sad?
4. Thinking and Learning - What tasks do they enjoy? How long can they concentrate for?
5. Physical Appearance - What is their usual posture or skin tone?
6. Communication - Do they normally make eye contact, use sign language or gestures?
7. Daily activities - What are the activities they enjoy? How do they usually feed or sleep?

Parents are best placed to identify possible causes of a change in their child's mental health. These can include:

- external factors such as - lack of social opportunities, transition, loneliness, bereavement, lack of stimulation, moving house, change of staff, change of routine, parental separation, failure in activities, weather.
- internal factors such as - physical illness, pain, puberty, medication, missing home.

Children with learning disabilities often find it difficult to express how they feel because they don't have the understanding or vocabulary. Parents should teach their child to identify feelings and emotions from an early age (see section on emotions).

Children with greater support needs may be unable to communicate about their feelings or communicate their distress. These children are more at risk of being misdiagnosed. Parents will be familiar with how their child communicates and what they are trying to say.

Speech and language therapy can assist someone with a communication barrier to make themselves understood (e.g. Talking Mats and PECS).

Use a traffic light system as a basic strategy for children to identify how they feel e.g. GREEN - good/positive/happy/I can do it, AMBER - nervous/undecided/bit unsettled/I'm not sure yet, RED - frightened/negative/unhappy/I'm not ready yet.

Make a Pain communication aid with pictures to choose from e.g. What hurts? (pictures of body parts). How sore is my pain? (very sore, a lot sore, quite sore, a bit sore, not sore).

Parents are best placed to prevent some of these potential mental health issues. They can, for example: increase social activities and opportunities to meet people and make friends, provide greater stimulation at home (and ask school to revise their planned activities to meet your child's needs), praise success to raise self esteem, provide diverse, enjoyable and achievable targets for your child, help to manage puberty through education, preparation and support.

Lack of freedom can also affect mental health. Ensure that your child has some responsibility, a level of independence, choice in every day matters, time alone without being watched/assessed/guarded (children with learning disabilities often have no free time), time alone for their own peace and thoughts, time alone to explore their bodies (see masturbation section), privacy.

Think about the things that make you happy - having a good friend, having a supportive family, having a special someone to love, trying new things, peace and quiet, burning off some energy... etc. Try and incorporate these in to the lives of your children and young people.

Talk to your child about what they want and what they like. Ask them about their future plans. Do they want to get a job? Go to college? Get married? This helps young people to look forward to their future and supports their mental health.

Ask your school which resources/activities they are using to teach about mental health. This should be part of their Health and Wellbeing Curriculum (I am identifying and practising skills to manage changing relationships and I understand the positive impact this can have on my emotional wellbeing **HWB 2-45a**).

Schools also teach 'Mental, Emotional, Social and Physical Wellbeing' as part of the Health and Wellbeing Curriculum. Find out which resources they are using. Replicate and reinforce this work at home.

Borrow/order resources from:

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Educate and start early. Think back to when you first learned about sex. Don't be alarmed that children in Primary School are already showing a natural curiosity. Most of us were the same.

### Age Appropriate Sexual Behaviours age 5-7 years

- Self-touching including masturbating.
- 'Show me yours/I'll show you mine' with same age children.
- Hearing and telling age appropriate 'dirty' jokes.
- Playing mummies and daddies.
- Kissing, holding hands.
- Mimicking or practicing observed behaviours such as pinching a bottom. Increased curiosity in adult sexual behaviour ('where do babies come from?' etc).

### Age appropriate Sexual Behaviours Age 8-12 include:

- Occasional masturbation.
- 'Show me yours/I'll show you mine' with peers.
- Kissing and flirting.
- Genital or reproduction conversations with peers.
- 'Dirty' words or jokes with their peer group.

(Cavanagh Johnson, T. 1999 - Understanding Your Child's Sexual Behaviour)

Take the initiative and talk to your child. Find out what they already know and understand.

