

SUMMARY REPORT

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Audit of Sex and Relationships Education and sexual health provision for disabled children and young people

Commissioned and carried out for Bradford Safeguarding Children Board, 2009-10 by Yolande Armstrong, ReFocus Training and Consultancy



'Disabled children are 3.4 times more likely to be abused than their peers'

They are: 3.8 times more likely to be experience neglect

3.8 times more likely to experience physical abuse

3.1 times more likely to experience sexual abuse

3.9 times more likely to experience emotional abuse'

(Sullivan PM, Knutson JF, 2000)

'It is estimated that 33%-50% of all young people who display sexually harmful behaviour have a learning disability or experience significant learning difficulties.'

'Learning disabled young people who demonstrate sexually harmful behaviour are 4 times more likely than their non learning disabled peers to have been sexually abused.'

(Data from NSPCC Disability Scoping Project 2009)

Limiting judgments for Ofsted inspection criteria for schools include the following:

'The effectiveness with which the school promotes equal opportunity and tackles discrimination'

'The effectiveness of safeguarding procedures'

A school is likely to be deemed inadequate if these are inadequate.

(Ofsted – The evaluation schedule for schools - from September 2009)

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Thank you to all of the children and young people and parents and carers who have given such honest and open responses. Thank you to the huge number of professionals across a wide range of services who have given precious time to contribute because they believe that this is important. Thank you to the Steering Group who have supported this work. People have spoken out strongly and powerfully because they believe that this is extremely important work. I have attempted to represent this as honestly and clearly as possible. The challenge now is to listen to what has been said and to act on it.

For Bradford Safeguarding Children Board



Yolande Armstrong
ReFocus – Training and Consultancy
March 2010

Steering Group members: Dave Benn (Barnardo's), Claire Whiteley (Young People's Sexual Health and Teenage Pregnancy), Sharda Parthasarathi (NSPCC), Maggie Warwick (Education Bradford), Richard Sutton (Bradford and Airedale Community Health Services), Andrea Medley (Young People's Sexual Health and Teenage Pregnancy)

1. Summary of the process and main findings:

- i. This report was commissioned by the Bradford Safeguarding Children Board following their own audit and the Bradford JAR report 2008, which both recommended identifying and addressing the needs of disabled children and young people in terms of their access to Sex and Relationships Education and sexual health services.
- ii. Previous research shows that disabled children and young people¹ are more likely to experience abuse in various forms, as well as to suffer from bullying, and to lack the knowledge, understanding, skills and confidence which might protect them. Interviews and focus groups were carried out to collect information and opinions from young people, parents and carers and key professionals across the Bradford district. The aim was to find out what young disabled people and their parents and carers want from schools' Sex and Relationships Education and from sexual health services, to see what good practice might look like, and what is actually being delivered. The audit in Bradford shows that in spite of some good practice, young people are at risk.²

Questions asked followed the same pattern for all groups:

- What do disabled children and young people need to know?
- What is the best way for them to learn this?
- What issues do young people face?
- What would be helpful?

- iii. Bradford young people who took part demonstrated at times a good factual knowledge, but frequently lacked the skills or understanding to protect themselves. On the whole, they wanted the same rights to good information and services as other young people, but clearly faced barriers to accessing these, including negative attitudes by parents/carers and staff about sexual health for disabled people, inaccessibility or inappropriateness of services or information (eg word-heavy leaflets and posters, etc). A few spoke of serious abuse, human rights violations or risky behaviour eg one young woman had been raped, one had been locked in by family. Many professionals gave examples of risky behaviour by young people they had come into contact with.
- iv. Findings show that much provision is failing to address the needs of disabled children and young people and that there is a clear need for awareness-raising of the safeguarding issues around sexual health for disabled children and young people. Staff from GPs through to youth workers and teachers have had little or no training in promoting good sexual health for disabled young people, and so are often either reluctant to engage with the subject or are unclear how to do so, or what resources might be available. There is a need for workforce development at all levels and for new and more flexible methods of delivery of sexual health provision.

