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## ORIGINAL ARTICLE

# Speak out, stay safe: Including children with special educational needs and disabilities in an evaluation of an abuse prevention programme

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## Abstract

This paper reports on the evaluation of an integrated violence and abuse prevention programme for children aged 5–11, focusing on children with special educational needs and disabilities (SEND). The Speak Out Stay Safe (SOSS) programme was delivered in mainstream primary schools across the UK. A small-scale study of children with SEND nested within the larger evaluation captured their understandings of abuse and harm and readiness to seek help. A specially adapted survey was completed by 76 children with SEND (aged 6–7 and 9–10) at baseline (31 intervention; 45 comparison schools), 12 in intervention schools post-programme and 37 (four intervention; 33 comparison schools) six months post-baseline. Qualitative data was captured through 16 teacher interviews. Whilst this nested study was compromised by the COVID-19 pandemic, it provides important evidence that with appropriate adaptations, a survey approach to investigating the learning of children with SEND can be effective. Findings indicate that awareness of abuse and help seeking strategies may improve over time, whilst interview data suggests that adapting the programme to be inclusive of those children may have a better effect. However, a much larger sample of children with SEND is required to confidently measure the effects of such programmes for this population.

## KEYWORDS

abuse, children, prevention, special educational needs disabilities

## Key Practitioner Messages

- This study provides important evidence that with appropriate adaptations and support, a survey approach to investigating the learning of children with SEND can be effective.
- Findings indicate that awareness of abuse and help seeking strategies may improve over time for children with SEND.
- Adapting the programme to be inclusive of children with SEND, providing advance preparation and follow-up material and embedding learning in school culture may have a better effect.

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## BACKGROUND

The high vulnerability of children with SEND to all forms of abuse and harm has been reported in a range of studies across country contexts (Duan et al., 2015; Jones et al., 2012; Kvam, 2004; Legano et al., 2021; Stalker & McArthur, 2012; Taylor et al., 2015). The reasons for this risk of abuse or harm are multifarious. For example, at an individual level, some disabled children may find it difficult to physically move away from a perpetrator or may be targeted by a perpetrator due to an assumption that they will not be able to disclose the abuse (Stalker & McArthur, 2012; Taylor et al., 2015). Beyond individual issues, however, there are fundamental concerns about the lack of respect for the safety rights of children with SEND and limited preventive efforts to inform and support their welfare and safety (Franklin & Smeaton, 2018; Herson et al., 2015). Children with SEND who have experienced abuse report being ignored or experiencing inadequate responses to disclosures of abuse, often due to lack of opportunity to share their views or inaccurate assumptions about their lack of capacity to understand or communicate (Franklin & Smeaton, 2018; Taylor et al., 2015). Studies have shown that child welfare professionals are concerned about difficulties relating to: communicating with children with SEND about concepts of abuse; over-empathising with parents under stress; and misrecognising signs of abuse (Dowling & Kelly, 2015; Cooke & Standen, 2002; Oosterhoorn & Kendrick, 2001; Stalker et al., 2015). These studies have emphasised the need to prioritise prevention to reduce the vulnerability of children with SEND, including more efforts to provide safety education to enable children with SEND to identify and report harm. Further training and support for parents and professionals is also required to enable more responsive and protective responses from adults (Jones et al., 2017; Smeaton & Franklin, 2018; Taylor et al., 2015). The UK Government's current SEND review (DfE, 2022) sets out proposals for systemic change to improve mainstream and specialist provision and deliver a more inclusive education system for children with SEND. Although the review acknowledges that children with SEND are more likely to experience bullying, it is unclear how safeguarding these children will be prioritised or how harm prevention programmes will be inclusive of children with SEND.