Don't wait for them to ask you questions. Children with additional support needs often won't ask, or don't feel able to. It doesn't mean they don't want or need this information.

Don't assume that they will get their information from somewhere else.

- Children with learning disabilities often don't have the same playground banter with peers.
- They may be left out of Sexual Health, Relationships and Parenthood Education (RSHP) at school.
- They may attend mainstream RSHP Education but do not fully understand what is being taught.

Did you know that Relationships, Sexual Health and Parenthood Education (part of Curriculum For Excellence) now starts at Nursery level and progresses through to the end of Secondary School? Read about the Health and Wellbeing experiences and outcomes for schools:

[http://www.educationscotland.gov.uk/images/health\\_wellbeing\\_experiences\\_outcomes\\_tcm4-540031.pdf](http://www.educationscotland.gov.uk/images/health_wellbeing_experiences_outcomes_tcm4-540031.pdf)

Ask your school which resources/activities they are using to teach about sexual health, including human reproduction. This should be part of their Health and Wellbeing Curriculum (I am able to describe how human life begins and how a baby is born **HWB 2-50a**).

Replicate and reinforce this work at home.

Remember that the majority of children with a learning disability need the SAME information at the SAME time as their peers but perhaps in a different format. Start educating early.

Some parents find it difficult to initiate the conversation or are unsure what is age-appropriate for their child. You can:

- ask the school what they are teaching and replicate this at home. Introduce the topic simply as 'let's see what you did at school today'.
- ask the school which resources they are using (books, DVD's etc) and use the same at home.
- order some free leaflets from the NHS Health Improvement Resource Service. Leave them for your children to read or read them together.
- borrow some resources from the NHS Health Improvement Resource Service.

For a more formal approach, use an Assessment Toolkit to measure your child's knowledge and understanding (available to borrow from the Health Improvement Resource Service).

Remember that not talking to your child about Sexual Health only makes them more vulnerable, with fewer life skills and less knowledge.

If you do not talk to your child about Sexual Health, they will be learning from other less healthy and often inappropriate sources such as magazines, films, TV, friends, celebrities, couples they observe, behaviour they observe, internet sites including dating websites and pornography.

If you do discover that your child is accessing pornography, dating sites and inappropriate material, find out why they are doing this. They may just be naturally curious and the internet might be their ONLY source of information. Try replacing it with educational leaflets and resources. And talk to them!

Borrow/order resources from:

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**tel: 01786-433868**

**fax: 01786-451156**

**email: [FV-UHB.HIRS-group-mailbox@nhs.net](mailto:FV-UHB.HIRS-group-mailbox@nhs.net)**

Name of Resources	Level	Format/Theme	Topics Covered
SHARE Special (with Picture Yourself line drawings). Hilary Dixon Me and Us publications	Primary - Secondary	Folder of lesson plans with pictures on 2 CD roms.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Emotions and behaviour, Body image and self esteem. Mental Health, Sex and intimacy.
Puberty and Sexuality for Children with a Learning Disability. NHS Leeds (free to download, see link on Page 38/39).	Primary - Secondary	Folder of lesson plans/activities.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Behaviour, Sex and intimacy.
Relationships, Sexual Health and Parenthood Resource for Young People with Autism Spectrum Disorder. Education Scotland (formerly Learning Teaching Scotland) (free to download, see link on Page 38/39)	Primary - Secondary	Folder of lesson plans/activities.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Emotions and behaviour, Sex and intimacy.
Sex and Relationship Education - A programme for learners with Autistic Spectrum Disorders. Fiona Speirs	Primary - Secondary	Folder of activities/lesson plans.	Body Changes, Erections, Wet Dreams, Periods, Emotions, Relationships, Sexual Expression.
Sexual health, relationships and parenthood workbook. (free to download, see link on Page 38/39)	Primary - Secondary	Folder of activities/lesson plans.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Emotions and behaviour, Body image and self esteem. Mental Health, Sex and intimacy.
All About Us Family Planning Association (also available with sign language).	Primary - Secondary	Award winning CD Rom with various animated sections approximately 3 minutes long.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Body image, Sex and intimacy.

