

Sex and Relationship Education for  
young people with physical  
disabilities: a booklet for teachers



**contact** a family  
for families with disabled children

### **The PROUD Consortium**

PROUD is the name of a group of individuals and organisations brought together by Sharon Baker of The Arthrogyposis Group. Sharon Baker developed the initial idea for the resource and is the lead author. Working with Contact a Family, the consortium came together to raise awareness of the many issues of growing up with a disability. Members of PROUD include disabled adults, parents of disabled children and young people, professionals from Worcestershire's Health and Education Authorities working with young people with disabilities and representatives from the Association for Spina Bifida and Hydrocephalus and Disability Awareness In Schools. PROUD has consulted widely with disabled adults and parents and carers of young disabled people and children and thanks them for their help in developing this pack. The quotes in this booklet are taken from a survey conducted by The Arthrogyposis Group on growing up with a disability and caring for a disabled child.

### **The Arthrogyposis Group**

The Arthrogyposis Group (TAG) is a national organisation that supports people who are affected by the physical disability Arthrogyposis Multiplex Congenita. This is a term used to describe stiff and fixed joints and covers a wide range of conditions.

### **Contact a Family**

Contact a Family provides support, advice and information to families with a disabled child across the UK. It is the only UK charity providing support to parents whatever the medical condition of their child.

### **Council for Disabled Children**

The Council for Disabled Children provides a national forum for the discussion, development and dissemination of a wide range of policy and practice issues relating to service provision and support for children and young people with disabilities and special educational needs.

Also contributing to this booklet are:

### **National Children's Bureau**

The National Children's Bureau (NCB) promotes the interests and wellbeing of all children and young people across every aspect of their lives. NCB advocates the participation of children and young people in all matters affecting their lives. NCB challenges disadvantage in childhood.

### **Sex Education Forum**

The Sex Education Forum is the national authority on sex and relationships. It is an umbrella body of 48 national organisations that work together to share good practice and to articulate a common voice in support of all children and young people.



# introduction

**Sex and Relationship Education (SRE) is an important part of the curriculum for all young people, and young disabled people are no exception. Young disabled people should have the same access to sex education and sexual health care, and the same opportunities for socializing and sexual expression as their non-disabled peers.**

This right is recognized in the UN Convention on the Rights of the Child (1989).

In schools, the National Curriculum secures for all pupils, irrespective of social background, culture, race, gender, differences in ability and disability, an entitlement to a number of areas of learning through which to develop knowledge, understanding, skills and attitudes necessary for their self-fulfillment and development as active and responsible citizens (DfEE and QCA 1999a and 1999b). In addition, under the provisions of the Special Educational Needs and Disability Act (2001) schools are required to ensure that all parts of the curriculum are meeting the needs of disabled pupils.

## **About this booklet**

This booklet focuses on sex and relationship education for children and young people with physical disabilities, including those who may also have mild to moderate learning disabilities. There are thousands of different causes of disability and the range of difficulties a child may have will depend very much on the diagnosis, how their condition is managed and what support and help is available. The booklet aims to provide teachers and all those who work in schools with information on how being disabled might impact on issues around sex and relationships. It also seeks to support them in the task of developing and reviewing SRE policy and practice to ensure it meets the specific needs of young disabled people. It offers guidance on working with young physically disabled people, carers and parents on various sex and relationship issues.

Mainstream schools are increasingly catering for disabled pupils. This booklet is designed primarily for all staff in mainstream schools, including teachers, teaching assistants, learning mentors, personal advisors, playtime supervisors, school nurses, doctors,

and other health professionals. It is also a useful refresher for those working in special schools. In addition to covering sex and relationships, it seeks to improve the standards of information and support for disabled children and young people.

The needs of young people vary widely depending on their culture, values, religious beliefs, age and level of maturity, and the type of disability that they have. Information in this booklet will need to be adapted to ensure that it is appropriate for all disabled children and young people.

## **How to use it**

This booklet is divided into four sections:

**Section 1: Why SRE is important in meeting the needs of young disabled people.** This section considers the rights of all young people to good quality SRE and then explores why it is particularly important in meeting the needs of young disabled people, as well as looking at the issues that they face.

**Section 2: Getting the policy right.** This section emphasises how teachers, support staff, health

professionals and parents/carers need to work together with young people to improve SRE. It also looks at other factors to be taken into account when developing a policy.

## **Section 3: SRE in practice for young people with disabilities.**

Practical approaches are discussed within the context of the appropriate key stages and curriculum requirements. Topics covered include talking about puberty, sex and relationships, guidance on building self-esteem, attitudes and values, and other personal and social skills development. Particular concerns and issues, which may arise within certain age groups, are also considered.

## **Section 4: The directory - useful resources and agencies.**

Gives details of further reading and websites, teaching resources and useful organisations.

## **Part of a series**

This booklet is part of a series of publications that have been produced by a group of organisations with expertise and experience in the field of disability and Sex and Relationship Education (listed at front). The series also includes:

- A leaflet for children and young people which answers some of the questions they may have about growing up, sex and relationships
- A booklet for parents and carers to help them to talk with their children and young people about sex and relationships and to help them support SRE in school and sexual health services.

Each booklet can be used independently, or in conjunction with the others in the series. Further copies can be ordered from Contact a Family.

**Note**

This booklet focuses on young people who have physical disabilities and mild to moderate learning disabilities, because there is a lack of suitable information for these particular young people. However, many of the resources in the Directory section of the pack will be suitable for children and young people with more profound learning disabilities.

It is important to recognise that not all disabled young people are able to communicate verbally. This might mean using pictures rather than words and there are some useful resources in the Directory section of this pack, which can be used.



# section one: why SRE is important in meeting the needs of young disabled people

## What is SRE?

SRE informs children and young people about relationships, emotions, sex, sexuality and sexual health. It also enables them to develop life skills and a positive attitude to sexual health and well-being.

SRE starts at home and is also received from friends, television, media as well as school. Learning about sex and relationships is a lifelong process, beginning in early childhood and continuing throughout adult life.

## Why is SRE important for all children and young people?

- Research evidence tells us that young people and their parents want better SRE
- Research tells us that SRE improves sexual health and well being and reduces teenage pregnancies and sexually transmitted infections
- Government legislation and guidance requires schools to provide SRE

## Meeting the SRE needs of young disabled people

There is a tendency to think that disabled people, including those with severe disabilities, do not have sexual feelings, sexual needs and sexual capabilities. But they do. Both parents and teachers sometimes feel uncomfortable about this. They may feel concerned about this for a number of reasons, such as fear that the child or young person may be more vulnerable to exploitation or abuse.

The following section is developed from the limited research available and the extensive experience of

parenting, teaching, caring and supporting young disabled people.

Disability often affects all aspects of sexual development, and lack of privacy and independence in daily living means that young disabled people miss out on normal sexual experiences. Young disabled people can also miss out on formal and informal SRE; friends and family don't include them in discussions about sex and relationships and schools fail to adapt SRE to meet their needs. A person who is not able to use part of his or her body still has an equal right to full sexual expression.

*'There is an unspoken taboo about relationships and disabled people. Disabled people's sexual and relationship needs are rarely including in any discussion or representation in everyday life. This reinforces the public's attitudes and expectations towards disabled people as seeing them as 'sick and sexless'. It is perhaps the most pernicious way in which society has blanked out disabled people from a fundamental area of social life...'* (Scope Research report; **DISABLED IN BRITAIN** [www.scope.org.uk](http://www.scope.org.uk))

Many things stop disabled people from achieving sexual and emotional fulfilment. They include:

- cultural prejudices
- stereotypical attitudes
- professional and parental attitudes
- lack of appropriate services
- lack of resources
- lack of privacy
- lack of social opportunities

*'At special school it was terrible. The assumption was that we wouldn't have and didn't deserve sexual relationships'.*



## Professional and parental attitudes

Most work around the issues of sexuality and disability has focused on the needs of people with learning disabilities. The voice and experience of physically disabled people is often absent.

Both families and teachers and other professionals working with young disabled people may avoid discussing issues of sexuality. Fear of exploitation and pregnancy or the reluctance to see the young person as a sexual being makes some parents and teachers unwilling or unable to tackle the many issues surrounding sexuality. Others may have a willingness to provide SRE for young people but are unsure how to go about it and also too embarrassed to do so. Training and support are crucial.

## Stereotypes and gender identity

Stereotypes of disability often focus on asexuality and a lack of social potential, with children being described only in terms of their disability, rather than as a young man or woman.

*'I feel that my disability was... (the first thing ...sic)... seen first by the opposite sex until I was 17 or 18. Then everyone grew up and I never thought of it as an issue since...'*

*'I think that those of us with a visible impairment are seen as sexless and without gender, unless we work to contradict this...'*

Young people with disabilities can also be treated as eternal children. For instance, while non-disabled young women may use fashion as a way of exploring sexual attractiveness, the young disabled woman is often encouraged or forced to continue dressing and acting like a child. The non-disabled woman's role is still often seen as mother and wife. This is not the case for disabled women. Many disabled women are seen by society as not having any adult role and this can have a direct impact upon a disabled girl's aspirations and self-esteem.