Internationally, there is a lack of robust evaluations of preventive programmes for children with SEND. A recent scoping review by Nyberg et al. (2021a) of school-based abuse prevention programmes for children found very limited consideration of children with SEND, despite their vulnerability to abuse. The evidence available indicates that interventions could be effective in teaching safety skills to children with SEND though this research is mostly small-scale and focused on a specific impairment group or type of abuse (Devries et al., 2018). Quantitative studies have reported positive programme effects, but these findings are limited by low sample size, leading to poor generalisability. For example, a survey-based evaluation by Dryden et al. (2017) of the IMPACT:Ability programme with 47 special education high school students showed statistically significant improvements in participants' safety and self-advocacy knowledge and confidence that were maintained one year later. However, the study used a small, non-random sample and the authors expressed concern about the appropriateness of the evaluation methods for all children with SEND. In their qualitative study, Warraitch et al. (2021) evaluated a school-based sexual abuse prevention programme for 15 girls with intellectual disabilities in Pakistan. Pre- and post- assessments of participants indicated that it was a feasible and efficacious programme in improving participants' sexual abuse prevention knowledge and skills. Short educational sessions focused on a distinct safety message and using role-play were recommended along with further engagement with parents and school staff to encourage the inclusion of children with intellectual disabilities in preventive programmes. Other qualitative studies have focused on teacher and parent views on the effectiveness of preventive programmes. For example, Nyberg et al. (2021b) conducted interviews with six parents and seven special education teachers, followed by focus groups with five practitioners supporting child victims with disabilities. Video and role-play approaches employing augmentative and pictorial communication strategies were reported to be effective teaching methods and further teacher involvement in school-based preventive programmes was recommended. Whilst these studies show some positive results, overall there is a very limited body of international research on the effectiveness of preventive programmes for children with SEND. Indeed, Nyberg et al. (2021a) called for the urgent development of accessible abuse prevention programs for this group of children and evaluation methods that facilitate the participation of children with SEND.

There are a range of preventive programmes across the UK often delivered in schools, however, there is limited reporting of the evidence base for such programmes and their outcomes for children with SEND. One study that focused specifically on the delivery of a preventive programme for children with SEND is McElearney et al.'s (2021) evaluation of NSPCC's Keeping Safe programme in special schools in Northern Ireland (NI). The programme was already underway in mainstream schools and was rolled out to five special schools in NI in 2016. It aimed to teach children with SEND (aged 4–11 years) to recognise abusive behaviours and disclose harm, in the safe environment of the classroom with teachers who knew them well. Schools were provided with a range of teaching resources to integrate safety messages within the curriculum. Training and ongoing support was offered for school staff and parents were also engaged in the programme to reinforce messages at home. The formal two-year evaluation of the programme reported that it was effective with increased levels of knowledge and understanding of abuse among children with SEND, parents and teachers. The evaluation findings indicated that, with the right leadership, support and resources, the programme

can be successfully implemented in special schools. Challenges included provision of training across the school staff, teachers' discomfort with sensitive safety messages, and engagement with parents. The strengths of the programme included the whole school approach embedded in the school curriculum and use of a range of visual and interactive resources and activities to teach safety messages; however, these needed further adaptation by teachers who understood the learning needs of children in their classrooms, which demanded more time and funding. The authors recommended further impact evaluation of preventive programmes in special schools to build a stronger evidence base about what works for children with SEND. As this programme was delivered in special schools, there is also a need for further evaluations of preventive programmes for children with SEND attending mainstream schools. This is particularly important given that the majority of SEND children attend mainstream schools in each UK jurisdiction (Estyn, 2020; Gov.uk, 2022; Northern Ireland Assembly, 2021; Scottish Government, 2019).

There are indications that children with SEND in mainstream schools can benefit from such programmes. Evaluations of preventive programmes for children with SEND in schools have tended to focus on children with particular types of impairments or specific types of abuse. For example, several studies have focused on sexual abuse prevention and intellectual disabilities (Kucuk et al., 2017; McCann et al., 2019; Warritch et al., 2021) or deaf children (Urbann et al., 2020). McElearney and Adamson's (2021) random-controlled trial examining the effectiveness of the Keeping Safe programme in mainstream schools reported some evidence of effectiveness for children with SEND in mainstream education with increased knowledge of recognising abuse/harm, understanding inappropriate touch and bullying. However, the authors called for further research to more comprehensively examine the effectiveness of preventive programmes for children with SEND. This paper aims to contribute to this growing body of evidence on the efficacy of preventive programmes for children with SEND by sharing the findings of an evaluation of a programme covering the full range of abuse and harm types, with a specific focus on children with SEND in mainstream schools.

