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Relationships and Sex Education: An Exploration of the Curricula for Autistic Young People and the Role of Educational Psychologists in Providing Support

by

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Thesis for the degree of Doctorate in Educational Psychology

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Abstract

This thesis comprises an introductory chapter, a systematic literature review and an empirical paper. The introductory chapter provides a rationale for engagement, the historical and political context of statutory relationships and sex education, the aims and rationale of the thesis, the epistemological position, and the dissemination plan. The systematic literature review explores the core elements of relationships and sex education curricula for autistic young people. It includes both presented curricula and curricula suggestions from researchers, professionals and autistic individuals and their caregivers. The empirical paper explores educational psychologists' views and experiences of current practice, barriers and opportunities related to their role in supporting the relationships and sex education of autistic and non-autistic young people. Taken together, these inform understanding of how the relationships and sex education curricula can, or should be, adapted to meet the needs of autistic students and how educational psychologists can support schools, families and children and young people with relationships and sex education more widely.

 Keywords relationships and sex education, young people, autism, educational psychologists

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Research Thesis: Declaration of Authorship

Print name: Alexandra Louise Elliott

Title of thesis: Relationships and Sex Education: An Exploration of the Curricula for Autistic Young People and of the Role of Educational Psychologists in Providing Support

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Signature: Date: 28.05.22

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Relationships and Sex Education: An Exploration of the Curricula for Autistic Young

People and of the Role of Educational Psychologists in Providing Support

Two memories stick out for me when I think back to my sex education in school: the uncomfortable shifts in our chairs when our geography teacher arrived at the lesson with a box of plastic penises, and a bizarre personal hygiene video which incessantly repeated the line 'your bits don't smell nice!' I left school knowing how to prevent STIs and pregnancy. I feel I also left school with the understanding that sex equals heterosexual intercourse, and that men enjoyed it, but women managed the consequences of it. As a teacher nine years later, I saw the subject from the other side. I noticed it being passed from teacher to teacher, trained in pedagogy but not in sex education and reading from an uninspiring centralised PowerPoint. I also felt as though, in essence, this teaching tended to convey the idea that sex had negative consequences which needed to be controlled or prevented. I remember thinking – is this really the best we can do?

In my role as a trainee educational psychologist, I started to wonder how children and young people (CYP) with special educational needs or disabilities (SEND) were accessing relationships and sex education (RSE) in schools, and what schools were doing if CYP needed additional support in developing their understanding and skills. I also noticed that schools were referring CYP to the educational psychology service when there had been issues raised regarding their sexual development. For these pieces of casework, I started to engage with research and became interested in pursuing RSE as a thesis topic.

Context of the Research

Research has consistently demonstrated that comprehensive RSE has protective functions (Sex Education Forum, 2015). Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) reveal that those who cited school as their main source of information were at an older age when they first had sex, were less likely to have unsafe sex

and report a previous STI diagnosis and, for women, they were less likely to have an unplanned pregnancy later in life and to have experienced non-volitional sex, abortion and distress about sex (Macdowall et al., 2015; Wellings et al., 2013). As well as risk prevention, comprehensive RSE also supports young people to advance their skills in using and responding to the media and in their social and emotional development, as well as encouraging the appreciation of sexual diversity and the development of healthy relationships (Goldfarb & Lieberman, 2021).

However, despite research, it took decades of campaigning for RSE to become a statutory school subject (Sex Education Forum, n.d.). This is likely to be that because RSE broaches on cultural and societal values, norms and assumptions surrounding the family, sexual behaviour, sexuality, and gender, RSE is influenced as much by politics as evidence, if not more so.

Prior to the statutory RSE curriculum, the Education Act 1993 affirmed that schools were only required by law to teach the biological aspects of sexual behaviour, which included HIV, AIDs and STIs, as part of the science national curriculum. In 1999, a new framework for Personal, Social and Health Education (PSHE) was published. Although non-statutory, this was the first official documentation to acknowledge the relational aspects of sex, and sex education became known as sex and relationship education (SRE). One year later, the 2000 SRE guidance was published. This was the first documentation to provide thorough guidance on SRE and it was "an important milestone" in the history of the subject (Sex Education Forum, n.d.). The guidance introduced a national framework for SRE which encompassed three elements: attitudes and values; personal and social skills; and knowledge and understanding. While the guidance recommended that schools were to have a SRE policy, the only statutory aspects of the subject were still the biological aspects covered in the science national curriculum. The guidance also reaffirmed the government's moral standpoint that

"there should be no direct promotion of sexual orientation" in SRE, but, neglecting that heterosexuality is a sexual orientation, state it is about instilling "the value of family life, marriage, and stable and loving relationships for the nurture of children" (Department for Education and Employment, 2000, p. 5). Guidance also confirmed that parents could withdraw their children from any SRE content outside of the national curriculum without reason.

Without a clear and legal framework, schools adopted different teaching approaches and models of delivery regarding SRE (Ofsted, 2013) and over the next decade, research revealed inconsistencies and inadequacies in the SRE provision across UK schools. In their evaluation of PSHE and SRE, Ofsted found that "sex and relationships education required improvement in almost half of secondary schools" (p. 12), with PSHE being branded as 'not yet good enough.' In 2016, the Sex Education Forum released a report named 'heads or tails' which revealed that "the odds of learning about relationships in schools is no different from tossing a coin for heads or tails" (p. 11). In a further study conducted by the Sex Education Forum (2018) with 1,001 young people, only 45% rated the quality of their RSE as 'good' or 'very good.' When asked how SRE could be improved one young person shared "if I actually had lessons on the topic" (p. 5). Yet, some young people were satisfied with their SRE; they shared that their teacher was confident, that they learnt key terms, and that they learnt that "sex isn't a bad thing and that women can enjoy it too" (p. 5). Despite these positives, this research gave further evidence to the vast discrepancies in SRE across schools and strengthened the need for a statutory curriculum to provide consistency.

In 2017, the Children and Social Work Act passed legislation to introduce RSE as a statutory requirement in all secondary schools and Relationships Education in all primary schools from September 2020. Appendix A details what young people should know at the end of their primary and secondary education; overall, topics fall under five key themes:

families; respectful relationships, including friendships; online and media; being safe; and intimate and sexual relationships, including sexual health (Department for Education; DfE, 2019). It includes topics previously not given attention and those more aligned with the needs of young people in contemporary society, such as gender identity, family diversity, social media and online relationships, stereotypical beliefs, and cultural issues such as female genetical mutilation, forced marriage and honour-based violence. It also recognises that there may be "areas of contention" within the curriculum but affirms that it is grounded in law and legislation, such as the Equality Act 2010 and the legal status of different long-term relationships (DfE, 2019, p. 4).

Aims and Rationale of the Thesis

Current RSE guidance states the subject must be inclusive and accessible to students with SEND (DfE, 2019). Although little support is provided on the practicalities, it declares that schools may need to adapt the "content and teaching" for students with SEND (DfE, 2019, p. 15). It also references existing legislation in the SEND code of practice (2015), drawing links between RSE and the Preparation for Adulthood (PfA) agenda which hopes to prepare young people with SEND for adult life, which includes employment; independent living; good health; and friends, relationships, and community. Here, young people who have Education, Health and Care Plans (EHCPs), must have outcomes and provision related to PfA in their plans, of which educational psychologists (EPs) have a key role in supporting.

The SEND code of practice (2015) and the PfA agenda makes it a legal requirement for professionals to support CYP with SEND with friends and relationships, which includes sexual relationships and sexual identity. This, coupled with the recent implementation of a statutory RSE curriculum (DfE, 2019), makes now an opportune time for research to explore the RSE needs of CYP and how EPs can support this.

During the initial scoping phase of the research, I discovered that research had tended to consider the RSE needs of whole groups of individuals regardless of their disability, such as by referring to 'disabilities,' 'developmental disabilities,' or 'learning disabilities' (Grove et al., 2018; Michielsen & Brockschmidt, 2021; Schmidt et al., 2019; Wolfe et al., 2019a). It has been suggested that this neglects the specific RSE needs of autistic individuals, which may be significant considering that general differences in social communication and interaction and sensory processing can bring up problems in dating, developing romantic relationships and navigating sexual experiences (Cheak-Zamora et al., 2019; Lawson, 2005; Travers & Tincani, 2010). Autistic individuals, including young people, have also expressed disappointment with the RSE they received in school, reporting that it was not suited to their needs (Brown, 2019; Cheak-Zamora et al., 2019). As such, I decided to predominately focus on the RSE needs of autistic CYP.

Ontology and Epistemology

Both papers are underscored by a contextualist epistemology. This is based on constructivist ideas that knowledge is built between individuals but recognises that such construction occurs in context; "a cultural context created by, for example, social and economic class, religion, geographical location, ethnicity, and language" (Cobern, 1993, p. 51). As individuals are context-bound, research must recognise the contexts in which people operate and the meaning they attach to their perspectives and experiences (Tebes, 2005). In this way, contextualism posits that multiple interpretations of reality can occur (Madill et al., 2000). Contextualism also recognises that I, as the researcher, am also operating within my own context, giving meaning to my own views and experiences, and as such cannot be objective to the research. Rather, while it is acknowledged that the data "provide some grounding for the research," analysis is shaped by my "interpretative engagement" (Braun & Clark, 2022, p. 178).

Within the systematic literature review, I explored the research question: what are the core elements of RSE curricula for autistic individuals? Although recognising that autism is a spectrum and that autistic individuals, like all individuals, have varying strengths and needs, I hoped the research could provide educators with insight into what topics are important for their autistic pupils. A systematic review was chosen to develop a comprehensive overview of the literature around the topic. This aimed to understand the RSE needs of this group in terms of content and included studies which had presented curricula, as well as including curricula which had been suggested by researchers in the field of autism, and by autistic individuals and their parents or caregivers. Within this research I held the position of constructivism whereby the synthesis was built from my interpretations of the research papers, combined with the multiple researchers' interpretations of the data they collected. Through this analysis, I noticed that the Information-Motivation-Behavioural Skills model (Fisher & Fisher, 1992) could be an effective way to organise the data. This framework organised curricula topics into three areas: knowledge, skills and attitudes. In this way, analysis shifted from inductive to deductive. Braun and Clark (2022) note that approaches can change as the analytical journey progresses.

To gain a deeper understanding of the EP role in supporting RSE, chapter three asked three research questions: how are EPs supporting the RSE of CYP and autistic CYP and what are the issues and opportunities for the EP role. An online survey was adopted to gather a broad picture of EPs' views and experiences and it yielded both quantitative and qualitative data. RSE can be a topic which can elicit different feelings, values and viewpoints. I adopted an online survey design to access more participants, be COVID-19 secure and, given that participants were protected by anonymity, I wondered whether it could encourage more honesty. Quantitative data was analysed using descriptive statistics. I used reflexive thematic analysis to analyse the qualitative data. Here, I took more of an experiential, inductive

approach whereby I was seeking to capture and explore EPs' own experiences and perspectives. I felt as though the use of both quantitative and qualitative data was appropriate within a contextualist epistemology because the survey questions which yielded quantitative results aimed to develop an understanding of the broader context in which EPs were operating (i.e., broad patterns of frequency of training and levels of perceived importance of such training). In this way, the general patterns identified via the quantitative results would help set the context to current EP practice relevant to RSE, which would then contribute to the understanding of individual experiences and perspectives. Indeed, Yanchar (2006) argues for 'contextual-quantitative inquiry' whereby:

> quantitative strategies, when carefully interpreted and employed, can make integral contributions to the meaningful study of human action in context and provide a potentially useful resource for the development of novel questions, theories, arguments, and problem solutions within a contextual framework (p. 212).

In the empirical paper, the reflexive thematic analysis was the central analytical method used with the quantitative data being used to inform the qualitative findings. Further, as Yanchar (2006) highlights as a use of quantitative data within contextualism, the quantitative information which was gained informed solutions relevant to the EPs' content: that increased training in RSE was desired.

Reflexivity is a fundamental part of qualitative research and of constructivist contextualism; it is important for me to examine my own perspectives and assumptions and consider the influence of these on the research process and on the constructions of my interpretations. For the empirical research, I engaged in a reflexive journal which started by examining my personal, functional, and disciplinary reflexivity (Braun & Clark, 2022). I recognise that due to parts of my identity, I occupy many positions of social privilege which will shape my worldview. I believe this makes me conscious of the power I hold in the

language that I choose to use, which is explored further in the proceeding section. I also recognise I hold liberal views regarding RSE and believe in a 'sex-positive' approach to education. While there is no exact definition of this approach, broadly it means recognising pleasure and enjoyment and being inclusive and shame-free, rather than disproportionately focusing on risk and harm prevention. This will have influenced my choice of research topic and the context to which I interpret data.

Ethical Issues

I had originally split the empirical research into two phases. Phase 1 involved approaching autistic young people so they could take part in the survey development. Here, I had wanted to include their perspectives on RSE and professional involvement in RSE so that I could ensure that the survey contained topics and issues which were relevant to them, and to provide the opportunity to compare autistic young people's perspectives with current EP practice. I advertised for participants for this phase on social media, contacted EP colleagues to share the advert to their school and college contacts, and shared the advert directly to schools and colleges myself. However, nobody volunteered to take part. Possible barriers to recruiting autistic young people may have included the sensitive nature of the topic, it being an online interview and having to work within a rigid timeframe. As the year progressed, we decided that I had to go ahead with circulating the survey to EPs. At that point, the survey had been created through discussion with practising EPs and researchers in the field of autism and sexual health. Without including the voices of autistic young people in the research, I raised the importance of future research into gaining young people's views in the discussion; particularly, the importance of understanding how young people feel about having issues related to sex and relationships included in their EHCPs.

I was also conscious that the language I used to describe autism and autistic people was important. Bottema-Beutel et al. (2021) highlights that "researchers have described

autism as something bad that should be fixed" (p. 18); an approach which I had noticed in some of the reading I had done. Throughout the research, I strove to avoid both ableist language and perspectives. I followed social media pages, such as @neurodivergent_lou and @thinkingautism, created by autistic people so to develop an understanding of their own views and experiences. This, alongside my educational psychology training, enabled me to think in an interactive perspective, recognising that the difficulties that autistic people can face in sex and relationships can also be explained by living in a 'neurotypical' society or by a lack of empathy or understanding from non-autistic people, as described by the 'double empathy problem.' I felt it was important to recognise the strengths autistic individuals may bring to relationships and highlight that any intervention or support should prioritise mental health and well-being, as opposed to encouraging autistic people to be 'less autistic.'

The use of identity-first language will be used to describe all disabilities. While historically associations have favoured the use of person-first language to describe disabled people (i.e., a person who is disabled), Gernsbacher (2017) notes that this has inadvertently led to increased stigmatisation towards disabled people, and especially disabled children, as there was a tendency for authors to use identity-first language when describing typically developing children (i.e., typically developing children) but person-first language when describing disabled children (i.e. children with developmental disabilities). Moreover, Gernsbacher (2017) highlights that this trend was stronger for children than for adults and for disabilities that were the most stigmatised by society. They argue such differences in language use reinforces shame and the idea that disabled people have an 'impaired' identity. As recommendations to authors, Gernsbacher (2017) advocates for consistency. This thesis will therefore use 'developmentally disabled children' rather than 'children with developmental disabilities.'

Dissemination Plan

I intend to publish the two research papers in peer-reviewed journals. The journal I am considering submitting the systematic literature review to is 'Sex Education.' This journal publishes papers on many aspects of sex, sexuality and RSE, which has included those focusing on the RSE needs of young people with SEND. It also welcomes systematic literature reviews. The journal I am considering submitting the empirical paper to is 'Educational Psychology in Practice.' The focus of this journal is on the theory, research and practice of practising EPs who work primarily in the UK, which fits the focus of the paper. Both journals have the option to make papers open access. This is important considering the practice implications of the research papers alongside the difficulties both educators and EPs can face accessing research when no longer affiliated with their university provider.

"Either you just let it happen or you push it away because you don't know any other way" Relationships and Sex Education for Autistic Young People: A Systematic Literature Review

Abstract

This review identifies the core elements of RSE curricula and proposed curricula for autistic individuals. A systematic review of the literature was undertaken and a total of 14 studies were included from the USA, the United Kingdom, Canada, and the Netherlands. These included studies covering curricula topics within set programs of learning as well as those proposed by autistic individuals, their families, and researchers. Each study was appraised using Gough's (2007) Weight of Evidence Framework and awarded a quality assurance rating of high, medium, or low. The review used the Information-Motivation-Behavioural skills model as a framework to conceptualise the curricula topics. 'Navigating relationships' and 'keeping safe' were identified as underpinning aspects. Elements of a hidden curriculum were also identified which included assumed heteronormativity, neurotypicality as the aspirational norm and the assumption that sex should only happen within committed relationships. Key limitations of the review include the focus on content over pedagogical methods and the reliance on Western-based, published research. The review supports RSE including the teaching of practical and self-advocacy skills. Findings are discussed against the backdrop of current RSE practice and provision within English schools. The need for personalised and needs-based RSE is emphasised.

Keywords relationships and sex education, autistic young people, review

Changes to legislation (Children and Social Work Act, 2017), and the subsequent guidance from the Department for Education (2019), led to the introduction of Relationships and Sex Education (RSE) as compulsory for all students in secondary education and Relationships Education compulsory for all students in primary education. RSE has historically been a controversial school subject with debate between "moralistic, bio-medical and more liberal approaches" in both public and parliamentary arenas (Iyer & Aggleton, 2015, p. 12; Sex Education Forum, n.d.; Zanatta, 2021). Prior to the establishment of a statutory curriculum, content and incentives for RSE were largely driven by the (national and/or local) societal values, political agendas or moral drivers prevalent at the time, such as the push to reduce assumed-to-be unwanted teenage pregnancies, fear of sexually transmitted diseases and discouragement of homosexual relationships across the 1980s and 1990s (Iyer & Aggleton, 2015; Sex Education Forum, n.d.). A common theme of adolescents becoming the "problem group who require focused intervention" was noted by Iyer and Aggleton (2015, p. 12) in their review of RSE perspectives over time. Although the current RSE curriculum attempts to be broad and balanced, the socio-political-cultural differences across the UK means it continues to be controversial (Polonsky, 2020).

While RSE for all young people is already a contentious issue, developmentally disabled individuals face additional and different challenges. Historically, eugenic practices influenced the control and prohibition of the sexuality of people with learning disabilities and physical disabilities; these resulted in incidences of non-consensual sterilisation, often undertaken through deception and coercion, across the world in the 20th century, including Western Europe but most prominently in Canada and the USA (European Disability Forum, 2017; Rowlands & Amy, 2018; Roy et al., 2012). Forced and coerced sterilisation continues in some countries (Rowlands & Amy, 2018). The UK never actually passed legalisation

permitting involuntary sterilisation, even though eugenic supporters argued for preventing

people with intellectual disabilities from becoming parents (Roy et al., 2012).

Alongside these historical discriminatory practices, there remain some pervasive

societal views that people with disabilities are asexual and in need of protection, with some

authors also arguing "there is a societal primal fear that people with disability will reproduce

more people with disability" (Alexander & Taylor Gomez, 2017, p. 117; Irvine, 2005). Yet

what research consistently shows is that, as a group, developmentally disabled people are at a

higher risk of sexual exploitation and abuse; researchers have noted a lack of RSE as a

vulnerability factor, highlighting that people, in particular young people, do not know how to

keep themselves safe in relation to sex and relationships (Franklin & Smeaton, 2017; Travers

et al., 2014). While care must be taken to avoid victim-blaming, this highlights the

importance of supporting developmentally disabled peopleto have access to inclusive RSE

which takes into account their views and preferences; not just for safety reasons, but to also

live a life free from 'sexual oppression' (Alexander & Taylor Gomez, 2017; Swango-Wilson,

2011).

Current guidance in England highlights that the RSE curriculum is statutory for all

schools, including maintained and independent special schools, and that it must be accessible

and appropriately differentiated and personalised to students with special educational needs

and disabilities (SEND; Department for Education, 2019). Although there is little specific

government guidance on how this might be achieved, organisations such as Mencap and the

Sex Education Forum have produced resources and offered educators training (Kerr-Edwards

et al., 2020; Sex Education Forum, 2021). However, researchers have highlighted that most

research attention is given to learning disabilities and there is a focus on 'disability,'

'developmental disability' or SEND as one group, neglecting the heterogeneity across and

within SEND learners (Michielsen & Brockschmidt, 2021; Travers & Tincani, 2010; Wolfe

et al., 2019a). There have been RSE programs and suggestions aimed at autistic individuals (Pask, 2015; Visser et al., 2017). However, reviews have tended to group together autism with other developmental disorders or learning disabilities (Schmidt et al., 2019; Wolfe et al., 2019a), neglecting the unique and varied needs within this group (Travers & Tincani, 2010). This review seeks to understand what topics are currently being included in RSE curricula for autistic young people with a view to understand what is thought to be important and what appears to be missing.

Autism describes a different way of understanding and navigating the world. The author recognises that they themselves are not autistic and will endeavour to avoid ableist language and discourse by using identity-first language and rejecting a deficit-based model (Bottema-Beutel et al., 2021). Autism is a spectrum condition which impacts on people differently but is characterised by challenges navigating 'neurotypical' social communication and interaction; focused, passionate interests; sensory differences; emphasised preference for routine and predictability; and repetitive movements or behaviours (National Autistic Society, n.d.). It has been argued that due to these differences, autistic people may have specific needs related to RSE (Travers & Tincani, 2010), and importantly, young autistic people have reported feeling socially anxious when meeting potential partners, feeling confused about their sexuality, having difficulties understanding and interpreting what others are thinking during courting and sexual experiences, having negative sexual experiences and feeling disappointment in the RSE they received at school (Brown, 2019; Cheak-Zamora et al., 2019; Hannah & Stagg, 2016).