In The Disabled Women's Sexuality Project

- 37 per cent of interviewees stated that their parents and teachers did not expect them to form relationships, be partners or mothers when they grew up

*'...Labelling often involved the disability as the dominant status ...everything related to the children being explained by their impairment – in both mainstream and segregated schooling...'*

*(LIFE AS A DISABLED CHILD – Consultation with children aged 5 to 16: Centre for Disability Studies - [www.leeds.ac.uk/family/research](http://www.leeds.ac.uk/family/research))*

- 54 per cent reported that they had no positive role models

Disabled young men may have to face the assumption within society that disability and masculinity are conflicting identities:

- Masculinity = power, physical strength
- Disability = vulnerability, frailty

Popular media often reinforces this attitude with many films, television programmes and books focusing on the theme of 'coming to terms with' a loss of masculinity through impairment or injury.

All these stereotypes affect aspirations and self-esteem of the young disabled person who may be attempting to assert themselves as independent adults and a positive sexual being.

### **Body image**

In the age of 'the body perfect', the media, fashion industry and popular culture generally reinforce stereotypes and promote superficial and skin-deep ideas about what is attractive. This in turn can reinforce the view that disabled people are inadequate and unlovable. Expressions such as 'survival of the fittest' and 'body beautiful' are in everyday use. The concept of 'physical correctness' is introduced at a very young age, with most toys representing physical perfection, albeit in fantastical proportions, for example Action Man or Barbie Doll.

Some disabled people see their body as an obstacle that impacts negatively on their quality of life, or some even as a source of pain rather than an object of sensuality.

*'Top school was harder because we had to go swimming. I would get myself as close to the pool as possible, a towel would be covering my skinny legs, and then I'd jump in...'*

### **Identity and isolation**

While most people can expect to find role models, support and kinship from within their community or within the family, a disabled young person is likely to experience isolation, even within the family when they are the only member with a disability.

In some cases parents may actively encourage disabled children not to identify with other disabled children. Yet it can be helpful for disabled children to be able to discuss experiences and share difficulties with others who understand because they have been through similar experiences.

*'At sixteen all my friends had boyfriends and I hadn't and I wondered then if my disability was the reason. I didn't know anyone else with a disability so I couldn't swap notes and whilst my friends listened they didn't know how I felt...'*

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### Coming to terms with being disabled

For some disabled people accepting their disability can be a difficult journey. The lack of adult disabled role models is difficult and getting support from other disabled teenagers may be vital. It is important that teenagers get support from others who understand the issues through social activities, pen friends, internet chat rooms with other young people and so on.

*'I definitely went through this stage, perhaps in my teens. I never saw myself as being disabled, I would find it hard to look at photos of myself or see my reflection walking, for example in a shop window. I still find it hard sometimes...'*

Parents also have a difficult journey to make, towards accepting their son or daughter as a young adult who may have developed their own, and different, values and opinions.

### Privacy

As part of their development, young people yearn for independence and privacy becomes an important issue. Disabled children and young people may not have been afforded much privacy by the adults around them. They may have been taught to be 'good for the doctor' and to comply during medical appointments. The notion of private areas of the body may be a concept difficult to understand for a child who is used to having strangers examining his or her body.

*'When you're disabled you don't have privacy...'*

*'As a child my body was 'owned' by doctors. I was treated without respect. My body was treated as a problem...'*

Equally, for any child or young adult who relies upon someone else for intimate care, for example help with using the toilet; the concept of private and public areas of the body can be unclear. Not only does this leave them vulnerable to abuse but also to "socially inappropriate" behaviour or language.

Another aspect of privacy is the lack of opportunity for a disabled child or young adult to explore his or her own body. This can be caused by:

- constant 'supervision' due to care needs
- physical limitations which are directly due to the child's condition or indirectly due to incontinence wear, splinting etc.

### Education barriers and friendships

Schooling can sometimes create additional obstacles to forming friendships:

- children who attend school some distance from home may find it difficult to forge friendships within the neighbourhood
- transition from primary to secondary school often means severing friendships
- where peer relationships do develop they are sometimes dominated by the assumption of need of care and not based upon mutual respect
- a child or young person with a full-time teaching assistant may enjoy little opportunity to mix with peers
- lack of access to facilities, for example, parties, leisure venues, makes friendships difficult to maintain.

*'School was hard very hard...not being accepted in groups because I was different...'*



*'The Teacher's aides at school caused me a lot of problems as they would choose who they wanted me to be around and if I had friends they did not approve of they would send them away. Also I had a lack of privacy with girls to form relationships...'*

### **Bullying and name calling**

Disabled pupils are unfortunately more likely to experience bullying and name-calling in school.

Bullying, teasing and name-calling can often go unrecognised, as they are more likely to happen in the playground or areas of school unattended by adults. Disabled children can feel particularly self-conscious about their impairment and even persistent questions about their condition can be very distressing and have a profound affect on a disabled child's self-confidence and self-worth.

Children and young people should not have to harden themselves to bullying. Schools will want to ensure a safe and trusted environment for

*'I think that nearly every disabled person at some time in life has to endure teasing but in my case, I just got hardened to the fact and endured it'*

all children, young people and adults by having an effective policy and consistent and fair procedures for dealing with bullying and prevention measures such as peer support in place. (see page 21).

*'I used not to worry what I looked like. I used to wear skirts and shorts to school and around town. I suppose what changed that was the constant bullying and name calling...like peg legs and cripple...I couldn't understand it until a close friend told me. I then spent a long time looking in the mirror still not realising it until she stood next to me. From that day on I wore what I had to wear because it was uniform but I kept away from the others. It really made me lose my confidence completely...'*

### **Positive experiences**

Young disabled people often show great strength of character in dealing with their disability, and in the final part of this section some young people reflect on the help and support they have been received from their families, friends and schools.

### **Body image**

*'I have never been teased or bullied because of my disability. I have always had a positive attitude towards my body image. I have had to choose clothes to suit my body shape and that are easy to put on/take off but I think that applies to everyone to some extent'. 'I class myself as a physically abled person with limitations, not disabled'.*

### **Role models**

*'My role models are the late Christopher Reeves and Stephen Hawkins. Both refused to lay back and pack in, and have shown the world that disabled people can be just as good if not better than the mainstream world'.*

*'I think one person who sticks in my mind a lot is Tanni Grey-Thompson. The reason for this is because she has done so well for herself. Winning marathons, Olympics and really shows us disabled people it can be done. You have a disability but it should not stop you from at least trying to do things on your own'.*

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These more positive comments although inspirational also emphasize the importance of schools taking responsibility in ensuring disabled young people's entitlement to quality SRE and support.

### **Coming to accept being disabled**

*'I was quite happy to accept me for disabilities and myself. It was others who had problems'.*

*'I am me and I am what I am, if people don't accept that is their hard luck'.*

*'I believe that being honest and open about my disability is the best way, because it removes shyness and allows, in my case, ladies to see me as I am. I am not afraid or nervous about being disabled, but if the other gender is, then it is their loss not mine'.*

### **Friendships**

*'I had a strong group of friends and I'm mobile enough to get about most places. My friends always made an effort to keep up and are well practiced at helping me dress/taking me to the loo!'*

*'I was lucky to have good friends at school who didn't treat me any differently but as my social life increased and I learnt to drive, I soon found access to some venues a problem, but had lots of mates who wanted lifts'.*

### **Private/public areas of the body**

*'Needing help with the loo, undressing, fastening buttons is part of my life and I don't need help with more personal care so I can just get on with it'.*

*'I have not been treated any differently by doctors/nurses than any 'normal' person would have been. Privacy kept where appropriate'.*



## section two: getting the policy right

**Special schools have considerable expertise in teaching SRE in a way which is inclusive and sensitive to the needs and experience of disabled pupils. As disabled pupils increasingly attend mainstream schools, teachers will need to adapt the SRE curriculum to suit their needs. Mainstream school policies may also need to be adjusted to reflect a more diverse pupil base. Staff at local special schools and units may be able to share useful expertise and resources with mainstream colleagues.**

### **Legislation and guidance that supports the delivery of SRE to all pupils.**

In school settings the law relating to SRE is contained in the Education Act (1996) and the Learning and Skills Act (2000). In summary:

- The SRE elements in the National Curriculum Science Order across all Key Stages are mandatory for all pupils of primary and secondary age.
- All schools must provide an up to date policy that describes the content and organisation of SRE provided outside the National Curriculum Science Order. The policy must be made available to parents and inspectors.
  - Primary schools should have a policy statement that describes the SRE provided, or gives a statement of the decision not to provide SRE other than that provided within the National Curriculum Science Order.
  - Secondary schools are required to provide SRE that includes (as a minimum) information about sexually transmitted infections and HIV/AIDS.
  - Special and mainstream schools have a duty to ensure that pupils with special educational needs are receiving SRE. The SRE Guidance states SRE should help all pupils understand their physical and emotional development and enable them to make positive decisions in their lives. The Special Educational Needs Code

of Practice (DfEE 2001) describes the governing body's responsibility to 'ensure necessary provision is made for pupils who have special educational needs'.

The SRE Guidance (DfEE, 0116/2000) builds on these legal requirements and states that all schools must have an up to date SRE policy which:

- Defines SRE;
- Describes how SRE is provided and who is responsible for providing it;
- Indicates how SRE is monitored and evaluated;
- Includes information about parents' right to withdrawal;
- Is reviewed regularly;
- Is available for inspection and to parents.

It also recommends that SRE is planned and delivered as part of PSHE and Citizenship. Schools are expected to have an overall policy on PSHE and Citizenship, which includes SRE. Schools are expected to ensure the involvement of parents, children and young people, and health and other relevant professionals from the wider community

### **Who is involved?**

The whole school community should be involved in developing and reviewing their policy. *Working together*, DfES guidance on participation describes how children and young people should be involved and participate in all school processes including policy development. Schools are also expected to include parents. It is especially important that parents of



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disabled children are consulted because they will know their own child's needs very well and will be aware of what stage they are at with their physical and sexual development. (See also working with parents page 11)

Many schools, especially healthy schools will put together a small working group who will develop the SRE policy in partnership with the whole school and its wider community.

