

Teaching children with special educational needs about the concepts of 'public' and 'private'

Introduction

This support material aims to assist you in teaching about the concepts of 'public' and 'private'. While these concepts are important for every child to understand, some children with special educational needs may require explicit and recurring / repeated teaching in order to recognise which parts of their body are considered 'private' and the behaviours that are considered acceptable in public and those that are not. Understanding the difference between what is appropriate in public and private places is important for children to be able to successfully navigate social situations and stay safe. This support material is predominately aimed at teachers who work in a special school or special classes, however, teachers working in a mainstream school with children with special educational needs may also find this support material useful. It is important to remember that the age range of children in a special school is different to that of a mainstream primary school. Therefore, the ideas and learning experiences suggested in this resource should be considered in respect to the particular needs, interests, age and stage of children, their parents, the wider school community, and your school's SPHE and RSE policies.

Snapshot from research

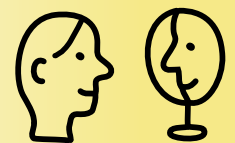


SPHE is based on the needs of the child. It is essential in planning an SPHE programme, that priority is given to the needs of the child and cognisance taken of his/her environment. Appropriate adaptations should be made within the curriculum to suit individual requirements and individual school situations (SPHE Teacher Guidelines, 1999). At every class level, children should be enabled to explore changes and situations that are relevant to them in their own lives and to examine appropriate ways of dealing with these changes (SPHE Teacher Guidelines, 1999, p. 12).

What do we mean by 'public' and 'private'?

Public places are places that we share with other people. These are places where people can easily see what you do and hear what you say. Some examples of public spaces include the classroom, the shop, the cinema, restaurants, etc. Private places are places where other people cannot see or easily hear you. An example of a private space would be your bedroom or bathroom in your home (with the door closed). When teaching children about concepts of 'public' and 'private' it is important to offer multiple means of engagement and expression (see support material 'Considerations for teaching Relationships and Sexuality Education to children with special educational needs'). Use language that is clear and accessible and visual strategies such as pictures, videos, photos, role-playing, or other concrete techniques. Try to make the learning as contextual as possible, for example, when using photographs, they should be photographs of 'real' places that are familiar to the children. You could ask parents to get involved and take photographs of the child's bedroom and bathroom that you can use when teaching about the topic in school. Please note that it is important to adhere to General Data Protection Regulations (GDPR) in regard to the use of photographs of people.

Teacher Reflection



- Can you think of a time when you needed to explicitly teach about the concept of 'public' and 'private'? If so, how did you approach this?

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Private

Private behaviors are things you should only do by yourself or, in the case of sexual activity, with a consenting partner in a private place (see support material 'Teaching about consent' for more information). You might like to consider the following points prior to teaching lessons about the concept of 'private'.

- **Private body parts:** Firstly, it is important to teach children the correct names for all of their body parts, including their 'private' body parts. Once children know the correct names for their body parts you can move on to teaching about which parts of the body are considered private. Be mindful that perceptions of modesty can vary from family to family. One way of teaching about this can be through the use of anatomically correct dolls. Ask the children to dress the dolls so that their private parts are covered. Another way, suggested by Wood (2004), includes using body outlines and cutting out clothes from a magazine to cover up the areas considered private.

Parent snapshot



The school were very clear from the start about the language used for the body parts from junior infants onwards. I found this useful because we could mirror that language at home and make sure that our child had the correct language from an early age. It wasn't something that we probably would have done if the school hadn't communicated with us, because we would have used 'slang' or more infantile language to describe the private parts of the body at home.

- **Use recognisable examples:** When teaching about private behaviors use everyday examples that children will be familiar with (e.g. personal hygiene routines such as showering). Personal care routines can be used as a teaching moment, whereby the

SNA working with the child, or the class teacher narrates their actions. In this way, the concepts of public/private as well as the accurate names for the child's body parts and safeguarding are all experienced by the child, in a contextualised and repeated approach.

- **Consider semi-private spaces:** Semi-private places are public places that are meant for private use. Examples include a public bathroom, a changing room in a swimming pool, etc. Be explicit that while these may sometimes feel like a private space, they are in fact shared with other people and, like in public spaces, certain behaviours are not appropriate in these spaces.

Using social stories to teach children about the concepts of 'public' and 'private'

Social stories are one of many methodologies that may help you to teach children in your class about the concepts of 'public' and 'private'. Social stories will not work with every child and could be inadequate for some children if used as an isolated methodology. There are two ways in which social stories can be approached:

- In a general way, to prepare children for changes and social situations that are a natural part of development. In this example Michael is a 17-year-old student who attends a special school:

My name is Michael. Sometimes I think about sex and private parts. These are my private thoughts. It's okay to think about sex and private areas. I will try to keep my thoughts to myself. I can ask mom or dad a question if I'm confused.

