



## **Why RSHP Matters: Frequently Asked Questions**

### **1. Why does RSHP Matter?**

Childhood and adolescence are critical periods for developing attitudes, skills and knowledge for living a healthy life. RSHP is integral to this, empowering our children and young people to know what healthy relationships are and what they are not; to understand what consent is and what it is not and to make informed choices and decisions about sexual health.

This learning can be supported by friends and family but sometimes information from these sources can be confusing and misleading – using ‘cute’ names for body parts, for example or limiting/infantilising discussions with children and young people with additional support needs and disabilities. Online searching will also give a wealth of information but these searches are likely to happen without guidance and support and may give a fictitious view of relationships and consent.

Children and young people need to receive the right information and have opportunities to discuss their views and feelings. RSHP learning and teaching provides a safe environment for this to happen.

### **2. Who should receive RSHP education?**

All children and young people – with no exception! People can shy away from having RSHP-led discussions with children and young people with additional support needs and disabilities – these are our most vulnerable children and young people and have the same entitlement to know about healthy relationships, consent and sexual health.

### **3. How can I manage problems and objections?**

We know that some parents do raise objections to their children participating in certain RSHP lessons. On these occasions, it would be helpful to find out why the objections are being raised, there may be misunderstanding around the content of the lesson for example which may be easy to unravel and then support.

We also know that some parents of children who have additional support needs or disabilities can find the notion of their child participating in RSHP learning difficult, or they may feel it isn't appropriate or that their child wouldn't understand. This needs to be addressed sensitively, recognising that changing emotions during adolescence and physical body changes happen for all young people and we have an end aim of making sure RSHP learning is not limited or withdrawn for that child.

We recognise that for some practitioners, leading learning around RSHP can be daunting, it may be out of a comfort zone, there may be themes that people have their own personal views on, there may be areas that people feel they lack knowledge in being able to discuss. The accompanying teaching notes contained in the national resource gives detailed information about each theme to give support and guidance with the aim of building practitioner confidence.

**4. What is the role of parents and carers within RSHP and what are key teachable moments that can be done at home?**

Family involvement in RSHP learning is hugely important, for example, in reinforcing messages about private body parts (and their names!), consent and the overall encouragement of children and young people to have open conversations about their feelings.