¹ For the purposes of this document the term 'young people' is to be understood to include 'children' except where this is stated.

² Where there is a reference in this report to children being at risk of serious harm, all cases have been dealt with following Bradford Safeguarding Children procedures.

- v. There is good practice in some areas of SRE in some schools and good support for disabled children in other areas of school life. But overall there is a need for greater understanding, in mainstream schools in particular, of what disabled young people might need in order to be able to access the information on sexual health which is their right and to be able to build skills, positive values and attitudes and understanding. Teaching of certain important topics is either omitted, or does not begin early enough; teaching often does not include opportunity for reinforcement, and is not tailored to the specific needs of some children. Teachers and support staff have been given little or no training to enable them to develop good practice in SRE with disabled children, and schools are failing to monitor and evaluate teaching and learning effectively in this area.
- vi. There is evidence that in some schools, and in some faith schools in particular, governing bodies are reluctant to allow even the minimum SRE to be delivered. Many schools are still delivering in ways which were criticised by the Ofsted report on SRE in 2002.
- vii. Most parents who took part in the audit positively welcomed support in this area and the opportunity to work more closely with schools in designing an appropriate SRE curriculum for their children. Evidence shows that work should be culturally appropriate and should be designed to meet the needs of certain specific groups such as Deaf young people.

2. What young people said:

- i. Focus groups discussions were held with thirty-nine young people between the ages of thirteen and eighteen in schools and youth settings. For students with learning difficulties and mild disabilities, knowledge of key information from the SRE curriculum was good. For those with moderate to severe learning disabilities knowledge was limited.

Case study –

An eighteen-year-old young woman with learning disabilities revealed during the focus group sessions some of the extremely serious risks which disabled young people are dealing with.

She included the following on her list of the things which she felt that young people should be taught about: Keeping safe eg from getting pregnant, touching, infections, rape.

She said that she also felt that they should be given support to make *'relationships – good ones, not violent ones'*.

Some of the problems which she said, in her experience, young people faced were: *Getting pregnant, Getting beaten up, Not being let out of the house, Boyfriends cheating on you, Being out and about – men only wanting three things – sex, money and to get you pregnant.*

When asked about SRE she said that she had had *'nothing'* in her previous school. Since then, at her current school, she has been given time and a great deal of support and is now able to speak confidently about many sexual health issues and her own needs.

(This young woman had been raped when she was younger and was clearly still distressed about some of the things which had happened to her.)

- ii. Even when students seemed confident and were chatty, some did not know the meaning of words such as 'vagina' or 'menstruation'. Evidence suggests that young people with learning disabilities who are able to go out independently are at greatest risk.

- All of the young people responded with expectations of having a relationship with another person.
- Although some young people were pleased with what they had been taught about sexual health and relationships, many felt that what they had been given was not adequate.
- They wanted a broad range of information and more opportunity to learn in different ways and more time to explore issues.
- Most felt that this should be done in schools, though some said that teaching in schools was not well done.
- Some wanted more on relationships rather than just facts.
- Some young people spoke of their own or their friends experiencing abuse, rape or violent relationships, or demonstrating risky behaviour such as having unprotected sex with more than one partner. Staying safe was the most often-reported issue facing young people.
- Evidence both from previous research and from the Bradford young people shows that Deaf young people face some of the biggest challenges in this area.
- Some carried out research in advice centres for young people and found that staff were friendly but often spoke too fast or gave them leaflets which they could not read.
- Evidence suggests that sexual health services which go out to places used by disabled young people might be effective.

3. What parents/carers said:

- i. Focus groups were set up with eleven mothers, and telephone interviews were held with seven fathers, including a mix of ethnicity. Views were also gathered from parents and carers attending a Speakeasy for parents whose children had Down Syndrome, and from those professionals who were also parents/carers of disabled children.

'In this present age, knowledge is power. The sooner you give your children knowledge, the sooner they can come to terms with things which they will be facing.'