- Or they can be written in reaction to a challenging situation to offer the child a solution (see example below). If attempting to address a challenging situation, where possible, talk with the child, the child's parents and where appropriate other

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colleagues who work with the child to gather information about the complexities of the situation before attempting to write a social story.

My body belongs to me, and some areas are not to be shown. It is ok to be naked when I am going to take a bath, because my bathroom is private. But when I go to swim in a public swimming pool, I will wear a swimming suit that covers my private areas. I will get undressed and changed in the designated dressing room of the swimming pool.¹

It is important that the child's comprehension of the story has been checked before proceeding to practice the skill. This can be done in a number of ways, for example, in a written or spoken questions and answers format or with a comprehension checklist. The use of visuals may assist the child in comprehending the social story. Ideally, the images used would be real-life photographs. For example, if the social story is about the local swimming pool, then photographs of the local swimming pool will be most effective². Once comprehension has been checked, the target social skill can then be practiced in relevant real-life contexts and situations. If possible, the social story should first be read near the situation where the child is likely to need to use the target skill. Depending on the progress that the child makes, the reading of the story may become less frequent and parts of it can be gradually removed, leaving the child with an increasingly simpler story until the appropriate social skills required for this (and similar) situations become routine.

The relationship between privacy and consent

An important aspect of understanding privacy is for the child to understand that they have control over their body and that people should respect their right to consent to who can see or touch their body. Consent may be indicated by the child in many ways; for example, through a physical gesture (for example a nod of their head), by verbally stating yes, or through the use of communication cards, sign language, visual aids, or

speech-output devices like computers. In addition to modelling private activities during intimate care routines at school, demonstrate the connection between privacy and consent through the language you use and the interactions that you have with a child.

Some children who require significant support to complete daily routines and activities become accustomed to school staff touching their body, to the extent that they may not recognise their body as private or belonging to them. In order to teach about privacy and prevent a child thinking in this way, all staff should remind the child that no one is allowed to touch their body without their consent. Regardless of how often physical touch is required throughout the day, you as the teacher, and any other staff working with the child, should explicitly ask for consent before any type of physical contact. That being said, there are some occasions where the adult must make physical contact (e.g. administering medication, cleaning a child who has soiled themselves, removing a child from a dangerous situation, etc.), even if the child does not give consent. It is important to adhere to your school's policy and use your professional judgement to ensure that the safety of the child is always paramount. When situations such as this occur, use language to explain to the child why you are making contact against their wishes; "I know you wanted to stay there, but it wasn't safe, so I had to move you". You should ensure compliance with relevant school policies and reporting procedures if such scenarios arise.

Verbalise your actions before touching the child. Ask the child for their consent. "Is it ok if I...?/ Can I...?". For children who may be unable to communicate verbally, be aware of signs of discomfort that indicate they do not consent. If a child displays discomfort or verbalises that they do not consent, respect their wishes, unless, as mentioned above, it is unsafe to do so. This will demonstrate clearly to children that they have control over their bodies and will assist you when you begin teaching explicitly about privacy.

For more information see the support material '[Teaching about consent](#)'.

¹ These social stories have been adapted from examples given by Balázs and Wolfe (2008).

² Please be mindful of GDPR when using any photographs.

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When should you introduce this concept?

The SPHE curriculum presents content in a manner that is considered appropriate to the child's age and stage of development. Flexibility is recommended so that the child's emotional development and individual needs and interests are taken into account. When teaching about the boundaries associated with public spaces, consider the chronological age of the child and begin with the most immediate needs of the child

What's Next?

How can I support parents?



Home learning: Communication between home and school when teaching about this topic is essential. You might consider agreeing a common language with parents around topics in SPHE/RSE. For example, the correct names for body parts. In this way parents can reinforce their child's learning at home.

Further reading



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

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

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

[Social stories examples](#)

[Carol Grey Social Stories](#)

References

- Balázs, T. and Wolfe, P. S. (2008) 'Social Stories for Sexuality Education for Persons with Autism/Pervasive Developmental Disorder', *Sex Disabil*, 26(1), pp. 29–36. doi: 10.1007/s11195-007-9067-3.
- Gray, C. (2015) *Comparison of Social Stories 10.0-10.2 Criteria Social*.
- NCCA (1999), *Social, Personal and Health Education*, Department of Education and Skills, Dublin.
- NCCA (1999), *SPHE Teacher Guidelines*, Department of Education and Skills, Dublin
- Wood, M. (2004) 'Sexuality and Relationships Education for people with Down syndrome', *Down Syndrome News and Update*. Down Syndrome Education International, 4(2), pp. 42–51.