Subject teaching includes both the content of the curriculum – *the what* – and the pedagogic methods used to deliver the content – *the how*. While both are important for effective teaching and learning, they are distinct. The Department for Education provide curricula for subjects (The National Curriculum), but the delivery of this content is decided

by teachers based on their own values, skills, and preferences. School governors, including

parent representatives, can also have an input in the way of policies. It is possible this

freedom to decide on delivery style becomes more significant when considering a value-laden

subject such as RSE; while the content may be statutory, individual teachers' own values and

attitudes may impact on how it is delivered or prioritised (Zanatta, 2021). Recently, schools

in England have been given guidance to remind teachers that sensitive topics must be taught

in an impartial way (Richardson, 2022). While this review recognises the importance of

teaching methods, especially for autistic young people, the focus is on curricula content as,

although there is a new statutory RSE curriculum in England, there is limited guidance on

how (or if) this content should be adapted to meet the needs of autistic people. The review

explores what research can tell us about the core elements of RSE curricula for autistic

individuals. Findings and propositions from researchers within the field, studies exploring the

opinions and experiences of autistic people, and parents or caregivers of autistic young

people, are included. Capturing autistic people's voices is particularly important as they

"offer insights into the unique challenges and strengths of people on the spectrum

surrounding dating, relationships, and sexual health" (Solomon et al., 2019, p. 344).

     This review will use the Information-Motivation-Behavioural Skills model (IMB;

Fisher & Fisher, 1992) as a basis to organise and structure the core elements of RSE curricula

for autistic individuals. The IMB model was originally created to reduce risky sexual

behaviours related to AIDS (Fisher & Fisher, 1992) by helping to understand the social and

psychological factors which influence adaptive vs risky health-related behaviour (Fisher et

al., 2003). It identifies three distinct, but interconnected, constructs which increase the

likelihood of a person engaging in healthy sexual behaviours: accurate knowledge, high

motivation and having the required behavioural skills (Fisher et al., 2003). It has since gained

a theoretical and empirical evidence base (Fisher et al., 2003). In their literature review,

Solomon et al. (2019) used the model to understand the RSE needs of autistic individuals and appraised it as "a useful heuristic for organising the emerging literature and conceptualising the development of sexual health for adults on the autism spectrum" (p. 348). In this paper, some adaptions were made to the model to reflect the focus on curriculum and the fact that the focus was not behavioural change. Fisher et al. (2003) distinguish between personal motivation and social motivation, where the former describes a person's attitudes towards the behaviour and the latter describes social support for the behaviour. Attitudes are formed over time in a socio-cultural context and, in their review, Solomon et al. (2019) highlight the development of healthy attitudes towards sex as a way to increase motivation for health-related behaviour. A focus on attitudes was therefore considered to be more relevant than motivation because they can lay the foundation to engage in behaviours and can be developed. Information was also changed to knowledge, reflecting the curriculum focus.

Figure 1

Information-Motivation-Skills model, adapted from Fisher et al. (2003)
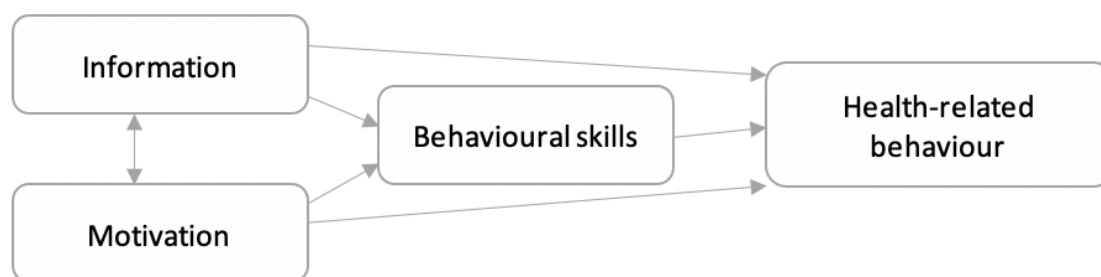
Method

Search Strategy

A systematic search of the literature in August 2021 was conducted using PsychInfo via EBSCO, CINAHL Plus via EBSCO, ERIC via Proquest, Medline via EBSCO and Proquest. Search terms related to RSE and autism were generated based on a scoping search of the literature and from previous reviews on related topics (Table 1). Terms in each column were

searched using OR and were then combined with AND. Academic journals and theses or

dissertations were retrieved. A total of 296 papers were identified, of which 204 were

screened after duplicates were removed (Figure 2; Page et al., 2021).

Table 1

Search Terms

RSE terms	Autism terms
Sex* education	Autis*
Sex* N2 relation* N2 education	Autis* spectrum N1 disorder* OR N1
Personal N1 social N1 health N1 education	condition
"sexual health education"	Asperger*
"reproductive health education"	
PSHE	
RSE	
SRE	

Figure 2

Systematic Search Strategy
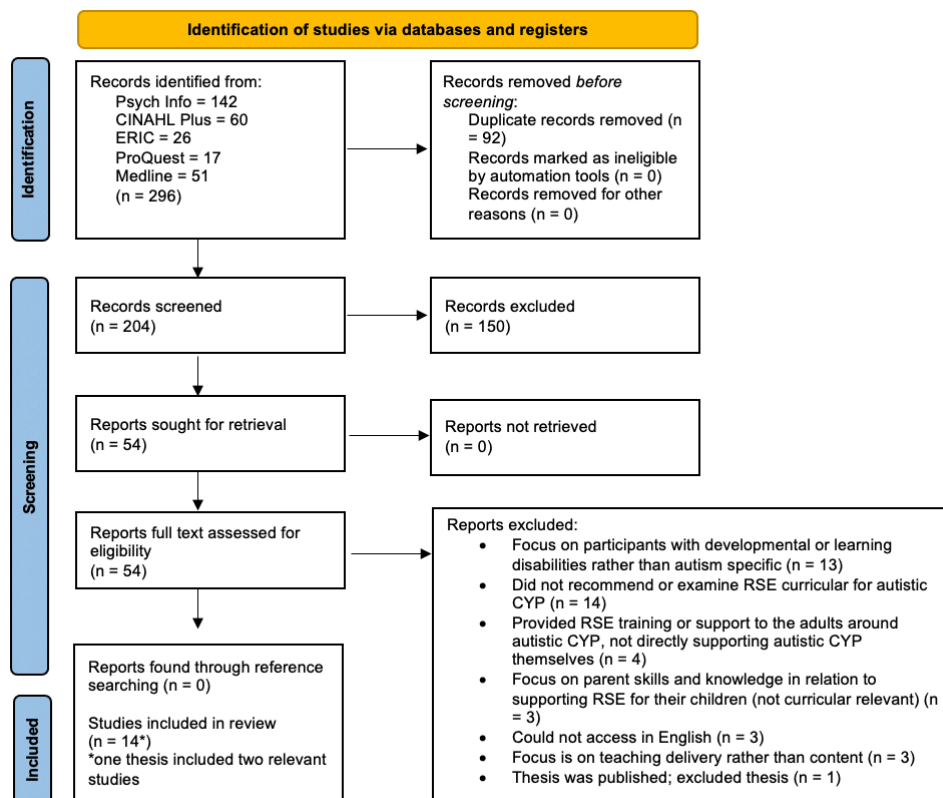
Inclusion and Exclusion Criteria

Once papers were screened, 54 remained for a full text assessment of eligibility based on inclusion and exclusion criteria (Table 2). Fourteen papers met the criteria and 41 were excluded. Theses were included to reduce the potential for publication bias (Xiao & Watson, 2019). Further, the topic has been addressed by theses so to exclude these would be to reduce the comprehensiveness and timeliness of the review; half of the 14 studies included in the synthesis were theses. Relevant data were extracted which included study design and curricular overview. This can be found in Table 3.

Table 2

Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Suggests a curriculum or present an educational program of RSE for autistic individuals; this included viewpoints from autistic individuals and/or their caregiver Academic journal or thesis No date limits applied	Does not suggest or present curricula Curricula aimed at developmentally disabled individuals rather than specifically for autism Curricula designed for individuals' teachers or caregivers rather than for the autistic individuals themselves, e.g., an intervention for parents which increased their awareness of their children's unmet needs Focused on curricula delivery rather than content Not available in English

Quality Assurance

Gough's Weight of Evidence framework (WoE: 2007) was used to assess the contribution of each paper for its ability to address the research question. The WoE has four criteria: A considers the methodological integrity of the research; B is review specific and considers the 'fitness for purpose' of the research to address the review question; C is also review specific and considers the paper's utility in providing relevant answers; D is formed by an overall assessment of the three criteria. Papers were categorised for each criterion into 'high quality,' 'medium quality,' or 'low quality.' Scores for Criterion A were aided by

quality appraisal tools which included checklists from the Critical Appraisals Skills

Programme (CASP) for qualitative research and randomised control trials, and checklists

from the Joanna Brigg's Institute for quasi-experimental studies and for text and opinion. The

WoE categorisations of the 14 studies can be found in Table 4.

       Gough's (2007) WoE was chosen as, while studies collected data on RSE curricula

content, differences in design and focus significantly impacted on their ability to answer the

key question of this current review. The combination of different judgements enabled a more

nuanced and applied quality assurance judgement. For example, Pask et al. (2016) and Visser

et al. (2017) both measured the effectiveness of RSE programs for autistic adolescents and

provided insufficient information on the curricula content; both scored low. Curricula content

suggested by Solomon et al. (2019), Travers and Tincani (2010) and Tullis and Zangrillo

(2013), and the developed program from Miller (2013), were based on a review of the

literature which, while useful, risks interpretation and research bias; all scored medium.

Highly scoring studies include Greiert (2016), who used the Delphi Panel approach to ask

experts to create a curriculum, and Gougeon (2013), who asked autistic adolescents and their

caregivers what RSE means for them. However, it is important to note that both Greiert

(2016) and Gougeon (2013) focused on 'high functioning' adolescents. Two other studies

suggested RSE for specific groups of autistic individuals: Visser et al. (2017) focused on

autistic adolescents with an IQ of 85 or higher and Miller (2013) focused on adolescent

males.

Table 3

Data Extraction Table

Author (s), Date	Study type	Participants	Length of program and age focus of curricular	Overview of curricula	WoE D
Brown, M. (2019). Study 2.	Qualitative research (focus groups) exploring autistic adolescents' views on RSE (thesis)	38 autistic adolescents (29 males; 9 females) between the ages of 16-18	Participants suggest ongoing support throughout their school life would be helpful; "short programs, sometimes tailored to specific aspects of their development but with no ongoing teaching occurring to more fully explore the topics" not helpful (p. 184). PSHE lessons sometimes too short/sporadic.	In-depth socio-sexual/relationship aspects which included putting understanding into practice and context and which also recognised the changing modern world and need for ongoing support, including opportunities to review effectiveness of interactions in the real world; knowing how to develop and maintain friendships and intimate relationships, sexuality, consent, social boundaries and etiquettes – e.g., banter vs. offense, online safety – e.g., sexting, pornography, gender, sexuality, how to keep safe – e.g., how to say 'no' to unwanted sexual advances	Medium
Brown, M. (2019). Study 3.	Pilot study to evaluate RSE program created by author; repeated	20 autistic adolescents (18 males, 2 females) with an average age of 17.1 years	9 sessions, 45 minutes each, weekly For school age individuals: implied for	Foundation sex education – name and slang for body parts, puberty changes, types of sexual relationships and sex acts Relationships – different types, e.g., family, romantic, acceptable behaviours in diff relationships, developing and maintaining friendships and relationships	Medium

	measures (thesis)		teenagers/secondary but does not specify	Consent and legal issues – legal age, verbal vs nonverbal, drugs/alcohol, law and consequences inc. arrest, trial and prison Public/Private – use of relationship circle for discussion about what touch can happen, inc. exceptions e.g., doctor as stranger, locations in environment and appropriateness for sexual nature Online and technology issues – law and consent, accessing pornography, recognising and dealing with online abuse/grooming Summary – general recap and questions, demonstration of condom, contraceptives and sexual health	
Gougeon, N. (2013).	Qualitative research to develop a 'conceptual framework of sexuality education' for autistic adolescents (thesis)	Interviews: 20 participants from 8 families; 9 autistic adolescents and 11 caregivers (9 male adolescents; 7 female caregivers)	Length not specified but recognised how RSE can "extend beyond the discrete boundaries of school, home, or community" (p. 132) – impromptu moments For ages between 12 and 18 to reflect when sex education typically taught in Ontario	• Facts about sex, the law, disease prevention and contraception • Socio-sexual behaviours rules and social norms, e.g., specific timelines and guidelines of when and how, relationship skills, how to act when find someone attractive, rules of communication • Enjoyment of sexuality and the normalisation of the sexuality of autistic individuals • No topics to be disallowed for autistic young people, but timing important	High
Greiert, B. (2016).	Delphi method (thesis)	26 individuals began; 15 completed. 7 autism and sexuality	Length not specified For school age individuals as defined as "students"	Anatomy and physiology – names, stages, genital health, preventative health strategies (e.g., breast/testicular exams) Puberty and adolescent development – impact on physical, social, emotional development, hormones, emotional changes, common experiences of adolescents	High

| | | authors, 6 school psychologists, 2 caregivers and 3 other (13 female) | | Identity – gender identity, sexual orientation, awareness of discrimination, local resources, socio-political events/rights
Pregnancy and reproduction – how pregnancy happens, signs of pregnancy, stages, what to do if you/your partner might be pregnancy, prevention, parental responsibilities
STIs and HIV – facts, transmission, methods to prevent, symptoms and signs, where/how to get tested
Healthy relationships – navigating relationships across different domains, healthy vs unhealthy, signs of an unhealthy relationship, qualities to look for in partners, ok to not want a romantic relationship, understanding different components of intimacy
Personal safety – self-advocacy, boundaries, assertiveness, internet dangers, prevention of abuse
Legal issues – consent, appropriate/inappropriate behaviour, criminal behaviour
Social aspects of sexuality and romantic relationships – social norms, dating, boundaries, abuse awareness, communication, sexual decision-making
Knowledge of different sex acts and use of common slang – names and what they involve, that they can change over time, appropriate resources for more information
Sensory needs – self-awareness, impact on romantic relationship | |
| Hansen, C. (2018). | Qualitative research – phenomenological study. 60 minutes semi-structured | 3 mothers of autistic young people between ages of 10 and 17 (2 males) | Length not specified
For ages between 10 and 18 to reflect when sex education typically taught in Illinois | Indicated uncertainty about the RSE topics their child would need
"He needs to know everything…from body hair to safe sex…puberty and consent and pregnancy and STD's and who knows what else" (p. 33) | Medium |

	interviews (thesis)			Priority of practical, concrete skills – e.g., condom use, pads/tampons, using deodorant, how to shave Relationship or social skills to navigate sexual activities Emotional aspects of sexual relationships/intimacy Provide and gain consent Puberty Safety – consequences of sexual activity, pregnancy and STIs, exploitation	
Hatton, S. & Tector, A. (2010).	'Essential building blocks for an SRE curriculum' based on qualitative survey and interviews with autistic individuals and literature review	12 autistic individuals took part in the survey; 4 autistic individuals were interviewed. Ages unknown.	Length not specified Age of focus not specified, but within a setting for age 11 to 18	Sense of self – self-awareness, how their own autism impacts on them, values, interests, self-worth Clean and dirty Touch and personal safety – who, when, where you can touch people, who can touch them, where and when Public and private – safe and acceptable personal behaviour in social situations Health – diet, exercise, dentist/optician visits Masturbation Menstruation Relationships of different kinds – relationship circles Relationships that might include sex – who it is possible to have sex with before teaching on sexual intercourse	Medium
Lehan Mackin et al. (2016).	Qualitative - focus group and interviews gaining	15 parents of autistic children; 14 females, mean age 46.3. Autistic children mean age 16.4 (14-20); 14 males, 2 females	Length not specified For ages between 14 and 20	Matters of maturation; anatomy/physiology, puberty, masturbation Consequences of sexual behaviour; birth control, pregnancy and abortion, pornography and illegal possession of pornographic material, prostitution Issues of social navigation; language, unspoken rules, personal boundaries, relationships, public/private behaviour, self-advocacy Topics that shouldn't be taught: Pornography	High

				Fetishisms Sex trafficking	
Miller, L. (2012).	Program development for a RSE program for adolescent males (14-18) with Asperger's disorder (thesis)	N/A	7 sessions, 90 minutes each For adolescents aged between 14 and 18	Puberty and physical changes Sexual abuse and sexual safety Masturbation and public vs. private behaviours Sexual relationships with others – partner qualities Sexually transmitted infection prevention and contraception	Medium
Njopa-Kaba, R. (2019).	Case study: explored the delivery of RSE within one local authority	4 autistic adolescents aged between 13 and 16 (3 male) 5 parents of children aged between 6 and 21 (4 female) 2 SENCos 1 TA 7 from the Autism Outreach Service 3 EPs, 2 TEPs	Length not specified but many pupils preferred a spiral approach, revisited frequently For school age individuals as defined as 'pupils' – relationships could be taught from a young age; no 'right' age to start	Emphasis on the relationship aspect of RSE, not limited to sexual element. So they can have a stable, secure, safe, relationship in the future Relationship with themselves, how they view themselves Emphasis on making unwritten/unspoken rules obvious Safety – healthy relationships; internet safety and sexting; what they should do in a situation where they're feeling vulnerable; strategies to manage their own safety; social acceptability, e.g., where to masturbate or been naked Gender identity – sexual orientation; freedom to explore gender and orientation Consent – giving and getting consent; the language of consent Pupil group: Practical aspects of RSE – how to approach relationships; what to do on a date; slangs and abbreviations Normalising that relationships are complicated whether additional needs or not – can be confusing/emotional, how to repair relationships, manage regret	Medium

Pask, L., Hughes, T., & Sutton, L. (2016).	Evaluation of 'Healthy Relationships & Autism'	6 autistic adolescents aged from 15 to 17; all male	37 sessions, 45 minutes each, once or twice weekly For adolescents – age not specified	Basic hygiene (6 sessions); hand washing, showering and bathing, proper dental care, toileting, bedroom organisation, privacy Basic biological sex education (6 sessions); introduction to puberty, male and female genitalia, intercourse, pregnancy and childbirth; slang Relationship development (23 sessions); differentiating between friends, acquaintances and bullies, small talk, private talk, showing appropriate affection, dating, social media, internet safety	Low
Solomon, D., Pantalone, D., & Faja, S. (2019).	Literature review/argument for the inclusion of RSE topics for autistic adults	N/A	Length not specified but echo importance of frequently reviewing and reinforcing material over time For adults – transitioning to adulthood	Privacy awareness, the ability to non-comply, understanding personal rights Anatomy, puberty, personal care, hygiene, medical examinations, contraception Social aspects: public vs private, consent, what constitutes as sexual abuse, differences between friend and partner	Medium
Travers, J. & Tincani, M. (2010).	Literature review/argument for the inclusion of RSE topics for autistic individuals	N/A	Length not specified For 'children and adolescents'	Body awareness: learning about private body parts; learning what kind of touching is ok and not ok; who, when, and how, to report sexual abuse; body's reproductive functions, doctor examinations, STI prevention, "specific attention should be given to abstinence, safe sex (e.g., condoms), and symptoms indicating a need for medical treatment.' Social development: social skills, sharing similar interests with others, concepts of love and intimacy, appropriate ways to express emotions and relieve stress, how to appropriately deal with rejection Romantic relationships and intimacy: subtle rules of courtship, how to appropriately initiate romantic	Medium

				relationships, dating, appropriate physical boundaries, listening skills, meaning of consensual sexual activity Masturbation and modifying behaviour to meet social norms: when and where it is and is not appropriate to masturbate, "public disrobing, inappropriate touching of members of the opposite sex" Reproductive and parenting rights of individuals with ASD: contraceptive methods, focus on personal decision making	
Tullis, C. & Zangrillo, A. (2013).	Literature review/argument for the inclusion of RSE topics for autistic individuals	N/A	Length not specified For adolescents and adults	Reproductive education: hygiene, reproductive health skills Contraception: when to use contraception, how to make informed decisions about contraception types, purchasing contraception, pregnancy, STIs Social rules of privacy: when and where sexual behaviour is socially appropriate/inappropriate, "all levels of social interaction and not limited to simple skills that may or may not result in long-term personal satisfaction" (p. 870). Complex social skills: dating and marriage: nuances of dating, difference between friend vs a relationship that is more than a friendship Technology and sexual education, dating and marriage: internet dating, sexting, internet safety, internet to face to face relationships skills, meeting people online in real life,	Medium
Visser, K. et al. (2017).	RCT of effectiveness of Tackling Teenage psychosexual training program	189 autistic adolescents between 12 and 18 (96 in intervention, males = 73%; 94 in control, males = 79%)	18 sessions, 45 minutes each For ages between 12 and 18 (with IQ of 85 or higher)	Puberty, appearances, first impressions, physical and emotional developments in adolescence, friendships, falling in love and dating, sexuality and sex (e.g., sexual orientation, masturbation, and intercourse), pregnancy, setting and respecting boundaries and safe internet use	Low

Table 4

Quality Assurance of Studies using Gough's WoE

Study	WoE A	WoE B	WoE C	WoE D
Brown, M. (2019) Study 2	High	High	Medium	Medium
Brown, M. (2019) Study 3	High	Low	Medium	Medium
Greiert, B. (2016)	High	High	Medium	High
Gougeon, N. (2013)	High	High	Medium	High
Hansen, C. (2018)	Medium	High	Medium	Medium
Hatton, S., & Tector, A. (2010)	Low	High	High	Medium
Lehan Mackin, M., et al. (2016)	Medium	High	High	High
Miller, L. (2013)	Medium	Medium	Low	Medium
Njopa-Kaba, R. (2019)	Medium	Medium	Medium	Medium
Pask, L., Hughes, T., & Sutton, L. (2016)	Medium	Low	Low	Low
Solomon, D., Pantalone, D., & Faja, S. (2019)	High	Medium	Low	Medium
Travers, J. & Tincani, M. (2010)	High	Medium	Medium	Medium
Tullis, C., & Zangrillo, A. (2013)	High	Medium	High	Medium
Visser, K., et al. (2017)	High	Low	Low	Low

Data Analysis

The Information-Motivation-Behavioural skills model (Fisher & Fisher, 1992) was used as a basis to consider the core elements of RSE curricula, represented as knowledge, skills and attitudes in this review. Curricula were analysed using a narrative synthesis based on The Thematic Analysis Grid (Anderson et al., 2015) where the themes of knowledge, attitudes and skills were predefined. Upon reading, curricula topics were categorised and populated within the grid. As reading progressed, subthemes were identified.