This group would involve a parent carer, a pupil representative, a pastoral senior manager, teacher, senior management such as the schools PSHE and Citizenship or Healthy School Co-ordinator, and a school special educational needs co-ordinator (SENCo). Involvement of SENCo, parent of a disabled pupil, and disabled pupils would help ensure disability issues were understood and covered appropriately.

School nurses, Local Education Authority PSHE/Healthy Schools Advisers and sexual health staff also give advice and support on developing policy and curriculum.

Although some schools are working towards a whole school policy for PSHE, as recommended in the SRE Guidance, some schools are finding it easier to develop separate policies for different aspects of PSHE, which they keep in a folder until they can bring them together in an integrated PSHE policy.

### Inspections

OfSTED is statutorily required under Section 10 of the School Inspections Act 1996 to evaluate and report on the spiritual, moral, social and cultural development of pupils at any school they inspect. This includes evaluating and commenting on a school's SRE policy. OfSTED (Sex and Relationships, HMI 433, 2002) reports that good policies for SRE:

- state the aims and objectives for the programme and how the aims will be fulfilled;
- are based on consultation with parents and the wider community;
- establish the framework of values within which the teaching of SRE is set;
- define the content of the programme and how the needs of individuals will be met and link to child protection procedures;
- give guidance on teaching methods;
- spell out arrangements for pupils who are withdrawn from aspects of SRE;
- specify the means of review and evaluation and the timetable for these processes.

The OfSTED report also provides useful learning outcomes for SRE for all key stages (see appendix). OfSTED stresses the importance of planning and delivering SRE that meets the needs of all children and young people, especially those with

a disability, those from black and minority ethnic communities, boys, school aged parents and gay young people.

### Audit and review of SRE policy and practice

There are six main stages in this audit, which reviews SRE policy and practice. As well as working through these it may be useful to look at other guidance available to support this process. For example, guidance from Healthy Schools may be useful in identifying relevant gaps in whole school provision; and the PSHE and Citizenship Framework may help provide explicit opportunities to explore issues relating to young peoples' disabilities.

#### **Step 1: Identify how the development of SRE fits with other priorities**

- Has SRE been discussed by and have explicit support from the governing body?
- How does it relate to Special Educational Needs Code of Practice (DfEE 2001) and other guidance e.g. Ofsted's *Educational Inclusion Report*?
- How does it relate to local health priorities for example teenage pregnancy, sexual health and emotional well-being?
- How does it relate to school priorities? How does it fit within the school development plan?
- How does it fit within healthy schools work?
- How will it specifically support marginalised and vulnerable children and young people for example, those who are disabled or looked after?

## **Step 2: Review existing policy and practice**

- How does the whole school ethos support a safe learning environment for SRE?
- What is the schools' existing policy on SRE? How does it meet national requirements and non-statutory guidance of PSHE and SRE? How does it take account of the differing needs of children and young people, for example, the needs of boys and girls with a disability?
- How does it fit within the context of PSHE & Citizenship?
- What is the content of SRE? Does it have clear learning outcomes addressing sex, sexuality, relationships, and sexual health including faith and secular perspectives, life skills development and values clarification? How is children and young people's learning and progress monitored and assessed? How will you integrate disability issues, and where will they be explicitly and discretely addressed?
- What efforts are made to enable young disabled people to experience effective learning opportunities in SRE in the classroom?
- How are multi-agency partnerships established and how do these different partners contribute and add value to SRE



and how is the SRE coordinated with contraception and sexual health services in the wider community?

## **Step 3: Identify what the children, young people, parents, carers, the wider community and staff need and want from SRE for all partners**

- What do these different partners need and want from SRE?
- What do they think of the existing programme? How do they think existing provision could be improved?

For pupils:

- What are their concerns and issues and how are they addressed?
- Do they have opportunities to be involved in needs assessment, policy and curriculum development and delivery?

For parents:

- What are their concerns and issues and how are they addressed?
- Do they have opportunities to be involved?

For all involved in SRE:

- What aspects of SRE do staff feel confident in their knowledge of and skills in?
- Are staff confident in their knowledge about specific disabilities and their possible impact on children and young people learning about SRE?
- How many staff members are trained to deliver SRE and what did the training consist of?
- What aspects are staff less confident with and what are their professional development needs? How will these needs be met?

## **Step 4: Identify local issues and trends**

- What local issues need to be addressed within the programme, for example alcohol use and sexual risk-taking, teenage pregnancy, racism and homophobia?
- Do you have locally available data to inform you? For example using school health profiling, teenage pregnancy data and sexual health data from the PCT, school improvement data from the LEA, and information from Connexions.

## **Step 5: Consultation and drafting policy**

- Who will take responsibility for involving partners in the development of the SRE policy including the values framework?
- How will children and young people, including those who are disabled, and their parents and carers feed into this process?
- How will staff within the school including teachers, learning support mentors, support staff school nurses, health professionals and the Senior Management Team feed into the process?
- How will people from the wider school community feed into the process?

## **Step 6: Implementing and monitoring the policy**

- How will the policy be disseminated to the whole school community?
- What are the professional development needs of staff? (Do staff understand how to provide SRE that meets all the needs of pupils?)
- Who will monitor the impact of the policy?



## section two:

- How will the evaluation of the policy be fed back?
- When will it be reviewed?

### **Fundamental assumptions**

Schools should consider how factors such as disability, ethnicity, gender, sexuality, disadvantage, religion and special educational needs (SEN), including the needs of looked after children, inform their provision of SRE.

### **Statement of entitlement**

The school needs to have a statement of entitlement to SRE, to ensure that all pupils have access to appropriate SRE. Personal Social and Health Education (PSHE) and SRE lessons should not be seen as an opportunity for a disabled pupil to have therapy, catch up on other lessons etc. Anecdotal evidence suggests that some schools do see SRE as less important for disabled pupils and use this time for other activities. This is not appropriate. Disabled pupils have an equal need and right to take part in these lessons.

### **Links with other policy areas**

The SRE policy should form part of overall PSHE and Citizenship policy. It will also need to relate to other areas of the curriculum and be linked to other school policies such as equal opportunities, confidentiality, anti-bullying and child protection.

### **Bullying**

Some children and young people are especially vulnerable to bullying, including those who have a physical disability or those who are simply perceived to be 'different'. The school's policy on bullying should make specific reference to the unacceptability of bullying pupils because of their disability. Calling

children offensive names such as 'spaz' or 'retard' should be just as unacceptable as racial, homophobic or sexist taunts.

Evidence from research now confirms that bullying has a significant impact on learning, self esteem, emotional and mental health. Schools are required to develop an effective bullying policy which both contributes to creating a safe environment for children, young people and staff as well, as developing procedures for identifying and dealing with bullying, reporting and recording incidents. Increasingly schools are recognizing that bullying exists in all schools and it is not safe or acceptable to make assumptions that it is not happening in your school.

Bullying and teasing have a profound effect on a disabled young person's self confidence and worth. All members of staff should be vigilant. A targeted pupil may not want to report any incidences or may have little opportunity. For more information on dealing with bullying see section 4 or [www.ncb.org/uk/aba](http://www.ncb.org/uk/aba).

### **Working in partnership with parents**

Parents are key people in teaching their children about sexual relationships and helping them cope with the emotional and physical aspects of growing up. Schools that work in partnership with parents build confidence and support for school-based SRE. It is crucial to work closely with parents of disabled children in developing SRE in schools, as they know their child's needs. Without regular dialogue parents may assume that SRE is being covered at school and teachers may assume that it is being covered at home. Whilst



parents do have the right to withdraw their children from specific SRE lessons, they are far less likely to do so if they know how it is being approached and they are aware of the content.

For some pupils it may be necessary to have some SRE issues reinforced at home, for example:

- public/private parts of the body
- reproductive function
- relationships and responsibility
- realistic expectations/aspirations.

For a disabled pupil, PSHE and SRE lessons may trigger various personal concerns and issues that they do not feel able to fully discuss at school.. If a parent has prior knowledge of PSHE and SRE lesson content they are better able to support their children. The following are just some of the personal and individual worries that a young person might take home:

- sexual function – How will I be able to have sex?
- sexual orientation – Maybe I am gay
- body image – Will anybody want to have sex with me?
- future relationships – Will I ever get a boyfriend/girlfriend?
- getting married – Will I ever get married?

- having children – Will I be able to have children?

Working in partnership with parents gives them the opportunity to prepare their children beforehand, should they feel this to be necessary, to reinforce lessons afterwards and to address any issues or worries the child might take home following SRE or PSHE lessons and consequently support them.

#### **Withdrawal of pupils from SRE**

Schools have a legal duty to provide SRE but parents have the right to withdraw their child from certain aspects of SRE. Pupils cannot be withdrawn from any the biological elements of SRE which are taught within the statutory science curriculum. Parents are able to withdraw their child from relationships, life skills and values elements of SRE. Parents may need assurance that the child's feelings will be taken into consideration and lessons will be conducted with appropriate sensitivity. The parent may also have some valuable suggestions or recommendations based on their knowledge and understanding of their child.