Father of a 7 year old boy

- Very few parents/carers were able to say that their children had definitely been taught SRE at school.
- Parents and carers wanted more SRE for their children, starting at an earlier age to set in place good habits, especially around private and public behaviour and appropriate touching and sexual behaviour, keeping safe and hygiene.
- No parent had been approached pro-actively by an organisation offering support in this area.
- Some parents had experienced considerable distress or difficult challenges because they lacked knowledge or support around the sexual health of their children.
- All parents said that they would welcome more partnerships with school.
- Some were pleased with the partnerships which they have with school around behavioural and friendships issues.
- Many praised the Speakeasy courses organised by the Down Syndrome Support Group.
- Parents/carers wanted information and the opportunity to ask advice from professionals who could take time to listen and get to know them and their children.

4. What practitioners said

'...Staff and carers often only take the initiative to deal with sex and relationships when they become problems by which time behaviour is more difficult to deal with.'

- Almost one hundred professionals working at various levels across the district were interviewed either in person or by phone, and a questionnaire was sent to those organisations which provide sexual health services.

- Providing accessible SRE and sexual health services for young people has not been a strategic priority.
- No data is kept which would enable monitoring of sexual health services for disabled young people.
- There is a need for awareness-raising to promote positive attitudes to disability and to sexual health for disabled children and young people.
- There is a need for greater understanding amongst some parents and carers and many workers of the safeguarding issues around disabled children and sexual health.
- There is a lack of accessible services, support and resources.
- There are work-force development needs for professionals who work with disabled children.
- SRE delivery in schools is frequently not accessible or appropriate.
- Parents/carers and young people are not involved in planning of services.
- There is a lack of good communication and partnership working across organisations to utilise expertise and resources.
- Certain groups of young people experience additional risk or might need special provision.

5. SRE in schools:

'Nobody has ever asked me where SRE fits into the School Improvement Plan.'

PSHE teacher in a special school on the low priority given to this subject

- i. Interviews were held with teachers at various levels in special and mainstream schools. A questionnaire which asked about the provision which they have in place for SRE for disabled pupils was sent to all schools, though only 40 responses were received. Schools in all localities across the district were targeted to ensure a fair representation. Responses came from a balance of primary, secondary and special schools

- Some responses from schools indicated a need for awareness-raising around the social model of disability.
- No staff had received training specifically in SRE for disabled children.
- Evidence from schools and from the school nurses shows that key aspects of SRE are taught in one session, the 'Puberty Talk', or Drop-Down days at secondary level. This has been shown by Ofsted to be the least effective way to deliver and is not useful for many disabled children who need repetition and reinforcement.
- There was little evidence that schools have strategies or monitoring systems in place to ensure good teaching and learning of this subject for disabled children.
- There was little evidence of schools working to plan delivery of this topic with parents/carers or young people.
- Many teachers mentioned challenges around building positive self-esteem with children or around teaching about appropriate behaviour.
- Many schools are making efforts to adapt and design an appropriate curriculum and to use small-group work in order to support their disabled pupils.
- Many schools said that they would welcome appropriate training and resources.

6. Recommendations:

- i. The data collection revealed some broad results which have informed the recommendations. While important moves towards equality and inclusiveness have been made, there is still evidence of a reluctance to deal with some of the complex issues around sexual health for disabled young people, including some of the safeguarding implications and the crucial contribution which sexual health makes to health and well-being at all levels.
- ii. The importance of SRE as part of good practice for all young people's health is not generally being acknowledged, nor is the fundamental contribution which it makes to the delivery of all outcomes of ECM. Without the active promotion of good SRE and active engagement with it, other initiatives cannot succeed.