Findings

The review question focussed on identifying core elements of RSE curricula for autistic individuals. A total of 14 papers were included in the review. Four presented a structured RSE program and 10 suggested RSE curricula content. Of these 10, three conducted literature reviews to propose content and seven used primary methods to gather the views of those involved. As part of the primary research, curricula suggestions were provided by 67 autistic individuals between the ages of 12 and 18; 36 parents or caregivers; 11 educational psychologists, including two in training; seven authors or researchers with expertise in autism; seven individuals from an autism outreach service; two special educational needs co-ordinators; one teaching assistant; and three individuals who belonged to multiple groups. Eight were conducted in America, four in the UK, one each in Canada the Netherlands.

The programs and suggested curricula were mostly aimed at what the authors of the papers describe as 'adolescents.' Studies varied in age specificity; however, most of the curricula proposed or studied concerned young people between ages 12 and 18. Two studies focused on RSE support for the transition between adolescence to adulthood. The majority defined autism broadly, although four focused on specific groups within autism such as males or those with an IQ above a certain level.

Findings will be discussed under the three headings of knowledge, skills and attitudes. Before that, the impact of wider contextual factors which emerged from the review will be discussed. These are conceptualised as 'a hidden curriculum' (Gougeon, 2010; Murphy et al., 2009) which describes how values and attitudes are conveyed to young people indirectly through being a member of the school and wider community. The hidden curriculum has been shown to be present in RSE lessons, namely the normalisation of heterosexual relationships (Smith, 2015).

Curricular Assumptions: a 'hidden curriculum'

The review of the core elements of RSE curricula, in addition to curricular elements, highlighted assumptions which reflected implicit societal and cultural norms and values. Cultural and societal norms dictate the knowledge, attitudes and skills adolescents are expected to learn and accept as a member of society. An overt example came from an autistic adolescent enrolled in a Catholic school who noticed the values and unspoken rules being conveyed within their RSE

I find in the Catholic school system they lean more towards what it means for the Church sort of thing…morally would just be the basic concepts of abstinence until after marriage, not cheating on a girlfriend or wife sort of thing. (Gougeon, 2013, p. 120)

The curricula presented in programs or by researchers tended to assume heteronormativity, despite the young people within primary research sharing that diversity is important to them (Brown, 2019; Gougeon, 2013). For example, while limited information is given on the program, the "basic" biological sex education in the Healthy Relationships and Autism (Pask et al., 2016) included "intercourse, pregnancy and childbirth" (p. 90). Tullis and Zangrillo (2013) focused their RSE suggestions within the framework of marriage and, while Travers and Tincani (2010) advocate that autistic individuals have parenting rights, this was within the assumption of heterosexual relationships. The Tackling Teenage program did

mention 'sexual orientation' in the curriculum content; however, limited information is available as the curriculum was not the focus of the study (Visser et al., 2017).

Another underlying assumption of the reported curricula was that sexual behaviour happened only within committed relationships. This featured implicitly within the curricula presented by researchers but was highlighted by Hansen (2019) as a core assumption of caregivers, although only three were interviewed. However, some adolescents expressed a desire to learn more about sexuality, open relationships and pleasure; as one young person shared, "certain positions, and how well to do it" (Brown, 2019; Gougeon, 2013, p. 124). Indeed, Smith (2015) suggests that discussions around pleasure in RSE could challenge the stereotypical view that sex is a male-initiated activity which is pursued for male pleasure, and thus support discussions around rights and choice for all young people.

Additionally, across the curricula, there was also very limited discussion of how others in the relationship or communities could adapt to meet the needs of autistic individuals. It was assumed that autistic individuals should learn how to date or be intimate in a 'neurotypical' or non-autistic way, and thus implied there was something 'wrong' with how autistic people interact or develop relationships. Rather, it could be argued that dating for a neurotypical person can include an array of problematic communication styles, such as not being clear about their intentions or being deceitful. Instead, being direct, honest, and upfront may serve relationships better. Moreover, this has implications for how vulnerability to abuse and exploitation is conceptualised. Lawson (2005) warns against putting the onus onto the victim to support their own safety and, instead, suggests "the neurotypical world would do well to look within their own ranks to prevent their members from misusing their own sexuality before they lay claim to what to do with us" (p. 31).

Core Elements of RSE Curricula

Within each of the three construct areas (knowledge, skills and attitudes), subthemes were identified which encapsulated several RSE topics. Keeping self and others safe and navigating relationships underpinned the three areas and were identified as overarching themes, as illustrated in Figure 3.

Figure 3

Overarching themes across the three construct areas and subthemes within them, alongside key quotes

Navigating relationships
Keeping safe

Skills

Practical skills
How to... [e.g., use a condom, buy contraception, use a tampon, go to the doctors]

Navigating relationships and emotions
Dating and courtship
Relationship initiation and development
Managing emotions
Online relationships

"the dance before the, you know...before the *you know?*" (caregiver)

Self-advocacy skills
Decision-making
Assertiveness and communication
Personal safety strategies
Setting and respecting boundaries

"either you just let it happen or you push it away because you don't know any other way to" (autistic adolescent)

Knowledge

Concrete knowledge
Anatomy, puberty, reproduction and pregnancy
Sex acts
Hygiene
Contraception
STIs
Internet safety and pornography
The Law; consent, abuse, legal processes

"I hate to think he would live his life like that – nobody told him – that [masturbation] is a part of life, you know? *Just don't do it at the table.*" (caregiver)

Social knowledge
Social norms, rules and etiquettes
Types of relationships
Private vs public behaviours
Healthy vs unhealthy relationships

"the rough around age and when you should do this and that...not just early ages when it's not expected" (autistic adolescent)

Attitudes

Sense of self
Diversity
Pleasure

"I think we should learn about different people's attitudes towards sex cos obviously...not everyone's parents are open." (autistic adolescent)

Knowledge

Knowledge was separated into two subthemes: concrete knowledge and social knowledge. All 14 studies, which included the views of autistic adolescents, their caregivers, professionals, and researchers, agreed that curricula should include both elements, although there was some variability in the inclusion of the topics within these. While only eight specifically highlighted internet safety (Brown, 2019; Greiert, 2016; Lehan Mackin et al., 2016; Njopa-Kaba, 2019; Pask et al., 2016; Tullis & Zangrillo, 2013; Visser et al., 2017), most of these were rated high or medium using Gough's WoE and three included the voices of autistic individuals (Brown, 2019; Njopa-Kaba, 2019). Notably, omission of a specific topic may not reflect the view that it should be omitted in RSE. Caregivers often expressed no topics should be neglected and, while young people should be taught 'everything,' they voiced uncertainty over what 'everything' entailed (Gougeon, 2013; Hansen, 2019).

Concrete Knowledge. Concrete knowledge encompassed a range of topics shown in Figure 3. All curricula developers agreed that these topics were important to cover. The included topics revolved around keeping young people safe: consent, abuse recognition, disease prevention, the law and internet safety were seen as important. While autistic adolescents also valued safety, Gougeon (2013) noted that the youths interviewed in their study tended to focus on practicalities, such as differences in percentage effectiveness of contraceptive options, while their caregivers focused more on disease prevention.

There were parallels between concrete and social knowledge. Brown (2019) and the autistic young people in Njopa-Kaba (2019) recognised the importance of including 'slang' or abbreviations alongside anatomical terms to aid communication with others. In Brown (2019), young people wanted clarification on what was appropriate or inappropriate to look at on the internet.

Regarding hygiene, some studies suggested an understanding of clean and dirty, hand washing, showering, diet and exercise should be included (Hatton & Tector, 2010; Pask et al., 2016; Solomon et al., 2019). However, it is important to highlight differences in context; Hatton and Tector (2010) completed their research within a residential setting and thus had students with a high level of need in mind. When autistic individuals' views were gathered, personal hygiene was seldom raised as an important topic to cover. This may highlight bias within the primary research as those autistic individuals who were able to participate had their voices included, potentially excluding those with more significant needs. Notably, Hatton and Tector (2010) note the importance of a personalised approach to RSE, highlighting that young people should first be supported to understand how their autism uniquely impacts them. This is explored further in the attitudes section.

Social Knowledge. Social knowledge included following social rules, types of relationships, acting safely in public and private environments and understanding healthy and unhealthy relationships. It was underpinned by an emphasis on making the implicit explicit and uncovering unspoken or unwritten rules (Njopa-Kaba, 2019). Autistic adolescents in Gougeon (2013) and Brown (2019) noted they would like support in relationship timelines; for example, the "the rough around age and when you should do this and that. Like have a girlfriend, or say, or have children" (Gougeon, 2013, p. 121), as well as more specific within-relationship rules, such as an understanding of the line between making a joke and causing offence and the moral implications of infidelity. Caregivers felt an understanding of social rules and boundaries was important to prevent their children unintentionally breaking them and finding themselves in difficult situations (Gougeon, 2013; Lehan Mackin et al., 2016).

The majority of curricula included an understanding of different types of relationships, such as a friend or a partner, and what behaviours are appropriate in each (Brown, 2019; Hatton & Tector, 2010; Pask et al., 2016; Tullis & Zangrillo, 2013). Hatton

and Tector (2010) suggest curricular timing is important and that conversations about what relationships might include sex should happen before teaching about sex to avoid the possibility of individuals inadvertently raising the topic with an inappropriate person. Content on the characteristics of healthy and unhealthy relationships in friendships and in romantic relationship was also often included in the curricula, alongside considering the qualities of a romantic partner (Greiert, 2016; Miller, 2013).

The distinction between public and private behaviours featured highly in curricula content, this was mainly suggested by researchers, rather than autistic individuals themselves (Brown, 2019; Hatton & Tector, 2010; Miller, 2013; Travers & Tincani, 2010; Tullis & Zangrillo, 2013). Brown (2019) identified the importance of covering the nuance within public vs private behaviours; for example, by including the exceptions, such as doctors being allowed to touch private body parts, or how the use of a webcam in a private setting can be public.

Skills

The concept of 'skills' was separated into three subthemes: practical skills, skills in navigating relationships and emotions and self-advocacy skills. This theme concerns the skills required to apply knowledge within relationships and throughout life so that young people can keep themselves and others safe and have successful and happy relationships. All 14 studies reported agreement with the view that the skills required to navigate relationships and emotions should be included; the autistic adolescents in Brown (2019) raised the importance of having opportunities to put into practice their social knowledge within interactions and relationships. Practical skills were also common themes within the curricula (Gougeon, 2013; Greiert, 2016; Hansen, 2019; Hatton & Tector, 2010; Njopa-Kaba, 2019; Travers & Tincani, 2010; Tullis & Zangrillo, 2013). All studies either explicitly referred to

self-advocacy or integrated it within their inclusion of communication, advocacy of needs, preferences and personal safety, and decision-making.

Practical Skills. The mothers in the research reported by Hansen (2019) felt practical skills - such as how to use deodorant, how to shave, how to use a condom and how to use menstruation products - were priority areas. In suggested curricula, there was emphasis on other practical skills such as what to do when pregnant, where and how to get tested for STIs, how to make decisions about contraception and how to buy contraception (Brown, 2019; Greiert, 2016; Hansen, 2019; Tullis & Zangrillo, 2013). Preventative health strategies also featured highly, such as doctor examinations, breast and testicular examinations and dentist and optician visits (Greiert, 2016; Hatton & Tector, 2010; Solomon et al., 2019; Travers & Tincani, 2010).

Navigating Relationships and Emotions. All 14 studies highlighted the need to include content on the skills in navigating relationships and emotions within RSE curricula. The autistic adolescents in Brown (2019) felt topics within concrete and social knowledge tended to be covered well as they were logical. For them, the unpredictable and ever-changing social and relational aspects were more important for RSE to cover. This was mirrored by the adolescents in Gougeon (2013) who were well informed of privacy rules, but reported getting in trouble for acting inappropriately with someone who they found attractive.

Researchers, practitioners, adolescents, and their families all agreed that RSE should support individuals to develop the skills to manage relationships, and their accompanying emotions, across a typical timeline. Autistic adolescents in Gougeon (2013) and Njopa-Kaba (2019) suggested support on how to initiate romantic relationships and how they should act when they find someone attractive. One caregiver in Gougeon (2013) explained this involves "building rapport on a different level," recognising if a partner is or isn't interested in them and dealing with both scenarios (p. 123). This was echoed within studies which raised

emotional support with love and intimacy as being important; this included falling in love, the different components of intimacy and managing both attraction and rejection (Gougeon, 2013; Greiert, 2016; Travers & Tincani, 2010; Visser et al., 2017).

Skills in dating and relationship development also featured highly in curricula; these included understanding the subtle rules and social norms of courtship, communication and listening skills, sharing similar interests, small talk vs private talk and showing appropriate affection (Greiert, 2016; Njopa-Kaba, 2019; Pask et al., 2016; Travers & Tincani, 2010; Tullis & Zangrillo, 2013; Visser et al., 2017). As one autistic adolescent stated, "how to keep the relationship going sort of thing" (Gougeon, 2013, p. 122).

Tullis and Zangrillo (2013) suggest RSE should not just include the dangers of the internet, but also skills in navigating online dating and relationships. This included how to transition online relationships to in person and internet dating skills.

Self-advocacy. The majority of studies included topics associated with skills of self-advocacy, although the concept was only explicitly mentioned in two (Greiert, 2016; Lehan Mackin et al., 2016). Both noted that self-advocacy is important for assertiveness, communication, setting and respecting boundaries, prevention of abuse, protection from harm, and social navigation. One parent in Lehan Mackin et al. (2016) highlighted the distinction between understanding consent and having the self-advocacy skills to navigate consent within a relationship. They voiced, "we need to empower these girls to say, 'hell no'" (p. 614). This is echoed by a young person in Brown (2019) who shared "either you just let it happen or you push it away because you don't know any other way to" (Brown, 2019, p. 192).

Self-advocacy was also represented in equipping individuals to make informed decisions within relationships and the community, and advocating for personal and sexual rights, needs and preferences (Brown, 2019; Gougeon, 2013; Hansen, 2019; Hatton & Tector,

2010; Miller, 2013; Solomon et al., 2019; Travers & Tincani, 2010). The program developed by Brown (2019) used visuals to support adolescents with decision-making; the image depicted 'man at the crossroads' where there was a green and red pathway to explore the consequences of their actions. However, the example given around consent references police, trials, and conviction so, while important, this may have been used more as a control system rather than to support adolescents to advocate for their needs. Issues around gender are explored in the discussion, but it is worth noting the assumptions behind comments or activities in this section. In Lehan Mackin et al. (2019), girls could also be empowered to say, 'hell yes,' and in Brown (2019) there is a 'man' at the crossroads, rather than a person, despite both males and females participating in the program.

Attitudes

Attitudes, defined as ways of thinking and feeling, encompasses views towards the self, diversity, and the enjoyment of sex. Within attitudes, personal values around developing a sense of self, gender identity, sexual orientation and an understanding of personal and sexual rights were identified in some high or medium rated studies (Brown, 2019; Gougeon, 2013; Greiert, 2016; Hatton & Tector, 2010; Njopa-Kaba, 2019; Solomon et al., 2019).

Closely linked to self-advocacy, Hatton and Tector (2010) argued that any RSE program must include opportunities for autistic young people to develop a sense of self as a prerequisite 'building block,' which included how their autism impacted on them. This was echoed by the experts in Greiert (2016) who noted that autistic individuals should be supported to build an understanding of their own sensory sensitivities and how this may impact on their intimate relationships. The educational psychologists in Njopa-Kaba (2019) also highlight the significance of young people forming positive relationships with themselves and how perceptions of self can influence relationships. They also note that normalisation of emotions within relationships can be important, highlighting to autistic

young people that all relationships can be complicated and emotional, and all individuals need to learn how to manage regret and repair relationships.

Attitudes towards homosexuality and gender differences were explicitly included in six high or medium rated studies. These topics were more likely to be suggested by autistic individuals and their caregivers rather than researchers (Brown, 2019; Gougeon, 2013; Greiert, 2016; Hansen, 2019; Njopa-Kaba, 2019). The autistic adolescents in Brown (2019) raised issues of gender identity and sexuality, sharing that it would be something they would like RSE to discuss or raise more frequently. In response, the program developed by Brown (2019) discussed different sexual orientations and used homosexual relationships as scenarios for different topics. The experts in Greiert (2016) and professionals in Njopa-Kaba (2019) highlighted the importance of autistic students being able to explore their gender identity and sexual orientation, which included validating the choice to not want to be in a relationship, as well as an awareness of discrimination of groups in society and their socio-political rights.

Caregivers in Gougeon (2013) identified that it was important for RSE to "recognise the various dimensions of sexuality for youth, not just the problematic ones" and to normalise masturbation in order to prevent shame (p. 125). The enjoyment of sex was also identified by autistic individuals in Gougeon (2013), highlighting how pleasure was a topic suggested by autistic individuals more often than researchers. Brown (2019), in his RSE program created through primary research with autistic individuals, also suggests that teachers should highlight the possibility of pleasurable feelings alongside teaching on reproductive function. However, while this is referenced in the course notes, in practice, it is reasonable to assume that the inclusion of pleasure may depend on the values, confidence and skills of the teacher, as well as potential fears regarding repercussions from parents and governors.

Discussion

Fourteen studies were included in the review; four presented a RSE program and 10 suggested RSE content. Of these 10, seven used primary methods to gather the views of autistic adolescents and/or the adults who support them at home or at school. While age ranges were not specified, all but two curricula were aimed at adolescents (the remaining two concerned the transition from adolescence to adulthood). The autistic individuals consulted in the primary research ranged from age 12 to 18.

While this review is not the first to use the Information-Motivation-Behavioural skills model (Fisher & Fisher, 1992) as a foundation to conceptualise the RSE needs of autistic individuals (Solomon et al., 2019), it is the first to apply an adapted version to review core elements of RSE curricula. It thus provides the beginning of an evidence-based understanding of current and proposed curricula content, inclusive of the voices of researchers in the field, those on the autism spectrum, their caregivers and adults who can offer support in school. With the two oldest studies published in 2010, and the remainder falling between 2013-2019, the RSE needs of autistic individuals appears to be a recent area of research.

Across the studies, the presented and proposed curricula were mapped onto three areas: knowledge, skills and attitudes. Topics included in these areas all shared the underpinning themes of navigating relationships and keeping safe. Across the curricula, there was an emphasis on making unwritten or unspoken rules explicit in RSE. Researchers, autistic adolescents, and their caregivers raised the importance of equipping young people with the personal skills required to act on knowledge and understanding within relationships and in the community. The review also highlighted the notion of 'a hidden curriculum' which conveyed the values and attitudes of heteronormativity, that sex should only happen within committed relationships and that neurotypicality was the norm to which autistic young people should aspire to. Reflecting previous findings, pleasure and desire were seldom included in

the curricula and there was an underlying assumption that sex was something to be given protective information about rather than being enjoyed (Goldfarb & Lieberman, 2021).

The dominance of a heteronormative view of sex and relationships across the curricula occurred despite autistic young people expressing a desire to learn more about alternative relationships. This has implications for all young people; one adolescent woman in research by the Sex Education Forum (2022) shared "they avoided the conversation of LGBT and so when I figured out I was attracted to women I thought I was wrong for that" (p. 13), but may be especially significant for young autistic people considering the emerging finding that more autistic than neurotypical individuals identify as homosexual and gender diverse (Dewinter et al., 2017; Hisle-Gorman et al., 2019). Together, this may indicate a triple jeopardy whereby autistic young people may experience a poor curriculum, hidden agendas, and a presumption of heterosexuality.

Curricular topics were similar to those found by Wolfe et al. (2019b) who reviewed the socio-sexuality curricula for developmentally disabled individuals, including those on the autism spectrum and those with learning disabilities and 'multiple disabilities.' Wolfe et al. (2019b) used the socio-sexuality education library from SIECUS (The Sexuality Information and Education Council of the United States) to review the content from publicly available curricula in America, as opposed to the current review which focused on academically published material. Researchers identified 39 topics that were present across the 11 curricula analysed; these were grouped into six key concepts - human development, relationships, personal skills, sexual behaviour, sexual health and society and culture. Akin to the findings from this current review, factual information on human development and sexual health were prominent topics across the educational programs. Further, the skills within the personal skills concept which featured in the curricula reviewed by Wolfe et al. (2019b) – values, decision-making, communication, assertiveness and negotiation and looking for help – were

similar to the self-advocacy skills which featured in the curricula reviewed in this current study, indicating the centrality of these . Similarly, gender diversity and sexual orientation were rarely covered, which reflects the findings in this review that these topics were more often raised by autistic individuals themselves than featured in the RSE programs. This highlights the risk of designing curricula which are not centred on what young people say they need and want.

The importance of practical skills and self-advocacy are also reflected in the core objectives outlined within the statutory RSE curriculum introduced by the DfE (2019) for all children and young people. It states, "pupils need knowledge that will enable them to make informed decisions about their wellbeing, health and relationships" and to be able to "put this knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts" (p. 8). When comparing the topics in the statutory RSE curriculum with the topics identified in this review, there appear to be more similarities than differences. Topics in the guidance cover types of relationships, healthy and unhealthy relationships and friendships, equality, online safety, issues related to sexual health and being safe, which includes factual information about pregnancy, contraception and STIs, consent, how to recognise grooming, abuse and exploitation, sexual pressure and how to get further support. However, The Sex Education Forum surveyed 1,002 young people aged 16 and 17 years old and living in England and found inconsistencies in the RSE quality across schools, with 35% rating their school RSE as 'good' or 'very good,' but 22% rating it as 'bad' or 'very bad.' In terms of topics, 59% of young people expressed they had either not learnt about how to tell if a relationship is healthy or not learnt enough about it; 33% did not learn how to access local sexual health services; 46% learnt nothing about sexual pleasure; 39% had learnt nothing about gender identity and information relevant to people who are trans and non-binary; 25% learnt nothing about feelings and emotions to do with relationships; and

37% learnt nothing about power imbalances in relationships. Overall, the report highlights young people's dissatisfaction with the RSE provided at school, despite it becoming a statutory requirement. While the Covid-19 pandemic may have disrupted the successful implementation of the RSE curriculum (almost half of the young people surveyed received no RSE in Covid-19 lockdowns), this highlights problems with implementation of RSE in English schools. As such, even though the statutory curriculum may include many of the topics important for autistic young people, as identified in this review, research by the Sex Education Forum (2022) suggests organisational problems concerning the delivery of the curriculum.