## THE SPEAK OUT, STAY SAFE (SOSS) PROGRAMME

The NSPCC's Speak Out, Stay Safe (SOSS) programme delivered in mainstream primary schools across the UK aimed to increase children's understanding and awareness of abuse and harm and enable them to seek help from a trusted adult. The programme logic is focused on enhancing children's knowledge and recognition of abuse and their ability to speak out and seek help, when needed, to ultimately keep children safer and reduce the impact of childhood abuse and neglect. The SOSS programme was delivered by trained NSPCC staff and volunteers via a 20-minute school assembly for Key Stage 1 (KS1) children (aged 5–7 years) and a 30-minute school assembly for Key Stage 2 (KS2) children (aged 7–11 years), followed by a one-hour workshop for KS2 pupils only. Children are introduced to Buddy, a friendly, green speech bubble, who encourages children to speak out to a trusted adult if they are worried about themselves or a friend and get help when they need it. Children learn about different types of abuse and harm including neglect, physical abuse, sexual abuse, emotional abuse and bullying and they learn about Childline, the NSPCC's free UK helpline that receives calls directly from children. The assembly for older children also addresses domestic abuse. During the interactive workshop, older children explore definitions of abuse in greater depth and participate in group activities and discussion of why children might feel sad or worried and need someone to talk to. The workshop emphasises that all children have a right to speak out, be safe and to receive help if they need it. Although the programme is inclusive of children with SEND, it is not adapted in any way for those children attending mainstream school and they participate in the programme alongside mainstream children.

## THE TESSE EVALUATION OF THE SOSS PROGRAMME

The main TESSE (The Evaluation of Speak Out, Stay Safe) evaluation aimed to examine the programme's impact on children's understanding of abuse and harm and their help-seeking and to investigate the experiences of programme participants (Barter et al., 2022). The core research question was: do children exposed to the SOSS programme have significantly greater gains in knowledge of abuse, readiness to seek help and ability to distinguish appropriate sources of help in comparison to children not exposed? This paper draws on baseline data to report on one nested element of this TESSE evaluation: the experiences of children with SEND in mainstream schools.

The evaluation utilised a matched school control study design with an in-built process and economic evaluation. Intervention and comparison schools were identified and matched based on four key characteristics including the proportion of children in receipt of free school meals (this variable was used as a proxy for social deprivation); faith status of a school (faith/non-faith), geographic location (urban/rural) and country within the UK (England, Northern Ireland, Scotland and Wales).

A total of 40 intervention schools were recruited and matched with 34 comparison schools that had not received the SOSS intervention in the previous two years. Baseline data was collected in all these schools. In each school, a class of KS1 children aged 6–7 years and a class of KS2 children aged 9–10 years participated in the evaluation. In-person programme implementation was halted due to COVID-19 lockdowns in 2020 which resulted in sample attrition. Immediate follow-up data (within two weeks of receiving the programme) was collected in 38 intervention schools and 6-month follow-up data was collected in 36 schools (19 intervention and 17 comparison). The baseline sample includes a total of 3297 children completing the survey, and the 6-month follow-up sample includes 1553 children. The demographic data shows no substantial differences between the characteristics of the sample at baseline with that at six-month follow-up.

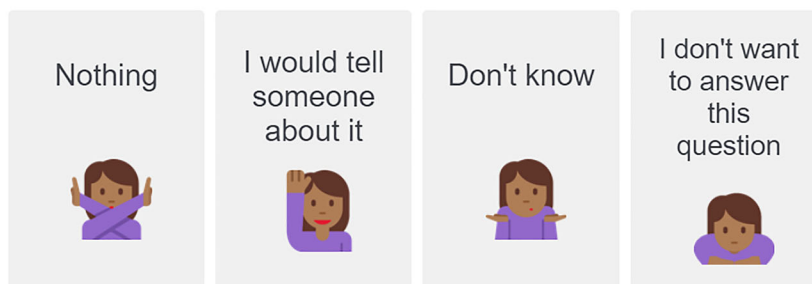
Data collection for the evaluation consisted of a child-friendly tablet-based survey administered to children within the classroom. The aim of the survey was to measure the knowledge of various forms of abuse and children's readiness to seek help. Revisions to the survey following the pilot evaluation led to children in the older age group (9–10 years) answering the entire survey which consists of four measures: a Bespoke measure developed by the TESSE team consisting of 10 scenario-based questions, two questions about Childline and two questions about identifying and confiding in an adult. The shortened version of the Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-R) (Tutty, 1995) with the addition of one item by the research team (25 items in total). The elementary version of the Authoritative School Climate Survey (ASCS) (Cornell, 2017) was used to extract a total of 11 items measuring school climate. Finally, the Child Health Utility Index 9D (CHU-9D) (Stevens, 2009) which includes nine items. The younger age group (6–7 years) only answered the bespoke measure as the complexity and length of the full survey was seen to be too overwhelming for this age group. The survey was adapted for the nested SEND study and is described below.