Name of Resources	Level	Format/Theme	Topics Covered
Growing up, Relationships and Sex. Life Support Productions	Primary - Secondary	DVD with 3D animation (lifelike figures).	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Emotions and behaviour, Body image and self esteem. Sex and intimacy.
Kylie's Private World. Life Support Productions	Primary - Secondary	DVD with animated figures.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Emotions and behaviour, Body image and self esteem, Sex and intimacy.
Jason's Private World. Life Support Productions	Primary - Secondary	DVD with animated figures.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Emotions and behaviour, Body image and self esteem, Sex and intimacy.
Talking Together about Growing Up. Family Planning Association ISBN 978-1-905506-18-7	Primary - Secondary	Book, aimed at parents.	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation.
Talking Together about Sex and Relationships. Family Planning Association ISBN 978-1-905506-12-5	Mostly Secondary	Book, aimed at parents.	Feelings and attraction, Emotions and behaviour, Relationships, Sex and intimacy.
Bodyboards <a href="http://www.me-and-us.co.uk/sreresources/">www.me-and-us.co.uk/ sreresources/</a>	Primary - Secondary	Body outline kit.	Body Changes, Periods, Erections, Body Hygiene, Feelings and attraction, Emotions and behaviour.

Name of Resources	Level	Format/Theme	Topics Covered
Living Well With Autism. (free Social Stories to download See link on Page 38/39)	Primary - Secondary	Website with useful information and Social Stories.	Social Stories including Puberty, Personal Space, Being naked, Private body parts, Coping with angry feelings, All about Hugs, Who can I Kiss?, Good touch/bad touch, Strangers, Masturbation, Personal hygiene, Sex talk in public, Using rest rooms (public toilets).
Growing and Learning Book 1 (for boys and girls). Jane Keeling ISBN 978-0-9551186-0-9	Primary	Book, aimed at parents to use with their child.	Puberty, Public and Private, Hygiene.
Growing and Learning Book 2 (for boys/young men). Jane Keeling ISBN 978-0-9551186-1-6	Primary	Book, aimed at parents to use with their child.	Wet dreams, Private Touching (masturbation).
Growing and Learning Book 3 (for girls/young women). Jane Keeling ISBN 978-0-9551186-2-3	Primary	Book, aimed at parents to use with their child.	Body Changes, Periods, Private Touching (masturbation).
Taking Care Of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism. Mary Wrobel	Primary - Secondary	Book	Social stories/visual schedules.
Girls - Checkout the bare facts and all the hairy bits. NHS	Primary	Leaflet	Body Changes, Periods, Emotions.
Boys - Checkout the bare facts and all the hairy bits. NHS	Primary	Leaflet	Body Changes, Erections, Wet Dreams, Emotions.

Name of Resources	Level	Format/Theme	Topics Covered
'4 YOU' '4 GIRLS' and '4 BOYS'. Family Planning Association	Primary Upper Primary/ Secondary	Leaflet (good standard of reading required).	Body Changes, Periods, Erections, Wet Dreams, Body Hygiene, Masturbation, Feelings and attraction, Emotions and behaviour, Body image and self esteem. Mental Health, Sex and intimacy.
Some of your bits ain't nice. NHS	Primary	Leaflet	Body Hygiene
Some of your bits ain't nice. Concord Media	Primary	DVD	Body Hygiene
Personal Hygiene. Classroom Video Ltd	Primary	DVD	Body Hygiene
Keeping Yourself healthy - a guide to having a period. FAIR	Upper Primary - Secondary	Leaflet	How to manage a period.
Periods - A Practical Guide. Me and Us ISBN 978-1-905801- 10-7	Upper Primary - Secondary	Book	How to manage a period.
All about me. Childline teachers pack for children with special educational needs Key Stage 2 and 3	Primary	Book of lesson plans/activities.	Emotions and behaviour, Self-esteem, Mental Health.
I'm Happy ISBN 07502 23960 I'm Worried ISBN 0750221313 I feel Sad ISBN 0750214066 I feel Frightened ISBN 075021404X I feel Angry ISBN 0750214031	Primary	Books	Emotions and behaviour, Mental health.