Additionally, in their consultation with 2,343 neurotypical adolescents, Bauer et al. (2020) suggested that RSE should include initiating and maintaining relationships, dating and desire, which are not featured in the statutory curriculum, but are in the core elements identified in this review. Together, this raises the question of whether RSE is fit for purpose for all young people, let alone those with additional or different needs, and whether autistic students, for example, would require additional or different provision if the RSE 'baseline' met young people's needs.

It is also important to remember the heterogeneity within autism. Is it arbitrary having a RSE curriculum specifically for autistic people when autism itself is a spectrum condition whereby individuals may require different RSE provision? Further, like all young people, autistic young people have other aspects of their identity which mean they may require additional support in an area, such as questions over their sexuality, gender identity or the impact of their religious beliefs. Again, this may indicate that a needs-centred, quality first teaching approach to RSE is more important than RSE for specific groups of learners. This is identified by Goldfarb and Lieberman (2021) who state the need for RSE to take "a broader social justice approach" which "examines sexual orientation and gender together with race,

culture, and other identities, in the context of systemic oppression and its impact on the marginalised communities" (p. 24).

While curricular topics could be similar for all young people, it is more important for educators to instead be aware of the ways of thinking which may impact how autistic young people approach such topics – and how this may influence their sense of self and sexuality development. For example, when talking about gender fluidity, one participant in Hannah and Stagg (2016) shared "I sort of denied it to myself. Because I have very concrete, black and white thinking…it didn't quite fit. And it caused me a lot of emotional problems" (p. 3682). The autistic researcher Lawson (2005) highlights the importance of understanding polytropism and monotropism (Murray et al., 2005) when considering issues of sexuality. Lawson (2005) outlines that a monotropic learning style means having restricted areas of interests at one time, which can lead to thinking literally and in closed concepts, a focus on non-social priorities, non-generalised learning and issues with predicting outcomes. As such, Lawson (2005) states monotropism "is primary to who we are and, therefore, to our sexuality" and that he "does not believe we can look at understanding sexuality and [autism] without recognising the differing ways we each process life experience" (p. 21).

Application of the IMB Model

A strength of the Information-Motivation-Behavioural skills model as a foundational framework for synthesis of the findings was that it enabled a clear distinction between the curriculum constructs. This was particularly important in understanding the subjective teaching experiences where participants reported that concrete knowledge, such as conception, disease prevention and contraception, and social knowledge, such as private vs. public behaviours, were perceived to be adequately taught, but "discussion relating to friendships, relationships, sexuality and even consent, were either perceived as being non-existent or inadequate for the needs of some" (Brown, 2019, p. 178). Relatedly, practical

skills, such as how to buy and use contraception and how to seek support, and self-advocacy

skills, such as assertiveness and decision-making, are key skills which are required to be able

to put into practice the knowledge learned and apply it within relationships.

Furthermore, the distinction between knowledge and skills has also been raised by

young people in research into RSE quality in English schools by the Sex Education Forum

(2022). Findings highlighted that many of the adolescents consulted tended to be satisfied

with the amount they learnt about puberty, how babies are conceived, condoms and

contraception, STIs and consent. However, they were less satisfied with how to access sexual

health services, how to recognise abuse and grooming and how to get help if sexually abused.

Young people also reported that learning facts about a topic was the most common teaching

format, with fewer young people exploring scenarios or real-life examples, considering

different points of view or being given the opportunity to ask questions and get answers. It is

important to recognise that a RSE curriculum which prioritises concrete knowledge and the

learning of facts may omit important skills needed to apply such knowledge. This highlights a

strength of the use of the model in that it recognises the interrelatedness of knowledge and

skills.

Further, teaching approaches also highlight the importance of discerning between

knowledge and skills. Social Stories is a popular teaching technique used with autistic

individuals, although there is limited research on its effectiveness for RSE topics (Stankova

& Trajkovski, 2021). In one study, Stankova and Trajkovski (2021) found that, while Social

Stories improved autistic adolescents knowledge in the RSE area, they were not helpful for

enabling behavioural change. Additionally, the autistic adolescents reported in Brown (2019)

highlighted that "short programs, sometimes tailored to specific aspects of their development

but with no ongoing teaching occurring to more fully explore the topics" was not helpful in

allowing them to put their knowledge into practice, instead suggesting ongoing support

across their development and opportunities to review the effectiveness of their social interactions in the real world (p. 184). Again, this is echoed by the young people in research by the Sex Education Forum (2022); as one adolescent stated, they want "more time to develop an understanding of it all, instead of rushing the whole subject to get it over and done with" (p. 18). The IMB model may be a useful framework to ensure that the importance and interconnectedness of both content and teaching approaches are apparent.

Implications for Practice

Parallels can be drawn between the importance and relevance of the distinction between knowledge and skills and this review's focus on content rather than delivery. In the same way as skills enable the knowledge to be put into practice, appropriate delivery is fundamental and without that the content becomes inaccessible (Brown, 2019; Greiert, 2016; Njopa-Kaba, 2019). While focusing on 'high functioning' autism, the experts in Greiert (2016) highlight the importance of pedagogy which:

- Individualises the teaching to meet the distinctive needs of students

- Considers environmental factors, such as sensory input and availability of breaks

- Considers whether small group or one-to-one teaching would be appropriate

- Considers the person who delivers RSE and whether they have or can develop positive relationships with learners

- Includes the use of teaching strategies such as visuals, real-world examples, open and direct discussion and explanations, repetition, breaking down information into small steps, appropriate role-play, student-led research, and parental involvement

- Considers how mastery can be measured which focuses on how well students generalise what is learned to the real world

- Carefully considers the appropriateness of including neurotypical peers within the teaching group.

Current research has highlighted that RSE for all young people requires improvement, and that "basic, mandatory aspects of the curriculum, such as healthy relationships, and how to access sexual health services are frequently missed" (Sex Education Forum, 2022, p. 5). It is apparent that RSE needs to be more consistently matched to the needs of young people, which includes autistic young people (Brown, 2019; Cheak-Zamora et al., 2019; Hatton & Tector, 2010; Sex Education Forum, 2022). Perepa (2021) highlights that, for RSE to be inclusive for young people on the spectrum, it must be personalised; young people should be provided with opportunities to develop a positive self-concept and asked what is important for them to know and be able to do. RSE should then be tailored to them so that they can develop the relevant knowledge and skills (Perepa, 2021). The importance of flexibility and adaptability and not delivering concepts in a "lockstep sequence" is endorsed by Wolfe et al. (2019b) in his work with children with disabilities and could be extended to all young people (p. 156). Educational psychologists have a mandate both from the SEND code of practice (2015) and their professional body to be supporting all children in accessing RSE (British Psychological Society, 2018).

However, we intervene, or support schools to intervene, care must be taken to ensure RSE is not ableist in that it inadvertently dishonours autistic ways of interacting and communicating. It may be useful for autistic individuals to be taught how 'neurotypical' people interact and communicate within dating and courtship, but the objective of this should be to reduce stress navigating 'neurotypical' relationships, rather than assuming 'neurotypical' methods are the aim to which all should aspire to.

Furthermore, it is possible a personalised, inclusive approach may be easier to implement within a special school setting where class sizes are smaller and teachers may have increased knowledge of how to adapt teaching to the needs of autistic CYP. It will be important to consider how educators can work with autistic CYP, and CYP with other SEND,

in a mainstream context without making them feel stigmatised or excluded. While this review cannot answer this, it remains a challenge in RSE practice.

Strengths and Limitations

Strengths of this review include the transparency of the model used to analyse the curricula, the inclusion of theses which addresses the lag between research and publication and, notably, the inclusion of both presented and proposed curricula from multiple stakeholders, including those on the autism spectrum. In their review of perspectives and attitudes towards RSE, Strnadová et al. (2022) note that few studies include the voices of autistic young people, or those with a learning disability, and highlight the need to learn from them so that RSE can be suited to their needs. This review echoes this; its inclusion of research which asks those for whom the curriculum is designed what they would like in a curriculum, rather than reviewing curricula which has been designed by others for them, increases the likelihood that the topics identified are relevant to them. However, while this is a strength, only the voices of those able to participate in research are included. This risks neglecting the needs of autistic individuals who are non-verbal or have other learning needs which prevent them from taking part in research. Further, the young people who participated in research were adolescents, and thus they may have different ideas on what should be included in curricula when they have reached adulthood.

There are further limitations to this research. Firstly, studies were all from Western countries. Eight were conducted in America, four in the UK, and one each in Canada and the Netherlands. It is highly likely that country of origin will influence content, especially given the difference in norms and attitudes between American and the Netherlands, for example. This was apparent in one American study, where researchers Travers and Tincani (2010) highlight abstinence as a method to which "specific attention should be given" in relation to autistic individual's sexual health (p. 287), which perhaps reflects the abstinence movement

prevalent at the time in the USA, driven by religious values and politics (Calterone Williams, 2011). Secondly, the inclusion of solely academically published work neglects curricula which may be developed by individual schools or organisations. As such, it may provide a limited understanding of how RSE looks for autistic young people 'on the ground.' Perepa (2021) highlights that, often, good RSE practice is not often shared across schools and rarely published, which has implications for evidence-based practice. Thirdly, this review focused on curricular content, although recognises that delivery is key. Further work should look at the two in parallel.

This review also raises issues regarding gender. Across the primary research, there was a pattern of more autistic adolescent males to females as participants and more female to male caregivers and professionals, such as those consulted in the Delphi study (Brown, 2019; Gougeon, 2013; Greiert, 2016; Lehan Mackin et al., 2016; Njopa-Kaba, 2019). This difference may have implications for the topics or delivery style proposed. For example, the female parents in Lehan Mackin et al. (2016) raised their own feelings of discomfort discussing issues related to sex and sexual development with their sons, due to their gender difference. They also shared a preference for gender segregated RSE, which was echoed by the mainly female caregivers Gougeon (2013) who expressed that partly or fully gender segregated RSE was important for autistic CYP as they thought their children would feel embarrassed or awkward learning about bodies in a mixed gender class. However, the adolescents in this study tended to be either open to mixed gender RSE classes, or express a want for it to be mixed (Gougeon, 2013). Questions also remain over whether genders do, or should, receive a different kind of RSE in terms of content and delivery. The studies which measured the effectiveness of RSE programs included in this review included mostly males (Brown, 2019; Pask et al., 2016; Visser et al., 2017), with one aimed at only males (Miller, 2013). This reflects wider concerns regarding autistic girls being less likely to be identified as

autistic than boys (Krahn & Fenton, 2012), and thus being excluded from research (Shefcyk, 2015). Pecora et al. (2020) highlight autistic females have an increased risk of sexual victimisation and unwanted sexual experiences, and that they have greater diversity in gender identity and sexuality than 'neurotypical' females and autistic males. Future research should explore any differences in RSE needs across genders.

Conclusion

This review started by asking about the core elements of RSE curricula for autistic CYP, but what became clear was the importance of how RSE is taught, which is why delivery featured heavily in implications for practice. The centrality of delivery was also identified as a key area of importance in the review of RSE best practice by Pound et al. (2017). In that review, the authors also highlight that young people want a more sex positive approach to RSE, rather than a curriculum which focuses on risk and risk reduction. This was echoed in the current research whereby concrete knowledge regarding STIs and contraception featured across the curricula, but enjoyment and diversity were identified as being absent by autistic young people.

As Lawson (2005) states "sexuality is not just about sex. It is about all of who we are, how and what we think, how we relate, our hopes and dreams – it is about being human" (p. 15). While typically RSE may focus on the act of sex, it has the power – and responsibility – to ensure all young people receive opportunities to develop a healthy and positive relationship towards themselves and their sexuality.

Relationships and Sex Education: Educational Psychologists' Views and Experiences of Supporting the RSE needs of Autistic and Non-Autistic Young People

Abstract

This study aimed to develop a greater understanding of the educational psychologist (EP) role – current practice, opportunities, and barriers – in supporting the RSE needs of autistic and non-autistic young people. An online survey created for the purpose of this research was completed by 40 EPs, including trainee EPs, which yielded quantitative and qualitative data. Quantitative data was analysed using descriptive statistics. Qualitative data was analysed using reflexive thematic analysis which took an experiential, inductive approach. Findings reveal that EP practice is, in the absence of professional training opportunities and consensus of role, largely driven by cultural and societal assumptions and against the backdrop of organisational demands and constraints. While there is variability in how EPs are supporting RSE of CYP, current practice is predominately at the individual level. EPs recognised legislative changes as drivers for EP involvement in this area and identified opportunities in systemic and organisational involvement and advocacy. A SWOT analysis was undertaken to provide a shared understanding of the EP role and support services to reflect on wider contextual factors and possible ways forward. Survey limitations are identified and the omission of CYP's perspectives is discussed. The study highlights the role EPs can have in supporting the RSE of CYP, a role which may become more significant considering special educational needs legislation and the now statutory RSE curriculum.

Keywords educational psychology, relationships and sex education, autism

Relationships and Sex Education (RSE) is a fiercely debated school subject despite its benefits to young people (Goldfarb & Lieberman, 2021; Iyer & Aggleton, 2015; Macdowall et al., 2015; Zanatta, 2021). In England, RSE policy and prioritisation has been motivated by cultural and political contexts; a journey which has reflected a longstanding debate in RSE between "moralistic, bio-medical and more liberal approaches" (Iyer & Aggleton, 2015, p 12; Sex Education Forum, n.d.). Previously, non-statutory government guidance has focused on the biological aspects of sexuality and presented a moral framework which favoured marriage and distanced itself from "the promotion of sexual orientation" (Department for Education; DfE, 1994; Department for Education and Employment, 2000). However, following recent changes to legislation (Children and Social Work Act, 2017), Relationships Education is now compulsory for all students in primary education, with Sex Education being added at secondary level. The curriculum introduced by the DfE (2019) covers five areas: families; respectful relationships, including friendships; online and media; being safe; and intimate and sexual relationships, including sexual health. It recognises changes in the societal and cultural contexts of the UK with the inclusion of internet safety and social media, female genital mutilation, honour-based violence, and sexual orientation and gender identity. Nevertheless, the focus on facts, law and equality, the debate between approaches continues and RSE remains controversial, partly due to the diversity of cultural and religious values across the UK (Polonsky, 2020).

When comprehensive RSE is delivered well, it has far reaching positive benefits, including risk and harm prevention as well as appreciation of diversity, development of healthy relationships and increased social and emotional skills (Goldfarb & Lieberman, 2021; Macdowall et al., 2015). Research from the Terrence Higgins Trust (2016) also found that those who had RSE earlier and more often in school rated it higher in quality.

However, despite implementation of the new curriculum, recent research by the Sex Education Forum (2022) reveals that young people in England are often not learning about fundamental and compulsory topics. For example, 33% of the 1,002 young people surveyed reported that they did not learn how to access their local sexual health services. The young people also expressed a desire for more time dedicated to more open and in-depth RSE "instead of rushing the whole subject to get it over and done with" (p. 18). This indicates inadequacies and inconsistencies in the RSE currently provided across English schools.

RSE and Special Educational Needs and Disabilities

Current guidance states that RSE must be accessible for students with special educational needs and disabilities (SEND; DfE, 2019) and acknowledges that students may be "more vulnerable to exploitation, bullying and other issues due to the nature of their SEND" (p. 15). As such, the guidance states that the curriculum should be differentiated and personalised to meet the needs of students with SEND and recognises that there may be a need to tailor content and teaching. Although the document offers limited guidance on how this may be achieved, organisations have offered both free and commercial resources (Kerr-Edwards et al., 2020; Sex Education Forum, 2021).

Current guidance also makes links between the RSE curriculum and preparation for adulthood (PfA) outcomes, as set out in the SEND code of practice (2015; DfE, 2019). The PfA initiative aims to provide support to prepare young people for higher education and/or employment, independent living, participating in society and being healthy in adult life. The SEND code of practice (2015) states that, from Year 9, PfA "should be an explicit element of conversations with children and their families" and that for young people with Education, Health and Care (EHC) plans, "local authorities have a legal duty to include provision to assist in preparing for adulthood in the EHC plan review" (p. 28). Despite links to RSE being made, sexuality and sexual health are not explicitly referenced in the PfA guidance within the

SEND code of practice (2015); although it can be inferred by mention of "support in developing and maintaining friendships and relationships" and support to "ensure young people are as healthy as possible in adult life" (p. 126). Recognition of sexuality and relationships within PfA also features on the PfA website.

Autism, Sexuality and RSE

Autism is a spectrum meaning that, like all people, autistic people have many strengths as well as things they find difficult. This paper's author recognises that they themselves are 'neurotypical' and is conscious of the desire not to contribute to an ableist and deficit-based model of understanding autism. As such, identity-first language will be used (Bottema-Beutel et al., 2021). Common characteristics of autism include encountering challenges when navigating 'neurotypical' social communication and interaction; intensive, passionate interests; sensory differences; emphasised preference for routine and predictability; and repetitive movements or behaviours (National Autistic Society, n.d.).

Historically, discourse around autism and sexuality has been negative and focused on problems akin to a 'top-down' perspective, such as public masturbation and inappropriate sexual behaviours (Gillberg, 1984; Lawson, 2005). Relatively recent research has sought to understand problems from a 'bottom-up' perspective by listening to the views of autistic individuals. Such research has found that, while autistic individual's sexual interest and desire for romantic relationships are within a similar range to their typically developing peers, they can face unique challenges navigating relationships and sexual experiences (Barnett & Maticka-Tyndale, 2015; Dewinter et al., 2017; Joyal et al., 2021; Travers & Tincani, 2010). Autistic adolescents and young adults have identified concerns with experiencing social anxiety when meeting potential partners; initiating and navigating courtship; inferring their partners' perspective during sexual experience; managing sensory differences during sexual experiences; and understanding their sexual and gender identity, an issue which may be

particularly pertinent for autistic individuals considering the emerging finding that more

autistic than 'neurotypical' individuals identify as homosexual, bisexual and gender diverse

(Barnett & Maticka-Tyndale, 2015; Cheak-Zamora et al., 2019; Dewinter et al., 2017;

Hannah & Stagg, 2016; Hisle-Gorman et al., 2019; Joyal et al., 2021). However, it is

important to consider an interactionist approach to difficulties, as opposed to purely

individualistic; as Lawson (2005) writes, the main drawback of having autism is "the fact that

we live in a world that doesn't understand [it] very well, and this translates to all kinds of

relational hiccups" (p. 13).

It has been suggested that autistic individuals may have specific RSE needs and

requirements additional or different to those of non-autistic young people (Barnett &

Maticka-Tyndale, 2015; Greiert, 2016; Hannah & Stagg, 2016; Travers & Tincani, 2010).

Autistic individuals and researchers have highlighted the importance of also considering

pedological approaches so that content is a delivered in a way which is meaningful and

accessible (Brown, 2019; Greiert, 2016; Kerr-Edwards et al., 2020). However, mirroring the

research by Sex Education Forum (2022) with all young people, in practice autistic young

people face limited access to adequate, person-centred RSE which meets their specific

learning needs, and have expressed disappointment at the RSE they did receive at school

(Barnett & Maticka-Tyndale, 2015; Brown, 2019; Cheak-Zamora et al., 2019; Gougeon,

2013; Hatton & Tector, 2010; Joyal et al., 2021; Tullis & Zangrillo, 2013). As some autistic

adolescents shared in Brown (2019) "we weren't told what condoms are or anything like

that" (p. 186), "we did something about relationships, but we didn't really go into any real

depth" (p. 187) and, when reflecting on her skills in managing unwanted sexual advances,

another adolescent shared "either you just let it happen or you push it away because you don't

know any other way to" (p. 192). This not only has implications for adolescents sexual and

relationship health and safety, but also their self-esteem and self-image (Hatton & Tector,

2010; Koller, 2000). Notably, Perepa (2021) highlights that while there may be good practice occurring in individual schools, there is little sharing of information which has implications for developing evidence-based practice within this area.

EPs' Role in Supporting RSE

Educational psychologists (EPs) work across the age range of 0-25 and, as such, they are well placed to support transition to adulthood. Involving CYP and their families, particularly in the EHC needs assessment process, is a key standard underpinning the SEND code of practice (2015). As strong believers in the importance of inclusion and advocacy for CYP, a cornerstone of EPs' work is enabling the voices to CYP to be heard and acted upon in a genuine and meaningful way (Harding & Atkinson, 2009; Hobbs et al., 2000).

Understanding and supporting the RSE of CYP is not specifically identified as a core competency for doctoral programmes (The British Psychological Society; BPS, 2019), meaning universities in England, Northern Ireland and Wales are not required to provide teaching on the subject. However, EPs do have a responsibility to support students to succeed in their learning, social and emotional development and mental wellbeing in school, and other core competencies related to diversity and relationships which would be included within RSE (BPS, 2019). Further, the BPS (2018) endorsed the role of EPs in ensuring the RSE curriculum is accessible for students with SEND. In Wales, 'sexual identity' is identified as an area in which EPs could support CYP by the Welsh government and Association for Educational Psychologists (AEP, 2016).

Research, although it has been limited within the UK context, has identified a number of potential roles for the EP: planning, delivering and evaluating RSE for students with SEND (Desai, 2019); supporting school staff if autistic CYP have engaged in inappropriate sexual behaviours (Greiert, 2016); changing attitudes and advocating for the importance of RSE for CYP with SEND, including those on the autism spectrum (Desai, 2019; Greiert,

2016; Njopa-Kaba, 2019); delivering training to school staff which covers how teachers can manage feelings of embarrassment or shame delivering RSE (Njopa-Kaba, 2019); facilitating conversations between home and school (Greiert, 2016; Njopa-Kaba, 2019); providing systemic support by the application of knowledge and skills related to organisational change; and, providing supportive and reflective spaces for school staff involved in RSE (Carpenter, 2021).