The integrated process evaluation was conducted in 13 of the intervention schools and included observation of programme implementation and fidelity, interviews with 16 teachers, 15 programme facilitators and focus groups with a total of 61 children participating across the 13 schools.

## METHODS FOR NESTED EVALUATION FOR CHILDREN WITH SEND

The impact of the programme for children with SEND was examined through a small-scale study embedded within the larger evaluation. Children in mainstream schools both with an Education Health Care Plan (EHCP) and those receiving SEND support but without an EHCP were assigned to the SEND arm of the study. This extension work was completed with 76 children with SEND at T1 (31 in intervention schools and 45 in comparison schools), 12 at T2 in intervention schools and 37 at T3 (four in intervention schools and 33 in comparison schools). Children in schools included in the SEND study completed T3 surveys remotely due to COVID-19 restrictions. A pilot was carried out to assess the study procedures and survey design. Prior to the pilot study, surveys were modified to make them more accessible for this group of children. Modifications included rewording of certain questions, a simplified game and inclusion of emojis to represent survey responses. As an example, the bespoke measure contained scenarios pertaining to abuse. Children were required to choose whether someone should be told about the events described and, if so, who should be told. Children were able to choose one of the following responses: to say nothing; tell someone what happened; do not know; and I do not want to answer. For the SEND study, each response contained an emoji that visually displayed the answer (Figure 1) whereas, for the main study, these emojis were not included. This effect was used throughout the survey, whereby the text was accompanied with emojis and images that illustrated the text.

What would you do?



**FIGURE 1** Example of a survey response for children with SEND.

Following the pilot, no further modifications were made to the survey. However, significant changes were made to the approach to data collection. For example, multiple ad hoc researchers were employed and trained by a specialist researcher to support children with SEND to complete the survey in the classroom. It was anticipated that children with SEND would require additional support; however, during the pilot, it was noted that a lack of teacher awareness regarding the research process could hinder those children's ability to participate, for example by excluding those children from completing the survey or rephrasing questions. The trained researchers worked with children with SEND either on a one-to-one basis or in small groups. In certain cases, where teachers and classroom support staff were needed to support children with SEND, researchers briefed staff prior to data collection regarding the ethics of participation (such as, consent and withdrawal) and how to support those children by reading the questions without modifying the content. Overall, with the modification to the survey and this research approach, many children with SEND were able to participate. A statistical analysis plan was developed to analyse the main survey findings; however, due to the small number of SEND children at follow-up stages, it was not possible to undertake higher-level statistical modelling or comparisons on outcome measures. For the group of SEND children participating in the survey, therefore, descriptive analysis of the survey data was undertaken to summarise their demographics, survey completion rates and understanding of safety messages at baseline.

Table 1 below outlines the demographic characteristics of the children with SEND participating at baseline. The nested SEND study permitted exploratory work with this group of children but the numbers of children with SEND at T2 and T3 were too low in intervention schools to draw conclusions about the impact of SOSS or compare findings with the main sample. We, therefore, focus mainly on quantitative findings at baseline for this group of children, drawing on qualitative data where relevant.