Some parents may be over-protective of their disabled child or teenager. They may fear that SRE

will raise the child's expectations to find a partner and get married. They may also mistakenly believe that SRE encourages young people to have early sex. It is important to listen to any concerns that a parent might have and reassure them that appropriate SRE is supportive of young disabled pupils and will help them to understand sexual health and well being and also help them to protect themselves from unwanted sexual advances and exploitation. Parents may wish to obtain the parents' booklet in this series from Contact a Family to find out more about the issue.

#### **Partnership with other professionals and agencies**

Most disabled children and young people have several different professionals involved in their lives, for example, social workers, doctors, therapists, community nurse. A good working relationship with all these professionals is important to ensure a consistency of language, expectations and understanding of the young person's needs.

Ancillary staff, physiotherapists, nurses and carers should follow the school's SRE policy when working with pupils with special educational needs when working in the classroom. (See next section). When working one to one the usual professional standards on conduct will apply to ensure young people's right to confidentiality.

Staff from other agencies, such as health, social work and youth work have a wealth of knowledge and experience that can enhance SRE. Using peer educators, including disabled young people and external visitors should also be encouraged.

## section three: SRE in practice for young people with disabilities

**SRE is best delivered from the context of effective policy and by teachers with a special interest and expertise in SRE. This means that teachers and those that teach SRE in the classroom need to have access to appropriate training. DfES and Healthy Schools have developed a national PSHE and Citizenship continuing professional development programme for teachers and nurses, which explicitly addresses difference and diversity, including disability. Staff wanting to work towards PSHE and Citizenship certification should make contact with their local 4 S programme. There is a separate certification for Community Nurses.**

Working with young disabled people in mainstream schools may require some extra effort from staff to ensure that lessons adequately represent the experience of disabled young people and are sensitive to their needs and fully inclusive of them. The following issues should be considered during curriculum development and for best practice delivery:

- Is the curriculum for SRE relevant to all young people's development, including those who are disabled?
- Does the curriculum promote positive relationships for disabled young people? Are there opportunities in the curriculum for young people to explore issues around disability?
- Does the curriculum enable disabled pupils to develop emotional and life skills and a positive attitude to health and well-being as well as acquiring information on sex, relationships and sexual health?
- Are the objectives for each lesson clear and specific?
- Will disabled pupils have access to all activities?
- Is the curriculum appropriately challenging for pupils, including those who are disabled?
- Are a range of learning methods used that match the aims and objectives of the curriculum? Does

the curriculum build on prior learning? How is learning reinforced?

- How will pupil learning be monitored, assessed and progress recorded?
- Will outside visitors be involved, if so, will they be sensitive to the needs of the disabled young person and how will you ensure the quality of the input?
- Are the methods used inclusive of all pupils, including those who are disabled? Do the SRE resources include positive images of disabled young people?
- Will the classroom need rearranging to ensure access for disabled pupils and a safe learning environment?
- Do appropriately trained staff deliver SRE? Are staff sufficiently knowledgeable about disability issues and is there consistency in approach?
- What pastoral support is available and how will pupils know they can get further help and advice? Are these services as readily available to young disabled people?
- How are links and effective access made to confidential health services in the wider community and do they cater for disabled people? What further support is available for young disabled people?

- Will the staff ensure that they talk with disabled pupils before and after lessons to ensure their specific concerns are addressed?

### **SRE Curriculum**

Many schools are using the excellent Outcomes for SRE provided by OFSTED (see appendix) to plan their programmes. In addition the Science Curriculum, non-statutory National Framework for PSHE and the SRE Guidance provide information on what should be included in SRE.

SRE should be supported by a wider curriculum for personal, social and health education (PSHE). In this way, schools can ensure that pupils

- receive their sex education in the context of wider relationships
- are prepared for the opportunities, responsibilities and experiences of adult life.

The PSHE and Citizenship framework provides a planning tool for the holistic provision of SRE, and is developed through four broad themes:

- developing confidence and responsibility and making the most of pupils' abilities
- preparing to play active roles as citizens
- developing a healthier and safer lifestyle; and

- developing good relationships and respecting differences between people

A summary of SRE curriculum content is given below.

### In primary schools

At primary school level **SRE** should ensure that all children:

- develop confidence in talking, listening and thinking about feelings and relationships
- are able to name parts of the body and describe how they work;
- can protect themselves and ask for help and support; and
- are prepared for puberty

In addition, as part of National Curriculum **Science**, all pupils should know and understand:

#### Key Stage 1

- that animals including humans, grow and reproduce
- that humans and animals can produce offspring and these grow into adults
- to recognise the main external parts of the bodies of humans
- recognise similarities and differences between themselves and others and treat others with sensitivity

#### Key Stage 2

- that the life processes common to humans and other animals include growth and reproduction
- about the main stages of the human life cycle

(SRE Guidance Dfee 0116/2000)

### Issues to be aware of when teaching SRE to disabled children and young people

- **Feelings.** For the disabled child the trigger for these emotions may often be related to their disability but they may not wish to make reference to this, especially in any class discussions.
- **Similarities and differences between people.** Consideration should be given to the feelings of a disabled pupil whose body might seem quite different to his/her peers.
- **Keeping safe.** Disabled children may be more vulnerable to abuse and exploitation because they have to rely so much on the help of others.
- **Saying no.** It should be taken into consideration that disabled children are expected, sometimes conditioned, to say “yes” and “be good” for doctors, therapists etc. They are expected to comply, especially with adults.
- **Difficult situations – for example teasing and bullying.** In the Arthrogryposis Group’s survey most disabled adults say they were teased and many were bullied.
- **Keeping healthy – exercise, diet and the immune system.** Consideration needs to be made for the feelings of any child who has a special diet, does not exercise in the way that his/her peers do or whose immune system is affected by a particular condition.
- **Varied lifestyles in the class and community – differences in others.** Some disabled children see themselves as different, others not at all. Some non-disabled children will consider the disabled child as different, whilst others will not – sensitivity is

needed and ‘sameness’ emphasised too.

- **Feelings about future, for example, changing schools.** Particularly worrying for a disabled child changing schools is the process of ‘being accepted’ and having to explain his/her disability etc when changing schools. The disabled child is likely to have bigger worries around getting a job, receiving appropriate care, about ever being able to leave home, finding a partner, having children etc.
- **Drugs and medicines.** Drugs and medicines are sometimes an integral part of a disabled child’s life. However they might not wish to discuss this publicly and may feel self-conscious if singled out in a discussion.
- **Messages about disability and sexuality from television, films, and newspapers.** The PSHE/SRE curriculum provides an ideal opportunity to sensitise other children in the class to the issue of diversity and disability, even if there are currently no disabled pupils in the class. The stereotypical image of disability in the media and even in classical children’s literature is more often than not one of vulnerability, sexless-ness, powerless-ness, and frailty. These have a very negative impact on a disabled child’s self esteem and self-worth. It is important to avoid generalisations and ensure resources that are used have positive representation of disabled people and their relationships.

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### Secondary level

At secondary level, **SRE** should prepare young people for an adult life in which they can:

- develop positive values and a moral framework that will guide their decisions, judgments and behaviour
- be aware of their sexuality and understand human sexuality
- understand the arguments for delaying sexual activity
- understand the reasons for having protected sex
- understand the consequences of their actions and behave responsibly within sexual and pastoral relationships
- have the confidence and self-esteem to value themselves and others and respect for individual conscience and the skills to judge what kind of relationships they want
- communicate effectively
- have sufficient information and skills to protect themselves and, where they have one, their partner from unintended/unwanted conceptions, and sexually transmitted infections including HIV
- avoid being exploited by others
- avoid being pressurised into unwanted or unprotected sex
- access confidential sexual health advice, support and if necessary treatment; and
- know how the law applies to sexual relationships

As part of National Curriculum **Science**, pupils should know and understand:

### Key Stage 3

- the physical and emotional changes that take place during adolescence

- human reproduction, including the menstrual cycle and fertilisation
- how the growth and reproduction of bacteria and the spread of viruses can affect health

### Key Stage 4

- the effect of sex hormones and how sex is determined in humans
- some medical uses of hormones including the control and promotion of fertility

(SRE Guidance DfEE 0116/2000)

### Issues to be aware of when teaching SRE to disabled young people

- **Learning about sex and relationships.** Like everyone else, disabled people have a need for a range of relationships including those with family, friends and lovers. Intimate relationships can be fulfilling and enhance self-esteem and confidence. For disabled people opportunities for meeting and forming relationships and learning relevant skills are often limited, which is why it is particularly important that young disabled people practice these skills in the classroom. Information about sexual relationships, including same sex relationships is an essential part of SRE to help young disabled people to understand the situations and feelings they may experience. Young lesbians and young gay men need support and accurate information that is relevant to their experiences. Teaching about safer sex practices is also important.
- **Exploitation and abuse.** Disabled children and young people are particularly vulnerable to exploitation whether through needing 'personal care' or a number of other reasons.

Assertiveness training along with opportunities for young people to make choices and have a say in decisions affecting their lives will increase their self-esteem and can help reduce their vulnerability. Knowing they can make a choice, and can say yes and no are important skills for life. In practice, disclosure of abuse in SRE lessons happens very rarely. Child protection procedures should be followed if a disclosure is made.