To the author's knowledge, the only study solely exploring EPs' current or potential role in assuring students with SEND receive sufficient and suitable RSE is a thesis study conducted in New Jersey, USA (Desai, 2019). While most school psychologists agreed their involvement in this area is appropriate, the identified barriers included inadequate and variable training; time constraints; others' perceptions of their role; diffusion of RSE responsibility and their own apprehensions addressing sensitive topics. While there will be political and legislative differences between the USA and UK, the National Association of School Psychologists (NASP), and the AEP identify similar roles and responsibilities. This study seeks to build on very limited previous findings to explore EPs' views and experiences supporting the RSE of the CYP they work with, and in particular autistic CYP. It seeks to answer the following research questions:

1. How are EPs supporting the RSE of CYP and autistic CYP?

2. What are the issues for EPs in supporting the RSE of CYP and autistic CYP?

3. What are the opportunities for EPs in supporting the RSE of CYP and autistic CYP?

Method

Design and Procedure

This study was exploratory and utilised a mixed-method design to capture the depth and breadth of EPs' views and experiences (Pole, 2007). Quantitative and qualitative data

were gathered using an anonymous online survey via Qualtrics which ran between November 2021 and February 2022 (details below).

Ethical approval for the research was provided by the University of Southampton Ethics Committee (ERGO: 68262).

Participants

Participants were recruited via the University of Southampton Educational Psychology Doctorate Twitter account, the researcher's professional twitter account, the Educational Psychology email forum (EPNET) and through the researcher's professional network. A short introduction to the study was provided before presenting an online link to the Qualtrics survey. Participants were then provided with the details of research, including the rationale and aims, and asked to provide consent. No deception was used, and participants' IP addresses were hidden to ensure anonymity.

Survey

The survey was created for the purpose of the study by the researcher and their supervisors; one a researcher in the field of sexual health and education, and one a member of the University of Southampton Educational Psychology Doctorate course team. The survey was produced through an iterative process of literature reading and consultation with researchers and practitioners within the fields of RSE, autism and EP practice. Initial drafts were sent to a group of EPs to provide feedback on applicability to practice and ease of completion. It was hoped the views of autistic individuals would be collected to increase the likelihood that the survey covered significant topics or issues; despite approaches through social media platforms and through contacting secondary schools and colleges, no participants volunteered to take part.

The survey had five sections: the first collected demographic information; the second and third collected quantitative information whereby participants rated (1-5) the extent of the

professional training they had received and their views regarding the importance of receiving training for both RSE for groups of learners and specific RSE topics; and, the fourth and fifth collected qualitative information on EPs' current practice, issues, barriers and opportunities regarding the EP role in RSE for both young people as a whole and a focus on autistic young people. The survey can be found in Appendix B.

Data Analysis

Quantitative data were explored through descriptive statistics, while the qualitative data were explored using reflexive thematic analysis (Braun & Clark, 2022). Reflexive thematic analysis is a flexible approach which recognises and appreciates the unavoidable subjectivity of the research throughout the data analysis process. It offers the possibility of a more inductive, experiential analysis whereby data are coded at both the semantic and latent level to explore patterns across the dataset. In this way, reflexive thematic analysis provided both descriptive and interpretative analyses of the data which captured and explored educational psychologists' perspectives and understandings (Braun & Clark, 2022).

Reflecting the active role of the researcher in thematic analysis, first-person language will be used to describe the analytical process (Braun & Clark, 2022). I followed the six phases of reflexive thematic analysis outlined by Braun and Clark (2006, 2022). Before embarking on the process, I started a reflexive journal and began to reflect on and question my identities and life experiences broadly and in relation to sex education, additional needs, and educational psychology. The six-phase process was recursive in that I revisited earlier phases as I went from dataset to analysis. Through familiarisation, I noted a few potential analytical avenues. To generate themes, I engaged in an iterative process of semantic and latent level coding, theme development and engagement with the dataset.

Findings

Participants were 82 qualified or trainee EPs. Forty participants completed the survey in its entirety. There was a gradual attrition of participants throughout the survey; 79 completed demographics, 63 and 51 completed the first and second table collecting quantitative data, 56 completed the first open question exploring the EP role for RSE, and 43 completed the first open question exploring the EP role for RSE for autistic individuals. Exploration of data comparing demographic characteristics indicated no differences between the participants who did and did not complete the survey, likely due to the general homogenous nature of the participants; most participants were white British (86.3%) and female (89%). This largely reflects the demographics of EPs in England whereby 80.5% are female (Lyonette et al., 2019), and the demographics of 'practitioner psychologists,' which includes EPs, whereby 90.3% of the 1,682 surveyed in the UK identified as white (Moore et al., 2020).

Trainee or newly qualified EPs accounted for 42.5% of participants; those practicing for between 5 to 10 years accounted for 27.5% and those practicing for 11 to 25+ years accounted for 30%. Reflecting this, 41.8% were main grade EPs, 35.4% were trainees and 16.5% were senior EPs. Most participants (90.2%) worked in a local authority in some capacity. In this study, the term EP is used to signify both qualified and trainee EPs.

Descriptive Statistics

Descriptive statistics are shown in Tables 5 to 8. Overall, these indicate that, while EPs felt as though training for both RSE topics and groups of learners was important, they had received little of it, although there was variability in the responses given. A variable was created to separate less experienced from more experienced EPs through splitting participants into three roughly equal size groups based on the distributions in this sample: trainee EPs, main grade EPs and senior or principal EPs. No important differences were identified which indicates that, although perceptions of importance remain high as EPs become more experienced, they are not receiving more training as their career progresses.

Table 5

Means and Standard Deviations of EPs' Responses to Groups of Learners

Group of learners	Professional training as part of my CPD[a]		How important it is for EPs to receive RSE training for this group[b]	
	M	*SD*	*M*	*SD*
RSE for CYP in general	1.77	1.08	3.73	1.12
RSE for learning disabled CYP	1.71	1.27	4.22	.85
RSE for physically disabled CYP	1.50	1.05	3.94	1.09
RSE for CYP who identify as being LGBTQA+	1.84	1.15	4.19	.91
RSE for autistic CYP	1.69	1.15	4.32	.78
RSE for CYP of different ethnicities	1.35	.99	3.91	1.16

Note. This table demonstrates EP responses to two questions in relation to 6 groups of learners. CPD stands for continuing professional development. Response options were 1-5 where 5 was highest. Participants rated the extent of professional training received (1 = none at all; 5 = a great deal) and the level of importance for professional training for each group of learners (1 = not at all important; 5 = very important).

[a] N=62

[b] N=63

Table 6

Inter-quartile Ranges and Medians of EPs' Responses to Groups of Learners

Group of learners	Professional training as part of my CPD[a]		How important it is for EPs to receive RSE training for this group[b]	
	Median	IQR	Median	IQR
RSE for CYP in general	1.5	1	4	2
RSE for learning disabled CYP	1	1	4	1
RSE for physically disabled CYP	1	1	4	2
RSE for CYP who identify as being LGBTQA+	1	2	4	1
RSE for autistic CYP	1	1	4	1
RSE for CYP of different ethnicities	1	0	4	2

Note. This table demonstrates EP responses to two questions in relation to 6 groups of learners. CPD stands for continuing professional development. Response options were 1-5 where 5 was highest. Participants rated the extent of professional training received (1 = none at all; 5 = a great deal) and the level of importance for professional training for each group of learners (1 = not at all important; 5 = very important).

[a] N=62

[b] N=63

Figure 2

Bar Graph Depicting Means and Standard Deviations of EPs' Responses to Groups of Learners

Means and Standard Deviations of EPs' responses to amount of training, and perceived importance of training, regarding RSE and groups of learners
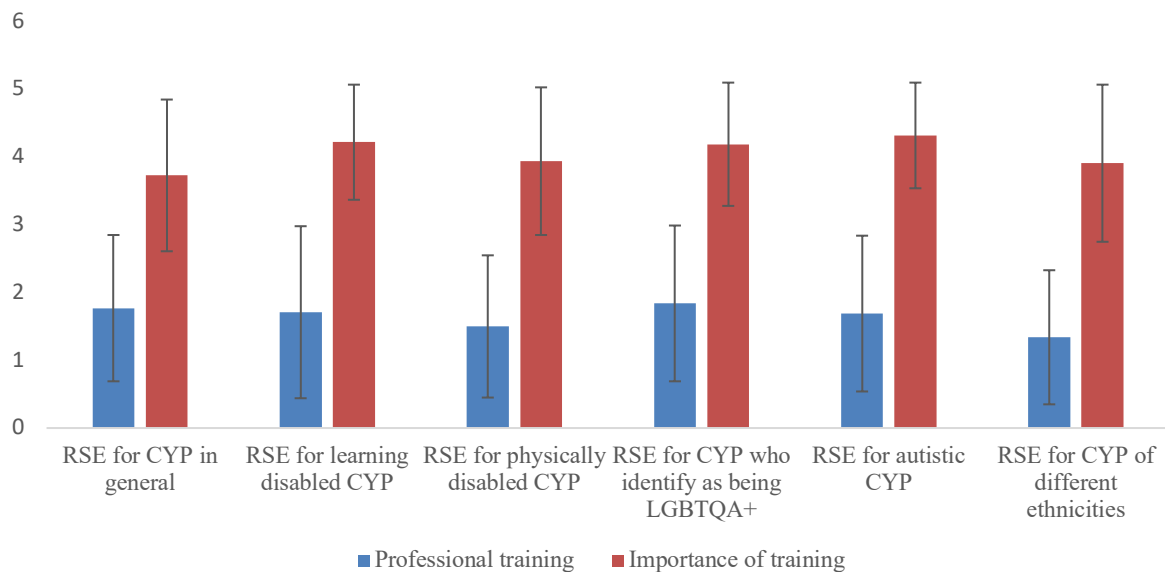
Reflexive Thematic Analysis

Questions relate to RSE for all CYP and autistic CYP and were analysed separately to maintain the focus on the three research questions: how EPs are supporting RSE, the issues and lastly the opportunities for EPs. This allowed for responses to be analysed directly in relation to the specific questions which I felt would be most helping in informing EP practice. However, I was also alert to any themes which ran across all and what become clear was the presence of a theme of cultural and societal assumptions running through all three questions.

Table 7

Means and Standard Deviations of EPs' Responses to RSE topic

RSE topics	Professional training as part of my CPD		How important it is for EPs to receive RSE training for this group		I know where to find information	
	M	*SD*	*M*	*SD*	*M*	*SD*
The facts about puberty; genital anatomy; fertility; pregnancy, including miscarriage	1.13	.63	2.80	1.23	3.86	1.14
Sexually transmitted infections (STIs), including HIV/AIDs, and the full range of contraceptive and pregnancy choices	1.13	.61	2.52	1.11	3.91	1.08
The characteristics of healthy and unhealthy relationships, including how to support and maintain healthy friendships and intimate relationships	1.93	1.04	4.09	1.07	3.51	1.09
Relationship diversity, including that there are different types of committed, stable relationships and LGBTQA+ relationships and identities	1.89	.98	3.96	1.14	3.68	1.11
Online safety and media depictions of intimate relationships	1.61	.80	3.71	1.22	3.23	1.27
Understanding how all aspects of health can be impacted by the choices individuals make in sex and relationships, both positively or negatively, e.g., physical, emotional, mental health, wellbeing, and sexual and reproductive health	1.48	.79	3.84	1.06	3.41	2.69

How to actively communicate and recognise consent from others and how and when consent can be withdrawn, including identifying and managing sexual pressure	1.71	.95	3.86	1.00	3.34	1.21
The concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, how to seek help and how these can affect current and future relationships	2.09	1.24	4.09	1.05	3.52	1.21

Note. This table contains EP responses to three questions in relation to 8 RSE topics. CPD stands for continuing professional development.

Response options were 1-5 where 5 was highest. Participants rated the extent of professional training received (1 = none at all; 5 = a great deal), the level of importance for professional training (1 = not at all important; 5 = very important), and their confidence in knowing where they could find information for each topic (1 = not at all confident; 5 = very confident). N=56 for all questions.

Figure 3

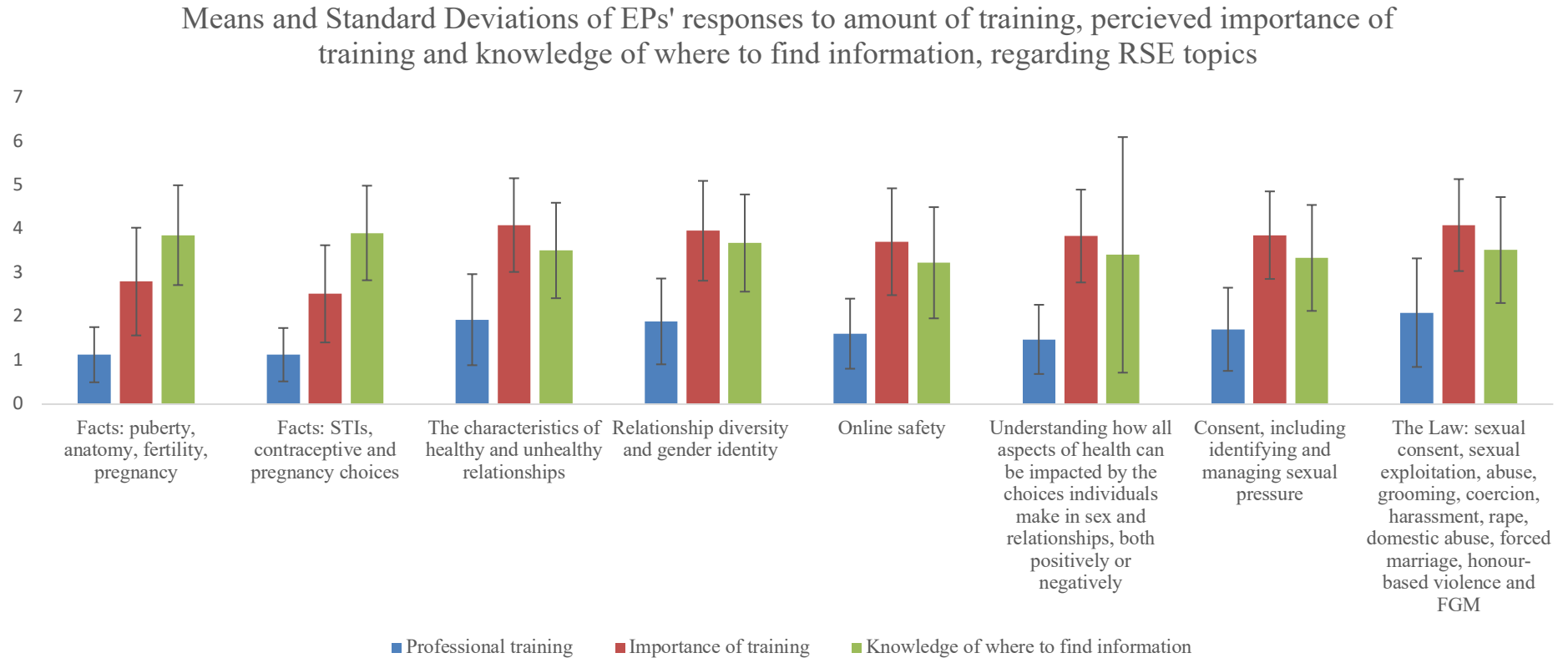*Bar Graph Depicting Means and Standard Deviations to EPs' Responses to RSE Topics*

Means and Standard Deviations of EPs' responses to amount of training, percieved importance of training and knowledge of where to find information, regarding RSE topics

Table 8

Medians and Inter-Quartile Ranges of EPs' Responses to RSE topic

RSE topics	Professional training as part of my CPD		How important it is for EPs to receive RSE training for this group		I know where to find information	
	Median	*IQR*	*Median*	*IQR*	*Median*	*IQR*
The facts about puberty; genital anatomy; fertility; pregnancy, including miscarriage	1	0	3	1	4	2
Sexually transmitted infections (STIs), including HIV/AIDs, and the full range of contraceptive and pregnancy choices	1	0	2	1	4	2
The characteristics of healthy and unhealthy relationships, including how to support and maintain healthy friendships and intimate relationships	2	2	4	2	4	1
Relationship diversity, including that there are different types of committed, stable relationships and LGBTQA+ relationships and identities	2	2	4	2	4	2
Online safety and media depictions of intimate relationships	1	1	4	2	3	1
Understanding how all aspects of health can be impacted by the choices individuals make in sex and relationships, both positively or negatively, e.g., physical, emotional, mental health, wellbeing, and sexual and reproductive health	1	1	4	2	3	2

|						
How to actively communicate and recognise consent from others and how and when consent can be withdrawn, including identifying and managing sexual pressure	1	2	4	2	3	1
The concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, how to seek help and how these can affect current and future relationships	2	2	4	2	3.5	2

Note. This table contains EP responses to three questions in relation to 8 RSE topics. CPD stands for continuing professional development.

Response options were 1-5 where 5 was highest. Participants rated the extent of professional training received (1 = none at all; 5 = a great deal),

the level of importance for professional training (1 = not at all important; 5 = very important), and their confidence in knowing where they could

find information for each topic (1 = not at all confident; 5 = very confident). N=56 for all questions.

I decided to make this an overarching theme (Figure 4). Although the themes are displayed as separate, it is important to note that they are interlinked. For example, organisational demands and constraints impacted the prominence of EP involvement being issue-led at the individual level, and changes in legislation made way for the opportunity of advocacy. I discuss relationships between themes within the description of themes and within the discussion.

The theme of cultural and societal assumptions is discussed first, followed by the themes generated from participant responses relevant to each research question.

Figure 4

Themes Generated under Research Questions (RQs)
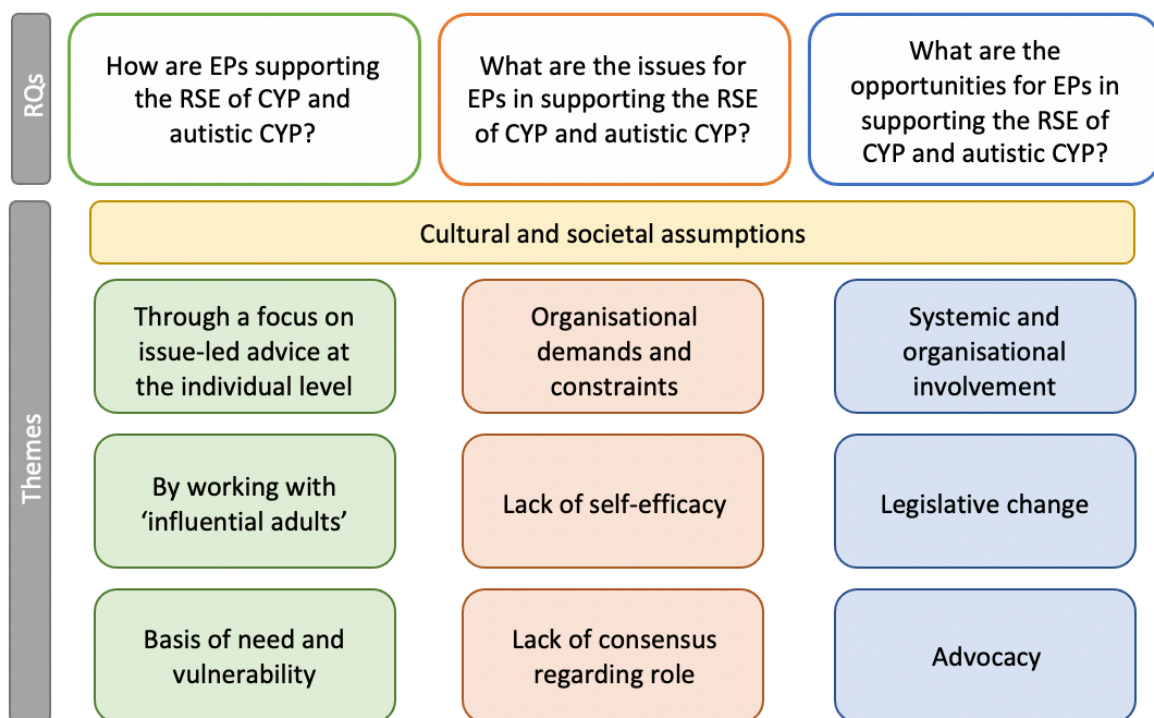
Cultural and Societal Assumptions

Although the data were analysed question by question, this theme underpinned the responses. As such, it is placed as an overarching theme; cultural and societal assumptions were central to EPs' views and experiences of supporting the RSE of CYP and autistic CYP.

RSE is different from other school subjects as it raises questions of values, morality, and ethics, and of social norms around the family, sexual behaviour, sexuality, and gender. EP responses indicated that they recognised that everyone: adults working with CYP, EPs, CYP were operating within a set of cultural and societal norms and were driven by their own feelings, values, and beliefs.

The different views and experiences related to RSE held by EPs acted as both barriers or facilitators to them raising and discussing RSE with adults and CYP. Often EPs reflected on their humanistic, liberal, and open-minded values, recognising the importance of listening to the viewpoints and perspectives of others with, what one described as, "respectful curiosity" and promoting inclusive RSE. Others also felt confident discussing RSE issues with adults and CYP; they described themselves as "open," "very comfortable" and "not avoidant" of the subject. EPs' values appeared to motivate their own learning in this area; those who were interested in RSE sought more information and became confident discussing issues. Some EPs also reflected upon how elements of their own identities impacted on their perception of CYP's needs, particularly around sexuality and gender identity. For EPs who shared they themselves were a member of the LGBT+ community, there was a sense of allyship as they reflected on how their own experiences - receiving a RSE curriculum which did not cater for their needs - impacted on both their motivation to challenge heteronormativity and their sensitivity in working with CYP who are developing their sexuality and gender identity. Yet this occurred within the context of wider cultural and societal assumptions which one EP described as bringing up conflicting feelings:

I still feel let down by the adults in my life and feel strongly that young people should have a different experience to me. However, I still have a hangover of shame from those formative experiences, so I don't always feel confident to speak up.

Conversely, other EPs expressed discomfort and a lack of confidence raising RSE issues, albeit a willingness to learn, while others revealed that they had given little thought to RSE. One EP reflected on their own experiences of inadequate RSE and how this impacted on their ability to discuss RSE issues "on a personal and professional level;" others referred to lack of training or experience supporting RSE. There was a tendency for EPs to hold the view that sex and relationships are personal and private matters which influenced their readiness to ask questions and have discussions about RSE. One EP reflected they were unsure whether raising RSE questions was "too prying/personal." Yet, for others, appraising relationships as personal did not negate their involvement but, rather, it affirmed their non-judgemental stance towards the subject and highlighted the importance of trying hard not to impose their own values and beliefs.