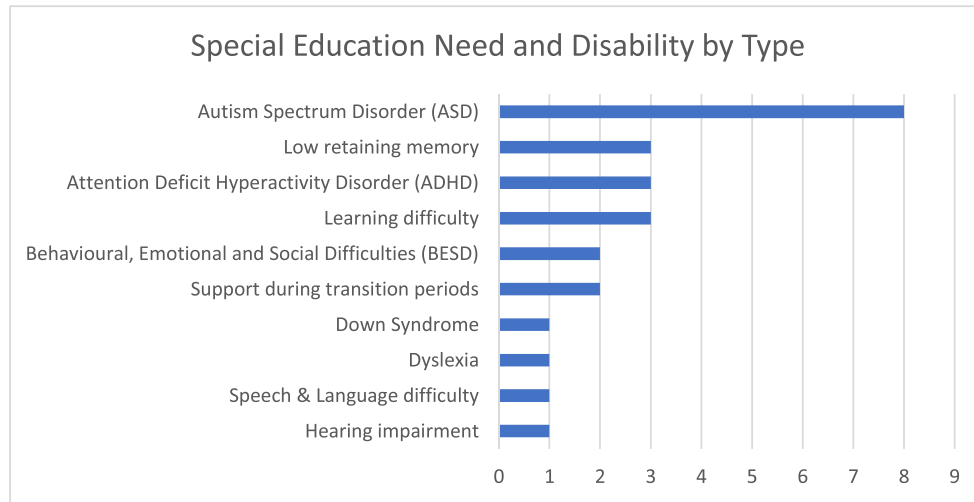
Teachers interviewed from both the main evaluation and the nested SEND study provided further information about 64 of the children with SEND (26 in England, 17 in Northern Ireland, nine in Scotland and 12 in Wales). Of those children, 20 had an official SEND diagnosis (eight in England, three in Northern Ireland, seven in Scotland and two in Wales), whilst others were either undergoing a formal assessment, or were identified as needing additional classroom support. Teachers identified a range of types of SEND, some of which were formal diagnoses whilst others were speculative, and some children were identified as having more than one SEND type. Figure 2 shows the range of SEND types as identified by class teachers.

## Interviews with class teachers

Sixteen interviews were completed with class teachers as part of the main study: eight Key Stage 1 (KS1) teachers, seven Key Stage 2 (KS2) teachers and one learning mentor across both key stages. Teacher interviews took place shortly after delivery of SOSS either in person or by telephone. Interviews focused on teachers' perceptions of the benefits of SOSS and their views of the programme for all children. Teachers were asked for specific information about the number of children in their class with SEND, whether those children had an education health care plan (EHCP) and the type of SEND children had. Interviews also focussed on their views of how children with SEND responded to the SOSS assembly for KS1 and KS2, and the Workshops for KS2, and whether aspects of the programme worked well or not well for

**TABLE 1** Children with SEND included in the baseline data by age and gender (n = 76).

		Key stage 1 N = 35		Key stage 2 N = 41	
		Intervention N = 13(%)	Comparison N = 22(%)	Intervention N = 18(%)	Comparison N = 23(%)
<b>Gender</b>	<b>Female</b>	6 (46.2%)	8 (36.4%)	6 (33.3%)	10 (43.5%)
	<b>Male</b>	7 (53.8%)	14 (63.6%)	11 (61.1%)	13(56.5%)
<b>Age</b>	<b>5</b>	0	0	0	0
	<b>6</b>	9 (69.2%)	9(40.9%)	0	0
	<b>7</b>	4(30.8%)	12 (54.5%)	0	0
	<b>8</b>	0	1 (4.5%)	0	0
	<b>9</b>	0	0	9 (50%)	9 (39.1%)
	<b>10</b>	0	0	8 (44.4%)	14 (60.9%)
	<b>11</b>	0	0	1 (5.6%)	0



**FIGURE 2** SEND type.

this group of children. Interviews were recorded and transcriptions managed, coded and analysed using NVivo12 software. Qualitative data on teacher perceptions were analysed thematically by two researchers to increase validity and, following discussion of the coding, findings were grouped into key categories from which the overarching themes were developed (Bengtsson, 2016; Rivas, 2018).

## ETHICAL CONSIDERATIONS

Ethical approval was received from the NSPCC Ethics Committee and ethics committees at the Universities of Central Lancashire and the University of Edinburgh. Consent for children's participation in the study was first acquired from schools, then from parents/carers on an opt-out basis and, subsequently, from children who were asked to opt into the study prior to completing the survey in the classroom. Children were prepared for informed consent by their teacher a few days prior to survey completion (scripts were provided to assist them) and the research process was explained again by the researchers before acquiring consent. Children's consent was an ongoing process and was elicited at each of the data collection points. It was emphasised that children could withdraw from the survey at any point and survey responses included an 'I don't want to answer' and a 'skip' option for each question. Teachers were provided with information prior to the study and were asked to give their consent to participate in interviews.

Since SOSS aimed to encourage children to disclose experiences of harm and abuse, it was anticipated that children's participation in the study could result in disclosures or wellbeing concerns arising with the researchers. Therefore, robust safeguarding procedures, based on the NSPCC's safeguarding processes were developed, and researchers received relevant training prior to school visits. Safeguarding concerns arising during the course of the study were reported by the researcher to the class teacher and the school's Safeguarding Lead or Head Teacher before leaving the school. NSPCC Area Coordinators were also informed after leaving the school. Children were informed about this procedure prior to their participation in the study and were given a debrief sheet reminding them of the NSPCC's Childline number.