- **Physical changes and puberty:** Disabled young people go through the same process as any other child, although delayed or advanced puberty can be the symptom of certain medical conditions. Most disabled young girls and boys will need the same reassurance as any young person that the changes they are experiencing are a normal part of growing up. Sensitivity will be necessary when talking about physical changes of the body, the human reproductive system, menstrual cycle, and fertilisation, how the foetus develops in the uterus, virus and disease. The following situations need to be taken into consideration when planning a lesson or class discussion:
  - Some pupils may be changing physically at a different rate and may feel self-conscious
  - The potential to reproduce might be an 'issue' for a disabled pupil, or might become an issue after lessons on reproduction
  - Pupils with congenital disability may feel particularly self-conscious as the 'normal' development of the foetus is studied
  - A pupil with a congenital disability might worry that the condition is hereditary and that they may pass on the condition to offspring

- **The way in which hormonal control occurs, including the effects of sex hormones.** Consideration needs to be taken for the feelings of any pupils with hormonal development delay/advancement
- **Some medical uses of hormones, including the control and promotion of fertility.** Consideration needs to be taken for the feelings of any pupils who may be prescribed hormone treatment for their medical condition
- **Contraception:** there may be particular issues around information about contraception for disabled pupils e.g. the insertion of an IUD in a young woman with epilepsy may trigger a reflex seizure
- **Abortion:** this will need to be dealt with sensitively as there are usually strong feelings about abortion from those who are against it and those who believe in choice. Discussions regarding reasons for abortion, which include congenital deformities, may be hurtful for a young disabled person.

Section 4 contains details of useful organisations and teaching resources.

### Preparing SRE lessons

This checklist may help you to think through the issues relevant to disabled young people when preparing SRE lessons:

- Do I have a disabled pupil in my class?
- What is the nature of their disability and what issues may arise for them from the lesson content?
- Has the pupil had opportunity to speak with a member of staff about any concerns they may

have before the lesson?

- Is the pupil aware of the fact that s/he can approach me, or another identified member of staff, if they need to speak to someone after the lesson?
- Would they find it helpful for me to talk to their parent or carer to follow up any of the issues that arise for them?
- How will I deal with any questions they might have?
- Do I know anybody who I can refer them to if I cannot answer their question?
- Is there is a support group for their condition which might give them more specific information? The directory section (page 20) gives details of useful organisations.

### Teaching strategies

Ground rules, distancing techniques, dealing with questions, discussion and reflection are no different when there are disabled classmates in a lesson. A teacher's professional training, experience and judgement coupled with sensitivity and awareness are the important factors. The following should be taken into account:



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- A disabled child should feel included and valued
- Differences between all people should be explicitly addressed and disability included in the same way as other differences
- Opportunity for a one-to-one discussion should be offered before and after the lesson in case the disabled pupil feels unable to ask questions within the class discussions
- The disabled child's disposition, for example, confident, self-conscious (remembering that many disabled children put on a 'hard' exterior in order to cope with teasing, bullying and even 'harmless' comments which can still hurt)
- Communication requirements, skills and abilities and whether additional support is needed

### **Confidentiality and privacy**

The lives of disabled children and young people are often open to public scrutiny so they may feel that everything they do or say will be reported on. Clear policies on confidentiality will develop the trust and support young people need. This is a whole-school issue. Disabled children and young people may communicate through

intermediaries – sometimes a parent or someone who knows their parent. Some thought will need to be given to how confidentiality can be maintained in this situation.

Any conversations or discussions about a disabled young person, especially regarding their disability, their 'limitations' or their personal care should take place in private and not in front of other pupils. Not only should disabled pupils be afforded the same privacy and dignity as everyone else, but also this information may affect how a disabled child is viewed and 'valued' by their peers. It may even lead to teasing.

### **Confidential advice and support**

The classroom is a public place, where it is inappropriate to talk about private concerns, but SRE may raise issues where children and young people need extra help and support. Some schools are working with Primary Care Trusts, Connexions and voluntary advice agencies to establish a health advice service or 'one stop shop' either in school or nearby in the community. These services need to ensure that they are able to support young disabled people. Young people and their families appreciate

these services especially in rural areas where access to health services can be limited. Children and young people feel safe about talking about a range of anxieties and worries to trained staff (Thistle, S 2003). Confidentiality is assured, and referrals can be made effectively. Child protection issues are also addressed within the locally agreed Child Protection Procedures.

SRE Guidance (DfEE 2000) recommends that schools provide pupils with 'precise details of local confidential advice services'. You should find out access information about these services (e.g. availability of BSL interpreters, physical access to the building). Schools can provide this information through:

- notices on bulletin boards;
- posters on class room walls;
- leaflets;
- booklets;
- PSHE and Citizenship lessons;
- visits from health professionals.

Your local Teenage Pregnancy Coordinator can provide a list of local services. See useful organisations and resources.

### **General awareness for non-teaching staff**

Disabled children may face many difficult issues as they grow up. The experience of being at school can have more impact on a disabled young person's view of themselves than any other area of their life. This may affect:

- relationships
- self-esteem
- body image
- sexuality
- hopes and aspirations



All those who work with young disabled people need to be aware of these issues and be prepared to talk openly and honestly with the young person about their feelings and be able to answer any questions.

Although young people want to talk and be listened to by their parents this isn't always possible. Parents are often embarrassed or worried that they themselves don't know enough. In some cases young people may live away from their parents, or are worried that their parent will disapprove of their questions for religious or cultural reasons. Carers should encourage young people to talk to their parents but it may be that they simply trust their carer and ask questions and know that they will be heard and not feel silly for asking. All young people need someone that they can trust and rely on.

### **The role of the learning assistant**

The role and responsibilities of the learning assistant working closely with a disabled pupil can be of particular importance, especially in a mainstream setting. It is essential that learning assistants have a good understanding and awareness of the issues around growing up as a disabled person.

Parents are usually happy to explain more about their son/daughters disability and it is important that trust is built with the young person so that the supporting adult can understand how it is for them growing up with disability. There are many support organisations that can provide in depth information. The more you understand about the child and their disability, the better you will be able to support them.

The relationship between a disabled pupil and the teaching assistant can be very intense and the boundaries are sometimes unclear. There is a balance in overprotecting the child and affording him or her as much independence as possible in the classroom and in the playground. It is equally important that pupils receive sufficient support to enjoy full access to the National Curriculum and extra curricula activities.

### **Intimate personal care workers**

Intimate personal care is a necessary part of some young disabled people's lives and it is essential that this is delivered with sensitivity and awareness to ensure that a young person has a sense of ownership of his/her body and that their own personal dignity is maintained. Care should be taken to involve the young person as far as

possible in all discussions about how intimate personal care is provided.

It is especially important that consent is obtained on each occasion that intimate personal care is given. Asking 'May I change your incontinence pad now?' is essential, every time – even if this is a task which is routinely performed several times a day.

Consistency of language is very important and every effort should be made to find out from the young person and/or his/her parents what language is preferred for body parts and bodily functions.

The young person should be given the opportunity to change the way their care is managed and to try out new aids and equipment which may make intimate care less necessary.

It can be difficult for a young person to distinguish between sexual pleasure and intimate care and this could leave him or her open to exploitation. A clear explanation of why a particular procedure is necessary will help the young person.

### **Other staff**

It is essential that playground supervisors, lunchtime assistants, other teaching assistants, pastoral staff and management also have an understanding of the many difficult issues encountered and experienced by disabled children and young people whilst growing up, and particularly whilst at school, for the following reasons:

- Other members of staff are also likely to be involved with helping children/young people use the toilet and assisting at meal times and break times.

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- In terms of relationships, most socialising (including any teasing or bullying) happens during break times. All staff members have a responsibility to encourage children to respect one another and to act swiftly if bullying occurs.
- Any member of staff organising extra curricular activities and school trips also needs awareness of disability issues.
- Physical education and swimming can cause many difficulties for disabled young people. Some disabled pupils will feel self-conscious when changing with non-disabled peers and when in shorts or swimming costumes.

It is very important that disabled children and young adults are given choices especially about situations where their disability may become an issue or present 'difficulties' e.g. in the classroom, in the toilet, P.E activities, swimming, on school trips etc.

Whilst it may not be usual to consult each pupil in a class individually, a disabled child continually has to deal with situations and circumstances that will directly impact upon their self-esteem. Many disabled people do not come to terms with being disabled until adulthood, others may never accept their disability, and so most disabled children have to deal with their disability and being 'different' on a daily basis.

### **Assertiveness - options, choices, control**

It is important not to assume that a disabled pupil will speak up if they are unhappy about something. Ask them to give their opinions, to clarify their options and work with them to choose the selected option. Many, especially those who are less independent and thus rely on learning assistants and care workers, feel they have little control over their life. Just because they cannot do certain things does not mean that they do not have opinions or preferences.

Disabled young people have usually been conditioned to comply from an early age, especially with adults in authority. They must be good for doctors; they must do their physiotherapy however much discomfort it causes; they must take their medicines; they must wear their splints etc. So they are less likely to challenge a teacher, learning assistant or other member of school staff.



# section four: the directory – useful resources and agencies

## Contact a Family

209-211 City Road, London EC1V 1JN  
Freephone helpline 10am-4pm  
0808 808 3555  
Textphone 10am-4pm 0808 808 3556  
E mail [helpline@cafamily.org.uk](mailto:helpline@cafamily.org.uk)  
Website [www.cafamily.org.uk](http://www.cafamily.org.uk)

Contact a Family will put you in touch with support groups for hundreds of different disabilities affecting children and young people. For reasons of space we cannot include all of these organisations here, but list the two who have been most closely involved in the production of this booklet.