Further, mirroring the allyship felt by some EPs, others wondered whether being heterosexual or cis gendered made them "complacent to the struggles of those who identify as LGBTQA+," and the notion of privilege was also discussed. Some EPs referred to how the language used to talk about LGBT+ issues can change over time, and they felt "slightly out of touch," worrying about offending or harming CYP. One EP voiced they feel "inclined to shy away from certain topics, particularly in written reports and emails."

The different views and experiences EPs held regarding RSE, and their involvement in RSE, had implications for role clarity and opportunities with EPs feeling differently about how they can, and should, support RSE. For example, one expressed they would like RSE "to be a core aspect" of their work as they "feel it is crucial," while another commented that they see a "minor role." It is plausible that without a clear sense of role and without opportunities for professional training, EPs' own assumptions and values take precedent in how they see, or not see, the EP role in supporting CYP's RSE.

Furthermore, EPs identified that the adults with whom they work also hold assumptions, values and beliefs about sex and relationships which can act as barriers to the support offered to CYP. "Taboo in discussing sex" was identified by EPs as an issue when providing RSE support with others and EPs shared that RSE can be a "sensitive" topic which can be "uncomfortable" and "embarrassing" for adults and CYP to talk about. This may also be evident of a cultural and societal assumption around the 'protection' of childhood, whereby some EPs identified that adults could feel uncomfortable talking about their children becoming sexual or pointed out that there can be "perceptions that CYP shouldn't have sexual interests." Further, one EP also commented that it can be a challenge to discuss RSE issues with adults "without the child or young person being affected by stigma, shame or other negative responses from parents/carers/others should safety concerns arise." This links to the theme of advocacy in what opportunities EPs saw in their role to support CYP's RSE; they referred to challenging discriminatory or harmful perspectives and practices.

There were also indications of assumptions around autism and 'neurotypicality.' Some EPs referred to others assuming autistic CYP would not want an intimate relationship. Notably, although this assumption was identified as being held by others, this also appeared to influence EP practice. EPs often expressed that while they had supported autistic CYP broadly with relationships and social communication, they seldom discussed their romantic relationships or sexual health unless a specific issue was raised by the adults around the CYP; however, this may be due to lack of opportunity, or influenced by a lack of confidence or clarity discussed above, rather than avoidance. Further, the existence of an assumption which places neurotypicality as the norm to which all CYP should aspire was also apparent. Some EPs identified that autistic CYP need support with understanding 'socially appropriate behaviours' and 'social skills,' while others named this assumption as something to be overcome; one highlighted the need to upskill non-autistic CYP and one reflected upon how

this assumption can interact with autistic CYP's RSE needs: "I also think that autistic people are (sometimes... often) taught to prioritise the needs of other people and to ignore their own thoughts/feelings/discomfort/pain which will inevitably have an impact on how they begin to understand consent."

Overall, this overarching theme highlighted that EPs, and the adults and CYP with whom they work are first and foremost people with shared and unique experiences and perspectives which could act as barriers and facilitators to discussing sex, relationships and RSE; this underpinned the responses to each question either explicitly or implicitly.

RQ1: How are EPs Supporting the RSE of CYP and Autistic CYP?

Three themes were identified that related to research question 1. These are detailed below.

Through a Focus on Issue-Led Advice at an Individual Level

While there were some examples of systemic work, most EPs who contributed to the RSE development of CYP commented that their work was predominantly at the individual level and was reactive and episodic; reactive in that EP involvement often only occurred in response to an issue or need raised by school staff or parents or, more rarely, the young people themselves, and episodic in that involvement finished once psychological advice or recommendations were given. Issues or needs included: how to support LGBT young people; safeguarding and online safety concerns; managing 'inappropriate' sexual behaviours, supporting CYP who had witnessed domestic violence or been the victim of childhood sexual exploitation; concerns around unhealthy relationships or friendships; supporting CYP to understand consent; and supporting CYP through puberty changes.

When considering autistic CYP, EPs referred to the assumptions at play which determine what is an issue and how this can impact on genders differently. For autistic boys, it was felt that because their exploration of their sexuality and pleasure tended to be more

noticeable, they received more support. However, it was felt that autistic girls tended to receive less support as they "don't cause problems for other people." This is likely to be influenced by the theme of organisational demands and constraints whereby schools are becoming more in control of EP priorities, but that they also have limited resources so may make decisions based on what feels immediate to them. Yet, such a focus could feed into assumptions of autism and sexual deviancy.

EPs reported that their response to issues was typically through consultation, joint outcome meetings, signposting, casework, and writing advice and recommendations in statutory and non-statutory reports. Often, support for CYP and autistic CYP was given through the EHC needs assessment process and some EPs identified the PfA agenda as a useful springboard for discussing RSE support.

By Working with 'Influential Adults'

EPs identified that when contributing to the RSE development of CYP, their role frequently involved working with the 'influential adults' around CYP. This was often achieved via consultation where EPs took the role of a 'critical friend' providing a space for reflection and "gentle challenge." In this way, EPs took a more systemic approach by supporting school staff to notice and develop their own skills and improve whole school practice, as well as supporting parents to reflect on their children's needs by encouraging them to take their children's perspectives and drawing attention to their feelings and concerns. As one EP described, "I have questioned the impact of RSE in the lives of autistic YP in consultation and helped those around them consider this factor in their lives."

Although more rarely, EPs also worked with school staff proactively to develop policy and practice and ensure RSE content and delivery was accessible for all CYP with SEND. Within this work, they supported teachers to consider developmental stage of CYP rather than age and the "teaching practice and pedagogy of the teachers." There was a sense

this type of work occurred more frequently in specialist schools than mainstream schools, perhaps indicating that schools can see preventative RSE support as a priority.

Basis of Need and Vulnerability

EPs felt that it was their role to "highlight pupil vulnerabilities," or potential vulnerabilities, to school staff, "encouraging them to reflect on the kind of input [they] might need around sex and relationships" and "helping key adults working with students to think about relevant outcomes on EHCP related to this area." In this way, there was a tendency to view the purpose of RSE as protecting vulnerable CYP from harm. For autistic CYP, there was a tendency to extend this to protect them from bestowing harm to others; EPs identified autistic CYP may have needs in understanding private vs public behaviours and socially acceptable vs unacceptable sexual behaviours; maintaining and developing relationships; 'social skills;' and understanding the law, online safety, and consent. This theme also indicates the role adults can have in defining CYP's needs, rather than the CYP themselves, although there did seem to be differences in this area:

> With some statutory assessments for older young people I have sometimes provided advice when there is vulnerabilities in these areas but these generally come from discussions with adults not directly with the CYP.

> By being led by the young person and their views on sex and relationships; assessing their readiness, and not imposing a neuro typical view on RSE.

This has implications for CYP's autonomy and agency; while some EPs felt less comfortable raising RSE issues with CYP, others felt it was important they do involve them and listen to their views so that any plan or outcomes are relevant to them.

It is also likely that this theme is impacted by the theme of organisational demands and constraints, and the nature of the current EP role (see below) which highlights that the demand for statutory assessments has meant EPs are often highlighting need and suggesting

provision for individual CYP in response to an issue. This suggests the limitations of EHC needs assessments in that they are by design deficit-focused and provide little opportunities for proactive or preventative work.

RQ2: What are the Issues for EPs in Supporting the RSE of CYP and Autistic CYP?

Three themes were identified that related to research question 2. These are detailed below.

Organisational Demands and Constraints

EPs identified a range of organisational demands and constraints which were impacting on their practice. Namely, these were related to a traded model of service delivery and an increase in statutory demands. There was a tendency to feel that schools can increasingly act as gatekeepers to EP time and that EP involvement has financial implications. As discussed previously, it is possible that this creates an inequitable system whereby CYP whose needs are more visible receive more support. As one EP commented, "workload of EHCPs, especially since schools have more control over which children and needs to prioritise EP involvement for."

A focus on statutory demand meant that when psychological advice was given, often there were limited opportunities for EPs to evaluate the impact of their involvement. There was a sense that EPs felt a level of cognitive dissonance when considering their current working practices against their ideal, and some expressed dissatisfaction at the support they currently offered. Some EPs compensated for a lack of review by encouraging school staff to monitor progress against the provision. For others, not being able to directly assess the impact of their recommendations meant it became more significant to suggest those that had an evidence base.

Time and capacity were often raised as issues for EPs, indicating that even with the motivation to learn more about RSE support, without time or capacity within the team this

would be difficult to achieve, especially in light of increasing statutory demand. EPs also spoke about their support within the context of their own Local Authority, suggesting some services could be more proactive or collaborative than others. Additionally, EPs referred to organisational demands and constraints in schools, indicating that schools also need resources to implement any recommendations.

Overall, this theme highlights the general demands and constraints that schools and EP services currently face, rather than specific issues related to RSE. There was a sense that EPs valued systemic working but were being stretched to complete statutory assessments. Although not a specific RSE issue, cultural and societal assumptions still play a role as questions are raised over why there are differences across services in relation to RSE support, what needs or 'issues' schools prioritise for EP involvement, and whether schools prioritise support in other subjects over RSE.

Lack of Self-Efficacy

EPs often felt a lack of self-efficacy and confidence in supporting the RSE development of CYP. They referred to a lack of training, a lack of knowledge regarding the current RSE curriculum and contemporary research, and not knowing what resources and support services are available. Often, it fell to the EPs' own responsibility to engage in their own research on how to support RSE. This theme is linked to the others discussed below in that a lack of self-efficacy approaching RSE topics with adults and CYP appeared to be exacerbated by uncertainty over the EP role boundaries and remit, and the sensitive nature of RSE. Further, as one EP suggested, confidence in discussing RSE could be important considering different cultural and societal assumptions at play: "I think that EPs themselves need to feel confident in this area, as it is often a topic which brings about a lot of questions and difference in opinion."

Lack of Consensus Regarding Role

This theme reflected both a lack of clarity coming from EPs as to their role, as well as a lack of clarity from schools as to what EPs might offer. It also reflected an uncertainty about EPs' capacity to provide on-going support given that they typically work with CYP for limited periods of time. Part of this lack of consensus appeared to stem from differences in perceptions regarding the scope and remit of the role; differences which were not only based on their own views and experiences and fundamental differences in confidence levels - as described in relation to the overarching theme of cultural and societal assumptions - but also on whether they felt they had the relevant personal and professional competencies. Some evidenced confidence that EPs were well placed to have "these difficult conversations."

This lack of consensus extended to multi-agency work, which was identified as important, but there was little consensus as to who might be the best person to support the CYP. One EP noted that multi-agency work could lead to a "diffusion of responsibility for the EP" and led to them feeling less confident in their abilities to support CYP with RSE issues. This was echoed by another EP who noted that a lack of knowledge often meant EPs "end up signposting to charities and other resources." Yet, for others signposting or referring to other services, was seen as a key part of their role, with one EP arguing that "I have yet to be in a position where I was the most appropriate professional to support in this area".

I am lucky that there is an excellent CSE [child sexual exploitation] service in my area and that the school nurse service is very responsive to requests for support from school with respect to RSE for pupils of all abilities and profiles of needs. I have yet to be in a position where I was the most appropriate professional to support in this area.

This theme suggests that some EPs can feel reluctant to engage in RSE support and instead feel as though others should provide this support. This may be due to their assumptions of the EP role, their assumptions as to who is the 'best' person, a lack of confidence, and their own personal views and experiences.

RQ3: What are the Opportunities for EPs in Supporting the RSE of CYP and Autistic CYP?

Three themes were identified that relate to research question 3. These are detailed below.

Systemic and Organisational Involvement

While EPs identified opportunities for involvement at all levels, they tended to focus on the prospect of systemic and organisational involvement. EPs felt their systemic role could include support with curriculum adaption and implementation, providing psychoeducation and training for parents or school staff, staff supervision and coaching, and promoting person-centred approaches. Compared to individual involvement, they felt as though systemic and organisational work could better facilitate long-term, attitudinal change.

Relatedly, for some, the development of an inclusive school ethos around RSE was identified as an important role opportunity. There was a sense that EPs should focus on "proactive support" which included supporting schools to create a "LGBTQ+, gender, disability, and culture inclusive" ethos towards RSE which accepts that RSE is "of interest and important for all," rather than only advocating for RSE when EP involvement has been requested following a response to a specific issue. It was felt this approach would be preventative, more aligned with the inclusive values of the profession and more closely matched to the role of the EP as change facilitators. This approach may also relieve the apprehensions of some EPs who felt as though it was inappropriate for EPs to raise RSE issues with individual CYP and families, or felt as though it was beyond their skillset, confidence or comfort levels to do so.

Legislative Change

EPs felt that the changes to the SEND code of practice (2015), namely the PfA agenda and the expansion of support from age 18 to 25, provided opportunities for EPs to be

involved in the development of RSE for CYP. EPs felt that PfA agenda provided a means for RSE issues to be raised proactively and within a person-centred framework, without a need being identified by adults around them.

Advocacy

There was a consensus among EPs that advocating for CYP was a cornerstone of their work. They saw their role in RSE support as helping to identify CYP's needs, highlighting the views of CYP and advocating for inclusive and accessible RSE. EPs spoke about the significance of understanding CYP's specific and interreacting RSE and SEND needs, and the role they can have in supporting school staff and parents to support CYP. EPs also felt individuality was more important than diagnostic or identity labels and that adults should understand the child's unique perspective.

EPs also identified a role in social justice, promoting inclusion and challenging discriminatory views and practices. This was felt at the individual level, such as promoting the importance of self-advocacy skills for autistic CYP, as well as at the systemic and organisational level. This related to challenging unhelpful and potentially harmful cultural and societal assumptions.

> I think it's a very important role as in general our society seem to overlook or not recognise that CYP with SEND also have the right to pursue their own relationships (sexual, intimate, friendships) of their own as they develop into adulthood and so ensuring they are supported through this to avoid issues around safeguarding and grooming is so important.

EPs felt they could provide a unique contribution in their holistic, eco-systemic perspective, which challenges a within-child perspective. For autistic CYP, there was the view that adults needed to understand autism more broadly and that it was important to listen

to the views of autistic CYP as some may require a lot of specialist support and some very little.

Overall, findings from the thematic analysis suggest that, in the absence of role consensus and professional development opportunities, cultural and societal assumptions were what drove EP practice in supporting the RSE needs of CYP. Current practice was also set within the context of wider organisational demands and constraints on the role which saw EPs predominately completing reactive, episodic work at the individual level over systemic and organisational involvement. This, in turn, may have implications for maintaining cultural and societal assumptions. For example, reactive individual work may reaffirm EPs' lack of self-efficacy in raising RSE issues with CYP and families and feed into assumptions over who and what behaviours should receive RSE support. Yet, EPs agreed advocacy for CYP was important and identified opportunities for systemic and organisational involvement, which they perceived as more beneficial for change.

Discussion

This paper set out to explore how EPs were supporting RSE, and the issues and opportunities they encountered. EPs recognised the importance of RSE in CYP's lives and identified ways in which they can and do offer support to schools, families and CYP. However, this was underpinned by cultural and societal assumptions, EPs' own feelings of uncertainty and apprehension regarding their role and professional competencies, EPs' awareness and concern for others' feelings of comfort and safety, interlinked with organisational pressures on time and allocation of resources. This uncertainty highlights a need to develop a shared understanding. One framework which can offer this is the SWOT (strengths, weaknesses, opportunities, threats) analysis. This has been helpful in considering how the EP role can be developed in other areas (Atkinson et al., 2011). Here the framework was used to convert the emerging themes in relation to the role of EPs in therapeutic work

into S, W, O and Ts. Organising themes in this way provides services with clarity as to steps they can take to consider the wider contextual factors at play and to reflect upon ways forward (Sarsby, 2016).

Commonly used in business, a SWOT analysis includes the identification of strengths and weaknesses, which are seen as internal to the organisation, and opportunities and threats, which are seen as environmental or external (Namugenyi et al., 2019). A SWOT analysis is therefore a helpful planning tool which can be used to identify how strengths can be capitalised into opportunities and how threats and weaknesses can be overcome (Helms & Nixon, 2010).

Table 9 shows the completed SWOT analysis and how the issues identified under each theme contributed to it. Sarsby (2016) describes how a SWOT analysis can involve looking at how factors can be converted, such as how threats or weaknesses can inform opportunities. Two examples of how this was done within this SWOT analysis was converting the weakness of lack of self-efficacy into the opportunity for training and converting the threat of cultural and societal assumptions into the opportunity of providing EPs motivated by RSE and SEND with a specialised role. As such, themes and the issues identified in the themes, contributed to elements across the SWOT analysis. To be clear, the SWOT analysis was not an additional analysis but instead a framework used to structure the discussion.

Table 9

SWOT Analysis of EPs' Role in Supporting RSE for CYP

Strengths	Weaknesses
• *By working with 'influential adults:'* skills in active listening, acting as an advocate, taking a non-judgemental stance	• *Lack of self-efficacy*
	• *Lack of consensus regarding role*
• *Individual level, systemic and organisational involvement:* ability to	• *Organisational demands and constraints:* EP practice being influenced by SEND pressure and procedures and EP capacity

- work at all levels: individual, group, organisational
- *Advocacy*: person-centred, inclusive values; EPs as advocates; eco-systemic perspective
- *Organisational demands and constraints:* benefits of traded model of service delivery
- *Basis of need and vulnerability:* EP role in highlight CYP who may need support

- *Cultural and societal assumptions:* EPs' own values affecting practice and motivation for professional development
- *Basis of need and vulnerability:* a focus on need over prevention; adults' role in defining need

Opportunities
- *Legislative change:* PfA places greater significance on RSE support
- *Cultural and societal assumptions:* potential role for specialised EPs
- *Systemic and organisational involvement*: multi-agency working and joint working with other services, workshops, development of RSE policy and curriculum, staff supervision
- *Lack of self-efficacy:* professional training for Eps, including CPD
- *Organisational demands and constraints:* traded model of service delivery offers service expansion based on commissioner need

Threats
- *Cultural and societal assumptions*
- *Organisational demands and constraints*: statutory demands and procedures; schools' increasing control over need prioritisation; schools' resources and capacity to provide RSE support
- *Lack of consensus regarding role:* schools' perceptions of the EP role and their understanding of where and how EPs add value

Note. Themes are presented in the colour which aligns with the graphic in Figure 4: green corresponded to RQ1 (how are EPs supporting the RSE of CYP and autistic CYP), orange to RQ2 (what are the issues), blue to RQ3 (what are the opportunities) and yellow as the overarching theme.

Strengths

EPs have specialised psychological knowledge and skills which they apply to support the education and wellbeing of CYP at multiple levels: individual, group, systemic and organisational (Fallon et al., 2010; Lee & Woods, 2017). This current research indicates that at the individual level, EPs can and do contribute to CYP's RSE through responding to issues presented to them; sharing psychological advice; engaging in collaborative problem-solving; endorsing a person-centred, inclusive approach; and advocating for CYP's needs and the

importance of RSE. RSE is different from other subjects due to the societal and cultural

norms and assumptions which surround sex and relationships. This may be especially true for

CYP with SEND, with whom EPs often work. This current research indicates that EPs

consider their contribution as managing and responding to different perspectives and beliefs

all the while placing the CYP, their needs and their rights at the centre. Further, aligning with

the core competencies of EP training programs, they also have the skills to challenge views

or practises which may harm CYP, or which are oppressive or discriminatory (BPS, 2019).

Although this research identifies factors which are currently restricting the EP role in

supporting CYP's RSE to predominantly the individual level, it also found that EPs can and

do apply their knowledge and skills to support RSE for CYP in more variable, systemic and

organisational ways, and in ways previous research has suggested an EP role for, such as

delivering training, supporting curriculum implementation and planning and monitoring RSE

interventions (Carpenter, 2021; Desai, 2019; Njopa-Kaba, 2019). EPs in this research also

developed the confidence and competence of school staff, supported parents to reflect on

their children's needs, developed RSE policy and highlighted the voice of the CYP, through

the role of a 'critical friend,' facilitating change through safely and non-judgementally

"asking pertinent and provocative questions that challenge assumptions and practices"

(Evans, 2015, p. 361). Notably, this approach is how EPs support any topic, not only RSE.

Variable ways of working may reflect the benefits of the traded model of service

delivery largely adopted by Local Authority EP services in that they can expand the range of

services on offer to schools and adapt their offer to the needs of the school or commissioner

(Lee & Woods, 2017). Carpenter (2021) demonstrates that EPs can work systemically to

support school staff to implement the RSE curriculum in a special school. Additionally, in

this current research, EPs indicated that systemic and organisational work may be more able

to facilitate longstanding and attitudinal change for more CYP. Further, reflecting their own

values and feelings of comfort and confidence raising RSE issues with individual CYP, EPs

tended to see systemic and organisational support as more within the remit and boundaries of

the EP role. However, this research also highlights the wider contextual demands which has

hindered work of this nature and instead driven individual, statutory work.

Threats

The EPs in this study recognised that unhelpful or harmful assumptions held by adults

around CYP can hinder them accessing RSE support. Research by Strnadová et al. (2022)

also found that teachers' assumptions and misconceptions of autistic students as well as those

with learning disabilities, can prevent them from delivering RSE as intended, and that parents

can feel a lack of confidence discussing sex and relationships with their children. While EPs

may have skills to be able to manage, and challenge, different perspectives, they too are

individuals with their own assumptions and values which could also act as barriers to RSE

support.