## FINDINGS

The overall study findings have been reported elsewhere (Stanley et al., 2021). Given the limitations of size of cohort and retention issues outlined above, comparisons over time and with the main sample are not possible. However, the available evaluation data for children with SEND highlights three important findings: evidence of the ability of children with SEND to complete the adapted evaluation survey; indication of those children's understanding of keeping safe messages; and key messages from teachers on engaging children with SEND in keeping safe programmes in schools.



## SEND children's completion of the survey

At baseline, 97 per cent of children with SEND in both comparison and intervention schools completed the whole survey. Two of those children who did not complete the whole survey were KS2 children in comparison schools. These high rates of completion for children with SEND indicate their ability to engage with the survey and complete it.

All comparisons should be interpreted with caution between the small SEND sub-set and the main sample. However, on average, differences in response rates between the SEND sample and the main sample showed that children with SEND were more likely to choose the 'nothing', 'do not know' and 'I don't want to answer this question' options. Table 2 below shows that children with SEND in intervention schools were slightly less likely than their peers in the main study to say that they enjoyed answering some or all of the survey questions, a difference that widens for those in comparison schools. It is important to note, however, that, overall, the majority (65%) reported enjoying responding to questions at baseline.

## Understanding of keeping safe messages among children with SEND

The abbreviated CKAQ-R measure responses by children with SEND at baseline and their ability to identify the 'correct' answer in both intervention and comparison schools were comparable to those in the main sample for most items. The exception being items pertaining to trusting feelings about certain situations, hugs and kisses turning into bad touches, having to let grown-ups touch you whether you like it or not, saying no to an adult, keeping a secret if someone touched you in a way you do not like and helping a friend's dad find their lost cat without telling anyone. On these items, children with SEND were less likely than children from the main sample to identify the 'correct' answer.

School climate measured at baseline using 11 items of the elementary version of the ASCS indicated similar response patterns between the SEND nested sample and the main sample. However, some stark differences were seen among children with SEND in both intervention and comparison schools. Those children were twice as likely as those in the main sample to report that: grownups at their school were too strict, bullying was a problem at their school and that children at their school were teased about how they looked. On the other hand, children with SEND receiving the intervention reported higher levels of agreement than children in the main sample that school rules were fair and that there were grown-ups at their school they could talk to if they had a problem.

The findings show some interesting indications of understanding of safety messages among children with SEND that could be further investigated in future studies. For example, in intervention schools at both KS1 and KS2, those children's ability to identify and locate the Childline number was lower on average when compared to their peers in the main sample although this did increase at each data collection point for children who received the SOSS programme. Due to sample attrition because of COVID-19, we are not able to consider these increases in relation to children with SEND in comparison schools. Interestingly, KS1 children with SEND in comparison schools were twice as likely to be able to identify the Childline number at baseline than their peers in comparison schools in the main sample as shown in Table 3 below.

## Teachers' perceptions of the experiences of children with SEND

Interviews with teachers indicated key benefits of the programme for children with SEND in relation to learning safety messages and help seeking strategies, although challenges relating to those children's understanding of more complex concepts and the need for further preparation and support were highlighted.

**TABLE 2** Comparison of children with SEND and main sample children's enjoyment of answering survey questions.

	KS1		KS2	
	Intervention	Comparison	Intervention	Comparison
<b>I enjoyed answering all the questions</b>				
Children in main sample	69.1%	70.0%	56.3%	55.8%
SEND children	61.5%	59.1%	55.6%	38.1%

**TABLE 3** Percentages of children with SEND and main sample children identifying and locating the Childline number at baseline.

School status	KS level	SEND sub-set (N = 76)		Main sample (N = 1710)	
		Identify Childline #	Locate Childline #	Identify Childline #	Locate Childline #
Intervention	KS1	7.7%	30.8%	30%	43.9%
	KS2	38.9%	61.1%	48.2%	57.1%
Comparison	KS1	54.5%	54.5%	26.2%	44.5%
	KS2	39.1%	43.5%	46%	53.3%

## Learning and understanding SOSS messages

Most teachers interviewed suggested that children with SEND benefitted from the KS1 or KS2 SOSS assembly and that, overall, children's experiences of it were positive. One KS1 teacher considered that the 20-minute assembly was about the right length of time for younger children, reflecting the usual length of school-based assemblies. Teachers felt that children with SEND understood the content of the SOSS assembly, which appeared to engage those children 'in the same way as the others' (KS1 Teacher, England).