- iii. In some areas there is evidence of a lack of understanding of the Social Model of disability, which is now accepted as the 'gold standard' of best practice.
- iv. At the strategic level, there is a need for systems and structures which could ensure the promotion of sexual health among disabled young people. Sometimes when systems are in place, they are not actively used. For some practitioners, the lack of positive engagement might stem from a need for awareness of issues around disability or a thorough understanding of what good sexual health practice includes.
- v. In some cases there is a disparity between what disabled young people need and say they would like, and what they are being offered by schools and services.
- vi. There is also evidence of a disparity between what parents say they want and what they are being offered.
- vii. It is extremely important to note that much of the data collected with regard to schools has implications which are relevant for the delivery of SRE for all children and young people, not just for disabled children.
- viii. A commitment was made in the Bradford JAR report in 2008 to ensure that '*all partners understand and carry out their responsibilities for improving sexual health*'. Within the Bradford Children and Young People's Plan one of the priorities is promoting '*healthy life-style choices*', which includes sexual health. The Children's Trust partnership has the statutory duty to promote equality and well-being.

This report recommends that the Bradford Safeguarding Children's Board take action to influence the Children's Trust Partnership to implement the following:

1. Strategies for promoting good sexual health for disabled children and young people should be established within the Children and Young People's Plan across the authority at the highest level and that implementation of those strategies should be prioritised.
2. In order to ensure this, an existing member of each of the ECM Outcomes groups be appointed to adopt the role of Champion to promote and take forward good practice in delivering sexual health services to disabled children and young people.
3. A request to the Young People's Sexual Health and Teenage Pregnancy Board to develop a policy for promoting good sexual health for disabled children and young people which will sit alongside the Sexual Health Strategy, and which is owned and acted on by all across the Trust. They should also be asked to support and performance manage policy delivery.
4. A review of systems for gathering and analysing data on sexual health and disabled children and a framework should be established for doing this with reference to the Teenage Pregnancy Unit and Public Health Observatory.
5. All organisations who work with children should undertake an annual audit of how their current services promote sexual health for disabled young people, with reference to the policy above.
6. The Safeguarding Disabled Children multi-agency training should include an element on promoting positive sexual health for disabled children and young people.

7. Every agency should evidence how they have involved young people and parents/carers in planning at all levels, using the successful Aiming High model of involving key stakeholders in the design of accessible services.
8. Bradford Parenting Board should be asked to consider the development of training for parents and carers to enable them to support their children in having good sexual health. This training should be promoted through targeted interventions in localities and schools. [This should apply equally to parents and carers of disabled and non-disabled children]
9. Bradford Safeguarding Children Board should re-launch an up-dated version of the Safe Parenting Handbook, with a section on sexual health and SRE. This handbook should be promoted through the Children's Information Link.

Workforce development

10. Basic training in promoting sexual health for disabled children should be developed and included in the Workforce Development Strategy, for all teams who provide services to children, with additional training for all staff who work directly with children.
11. A short-term multi-agency task-force should be established to design and deliver such training for work-force development initially, which will then become mainstream.
12. The training should include the following:
 - Awareness-raising about the safeguarding issues around disability eg appropriate touching, how to develop curricular content to include this.
 - Awareness-raising about the importance of this subject for well-being and positive health for disabled young people.
 - Awareness-raising to provide positive images of disability.
 - Basic SRE understanding
13. Multi-agency training should be established to promote good partnership working.
14. A regular forum should be established which would include teaching and support staff, as well as staff from other services, to promote collaborative responsibility across services.
15. Training should be provided for PSHE consultants within Education Bradford to enable them to deliver good quality training for teachers to promote good sexual health for disabled children and young people in schools as part of SRE.

For Education Bradford, Children's Services and Learning Services

16. Nurseries, children's centres, schools and colleges should be required to include reference to their provision for SRE for disabled children within their statutory Disability Equality Scheme as well as within their SRE policies, including reference to the following: systems for consulting and planning with parents (all) and pupils (secondary), and staff development and monitoring to ensure that good teaching and learning is taking place.
17. The Strategic SRE Group should be asked, as part of their current remit, to lead on the design and delivery of training for schools, to enable them to design and deliver good quality SRE for disabled children and young people, including training for head teachers and governors and for staff in schools on SRE and their duty within the ECM framework.