EPs in this study referred to the demands of statutory work impacting on both

capacity of EP services to engage in preventative work, and how they practice, such as not

being able to evaluate impact or conduct reviews. In a study into the workforce of EPs, they

identified an increase in statutory demands due to the SEND reforms in 2015 and 93% of the

95 principal EPs surveyed reported their Local Authority was currently experiencing more

demand for services than could be met (Lyonette et al., 2019). As one principal EP stated, the

job feels like "a continual round of stressful firefighting, rather than a managed process of

linked services" (p. 48). In some services, a vicious cycle may have ensued whereby statutory

demand is so high EPs spend most of their time writing EHC needs assessments, their

involvement is reactive and there is not enough capacity to engage in preventative or multi-

agency work; in response, schools apply for EHC plans as the only way for EP involvement

(Lyonette et al., 2019). While this is a threat for many aspects of the EP role, such as

therapeutic intervention, the value-laden nature of RSE may make these threats more significant. For example, often autistic CYP are encouraged to take on 'neurotypical' ways of communication and interaction, thus implying that 'neurotypicality' is the norm to which autistic individuals should aspire (Lawson, 2005). EHC plans have the power to feed into this assumption if they are focused on deficits and provision to 'upskill.'

Relatedly, Ashton and Roberts (2006) found differences between what special educational needs co-ordinators (SENCos) and EPs value and see as unique to the EP role. SENCos valued EPs completing statutory assessments and cognitive assessments whereas EPs valued changing perspectives and, while EPs saw their systemic perspective as unique, this was not echoed by the SENCos. These differences matter as, within a traded model of service delivery, and against the backdrop of a rise in the numbers of academies, schools are increasingly able to act as gatekeepers to EP time; they are "paying for a service and demanding what they want" (Lyonette et al., 2019, p. 50). This may lead to inequities in the RSE support available to CYP. In this current research, EPs identified that autistic boys seemed to receive more support than girls as their behaviours tended to be more noticeable to others, such as self-pleasure in inappropriate contexts.

Weaknesses

Barriers to the EP role include a lack of training, EPs own apprehensions discussing issues related to sex and relationships and a lack of consensus of the EP role, both between EPs and from other professionals. These were endorsed in a study with American school psychologists by Desai (2019).

Notably, quantitative results from this current study indicate that although EPs think professional training in topics related to RSE and groups of learners is important, they receive little in both areas. This was echoed in the qualitative data where many EPs reported that, if they were to become involved in RSE support - whether that be raising it in consultations or

supporting more systemically - they would need professional development in the area to increase their confidence and competence. Yet, some claimed they felt more confident; reflecting the overarching theme of cultural and societal assumptions, this study indicated that EP training is currently largely determined by EPs' own values and motivation to seek out development opportunities. Aligned with the SWOT analysis, this weakness could lead to opportunities. Could charities or organisations provide training to EP services? Who would fund such training? Could there by role for specialised EPs, ones who value RSE and who are given project work time to research and then deliver training?

Opportunities

The SEND reforms in 2014 saw the age at which support is offered to CYP by Local Authorities rise from 18 to 25. It also introduced the PfA agenda whereby young people from Year 9 onwards are supported with aspects of adulthood and independent living, including relationships. EPs identified these changes as presenting new opportunities for EP involvement in RSE support, as they now have a statutory role and can play a more active role in ensuring that PfA outcomes are relevant to CYP and that CYP are the centre of plans and decisions regarding them (Harding & Atkinson, 2009; Hobbs et al., 2000; Vingerhoets & Wagner, 2016). In this way, the PfA agenda can offer a more preventative and person-centred approach for EP involvement as EPs can respond to the young person, rather than becoming involved in response to adults' concerns. Yet, again reflecting the overarching theme of cultural and societal assumptions, some EPs shared even with the PfA agenda, they tended to omit issues of RSE in their discussions with young people, or reference it only with young people aged over 16.

The SEND reforms could also open novel avenues for EP support as it places significance on the importance of relationships in CYP's lives. The now statutory RSE curriculum may add to this as it gives the subject an increased level of status, rigour, and

professionalism in schools. EPs identified that support outside of their statutory responsibility could include workshops for CYP and families, working jointly with other services, such as health and social care, and organisational support for the implementation and enhancement of RSE policy and curriculum for CYP with SEND. However, while a traded model of service delivery can increase the range of EP services which are context-specific (Fallon et al., 2010; Lee & Woods, 2017), this research echoes previous research which identifies the restricting effect of a rise in statutory demand on EP services and capacity (Lyonette et al., 2019).

Limitations and Areas for Future Research

The survey was created for the purpose of the research but, with hindsight, it had a number of limitations. It included several qualitative questions and, due to attrition of participants, the richness of the data declined towards the end where there was an autism focus. However, this may also be due to EPs' time constraints and workload; there was a 22.5% difference in the number of participants who finished the demographics and who started the first question, perhaps indicating initial interest but subsequent time constraint. Secondly, from analysing the responses, it is possible some EPs misinterpreted the questions to mean the EP role in delivering RSE rather than supporting within their practice. It is also possible that, despite prefacing the questions with reassurances that EPs practice differently, the wording of the questions may have steered participants to give certain answers. Thirdly, it is possible the 'extent of' question measuring EPs' training placed quantity over quality. EPs may have had a small amount of high-quality training which was enough; although, the qualitative findings did not match this.

This study focuses on EPs' view and experiences and omits CYP's views. CYP will have their own important perspectives and experiences of professional involvement in issues of sex and relationships which will be central to clarifying a role for the EP and developing training for EPs. Do CYP want involvement? How would they like to be supported or spoken

to about these issues? How do they feel about sex and relationships being part of their SEND process? There may be scope for EPs to facilitate such consultations with CYP.

Participants in this study were predominantly white females, which is similar to what is known about EPs in general in the UK (Lyonette et al., 2019; Moore et al., 2020). However, given the centrality of the overarching theme of cultural and societal values, it would be interesting to ask EPs of different cultural backgrounds on their current practice and perceptions of the EP role.

Conclusion

CYP do not learn about sex and relationships in a vacuum. Cultural and societal assumptions around heteronormativity and 'neurotypicality' being the standard to which others are judged have been found to be present in RSE curricula through 'the hidden curriculum;' for example, by promoting 'neurotypical' ways of communicating, focusing on conception or depicting sex as only heterosexual intercourse (Gougeon, 2010; Smith, 2015). This can alienate some young people from RSE. Further, for CYP with SEND, teacher and parent beliefs and apprehensions have been found to impact their access to RSE and RSE support (Brown, 2019; Strnadová et al., 2022). Findings from the current study indicate that EPs can see a role in advocating for CYP and their RSE needs, supporting school staff by challenging accessibility arrangements, promoting inclusivity, and helping them to enhance and develop RSE policy and practice. They can also employ skills to help families feel safe and contained discussing sexuality and manage different perspectives while centralising the rights of CYP.

Findings from this study also highlighted that many EPs also bring their own assumptions and feelings of uncertainty and apprehension to RSE support; compounded by organisational demands and constraints impacting their practice, limited professional development opportunities and a lack of consensus regarding their role in RSE. Findings

were translated to a SWOT analysis to develop a shared understanding of the helpful and

harmful factors impacting on the EP role in RSE support and identify ways in which harmful

factors could be overcome. It is hoped that this approach will help define new opportunities;

a situation made more likely by the PfA agenda and the now statutory status of RSE.

References

Association of Educational Psychologists. (2016). *Educational psychologists in Wales*. Welsh

    Government. https://gov.wales/sites/default/files/publications/2018-03/educational-

    psychologists-in-wales.pdf

Alexander, N., & Taylor Gomez, M. (2017). Pleasure, sex, prohibition, intellectual disability,

    and dangerous ideas. *Reproductive Health Matters*, *25*(50), 114–120.

    https://doi.org/10.1080/09688080.2017.1331690

Anderson, D., Lees, B., & Avery, B. (2015, June 11-12). *Reviewing the literature using the*

    thematic analysis grid. European Conference on Research Methodology for Business

    and Management Studies, Valletta, Malta.

Ashton, R., & Roberts, E. (2006). What is valuable and unique about the educational

    psychologist? *Educational Psychology in Practice*, *22*(2), 111–123.

    https://doi.org/10.1080/02667360600668204

Atkinson, C., Corban, I., & Templeton, J. (2011). Educational psychologists' use of

    therapeutic interventions: Issues arising from two exploratory case studies. *British*

    Journal for Learning Support, *26*(4), 160–167. https://doi.org/10.1111/j.1467-

    9604.2011.01496.x

Barnett, J. P., & Maticka-Tyndale, E. (2015). Qualitative exploration of sexual experiences

    among adults on the autism spectrum: Implications for sex education. *Perspectives on*

    Sexual and Reproductive Health, *47*(4), 171–179. https://doi.org/10.1363/47e5715

Bauer, M., Hämmerli, S., & Leeners, B. (2020). Unmet needs in sex education—what adolescents aim to understand about sexuality of the other sex. *Journal of Adolescent Health*, *67*(2), 245–252. https://doi.org/10.1016/j.jadohealth.2020.02.015

Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding ableist language: Suggestions for autism researchers. *Autism in Adulthood*, *3*(1), 18–29. https://doi.org/10.1089/aut.2020.0014

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide.* SAGE publications

British Psychological Society. (2018). *Response to Department for Education: Relationships education, relationships and sex education and health education.* *https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Response%20-%20DoE%20consultation%20on%20relationships%20education%2C%20relationship%20and%20sex%20education%2C%20and%20health%20education.pdf*

British Psychological Society. (2019). *Standards for the accreditation of doctoral programmes in educational psychology in England, Northern Ireland & Wales.* https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Educational%20Accreditation%20Handbook%202019.pdf

Brown, M. (2019). *I wish I had learnt to keep myself safe: Sexuality and relationships education (Sre) for pupils with autistic spectrum condition* [Ph.D., University of Kent at Canterbury (United Kingdom)]. PQDT. https://www.proquest.com/dissertations-theses/i-wish-had-learnt-keep-myself-safe-sexuality/docview/2412026443/se-2?accountid=13963

Calterone Williams, J. (2011). Battling a 'sex-saturated society': The abstinence movement

and the politics of sex education. *Sexualities*, *14*(4), 416–443.

https://doi.org/10.1177/1363460711406460

Carpenter, N. (2021). *How EPs can support developing a relationships and sex education*

(RSE) working group for staff in a special school through participatory action

research (PAR). [Doctoral dissertation, University College London].

Cheak-Zamora, N. C., Teti, M., Maurer-Batjer, A., O'Connor, K. V., & Randolph, J. K.

(2019). Sexual and relationship interest, knowledge, and experiences among

adolescents and young adults with autism spectrum disorder. *Archives of Sexual*

Behavior, *48*(8), 2605–2615. https://doi.org/10.1007/s10508-019-1445-2

Children and Social Work Act, 2017.

https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted

Cobern, W. W. (1993). Contextual constructivism: The impact of culture on the learning and

teaching of science. In K. G. Tobin (Eds.), *The practice of constructivism in science*

education (pp. 51-69). Lawrence Erlbaum Associates.

Department for Education. (2019). *Relationships education, relationships and sex education*

(RSE) and health education.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment

_data/file/1019542/Relationships_Education__Relationships_and_Sex_Education__RS

E__and_Health_Education.pdf

Department for Education and Employment. (1999). *The national curriculum.*

http://www.educationengland.org.uk/documents/pdfs/1999-nc-primary-handbook.pdf

Department for Education and Employment. (2000). *Sex and relationship education guidance*. http://www.educationengland.org.uk/documents/dfee/2000-sex-education.pdf

Department for Education & Department of Health and Social Care. (2015). *SEND code of practice: 0 - 25.* *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf*

Desai, K. (2019). *Understanding school psychologists' role in assuring adequate sex education for students with disabilities*. [Ph.D., The State University of New Jersey].

Dewinter, J., De Graaf, H., & Begeer, S. (2017). Sexual orientation, gender identity, and romantic relationships in adolescents and adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *47*(9), 2927–2934. https://doi.org/10.1007/s10803-017-3199-9

Education Act, 1993. https://www.legislation.gov.uk/ukpga/1993/35/contents/enacted

European Disability Forum. (2017). *Ending forced sterilisation of women and girls with disabilities*. https://www.edf-feph.org/content/uploads/2020/12/edf_forced-sterilisation_8-accessible_6.pdf

Equality Act, 2010. https://www.legislation.gov.uk/ukpga/2010/15/contents

Evans, S. D. (2015). The community psychologist as critical friend: Promoting critical community praxis. *Journal of Community & Applied Social Psychology*, *25*(4), 355–368. https://doi.org/10.1002/casp.2213

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of
educational psychologists within Children's Services. *Educational Psychology in
Practice*, *26*(1), 1–23. https://doi.org/10.1080/02667360903522744

Fisher, J., & Fisher, W. (1992). Changing AIDS-risk behavior. *Psychological Bulletin*,
111(3), 455–474. https://doi.org/10.1037/0033-2909.111.3.455

Fisher, W., Fisher, J., & Harman, J. (2003). The information-motivation-behavioral skills
model: A general social psychological approach to understanding and promoting
health behaviour. In J. Suls & K. Wallston (Eds.), *Social Psychological Foundations
of Health and Illness* (pp. 82–106). Blackwell Publishing Ltd.

Franklin, A., & Smeaton, E. (2017). Recognising and responding to young people with
learning disabilities who experience, or are at risk of, child sexual exploitation in the
UK. *Children and Youth Services Review*, *73*, 474–481.
https://doi.org/10.1016/j.childyouth.2016.11.009

Gernsbacher, M.A. (2017). Editorial perspective: The use of person-first language in
scholarly writing may accentuate stigma. *Journal of Child Psychology and Psychiatry,
58*(7), 859-861

Gillberg, C. (1984). Autistic children growing up: Problems during puberty and adolescence.
Developmental Medicine and Child Neurosis, 26, 122-129.

Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for
comprehensive sex education. *Journal of Adolescent Health*, *68*(1), 13–27.
https://doi.org/10.1016/j.jadohealth.2020.07.036

Gougeon, N. A. (2010). Sexuality and autism: A critical review of selected literature using a

    social-relational model of disability. *American Journal of Sexuality Education*, *5*(4),

    328–361. https://doi.org/10.1080/15546128.2010.527237

Gougeon, N. A. (2013). *Interest, understanding, and behaviour: conceptualizations of*

    sexuality education for individuals with an autism spectrum disorder using a socially-

    inclusive lens [Ph.D., Université d'Ottawa /University of Ottawa].

    https://doi.org/10.20381/ruor-3387

Gough, D. (2007). Weight of evidence: A framework for the appraisal of the quality and

    relevance of evidence. *Research Papers in Education, 22*(2), 213-228.

    https://doi.org/10.1080/02671520701296189

Greiert, B. S. (2016). *Key components of successful sexuality education for high functioning*

    students with autism spectrum disorder [Ph.D., University of Denver]. Electronic

    Theses and Dissertations. https://digitalcommons.du.edu/etd/1133

Grove, L., Morrison-Beedy, D., Kirby, R., & Hess, J. (2018). The birds, bees, and special

    needs: Making evidence-based sex education accessible for adolescents with

    intellectual disabilities. *Sexuality and Disability*, *36*(4), 313–329.

    https://doi.org/10.1007/s11195-018-9547-7

Hannah, L. A., & Stagg, S. D. (2016). Experiences of sex education and sexual awareness in

    young adults with autism spectrum disorder. *Journal of Autism and Developmental*

    Disorders, *46*(12), 3678–3687. https://doi.org/10.1007/s10803-016-2906-2

Hansen, C. (2019). *Sex education for all? Exploring parental views on the sex education*

    needs of children with autism [Psy.D., The Chicago School of Professional

Psychology]. PQDT. https://www.proquest.com/dissertations-theses/sex-education-all-exploring-parental-views-on/docview/2242576703/se-2?accountid=13963

Harding, E., & Atkinson, C. (2009). How EPs record the voice of the child. *Educational Psychology in Practice*, *25*(2), 125–137. https://doi.org/10.1080/02667360902905171

Hatton, S., & Tector, A. (2010). Sexuality and relationship education for young people with autistic spectrum disorder: Curriculum change and staff support. *British Journal of Special Education*, *37*(2), 69–76.

Helms, M. M., & Nixon, J. (2010). Exploring SWOT analysis – where are we now? A review of academic research from the last decade. *Journal of Strategy and Management*, *3*(3), 215–251. https://doi.org/10.1108/17554251011064837

Hisle-Gorman, E., Landis, C. A., Susi, A., Schvey, N. A., Gorman, G. H., Nylund, C. M., & Klein, D. A. (2019). Gender dysphoria in children with autism spectrum disorder. *LGBT Health*, *6*(3), 95–100. https://doi.org/10.1089/lgbt.2018.0252

Hobbs, C., Taylor, J., & Todd, L. (2000). Consulting with children and young people. Enabling educational psychologists to work collaboratively with children and young people. *Educational and Child Psychology*, *17*(4), 107–115.

Irvine, A. (2005). Issues in sexuality for individuals with developmental disabilities: Myths, misconceptions, and mistreatment. *Exceptionality Education Canada*, *15*(3), 5–20.

Iyer, P., & Aggleton, P. (2015). Seventy years of sex education in Health Education Journal: A critical review. *Health Education Journal*, *74*(1), 3–15. https://doi.org/10.1177/0017896914523942

Joyal, C. C., Carpentier, J., McKinnon, S., Normand, C. L., & Poulin, M.-H. (2021). Sexual

knowledge, desires, and experience of adolescents and young adults with an autism

spectrum disorder: An exploratory study. *Frontiers in Psychiatry*, *12*.

https://doi.org/10.3389/fpsyt.2021.685256

Kerr-Edwards, L., Duignan, S., Baker, R., & Emmerson, L. (2020). *RSE for disabled pupils*

and pupils with SEN.

https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/RSE%20fo

r%20disabled%20pupils%20and%20pupils%20with%20SEN%20-%20SEF.pdf

Krahn, T. M. & Fenton, A. (2012). The extreme male brain theory of autism and the potential

adverse effects for boys and girls with autism. *Journal of Bioethical Inquiry, 9*(1), 93-

103

Koller, R. A. (2000). Sexuality and adolescents with autism. *Sexuality and Disability*, *18*(2),

125–135. https://doi.org/10.1023/A:1005567030442

Lawson, W. (2005). *Sex, sexuality and the autism spectrum.* Jessica Kingsley Publishers.

Lee, K., & Woods, K. (2017). Exploration of the developing role of the educational

psychologist within the context of "traded" psychological services. *Educational*

Psychology in Practice, *33*(2), 111–125.

https://doi.org/10.1080/02667363.2016.1258545

Lehan Mackin, M., Loew, N., Gonzalez, A., Tykol, H., & Christensen, T. (2016). Parent

perceptions of sexual education needs for their children with autism. *Journal of*

Pediatric Nursing, *31*(6), 608–618. https://doi.org/10.1016/j.pedn.2016.07.003

Lyonette, C., Atfield, G., Baldauf, B., & Owen, D. (2019). *Research on the educational*

psychology workforce. Department for Education.

https://dera.ioe.ac.uk/33082/1/Research_on_the_Educational_Psychologist_Workforc e_March_2019.pdf

Macdowall, W., Jones, K. G., Tanton, C., Clifton, S., Copas, A. J., Mercer, C. H., Palmer, M. J., Lewis, R., Datta, J., Mitchell, K. R., Field, N., Sonnenberg, P., Johnson, A. M., & Wellings, K. (2015). Associations between source of information about sex and sexual health outcomes in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *BMJ Open*, *5*(3), 1-10. https://doi.org/10.1136/bmjopen-2015-007837

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology, 91*(1), 1-20

Michielsen, K., & Brockschmidt, L. (2021). Barriers to sexuality education for children and young people with disabilities in the WHO European region: A scoping review. *Sex Education*, *21*(6), 674–692. https://doi.org/10.1080/14681811.2020.1851181

Miller, L. (2013). *Program development for a sex education program for adolescent males with asperger's disorder* [Psy.D., The Chicago School of Professional Psychology]. PQDT. https://www.proquest.com/dissertations-theses/program-development-sex-education-adolescent/docview/1312510897/se-2?accountid=13963

Moore, I., Bitchell, L., & Lord, R. (2020). *The health and care professions council equality, diversity and inclusion data 2020 report*. Cardiff Metropolitan University. https://www.hcpc-uk.org/globalassets/about-us/edi/hcpc-equality-diversity-and-inclusion-data-2020-report.pdf?v=637395820190000000

Murphy, L., Mufti, E., & Kassem, D. (2009). *Education studies: An introduction*. Open

    University Press.

Murray, D., Lesser, M., & Lawson, W. (2005). Attention, monotropism and the diagnostic

    criteria for autism. *Autism, 9*(2), 139-156. https://doi.org/10.1177/1362361305051398

Namugenyi, C., Nimmagadda, S. L., & Reiners, T. (2019). Design of a SWOT analysis

    model and its evaluation in diverse digital business ecosystem contexts. *Procedia*

    Computer Science, *159*, 1145–1154. https://doi.org/10.1016/j.procs.2019.09.283

National Autistic Society (n.d.). *What is autism? https://www.autism.org.uk/advice-and-*

    guidance/what-is-autism

Njopa-Kaba, R. (2019). *'Let's talk about sex': A case study of relationship and sex*

    education (RSE) for young people with a diagnosis of an autism spectrum

    disorder (ASD) [Doctoral dissertation, The University of Sheffield].

    https://etheses.whiterose.ac.uk/24613/1/Final%20Thesis%20August%202019.pdf

Ofsted (2013). *Not yet good enough: Personal, social, health and economic education in*

    schools.

    https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachme

    nt_data/file/413178/Not_yet_good_enough_personal__social__health_and_economic

    _education_in_schools.pdf

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., & Mulrow, C.D.

    (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic

    reviews. *BMJ*, *71*. https://doi: 10.1136/bmj.n71

Pask, E. A. (2015). Facilitating healthy interpersonal relationships for adolescents with

    Autism: An examination of knowledge acquisition and retention over time [Ph.D.,

Duquesne University]. PQDT. https://www.proquest.com/dissertations-theses/facilitating-healthy-interpersonal-relationships/docview/1713693690/se-2?accountid=13963

Pask, L., Hughes, T. L., & Sutton, L. R. (2016). Sexual knowledge acquisition and retention for individuals with autism. *International Journal of School & Educational Psychology*, *4*(2), 86–94. https://doi.org/10.1080/21683603.2016.1130579

Pecora, L. A., Hooley, M., Sperry, L., Mesibov, G. B., & Stokes, M. A. (2021). Sexuality and gender issues in individuals with autism spectrum disorder. *Psychiatric Clinics of North America*, *44*(1), 111–124. https://doi.org/10.1016/j.psc.2020.11.009

Perepa, P. (2021, December 2). *Inclusive sex education and autism* [webinar]. University of Birmingham. https://www.birmingham.ac.uk/events/disability-history-month/2021/inclusive-sex-education-and-autism.aspx

Pole, K. (2007). *Mixed Method Designs: A Review of Strategies for Blending Quantitative and Qualitative Methodologies*. *20*(4), 5.