Contact a Family welcomes enquiries from families and those working with them. You can order further copies of this booklet and the others in the series from Contact a Family as well as other leaflets on topics like benefits, education, community care, fathers, siblings, genetic conditions, play and leisure and many others

## The Arthrogryposis Group

Tel: 01747 822655  
[www.tagonline.org.uk](http://www.tagonline.org.uk)

## Association for Spina Bifida and Hydrocephalus

Tel: 01733 555988 [www.asbah.org](http://www.asbah.org)

## Sex Education Forum

Tel: 020 7843 6000  
[www.ncb.org.uk/sef/index.htm](http://www.ncb.org.uk/sef/index.htm)

## Teaching resources

Discern provides training for staff supporting people with physical or learning disabilities around areas of sexuality, sexual abuse and bereavement. 01623 623732  
[www.discerncounselling.org.uk](http://www.discerncounselling.org.uk)

'Personal, Social and Health Education and Citizenship: planning, teaching and assessing the curriculum for pupils with learning difficulties' QCA (2001) ISBN 1 858384788  
[www.qca.org.uk/pubs/mar2001.asp](http://www.qca.org.uk/pubs/mar2001.asp)

'Ensuring Entitlement: sex and relationship education for disabled children Sex Education Forum Factsheet (2001)

Available on: [www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)

*'I have the right to know: A course on sexuality and personal relationships for people with learning disabilities'* by Dean Atkinson, Alison Gingell and Janice Martin (1997) £25.00. A fully illustrated resource for staff to use when teaching about sexual behaviour and personal relationships.

and  
*'Exploring your emotions'* by Angela Holland, Alison Payne and Lindsey Vickery, (1998) £25.00 A set of 30 full colour photographs illustrating common emotions and situations which evoke emotional responses, plus an instruction manual for users. Both available from:

British Institute of Learning Disabilities, Wolverhampton Road, Kidderminster, Worcs, DY10 3PP. Tel: (sales) 01752 202301 [www.bild.org.uk/publications](http://www.bild.org.uk/publications)

Sense: sex and relationships for young people aged 14-16: interactive CD-ROM and teachers support manual. Blake, S and Orpin, L (2003) London: National Children's Bureau 0207 843 6000. Sex and relationship education CD-ROM designed to support the DfES guidance on SRE, and the Teenage Pregnancy Strategy. The CD-ROM is accompanied either by a comprehensive teachers' manual or by a short booklet for parents and carers. The teachers' manual provides advice on how to develop a whole-school approach to PSHE as well as ideas on how to use the resource.

*'Male and Female Cloth Models'* Jane Fraser, Sunnybank House, Holly Green, Upton on Severn, Worcs WR8 0PG. Tel: 01684 594715. E-mail: [clothmodels@revjane.demon.co.uk](mailto:clothmodels@revjane.demon.co.uk) £300.00 Anatomically correct, half life-size, clothed male and female models suitable for use with young people with learning disabilities and those with communication difficulties. Available to order at cost price, fully made up and clothed, with guidance notes.

*'Picture Yourself'* Ann Craft and Hillary Dixon, now available on the web from Hillary Dixon at [www.me-and-us.com](http://www.me-and-us.com) (complete set £50 plus VAT on CD)

Four sets of A5 cards offering a comprehensive range of line drawings and photographs to stimulate discussion and understanding of sexuality and appropriate behaviour.

How it is – NSPCC - [www.howitis.org.uk](http://www.howitis.org.uk) visual symbols for use by children to express feelings. Has symbols for body parts, useful for discussions around personal safety and sexuality

*'Lets Do It: Creative activities for sex education for young people with learning disabilities'* by R Johns, Lorna Scott and J Bliss, available from Image in Action, Chinnor Road, High Wycombe, Bucks, HP14 4AJ Tel: 01494 481 632 (£20) A compendium of activities that are drama based or use visual images for use in schools, colleges and day centres for use mainly with people with severe learning disabilities.

*'Building on Social Skills'* (£15) NASEN, NASEN House, 4/5 Amber Business Village, Amber Close, Amington, Tamworth, B77 4RP [www.nasen.org.uk](http://www.nasen.org.uk) A programme to enhance the social skills and raise the self esteem of young people between 12-16

*'What about us? Sex education for people with disabilities.'* (£2) NAPE, University of Leicester, Mouton College, Moulton, Northampton, NN3 7RR Tel: 01604 647 646 [www.nape.org.uk](http://www.nape.org.uk)

*'PHSE Scheme for students with MLD and EBD'* £95 also 'People Skills for Young Adults (for students with MLD)' £25. Chalkface Project, 84a High Street, Stony Stratford, Milton Keynes, MK11 1AH Tel: 0800 781 8858 [www.chalkface.com](http://www.chalkface.com)

*'Sex Education – the Muslim perspective'* (£2.50) Muslim Education Trust, 130 Stroud Green Road, London, N4 3RZ Tel: 020 7272 8502 [www.muslim-ed-trust.org.uk/publications.html](http://www.muslim-ed-trust.org.uk/publications.html)

## Particular topics (in alphabetical order)

### Abortion (see also contraception)

British Pregnancy Advisory Service –

## section four:

helpline 08457 30 40 30 (Mon-Sun)  
www.bpas.org  
Clinics offering information and treatment for unplanned pregnancy including counselling to help women choose between options

### **Abuse (see also bullying)**

VOICE UK – helpline – 0870 013 3965 (Mon–Fri 9am–5pm)  
www.voiceuk.clara.net  
Support, information and publications for people with learning difficulties who have experienced crime or abuse and their families

ChildLine – helpline 0800 1111 (24hrs)  
www.childline.org.uk  
Helpline for children and young people who need help and advice or who are in trouble or danger

Ann Craft Trust – helpline 0115 951 5400 (Mon–Thurs 9am–4pm, Fri 9am–12pm) www.nottingham.ac.uk/sociology/act  
Training, publications and advice for staff working in the interests of children with learning difficulties who may be at risk of abuse.

Family Rights Group – helpline 0800 731 1696 (Mon–Fri 1.30–3.30pm)  
www.frg.org.uk  
Advice and support for families whose children are involved with social services. Can advise on child protection proceedings.

*'Developing Personal Safety Skills in Children with Disabilities'* by Freda Briggs 1995 £18.95, Jessica Kingsley Publishing, 116 Pentonville Road, London, N1 9JB 020 7833 2307  
www.jkp.com/catalogue

### **Bullying**

Bullying: don't suffer in silence  
Anti-bullying pack for schools, copies are available free of charge from DfES Publications on 0845 602 2260.  
www.dfes.gov.uk/bullying

Anti-Bullying Alliance  
Alliance of 50 organisations which aims to reduce bullying and create safer environments for children and young people to live, grow, play and learn  
www.ncb.org.uk/aba

Kidscape Campaign for Children's Safety - helpline 0845 310 1334 (Mon–Fri 10am–4pm)  
www.kidscape.org.uk.  
Books, leaflets videos, parents' guides on preventing bullying and sexual abuse

### **Contraception**

fpa (formerly the Family Planning Association) – helpline 0845 3101334 (Mon–Fri 9am–7pm) www.fpa.org.uk  
Books, leaflets, advice on most aspects of sexual health including abortion, contraception and sexually transmitted infections. Book for young people 13+ with learning difficulties 'Talking together about sex and relationships' £14.99

Brook - helpline 0800 0185 023  
www.brook.org.uk  
Sexual health advice and contraception for young people up to age 25

*'A visit to a Brook Centre'* Lothian Brook (1999) (Free)  
(A fully illustrated booklet for young people with limited reading skills to demonstrate what happens when going to seek advice about contraception) and *'Thinking about sex? How to use condoms'* Lothian Brook (1999) (free)  
(A fully illustrated booklet for young people with limited reading skills to explain why, when and how to use condoms) Both available from Caledonia Youth 5 Castle Terrace, Edinburgh EH1 2DP Tel: 0131 229 3596  
www.brookscotland.co.uk

### **Education**

For advice on any aspect of education for a disabled child or young person in England, you can speak to your local parent partnership service. To find your local service see www.parentpartnership.org.uk or phone Contact a Family on 0808 808 3555. They can also put you in touch with other specialist organisations advising on education.

### **Friendships**

*'Building friendships'* by Jane Fraser and Hugh Firth (1994) £35.00  
A resource pack to help young people with learning and other social difficulties make friendships and develop relationships.  
Available from Brook Publications, PO Box 1239, Coventry CV8 3ZB Tel: 024 7654 5557 www.brook.org.uk

Write Away 0208 964 4225 www.write-away.org  
Pen friend scheme for disabled children and young people

### **Gay and lesbian**

Acceptance – helpline 01795 661463 (Tues–Fri 7pm–9pm)  
Helpline for parents of gay men and lesbians

Lesbian and Gay Switchboard – helpline 020 7837 7324 (24hrs) www.lgs.org.uk  
Support for lesbians and gay men

### **Growing up (general)** (see also Independent Living)

Connexions service – 0808 00 13 219  
www.connexions-direct.com – advice and information for young people 13 to 19 on any subject, including careers, health and relationships. Local advisers in each part of England for more in depth support.

*'After 16 – What's new – Choices and Challenges for young disabled people'* free from the Family Fund, PO Box 50, York, YO1 9ZX Tel: 0845 130 4542  
www.after16.org.uk  
Comprehensive guide to all aspects of life as a young disabled adult

*'Move on Up: Supporting young disabled people in their transition to adulthood'* A pack for professionals and young people by Jenny Morris £12 from Barnardo's 0208 550 8822  
www.barnardos.org.uk/shop/acatalog/Catalogue\_Society\_124.html  
Guidance on supporting young disabled people in their transition to adulthood.