Name of Resources	Level	Format/Theme	Topics Covered
R U Sad? Health Scotland	Upper Primary - Secondary	Leaflet	Emotions and behaviour (and coping strategies).
I'm Special ISBN 0750225750	Primary	Book	Self esteem.
A box full of feelings. Incentive Plus	Primary	Picture cards and scenarios.	Emotions and behaviour.
Assessment Tool Me and Us. ISBN 978-1-905801-13-8	Primary - Secondary	Book	Assessment of sexual knowledge and behaviour.
Talking with your child about relationships and sexual wellbeing. NHS Health Scotland	For parents of children aged 4-9	Booklet	Hints and tips on talking about relationships and sexual health.
Talking with your teenager about relationships and sexual wellbeing. NHS Health Scotland	For parents of children aged 10-13	Booklet	Hints and tips on talking about relationships and sexual health.
Sex Smalltalk Highland Sexual Health Strategy	For parents of children aged between 4 and 11	Booklet	Guidance on how to initiate talking to your child and helpful responses to questions.
Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders Davida Hartman	Primary - Secondary	Book	Research and advice on topics including gender, body parts, puberty, public and private, masturbation, sensory sensitivities, dating and relationships, sexual health.

Name of Resources	Level	Format/Theme	Topics Covered
<p>Knowing and Growing- My Body and Becoming a teenager Northern Ireland resource</p> <p>(Free to download, see link on Page 38/39).</p>	Primary - Secondary	Teaching pack.	My Body, Puberty.
<p>BBC Active Relationships and Sexual health Education ISBN 978-1-4066-1250-9 <a href="http://www.bbcactive.com/schoolshop">www.bbcactive.com/schoolshop</a></p>	Upper Primary	Teaching Pack - Whiteboard CDROM An interactive whiteboard resource	Growing up, Cycle of Life, Feelings, Family Life, Friendships. Relationships, Human Reproduction, Birth.
<p>Living and Growing <a href="http://www.shop.channel4learning.com">www.shop.channel4learning.com</a></p>	Primary	DVD Resource 8 x 15 min programmes	Growing up, Gender, Body Changes, Puberty, Family, Friendships, Relationships, Intimate Relationships and Sex, Pregnancy, Birth.
<p>Simple Conversations To Keep Your Child Safe From Abuse NSPCC</p> <p>(Free to download, see link on Page 38/39)</p>	Primary	Booklet for parents.	Suggestions on talking to your child about private body parts, 'The Underwear Rule' and keeping safe.
<p>Different Families, Same Love Stonewall</p> <p>(Free to download, see link on Page 38/39)</p>	Primary	Posters and other resources.	Resources including posters, books etc to celebrate different families, including same sex relationships and families.

Name of Resources	Level	Format/Theme	Topics Covered
Everywhere Babies ISBN: 0-15-205315-8	Nursery/ Primary	Book	Easy read picture book about the needs of babies.
What's Happening To Ellie? ISBN: 978-1-849053273	Primary	Book	A book about puberty for girls and young woman with autism related conditions.
Things Ellie Likes ISBN: 978-1-849053273	Primary	Book	A book about sexuality and masturbation for girls and young women with autism related conditions.
Things Tom Likes ISBN: 978-1-849055222	Primary	Book	A book about sexuality and masturbation for boys and young men with autism and related conditions.
Feel Think Do	Primary	Teaching Pack with DVD	Lesson plans and activities exploring risk, danger and how to keep safe.