For Education Bradford

18. Schools should be supported to develop and implement policies, in line with their ECM and Equality duties, to deliver accessible SRE for disabled children as part of a whole-school approach to safeguarding. This should be included in statementing processes.
19. Awareness-raising training should be undertaken with School Improvement Partners about the safeguarding issues and the importance of this work, and the key contribution which it makes to children and young people's attainment, so that this can be included in School Improvement Plans.
20. Training should be offered for school governors to give them good understanding of issues around SRE delivery and around disability, to enable them to understand their duty to deliver in these areas.
21. Schools, nurseries and localities should be offered training to enable them to design an appropriate SRE curriculum for disabled children, with particular regard for the needs of Deaf children.
22. Work should be set up with SENCOs to establish the Social Model of disability within schools.
23. NQTs, who will have had modules on SRE in their training, should be supported to promote the delivery of high-quality SRE for disabled children.
24. Schools should be supported to develop effective monitoring systems for teaching and learning in SRE for disabled children and young people in line with new Ofsted requirements.
25. Each locality should establish a list of good resources for schools and some of the more expensive resources should be available for them to borrow.
26. Where special schools have moved to share sites with secondary schools, establishing TicTac centres should be a priority.
27. The rights of LGBT children and young people should be recognised and included in the SRE curriculum.

Schools

28. Schools should set strategies in place to promote closer working between parents/carers and schools in this area eg the establishment of Parents' Champions.

The PCT

29. Flexible and accessible delivery methods of sexual health services should be developed to promote good sexual health for disabled children and young people and to respond to the needs of specific groups or individuals; a forum be established to share good practice.
30. The central contact and information service should develop expertise in providing accessible support for staff, for disabled young people and for parents/carers (including accessible leaflets and other resources) and which would be able to provide information and to sign-post them to other appropriate organisations.

31. The Strategic SRE Group should look at provision of SRE for disabled children and young people within the PCT with a view to addressing any gaps.
32. Training should be provided for GPs, staff at GP practices and other health providers to support good practice when working with the sexual health needs of disabled young people eg accessibility issues, questions of consent around contraception, in line with the You're Welcome requirements.

Bradford and Airedale Community Health Services

33. An audit tool should be commissioned to enable all providers of sexual health services to review the resources and communication systems which they use to ensure that they are accessible for all service-users.
34. Specific strategies of flexible delivery of services should be developed in partnership for those groups who are either most vulnerable or most lacking in support currently eg mobile young people with mild to moderate learning disabilities, LGBT young people, Deaf young people, parents and carers who themselves have a learning disability.
35. The current clinic-based service should be developed in line with the Transforming Health Services, to ensure that highly-skilled practitioners are able to be more responsive in meeting actual demands eg running sessions in partnership with Integrated Youth Services, for workers in organisations, for health promotion, in individual homes if necessary.
36. That a central contact and information service be established with expertise in providing accessible support for young people and parents/carers and information about district-wide resources to which they could be sign-posted.
37. The various aspects of the role of school nurses should be clarified and appropriate training should be given to enable a dedicated team to promote sexual health for disabled children and young people in schools.

Localities

38. Each locality should establish a list of good resources and some of the more expensive resources for schools to access.

Colleges

39. Modules on SRE for Disabled Children and Young People should also be included in Initial Teacher Training.

Parents and carers

40. The Parenting Strategy within Localities should establish training sessions for parents/carers, using the Speakeasy training materials³ to raise awareness of some of the issues and to offer skills and strategies.

Integrated Children's Services

41. The current Disability Action Plan should be reviewed and implemented as a priority.

³ Produced by Family Planning Association

42. An accessible system of support for young people and parents/carers should be established which might include the following: phone-line for help for young people or parents, drop-in centre where disabled young people can go for expert advice and support, a team of qualified staff to respond to needs, on-going support as needed, further development of the current parents' forum.
43. A central focus across localities and systems for networking for professionals should be established.
44. Teams working to support Transition should review the systems for working between schools and adult services in order to promote sexual health for disabled young people.
45. Innovative and flexible ways of delivering sexual health services should be established to support the sexual health needs of disabled young people eg a team trained in delivering sexual health services to disabled young people to deliver across the district in youth centres.
46. Male staff should be recruited to support boys' health issues in primary schools.
47. Suitable resources should be provided which are accessible to those groups of professionals who provide SRE. This might include support in the form of a web-site.