### **Health**

NHS Direct 0845 46 47 (24 hours)  
www.nhsdirect.nhs.uk  
Advice on any health issue, can put you in touch with clinics in your area

*'Keep yourself healthy: a guide to checking your breasts'* by Family Advice and Information Resource £0.75 each (first copy free)  
(A fully illustrated booklet explaining why and how you should check your breasts and how to reduce the risk of developing breast cancer – for young women with limited reading skills)

*'Keep yourself healthy: a guide to examining your testicles'* by FAIR £1.00 each (first copy free)

(A fully illustrated booklet explaining why and how you should check your testicles and how to reduce the risk of developing testicular cancer – for young men with limited reading skills)  
Both available from FAIR Multimedia  
25-27 West Nicholson Street, Edinburgh  
EH8 9DB Tel: 0131 662 1962

*'Cathy has Thrush'* and *'Period problems – what can you do?'* – booklets, free to women with learning disabilities or £1, from Women's Health 020 7251 6333  
[www.womenshealthlondon.org.uk/order.s.html](http://www.womenshealthlondon.org.uk/order.s.html)

*'Feeling Grown Up'* The Shepherd School, Harvey Road, off Beechdale Road, Nottingham, NG8 3BB Tel: 0115 915 3265

A series of very simple, illustrated booklets (with the addition of widget symbols) for young people with learning disabilities, covering the following:

- Menstruation at home
- Menstruation at the disco
- Female masturbation
- Male masturbation
- Wet dreams
- Using public toilets

*'Talking together... about growing up'* by Lorna Scott and Lesley Kerr-Edwards (1999) An activity-based workbook for parents of children with learning disabilities.  
£9.99 + £2.50 postage and packing from fpa direct, PO Box 1078, E. Oxford DO, Oxon, OX4 6JE. Tel: 01865 719 418

*'Janet's got her period'* An Australian video intended to help young women with learning disabilities cope with menstruation. £59 + VAT from Boulter Hawker Films Ltd. Tel: 01473 822235

*'Books Beyond Words'* A series of booklets illustrated in full colour and with no words (or very few) to assist people with learning disabilities to understand health issues, personal relationships or life changes. Edited by Professor Sheila Hollins. £10 each Available from St George's Hospital Medical School and Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG

Tel: 0207 235 2351 ex. 146  
[www.rcpsych.ac.uk/publications/bbw/in dex.htm](http://www.rcpsych.ac.uk/publications/bbw/in dex.htm)

*'Looking after my breasts'* Sheila Hollins & Wendy Perez (2000)

*'Keeping healthy down below'* Sheila Hollins and Jackie Downer (2000) (about having a smear test)

*'Susan's growing up'* Sheila Hollins and Valerie Sinason (2001) (about periods)

*'George gets smart'* Sheila Hollins, Margaret Flynn and Philippa Russell (2000) (about staying clean)

*'Making Friends'* Sheila Hollins and Terry Roth (1995)

*'Hug me, touch me'* Sheila Hollins and Terry Roth (1994) (about when to hug and when not to)

*'Falling in love'* Sheila Hollins, Wendy Perez and Adam Abdelnoor (1999)

*'Jenny speaks out'* Sheila Hollins and Valerie Sinason (1992) (about sexual abuse)

*'Bob tells all'* Sheila Hollins and Valerie Sinason (1993) (about sexual abuse)

*'I can get through it'* Sheila Hollins, Christiana Horrocks and Valerie Sinason (1998) (about sexual abuse)

*'Going to the doctor'* Sheila Hollins, Jane Bernal and Matthew Gregory (1996)

*'Going to out-patients'* Sheila Hollins, Jane Bernal and Matthew Gregory

*'All about feeling down'* and *'Meeting the emotional needs of young people with learning disabilities: a booklet for parents and carers'*. Foundation for People with Learning Difficulties 7th Floor, 83 Victoria Street, London SW1H 0HW Tel: 020 7802 0302  
[www.learningdisabilities.org.uk](http://www.learningdisabilities.org.uk)

*'Young Disabled People Can...'* This is a series of 6 posters and a 16 page booklet on young disabled people and relationships, available from London Brook Tel: 020 7787 5024.

**Independent living** (see also growing up)

Disabled Living Foundation – helpline 0845 130 9177 [www.dlf.org.uk](http://www.dlf.org.uk)  
Advice on equipment for independent living, including clothing and equipment for children. Produce a range of fact-sheets including choosing a bra.

Disabled Living Centres Council Tel: 0161 834 1044 [www.dlcc.org.uk](http://www.dlcc.org.uk)  
Have a network of centres across the UK where you can get advice and try equipment.

National Centre for Independent Living – 020 7587 1663 [www.ncil.org.uk](http://www.ncil.org.uk)  
Information and advice on independent living, personal assistance and direct payments to pay for care

*'Living it Up'* Norah Fry Research Centre, 3 Priory Road, Bristol, BS8 1TX Tel: 0117 923 8137  
[www.bris.ac.uk/Depts/NorahFry/transition/livingitup1.pdf](http://www.bris.ac.uk/Depts/NorahFry/transition/livingitup1.pdf)  
CD and magazine written by and for young disabled people – advice about direct payments

### Parenting

Parentline Plus helpline 0808 800 2222  
[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)  
Information and support to any parent

Disabled Parents Network helpline 0870 241 0450 (Mon-Fri) [www.disabledparentsnetwork.org.uk](http://www.disabledparentsnetwork.org.uk)  
Support, advice and information to disabled parents

Parents at Work Tel: 020 7253 7243  
[www.parentsatwork.org.uk](http://www.parentsatwork.org.uk)  
Waving not Drowning project supports working parents with disabled children

*Let's talk about sex: growing up, changing bodies, sex and sexual health.* Harris, R. H (1995). London: Walker Books. Thorough, frank, up-to-date, responsible and reassuring information about all aspects of growing up, sex and sexuality. Illustrated throughout with amusing but accurate illustrations. Truly inclusive of different sexualities, disabilities, ethnicities and body shapes. Aimed at 10-14 year olds and their parents and carers.

## section four:

### **Pregnancy** (see also abortion)

Disability Pregnancy and Parenthood International helpline 0800 018 4730  
Textphone 0800 018 9949  
[www.dppei.org.uk](http://www.dppei.org.uk)  
UK wide organisation providing information on pregnancy and parenting to all disabled people

### **Puberty** (see health)

### **Sex and relationships** (see also contraception, health)

Most publications on sex and relationships for disabled people are focussed on learning disabilities. There are some publications around physical disability, but these are mostly produced by the relevant disability charity. For example, the Spinal Injuries Association sells 'Sex Matters: A Guide to Sexuality for Spinal Cord Injured People' (£2) via its website [www.spinal.co.uk](http://www.spinal.co.uk). Contact a Family (0808 808 3555) will put you in touch with the most relevant disability specific organisation.

The Sexual Dysfunction Association Tel: 0870 7743571 [www.impotence.org.uk](http://www.impotence.org.uk) has useful information about all aspects of male and female sexual dysfunction and can give details of suppliers of vacuum devices to assist men with getting an erection.

Relate helpline 0845 130 4010  
[www.relate.org.uk](http://www.relate.org.uk)  
Counselling on relationship difficulties, psychosexual therapy, and specialist bookshop on relationship issues.

Couple Counselling Scotland Tel: 0131 558 9669 [www.couplecounselling.org](http://www.couplecounselling.org)  
Co-ordinates a confidential counselling service for couples in Scotland

Sexwise helpline 0800 28 29 30  
[www.ruthinking.co.uk](http://www.ruthinking.co.uk)  
Sex and sexual health helpline for young people under 18

Muslim Youth Helpline 020 8795 5321 (Tues 6-9pm and Saturday 10am to 10pm) [www.myh.org.uk](http://www.myh.org.uk)  
Counselling for Muslim youth on any aspect of growing up including sex and relationships.

'Your rights about Sex' Michelle McCarthy and Paul Cambridge £5

British Institute of Learning Disabilities, Wolverhampton Road, Kidderminster, Worcs, DY10 3PP Tel: (sales) 01752 202301  
Dos and don'ts of appropriate sexual behaviour for young people with learning disabilities from [www.bild.org.uk/publications](http://www.bild.org.uk/publications)

'It's Only Natural' by Queens Road Sexual Health Team (1996)  
(A video and notes for parents, carers and others involved in the lives of young people with learning disabilities and concerned about the need for PSHE and 'letting go') £70 (£35 to parents' groups) from Bamardo's, Queens Road Project, Queens Road, Bradford, BD8 7BS. Tel: 01274 481183

'Sexuality – Your Sons and Daughters with Intellectual Disabilities' by Karin Meiberg Schwiier and Dave Hingsburger 2000 £14.95 from [amazon.co.uk](http://amazon.co.uk) ISBN 55766-428-5

'You, Your Body and Sex' 15 minute video for people with learning difficulties £39 plus vat from [www.lifesupportproductions.co.uk](http://www.lifesupportproductions.co.uk). Also separate videos for boys and girls

'Everything you ever wanted to know about safer sex but nobody bothered to tell you' People First. Advice on safer sex for people with learning difficulties. Booklet £4.50 plus £4 for audiotape. Cheque to People First, 299 Kentish Town Road, NW5 2TJ Tel: 020 7485 6660

'Let's Talk about Sex' by Robbie Harris and Michael Emberley 1995 – mainstream resource with positive representation of disabled children and adults £7.99 from [amazon.co.uk](http://amazon.co.uk)

'Sex and Relationships' – an interactive CD £19.99 from Sense CDs 01732 748664 [www.sensecds.com](http://www.sensecds.com) – mainstream resource which has lots of useful information for teenagers and some images of physical disability