Some KS2 teachers felt that both the assembly and the subsequent KS2 workshop were pitched appropriately for older children and that key messages around speaking out to a trusted adult were accessible to all children, including those with SEND:

*The scenarios might be a little bit trickier, but I think the message that, if you want to talk about anything at all, you can talk to us. I think that's the message that comes through and I think everybody understood that message.* (KS2 Teacher, Wales)

*I think they still were able to talk about it and take it in, so there was no sort of barrier I think to them receiving the workshop.* (KS2 Teacher, Scotland)

## Benefits of participative and active learning

Teachers reported that the visual and interactive aspects of the assembly worked well for both younger and older children with SEND and that the participative elements of the programme, including answering questions with thumbs up or thumbs down and saying and signing out the Childline number together, helped to engage this group of children. One teacher suggested that repetition of the Childline number during the assembly helped children with SEND to retain this information. Overall, teachers felt that the range of interactive and visual elements used during the programme meant those children were not disadvantaged:

*I do feel that the different wee picture animations ... for those that maybe cannot read what is on the board, ... they can see it in the picture image, to help define what was meant ...* (KS1 Teacher, Northern Ireland)

*Getting them to repeat the different types of ... like how abuse is not okay and getting them to repeat the number, that works well with them because they are able to retain that information much better.* (KS2 Teacher, Scotland)

*They responded well. There wasn't really a lot of reading or writing involved so they were not disadvantaged in any way.* (KS2 Teacher, Northern Ireland)

Teachers suggested that although some children with SEND can be particularly sensitive to noise and new experiences, those children chose to stay for the duration of the assembly:

*We've got children who are autistic ... that do not like a lot of noise, and they sometimes leave but everybody stayed...* (KS1 Teacher, Scotland)

*He's suffering a lot with anxiety at the moment, ... and although he wasn't really involving himself as the other children, he was there and he was listening and that's a really big step.* (KS1 Teacher, England)

## Difficulties understanding complex messages

A small number of teachers questioned the extent to which both younger and older children with SEND were able to understand and retain complex messages aiming to help them recognise different forms of abuse during the assembly:

*I do not know if he would have fully understood everything. The assembly, there was probably a lot of info and I am not sure realistically, most children there did not get to take it all in. (KS1 Teacher, Northern Ireland)*

*... promise and trust and things like that ... they do not understand those concepts ... how manipulative someone would be around that, I'm not sure they would be able to deal with it. (KS2 Teacher, England)*

One KS2 teacher questioned whether information presented during the subsequent workshops were understood by some children with SEND as intended:

*They maybe felt a little bit lost by the scenarios given in the workshop ... I think if you are going to get everyone involved, it's better to pitch it a little bit lower, and that way everyone's going to understand it. (KS2 Teacher, Wales)*

## Need for additional support

Although most teachers reported that the interactive and participative methods suited learning preferences for children with SEND, one teacher suggested that younger children's learning would have been enhanced if there had been more opportunities during the assembly for active learning, rather than sitting for lengthy periods of time:

*Maybe something to maybe break it up a wee bit more ... stand over here if you think this ... they are still young ... so something maybe slightly more interactive, maybe just break it up. (KS1 Teacher, Northern Ireland)*

Further involvement from school staff would also be helpful in relation to responding to arising safety concerns for individual children. School staff are well placed to identify welfare issues for children, and class teachers described being able to pick up on issues and support children with SEND following the assembly:

*One of the girls needed a little bit of support, was one of the SEND children ... and I think that just focused her mind during assembly and that's when something came up for her. (Classroom Learning Mentor, England)*

*... there was another wee boy with special needs that I had concerns about and did highlight because he did not take part, he got very upset during the presentation. (KS2 Teacher, Northern Ireland)*

## Preparing teachers and children in advance

Teachers highlighted the importance of preparing children, especially children with SEND, in advance. Those children who may be more sensitive to disruptions to their usual routine, may require particular attention beforehand if they are to benefit from SOSS. In this instance, earlier participation in the research helped to prepare a child for the assembly:

*... when you deviate off that routine, he does not like it ... but we managed to do it, and I think that's because he took part in the survey actually ... so he felt that he could come because he knew what it was about. (KS1 Teacher, England)*

Despite SOSS facilitators contacting schools beforehand, in most schools, information about the programme was not passed down to classroom staff who were therefore unprepared. Preparing class teachers and ensuring they are aware of programme content and methods of delivery so they can prime children in advance may be particularly important for children with SEND.