### Resource/Website Links

Puberty and Sexuality - NHS Leeds

<http://www.sexualhealthsheffield.nhs.uk/wp-content/uploads/2011/05/pubertySexualityForChildrenAndYoungPeopleWithALearningDisability.pdf>

Relationships, Sexual Health and Parenthood Resource for Young People with Autism Spectrum Disorder. Education Scotland (formerly Learning Teaching Scotland)

[http://www.educationscotland.gov.uk/Images/Relationships\\_Sexual\\_Health\\_and\\_Parenthood\\_Resource\\_for\\_Young\\_People\\_with\\_ASD\\_tcm4-581327.pdf](http://www.educationscotland.gov.uk/Images/Relationships_Sexual_Health_and_Parenthood_Resource_for_Young_People_with_ASD_tcm4-581327.pdf)

Sexual Health, Relationships and Parenthood workbook

<http://www.centalsexualhealth.org/professionals/asn-workbook/>

Easyhealth

[http://www.easyhealth.org.uk/listing/puberty-\(leaflets\)](http://www.easyhealth.org.uk/listing/puberty-(leaflets))

<http://www.easyhealth.org.uk/sites/default/files/Anger.pdf>

Living Well With Autism

[http://www.livingwellwithautism.com/how\\_to\\_use\\_social\\_stories/puberty\\_tips\\_and\\_social\\_stories](http://www.livingwellwithautism.com/how_to_use_social_stories/puberty_tips_and_social_stories)

[http://www.livingwellwithautism.com/how\\_to\\_use\\_social\\_stories/social\\_stories-behaviors](http://www.livingwellwithautism.com/how_to_use_social_stories/social_stories-behaviors)

[http://www.livingwellwithautism.com/how\\_to\\_use\\_social\\_stories/social\\_stories\\_-\\_personal\\_safety](http://www.livingwellwithautism.com/how_to_use_social_stories/social_stories_-_personal_safety)

[http://www.livingwellwithautism.com/how\\_to\\_use\\_social\\_stories/social\\_stories\\_-\\_self-care\\_and\\_grooming](http://www.livingwellwithautism.com/how_to_use_social_stories/social_stories_-_self-care_and_grooming)

Childline

All About Me resource Key Stage 2, Key stage 3

<http://endbullying.org.uk/wp-content/uploads/2014/05/All-About-Me-KS2.pdf>

<http://endbullying.org.uk/wp-content/uploads/2014/05/All-About-Me-KS3.pdf>

## Resource/Website Links

Northern Ireland Resources - Knowing and Growing - My Body and Becoming A Teenager

[http://www.nicurriculum.org.uk/inclusion\\_and\\_SEN/LLW/Key\\_Stage\\_3/knowning\\_growing/](http://www.nicurriculum.org.uk/inclusion_and_SEN/LLW/Key_Stage_3/knowning_growing/)

Stonewall. Different Families Same Love

[http://www.stonewall.org.uk/at\\_school/education\\_for\\_all/quick\\_links/education\\_resources/5737.asp](http://www.stonewall.org.uk/at_school/education_for_all/quick_links/education_resources/5737.asp)

Simple Conversations To Keep Your Child Safe From Abuse NSPCC

<http://www.nspcc.org.uk/globalassets/documents/advice-and-info/underwear-rule-parents-guide-english.pdf>

Autism Toolbox. A Resource for Scottish Schools

<http://www.autismtoolbox.co.uk/supporting-wellbeing/sexual-health/>

Parentzone Scotland

<http://www.parentzonescotland.com>

Education Scotland and Parentzone - "Learning at Home"

<http://www.educationscotland.gov.uk/parentzone/learningathome/supportinghwb/rshp/about.asp>

Scottish Autism Advice Line

01259 222 022

## Special Thanks



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