### **WEBSITES**

#### **For young disabled people**

BBC On Line (year 11 good site for browsing especially problem page)  
<http://www.bbc.co.uk/so/trouble/pms.shtml>

Sexwise (useful info on local support, contraceptive advice, infections)  
[www.ruthinking.co.uk](http://www.ruthinking.co.uk)

Sexual Health (years 9,10 and 11 good but a lot on each page)  
[www.likeitis.org.uk](http://www.likeitis.org.uk)

Sexual Health (year 10 & 11 good for quick information gathering)  
[www.playingsafely.co.uk](http://www.playingsafely.co.uk)

Mind Body and Soul (year 10 & 11 good for quick information gathering)  
[www.mindbodysoul.gov.uk](http://www.mindbodysoul.gov.uk)

Brook Centres (excellent site for year 10 & 11 & post 16 to use for information gathering and fact finding. Very easy to use.)  
<http://www.brook.org.uk>

Bullying Online  
[www.bullying.co.uk](http://www.bullying.co.uk)

ChildLine  
[www.childline.org.uk](http://www.childline.org.uk)

Gay Youth Online  
[www.gayyouthuk.org.uk](http://www.gayyouthuk.org.uk)

### **For teachers of PSHE PSHE**

[www.teachernet.gov.uk/pshe](http://www.teachernet.gov.uk/pshe)  
A dedicated learning and development resource for teachers of PSHE&C

[www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)  
Provides extensive information on all aspects of health and well being and healthy school development

Sex Education Forum  
[www.ncb.org.uk/sef/index.htm](http://www.ncb.org.uk/sef/index.htm)

For general information  
[www.educationunlimited.co.uk/netclass](http://www.educationunlimited.co.uk/netclass)

BBC Schools Online  
<http://www.bbc.co.uk/education/id>

DfES website for teachers of PSHE  
[www.teachernet.gov/pshe](http://www.teachernet.gov/pshe)

Ofsted – the framework for inspection of PSHE  
[www.ofsted.gov.uk](http://www.ofsted.gov.uk)

Resources for PHSE  
[www.me-and-us.com](http://www.me-and-us.com)

# appendix one

## **Suggested SRE learning outcomes from Ofsted**

In their recent report on SRE provision in maintained schools, Ofsted noted that assessment of learning is an area for development in many schools. To support teachers in planning and assessing SRE provision they provided a list of suggested learning objectives organised by key stage. These learning objectives are incredibly useful in terms of knowledge and understanding as well as values clarification. The Sex Education Forum endorses the following Ofsted learning outcomes and emphasises the importance of emotional and social skills development in SRE and across all aspects of PSHE and Citizenship:

- Asking for and offering help
- Identifying and naming emotions
- Being a good friend
- Listening
- Giving an opinion
- Accessing services
- Negotiation
- Decision making
- Forgiving
- Being empathic
- Critical thinking
- Using a condom and contraception effectively.

### **By the end of Key Stage 1:**

*Pupils will be able to:*

- recognise and compare the main external parts of the bodies of humans\*;
- recognise similarities and differences between themselves and others and treat others with sensitivity\*;
- identify and share feelings with others;
- recognise safe and unsafe situations;
- identify and be able to talk to some one they trust;
- be aware that their feelings and actions have an impact on others;
- make a friend, talk with him or her and share feelings;
- use simple rules for dealing with strangers and for resisting pressure when they feel uncomfortable or at risk.

*Pupils will know and understand:*

- that animals, including humans, grow and reproduce\*;

- that humans and animals can produce offspring and these grow into adults\*;
- the basic rules for keeping themselves safe and healthy;
- about safe places to play and safe people to be with;
- the needs of babies and young people;
- ways in which they are like and different from others;
- that they have some control over their actions and beliefs;
- the names of the main external parts of the body including agreed names for the sexual parts;
- why families are special for caring and sharing.

*Pupils will have considered:*

- why families are special;
- the similarities and differences between people;
- how their feelings and actions have an impact on other people.

\*Part of the National Curriculum for science.

### **By the end of Key Stage 2**

*Pupils will be able to:*

- express opinions, for example, about relationships and bullying;
- listen to and support others;
- respect other people's viewpoints and beliefs;
- recognise their changing emotions with friends and family and be able to express their feelings positively;
- identify adults they can trust and who they can ask for help;
- be self-confident in a wide range of new situations, such as seeking new friends;
- form opinions that they can articulate to a variety of audiences;
- recognise their own worth and identify positive things about themselves;
- balance the stresses of life in order to promote both their own mental health and well-being and that of others;
- see things from other people's view points, for example their parents and their carers;
- discuss moral issues;
- listen and support their friends and manage friendship problems;
- recognise and challenge stereotypes,

- for example in relation to gender;
- recognise the pressure of unwanted physical contact, and know ways of resisting it.

*Pupils will know and understand:*

- that the life processes common to humans and other animals include growth and reproduction\*;
- about the main stages of human life\*;
- that safe routines can stop the spread of viruses including HIV;
- about the physical changes that take place at puberty, why they happen and how to manage them;
- the many relationships in which they are involved;
- where individual families and groups can find help;
- how the media impact on forming attitudes;
- about keeping themselves safe when involved in risky activities;
- that their actions have consequences and be able to anticipate the results of them;
- about different forms of bullying people and the feelings of both bullies and victims;
- why being different can provoke bullying and know why this is unacceptable;
- about, and accept, a wide range of different family arrangements, for example, second marriages, fostering, extended families and three or more generations living together.

*Pupils will have considered:*

- the diversity of lifestyles;
- others' points of view, including their parents' or carers;
- why being different can provoke bullying and why this is unacceptable;
- when it is appropriate to take a risk and when to say no and seek help;
- the diversity of values and customs in the school and in the community;
- the need for trust and love in established relationships.

\* Part of the National Curriculum for science.

### **By the end of Key Stage 3**

*Pupils will be able to:*

- manage changing relationships;
- recognise the risk to personal safety in

sexual behaviour and be able to make safe decisions;

- ask for help and support;
- explain the relationship between their self-esteem and how they see themselves;
- develop skills of assertiveness in order to resist peer pressure and stereotyping;
- see the complexity of moral, social and cultural issues and be able to form a view of their own;
- develop good interpersonal skills to sustain existing relationships as they grow and change and to help them make new relationships;
- develop empathy with the core values of family life in all its variety of forms;
- recognise the need for commitment, trust and love in meaningful relationships which may manifest themselves in a variety of forms, including marriage;
- recognise the stages of emotions in relation to loss and change caused by divorce, separation and new family members and how to manage their feelings positively.

*Pupils will know and understand:*

- that fertilisation in humans is the fusion of a male and a female cell\*;
- the physical and emotional changes that take place during adolescence\*;
- about the human reproductive system, including the menstrual cycle and fertilisation\*;
- how the foetus develops in the uterus\*;
- how the growth and reproduction of bacteria and replication of viruses can affect health\*;
- how the media influence understanding and the attitudes towards sexual health;
- how good relationships can promote mental well-being;
- the law relating to sexual behaviour of young people;
- the sources of advice and support;
- about when and where to get help, such as at a genitourinary medicine clinic.

*Pupils will have considered:*

- the benefits of sexual behaviour within a committed relationship;
- how they see themselves affects their self-confidence and behaviour;
- the importance of respecting difference in relation to gender and sexuality;
- how it feels to be different and be discriminated against;
- issues such as the costs of early sexual activity;
- the unacceptability of prejudice and homophobic bullying;
- what rights and responsibilities mean in relationships.

\* Part of the National Curriculum for science.

#### **By the end of Key Stage 4**

*Pupils will be able to:*

- recognise the influences and pressures around sexual behaviour and respond appropriately and confidently seek professional health advice;
- manage emotions associated with changing relationships with parents and friends;
- see both sides of an argument and express and justify a personal opinion;
- have the determination to stand up for their beliefs and values;
- make informed choices about the pattern of their lifestyle which promotes well-being;
- have the confidence to assert themselves and challenge offending behaviour;
- develop qualities of empathy and sympathy and the ability to respond emotionally to the range and depth of feelings within close relationships;
- work cooperatively with a range of people who are different from themselves.

*Pupils will know and understand:*

- the ways in which hormonal control occurs, including the effects of the sex hormones and some medical uses of hormones including the control and promotion of fertility\*;
- the defence mechanisms of the body\*;
- how sex is determined in humans\*;

- how HIV and other STIs affect the body;
- the link between eating disorders and self-image and sexual identity;
- the risks of early sexual activity and the link with the use of alcohol;
- how the different forms of contraception work and where to get advice;
- the role of statutory and voluntary organisations;
- the law in relation to sexual activity for young people and adults;
- how their own sexual identity is influenced by both their personal values and those of their family and society;
- how to respond appropriately within a range of social relationships;
- how to access the statutory and voluntary agencies which support relationships in crisis;
- the qualities of good parenting and its value to family life;
- the benefits of marriage or a stable partnership in bringing up children;
- the way different forms of relationships including marriage depend for their success on maturity and commitment.

*Pupils will have considered:*

- their developing sense of sexual identity and feel confident and comfortable with it;
- how personal, family and social values influence behaviour;
- the arguments around moral issues such as abortion, contraception and the age of consent;
- the individual contributions made by partners in a sustained relationship and how these can be of joy or benefit to both;
- the consequences of close relationships including having children and how this will create family ties which impact on their lives and those of others.

\*Part of the National Curriculum for science.

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Sponsored by the Teenage Pregnancy Unit  
Editor: Helen Christophers  
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