## DISCUSSION

From the outset, this was a small-scale, exploratory SEND extension within the main evaluation. The COVID-19 pandemic further impacted on the fieldwork and greatly restricted the plan for follow-up evaluation. Therefore, the findings in relation to the effect of the programme are tentative rather than conclusive and should be treated with caution. However, given the lack of attention to children with SEND in the literature on preventive programmes in mainstream schools (McElearney & Adamson, 2021), there are three important messages from this exploratory piece of work to inform future efforts to engage children with SEND in mainstream preventive programmes and related evaluations.

Firstly, whilst the planned SEND extension was compromised by its size and the impact of the pandemic, it provides important evidence that children with SEND are able to complete a survey of this nature when appropriate adaptations have been made to improve the accessibility of the survey tool, and when children are appropriately supported by trained researchers or staff to do so. This finding suggests that future evaluations of safeguarding programmes in schools should strive to be accessible and inclusive of children with SEND.

Secondly, the available survey data provides tentative indications that children with SEND have an awareness of abuse and help seeking strategies and this can improve over time. This finding suggests there is potential benefit from prevention programmes and underlines the need for a robust evaluation of the delivery and impact of prevention programmes with a much larger sample of children with SEND to confidently measure the effects of the programme for this population (Nyberg et al., 2021a, 2021b; Warraitch et al., 2021).

Thirdly, the SOSS programme was not adapted specifically for children with SEND and may well have a better effect with further consideration of adaptations and inclusivity. The qualitative data from teachers suggests that greater consideration should be given to adapting the programme to be inclusive of children with SEND, providing advance preparation and follow-up material for children and teachers and embedding the programme within the school culture. Reflecting the findings of our evaluation and in response to pandemic-related restrictions, the NSPCC have moved from delivery of the SOSS programme via assemblies and workshops by NSPCC staff to delivery by teachers in schools using lesson plans with pause points with resources and training available online. Such adaptations are likely to offer more opportunity for children with SEND to access adapted materials and support for their individual needs in smaller classroom settings by teachers who know them well and can reinforce the messaging (Warraitch et al., 2021). Indeed, we recommend that children with SEND themselves and their teachers should be involved in developing and adapting the SOSS programme to more specifically meet the needs of this population as part of a whole school approach that integrates preventive programmes into the school curriculum (McElearney et al., 2021).

## CONCLUSION

As research has consistently highlighted the vulnerability of disabled children to abuse and exploitation, the need to prioritise preventive programmes that effectively engage children with SEND and enhance their knowledge and skills for keeping safe and reporting abuse is critical (Jones et al., 2017; Smeaton & Franklin, 2018). Children with SEND have an equal right to access important preventive programmes alongside their peers in mainstream schools (Murray & Osborne, 2009). The findings of this exploratory study extension highlight that children with SEND should be supported to engage in preventive programmes embedded in mainstream schools and that the content and delivery of such programmes should be adapted in partnership with children with SEND, parents and teachers to improve their accessibility and inclusivity (Franklin et al., 2019). This study also shows that children with SEND are able to complete adapted surveys addressing sensitive topics relating to harm and abuse when appropriate adaptations were made, and when they were supported appropriately in the classroom to do so. This finding urges those designing future evaluations of prevention programmes in schools to be inclusive of children with SEND. Indeed, a key finding is the need for a robust evaluation of the delivery and impact of an adapted preventive programme with a much larger sample of children with SEND to advance the evidence base on programme effects for this population.

## ETHICS AND INTEGRITY STATEMENT

This independent evaluation was funded by the NSPCC, the JMCMRJ Sorrell Foundation and the Health Foundation.

No potential conflict of interest is reported by the authors.

The study received ethical approval from the NSPCC Ethics Committee and ethics committees at the University of Central Lancashire (Ref PSYSOC 445) and University of Edinburgh.

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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