Polonsky, M. (2020, September 14). *A conflict of worldviews: Compulsory sex education.* The Critic Magazine. https://thecritic.co.uk/a-conflict-of-worldviews-compulsory-sex-education/

Pound, P., Denford, S., Shucksmith, J., Tanton, C., Johnson, A. M., Owen, J., Hutten, R., Mohan, L., Bonell, C., Abraham, C., & Campbell, R. (2017). What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views. *BMJ Open*, *7*(5), 1-11. https://doi.org/10.1136/bmjopen-2016-014791

Richardson, H. (2022, February 17). *Schools in England given guidance to avoid biased teaching*. BBC News. https://www.bbc.com/news/education-60405521

Rowlands, S., & Amy, J.-J. (2018). Involuntary sterilisation: We still need to guard against it. *BMJ Sexual & Reproductive Health*, *44*(4), 239–241. https://doi.org/10.1136/bmjsrh-2018-200119

Roy, A., Roy, A., & Roy, M. (2012). The human rights of women with intellectual disability. *Journal of the Royal Society of Medicine*, *105*(9), 384–389. https://doi.org/10.1258/jrsm.2012.110303

Sarsby, A. (2016). *SWOT analysis*. Leadership Library.

Schmidt, E. K., Brown, C., & Darragh, A. (2019). Scoping review of sexual health education interventions for adolescents and young adults with intellectual or developmental disabilities. *Sexuality and Disability, 38,* 439-453. https://doi.org/10.1007/s11195-019-09593-4

Sex Education Forum. (n.d.). *Our history—30 years of campaigning.* https://www.sexeducationforum.org.uk/about/our-history-30-years-campaigning

Sex Education Forum. (2015). *SRE: the evidence*. https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/SRE%20-%20the%20evidence%20-%20March%202015.pdf

Sex Education Forum. (2016). *Heads or tails? What young people are telling us about SRE. https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/Head%20or%20tails%20-%20SRE%20-%202016.pdf*

Sex Education Forum. (2018). *Young people's RSE poll 2018*. https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/Young%20people%27s%20RSE%20poll%202018.pdf

Sex Education Forum. (2021). *New! Leading effective RSE in SEND settings.*

https://www.sexeducationforum.org.uk/training-and-consultancy/training/new-

leading-effective-rse-send-settings

Sex Education Forum. (2022). *Young people's RSE poll 2021.*

https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/Young%20

Peoples%20RSE%20Poll%202021%20-%20SEF%201%20Feb%202022.pdf

Shefcyk, A. (2015). Count us in: Addressing gender disparities in autism research. *Autism,*

19(2), 131-132

Smith, B. (2015). The existence of a hidden curriculum in sex and relationships education in

secondary schools. *Transformations*, *1*, 42-55. https://educationstudies.org.uk/wp-

content/uploads/2015/01/1501-Transformations-Journal-pp-42-55-Smith.pdf

Solomon, D., Pantalone, D. W., & Faja, S. (2019). Autism and adult sex education: A

literature review using the information–motivation–behavioral skills framework.

Sexuality and Disability, *37*(3), 339–351. https://doi.org/10.1007/s11195-019-09591-6

Stankova, T., & Trajkovski, V. (2021). Sexual education of persons with autistic spectrum

disorders: Use of the technique: 'social stories'. *Sexuality and Disability*, *31,* 377-393.

https://doi.org/10.1007/s11195-020-09655-y

Strnadová, I., Danker, J., & Carter, A. (2022). Scoping review on sex education for high

school-aged students with intellectual disability and/or on the autism spectrum:

Parents', teachers' and students' perspectives, attitudes and experiences. *Sex*

Education, *22*(3), 361–378. https://doi.org/10.1080/14681811.2021.1941842

Swango-Wilson, A. (2011). Meaningful sex education programs for individuals with

   intellectual/developmental disabilities. *Sexuality and Disability*, *29*(2), 113–118.

   https://doi.org/10.1007/s11195-010-9168-2

Tebes, J. K. (2005). Community science, philosophy of science, and the practice of research.

   American Journal of Community Psychology, 35(3-4), 213-230.

Terrence Higgins Trust. (2016). *Shh...no talking: LGBT-inclusive sex and relationships

   education in the UK*. https://www.tht.org.uk/sites/default/files/2018-

   07/Shh%20No%20talking%20LGBT%20inclusive%20SRE%20in%20the%20UK.pdf

The British Psychological Society. (2019). *Educational Accreditation Handbook 2019.pdf*.

   https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Educational%20Acc

   reditation%20Handbook%202019.pdf

Travers, J., & Tincani, M. (2010). Sexuality education for individuals with autism spectrum

   disorders: Critical issues and decision making guidelines. *Education and Training in

   Autism and Developmental Disabilities*, *45*(2), 284–293.

Travers, J., Tincani, M., Whitby, P. S., & Boutot, E. A. (2014). Alignment of sexuality

   education with self determination for people with significant disabilities: A review of

   research and future directions. *Education and Training in Autism and Developmental

   Disabilities*, *49*(2), 232–247.

Tullis, C. A., & Zangrillo, A. N. (2013). Sexuality education for adolescents and adults with

   autism spectrum disorders. *Psychology in the Schools*, *50*(9), 866–875.

   https://doi.org/10.1002/pits.21713

Vingerhoets, H., & Wagner, K. (2016). The voice of the child in the code of practice.

   Educational Psychology Research and Practice, *2*(2), 4–7.

Visser, K., Greaves-Lord, K., Tick, N. T., Verhulst, F. C., Maras, A., & van der Vegt, E. J.

    M. (2017). A randomized controlled trial to examine the effects of the Tackling

    Teenage psychosexual training program for adolescents with autism spectrum

    disorder. *Journal of Child Psychology and Psychiatry*, *58*(7), 840–850.

    https://doi.org/10.1111/jcpp.12709

Wellings, K., Jones, K. G., Mercer, C. H., Tanton, C., Clifton, S., Datta, J., Copas, A. J.,

    Erens, B., Gibson, L. J., Macdowall, W., Sonnenberg, P., Phelps, A., & Johnson, A.

    M. (2013). The prevalence of unplanned pregnancy and associated factors in Britain:

    Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3).

    Lancet (London, England), *382*(9907), 1807–1816. https://doi.org/10.1016/S0140-

    6736(13)62071-1

Wolfe, P. S., Wertalik, J. L., Domire, S., Gardner, S., & Ruiz, S. (2019a). Review of

    instructional strategies used in socio-sexuality education for individuals with

    developmental disabilities. *Education and Training in Autism and Developmental*

    Disabilities, *54*(2), 186–195.

Wolfe, P. S., Wertalik, J. L., Monaco, S. D., Gardner, S., & Ruiz, S. (2019b). Review of

    sociosexuality curricular content for individuals with developmental disabilities.

    Focus on Autism and Other Developmental Disabilities, *34*(3), 153–162.

    https://doi.org/10.1177/1088357618800040

Xiao, Y., & Watson, M. (2019). Guidance on conducting a systematic literature review.

    Journal of Planning Education and Research, *39*(1), 93–112.

    https://doi.org/10.1177/0739456X17723971

Yanchar, S, C. (2006). On the possibility of contextual-quantitative inquiry. *New Ideas in Psychology, 24*(3), 212-228.

Zanatta, F. (2021). Examining relationships and sex education through a child rights lens: An intersectional approach. *Human Rights Education Review*, *4*(1), 49–69. https://doi.org/10.7577/hrer.3991

Appendix A

RSE curriculum topics (Department for Education, 2019)

<u>By the end of primary school</u>

Families and people who care for me
Pupils should know
- that families are important for children growing up because they can give love, security and stability.
- the characteristics of healthy family life, commitment to each other, including in times of difficulty, protection and care for children and other family members, the importance of spending time together and sharing each other's lives.
- that others' families, either in school or in the wider world, sometimes look different from their family, but that they should respect those differences and know that other children's families are also characterised by love and care.
- that stable, caring relationships, which may be of different types, are at the heart of happy families, and are important for children's security as they grow up.
- that marriage represents a formal and legally recognised commitment of two people to each other which is intended to be lifelong.
- how to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed.

Caring friendships
Pupils should know
- how important friendships are in making us feel happy and secure, and how people choose and make friends.
- the characteristics of friendships, including mutual respect, truthfulness, trustworthiness, loyalty, kindness, generosity, trust, sharing interests and experiences and support with problems and difficulties.
- that healthy friendships are positive and welcoming towards others, and do not make others feel lonely or excluded.
- that most friendships have ups and downs, and that these can often be worked through so that the friendship is repaired or even strengthened, and that resorting to violence is never right.
- how to recognise who to trust and who not to trust, how to judge when a friendship is making them feel unhappy or uncomfortable, managing conflict, how to manage these situations and how to seek help or advice from others, if needed.

Respectful relationships
Pupils should know
- the importance of respecting others, even when they are very different from them (for example, physically, in character, personality or backgrounds), or make different choices or have different preferences or beliefs.
- practical steps they can take in a range of different contexts to improve or support respectful relationships.
- the conventions of courtesy and manners.
- the importance of self-respect and how this links to their own happiness.

- that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including those in positions of authority
- about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult) and how to get help.
- what a stereotype is, and how stereotypes can be unfair, negative or destructive.
- the importance of permission-seeking and giving in relationships with friends, peers and adults.

Online relationships
Pupils should know
- that people sometimes behave differently online, including by pretending to be someone they are not.
- that the same principles apply to online relationships as to face-to-face relationships, including the importance of respect for others online including when we are anonymous.
- the rules and principles for keeping safe online, how to recognise risks, harmful content and contact, and how to report them.
- how to critically consider their online friendships and sources of information including awareness of the risks associated with people they have never met.
- how information and data is shared and used online.

Being safe
Pupils should know
- what sorts of boundaries are appropriate in friendships with peers and others (including in a digital context).
- about the concept of privacy and the implications of it for both children and adults; including that it is not always right to keep secrets if they relate to being safe.
- that each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact.
- how to respond safely and appropriately to adults they may encounter (in all contexts, including online) whom they do not know.
- how to recognise and report feelings of being unsafe or feeling bad about any adult.
- how to ask for advice or help for themselves or others, and to keep trying until they are heard.
- how to report concerns or abuse, and the vocabulary and confidence needed to do so.
- where to get advice e.g. family, school and/or other sources.

By the end of secondary school:

Schools should continue to develop knowledge on topics specified for primary as required and in addition cover the following content by the end of secondary:

Families
Pupils should know
- that there are different types of committed, stable relationships.
- how these relationships might contribute to human happiness and their importance for bringing up children.

- what marriage is, including their legal status e.g. that marriage carries legal rights and protections not available to couples who are cohabiting or who have married, for example, in an unregistered religious ceremony.
- why marriage is an important relationship choice for many couples and why it must be freely entered into.
- the characteristics and legal status of other types of long-term relationships.
- the roles and responsibilities of parents with respect to raising of children, including the characteristics of successful parenting.
- how to: determine whether other children, adults or sources of information are trustworthy: judge when a family, friend, intimate or other relationship is unsafe (and to recognise this in others' relationships); and, how to seek help or advice, including reporting concerns about others, if needed.

Respectful relationships, including friendships
Pupils should know
- the characteristics of positive and healthy friendships (in all contexts, including online) including: trust, respect, honesty, kindness, generosity, boundaries, privacy, consent and the management of conflict, reconciliation and ending relationships. This includes different (non-sexual) types of relationship.
- practical steps they can take in a range of different contexts to improve or support respectful relationships.
- how stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice).
- that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including people in positions of authority and due tolerance of other people's beliefs.
- about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help. • that some types of behaviour within relationships are criminal, including violent behaviour and coercive control.
- what constitutes sexual harassment and sexual violence and why these are always unacceptable.
- the legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal.

Online and media
Pupils should know
- their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.
- about online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online.
- not to provide material to others that they would not want shared further and not to share personal material which is sent to them.
- what to do and where to get support to report material or manage issues online.
- the impact of viewing harmful content.

- that specifically sexually explicit material e.g. pornography presents a distorted picture of sexual behaviours, can damage the way people see themselves in relation to others and negatively affect how they behave towards sexual partners.
- that sharing and viewing indecent images of children (including those created by children) is a criminal offence which carries severe penalties including jail.
- how information and data is generated, collected, shared and used online.

Being safe
Pupils should know
- the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships.
- how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (in all contexts, including online).

Intimate and sexual relationships, including sexual health
Pupils should know
- how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship.
- that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.
- the facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for men and women and menopause.
- that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.
- that they have a choice to delay sex or to enjoy intimacy without sex.
- the facts about the full range of contraceptive choices, efficacy and options available.
- the facts around pregnancy including miscarriage.
- that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help).
- how the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing.
- about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment.
- how the use of alcohol and drugs can lead to risky sexual behaviour.
- how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment.

Appendix B

Survey for educational psychologists

Section 1: Demographics

What is your gender?
- Man
- Woman
- I identify my gender as: [open box]

How many years have you practised as an EP?
- 1-3 (currently a TEP)
- 4 (currently a NQEP)
- 5-10
- 11-15
- 16-20
- 21-25
- More than 25
- Prefer not to say

What is your ethnic group?
(Choose one option that best describes your ethnic group or background)
White
- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please describe
Mixed / Multiple ethnic groups
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background, please describe
Asian / Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe
Black / African / Caribbean / Black British
- African
- Caribbean
- Any other Black / African / Caribbean background, please describe
Other ethnic group
- Arab
- Any other ethnic group, please describe _____

What is your current role?

- Trainee EP
- Main grade EP
- Senior EP
- Specialist EP
- Deputy/Assistant Principal EP
- Principal EP
- Prefer not to say

In what setting do you currently work? (select all that apply)
- Local Authority
- Private Practice
- School based
- Prefer not to say
- Other [blank]

Section 2: Training for EPs on RSE support for young people

Understanding and supporting the Relationships and Sex Education (RSE) of children and young people is not specifically identified as a core competency for doctoral programmes by the British Psychological Society, meaning universities in England, Northern Ireland and Wales are not required to provide teaching on the subject. However, due to the wide array of topics included within RSE, including LGBT+ experiences, being safe and understanding consent, healthy and unhealthy relationships, online safety and media depictions of intimate relationships, other core competencies can be applied in this area. For example:
- demonstrate knowledge and understanding of gender and sexuality and the impact of stigmatising beliefs;
- demonstrate understanding and application of equality and diversity principles and actively promote inclusion and equity in their professional practice; and
- demonstrate knowledge and understanding of safeguarding policy and procedures for children, young people and vulnerable adults in order to intervene and support appropriate others

Additionally, both trainee and qualified Educational Psychologists may be required to provide psychological advice for RSE issues for children and young people, especially considering safeguarding and the Preparation for Adulthood agenda.

Below is a table which identifies different groups of learners. In the first column, please rate from 1 to 51 the extent of professional training you have received on RSE issues for this group and how children and young people, and the adults around them, can be supported to help meet RSE goals; 1 being *very little*, 5 being *a great deal*.

In the second column, please rate how important you think training is for this group; again, 1 being *not very important* and 5 being *extremely important*.

Group of learners	Professional training as part of CPD	How important training is for this group

RSE for CYP (children and young people) in general		
RSE for CYP with learning disabilities		
RSE for CYP with physical disabilities		
RSE for CYP who identify as being LGBT+		
RSE for autistic CYP		
RSE for CYP of different ethnicities		

Please outline what, if any, training on RSE you have received from your university provider? [open box]

Section 3: RSE topics

As mentioned previously, while it is not within the Educational Psychologists' role to teach children and young people RSE, they can provide statutory and non-statutory psychological advice covering RSE topics. This may include completing assessment with children and young people related to RSE, formulation and the consideration and evaluation of interventions. Educational Psychologists may also support the RSE of children and young people through work with families and caregivers, delivery of training, involvement in multi-disciplinary teams and project work. In addition, the Preparation for Adulthood agenda specifically applies to RSE within the Health domain where Educational Psychologists are involved in creating outcomes with young people and their families.

Below is a table identifying a list of RSE topics. Similar to the previous table, in the first column, please rate from 1 to 5 the extent of professional training you have received on the factors affecting children and young people to meet outcomes related to each of the topics and how they can be supported in doing so; 1 being *very little* and 5 being a *great deal*.

In the second column, please rate how important you think training is for this topic; 1 being *not very important* and 5 being *extremely important.*

In the third column, please rate your confidence in knowing where you would find relevant information related to this topic if you needed to; 1 being *very little confidence* and 5 being *extremely confident*.

RSE topic	Professional training as part of CPD	How important training is for this topic	Know where to find information

The facts about puberty; genital anatomy; fertility; pregnancy, including miscarriage; sexually transmitted infections (STIs), including HIV/AIDs; and the full range of contraceptive and pregnancy choices.			
The characteristics of healthy and unhealthy relationships, including how to support and maintain healthy friendships and intimate relationships.			
Relationship diversity, including that there are different types of committed, stable relationships and LGBTQA+ relationships and identities.			
Online safety and meda depictions of intimate relationships.			
Understanding how all aspects of health can be impacted by the choices individuals make in sex and relationships, both positively or negatively, e.g., physical, emotional, mental health, wellbeing and sexual and reproductive health.			
How to actively communicate and recognise consent from others and how and when consent can be withdrawn, including identifying and managing sexual pressure.			
The concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships.			

Section 4: Exploring current practice

Relationships and sex education is multi-faceted and can involve many people or services in a young person's life, such as their peers, parents, families, schools and the media. No one person can do everything but as an Educational Psychologist you may have been involved in supporting the RSE of children and young people, and their schools and families, in some way. There is currently no research specifically exploring the role of the Educational Psychologist in this area. In the following boxes, please provide details of your practice experiences. Please be mindful of confidentiality issues and refrain from providing information which may identify any person or setting.

- How have you contributed to the Relationships and Sex Education development of children and young people within your practice as an Educational Psychologist?

- What, if any, are the particular challenges in providing Relationships and Sex Education support to children and young people, their settings and families?

- What, if any, are the opportunities you can see within the Educational Psychologists' role in providing Relationships and Sex Education support to children and young people, their settings and families?

- To what extent do you feel your personal qualities or values may have impacted on your practice in this area?

Section 5: Relationships and Sex Education for autistic children and young people

From the National Autistic Society
Autism affects how people communicate and interact with the world. It is a spectrum condition and affects people in different ways. Like all people, autistic people have their own strengths and weaknesses. Challenges in social communication and social interaction are key difficulties required for a diagnosis, alongside restricted, repetitive and/or sensory behaviours or interests. Autistic people may also experience over- or under-sensitivity to light, sound, taste or touch, highly focused interests or hobbies, and anxiety.

Like all people, autistic individuals have sexuality and can be interested in having sexual and intimate relationships. Yet, they have expressed they can have trouble navigating sex and relationships. Autistic young people also tell us they often feel let down by the RSE they received, can feel ill-equipped to manage relationships in real life and that often the RSE they received in school was not suited to their individual needs.

- How do you feel you have you supported in the RSE of autistic children and young people?

- Recommendations in psychological advice
  - Have you made RSE recommendations in your advice for autistic children and young people and if so what?
  - What were your experiences of measuring/assessing the impact of those recommendations (if any)?
  - Where and how did the request for Educational Psychology involvement come from?
  - To what extent were young people's views sought, and how?

- What specific skills and knowledge might you need to support autistic children and young people, their families and settings, in the development of their RSE?

- What role do you see for EPs to support the RSE of autistic children and young people?

- To what extent do you feel there are gender differences in RSE issues for autistic children and young people?

- To what extent do you feel the curriculum should be adapted? Are there any additional or different topics which you feel are important to cover for autistic children and young people?

- Please provide any other information which you feel would be relevant.

Thank you for spending the time to complete this survey. It is possible that completing this survey caused you to reflect on your own practice; you may want to share your thoughts to discuss within supervision or talk to your line manager.

You may also find the following references and resources interesting:
- Gougeon, N. A. (2013). *Interest, understanding, and behaviour: Conceptualizations of sexuality education for individuals with an autism spectrum disorder using a socially inclusive lens*. Thesis. https://doi.org/10.20381/ruor-3387
- Hartman, D. (2014). *Sexuality and relationship education for children and adolescents with autism spectrum disorders*. Jessica Kingsley Publishers: London
- Lawson, W. (2005). *Sex, sexuality and the autism spectrum*. Jessica Kingsley Publishers: London.
- Sex Education Forum website: https://www.sexeducationforum.org.uk/
- Travers, J., & Tincani, M. (2010). Sexuality education for individuals with autism spectrum disorders: critical issues and decision-making guidelines. *Education and Training in Autism and Developmental Disabilities*, *45*(2), 284–293.
- Tullis, C. A., & Zangrillo, A. N. (2013). Sexuality education for adolescents and adults with autism spectrum disorders. *Psychology in the Schools*, *50*(9), 866–875. https://doi.org/10.1002/pits.21713

It is possible answering these questions raised concerns for yourself. Please see below links for support:
- Domestic abuse helpline for men: https://mensadviceline.org.uk/
- Domestic abuse helpline for women: https://www.refuge.org.uk/
- Mental health support: https://www.samaritans.org/
- For people abused during childhood: https://napac.org.uk/
- LGBTQ+ support: https://www.switchboard.org.uk/what-we-do/helpline/

The study was conducted by a trainee Educational Psychologist at the University of Southampton as part of their doctoral research. The aim of this research was to explore Educational Psychologists views and experiences of supporting the RSE for autistic young people. Your data will help understand what current practice in this area looks like and inform how Educational Psychologists may be best able to support autistic young people and their families with RSE. The results of this study will not include your name or any other identifying characteristics. The research did not use deception.

If you have any further questions, please contact Alex Elliott (trainee Educational Psychologist) at ale1g11@soton.ac.uk.

Thank you for your participation in this research.

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).