Further work

48. A further piece of work should be undertaken to look at the issues to do with disabled children and young people who present or likely to present sexually harmful behaviours.
49. Further work should be undertaken to look at safeguarding issues for Lesbian, Gay, Bisexual, Transsexual and Questioning (LGBTQ) disabled children and young people.
50. A further piece of work should be undertaken to look at issues for Deaf children and young people in view of the high risk factors which have been identified in relation to this group and the specific communication and learning needs which they have.
51. A piece of work should be set up to look at the specific needs of some communities and to make recommendations about appropriate support.

7. Resources

Organisations offering advice and resources on-line:

www.bash.nhs.uk

New web-site for Sexual Health Services in Bradford – zappy, teen-friendly design. Includes information on Ur Choice peer education programme for schools.

www.ncb.org.uk/sef

The Sex Education Forum at the National Children's Bureau – the leading authority on SRE in England – offers information for professionals including factsheets on topics such as sex and relationships education for children and young people with learning difficulties and a list of resources which is regularly up-dated.

www.fpa.org.uk

Resources and information including a section of resources for parents and professionals to use with young people with learning disabilities and the Speakeasy handbook for facilitators to run a course to help parents to talk to their children about sex and relationships. Offers training courses and can deliver locally.

www.brook.org.uk

Sex and relationships information for young people including a section of resources for disabled young people and booklets and posters *Young disabled people can... have sex and relationships*. (www.brooklondon.org/youngdisabledpeople.htm for web version)

www.anncrafttrust.org.uk

The Ann Craft Trust works with staff in the statutory, independent and voluntary sectors to protect people with learning disabilities who may be at risk from abuse, as well as providing advice and information to parents and carers.

www.nspcc.org.uk

Includes a range of resources including *All Join In – a SEAL resource for Foundation and KS1 teachers*; *Worried? Need to Talk?* - booklets to support young people with a link to Child-line; *Safe – Personal safety skills for deaf children*; *Take Care!* – self-awareness and personal safety issues in the primary curriculum.

www.nas.org.uk

The National Autistic Society includes information and resources – eg *Girls growing up on the autism spectrum*; *Making sense of sex – a forthright guide to puberty, sex and relationships for people with Asperger syndrome*.

www.healthscotland.com/wish

Sexual health and Relationships – A Review of Resources for people with learning disabilities – reviewed 2008 NHS Scotland – an excellent list of resources and comments from users.

www.sexualhealthsheffield.nhs.uk

Sheffield Primary Care NHS Trust - Centre for HIV & Sexual Health web-site – offers training nationally and has delivered a 1-day course on Sex and Relationships Education for Young People with Special Needs.

'Promoting positive, holistic sexual health and well-being and reducing health inequalities' – provides good information through a newsletter and very positive web-site.

www.baseuk.org – The British Association of Sexual Educators – offers information for professionals, promotes 'healthy, pleasurable and fulfilling sexuality.'

www.outsiders.org.uk –

'The Outsiders Club is a vibrant social and peer support network of disabled people. We are many different things to our many different members. Most are hoping their personal dreams will come true and, for those who make the effort, they usually do.' Has a Sex and Disability Helpline and also runs SHADA, the Sexual Health and Disability Alliance, consisting of professionals who concern

themselves with the sexual wellbeing of their disabled clients, patients, residents and students, and aim to inspire their peers to do likewise.

www.bild.org.uk

British Institute of Learning Disabilities offers training a range of issues to professionals working with disabled people

www.lanarkshiresexualhealth.org/disability

Information on sexual health for disabled people taking a rights-based approach. Includes Lanarkshire Sexual Health Strategy and Action Plan, 2005-2008, which aims to promote positive sexual health, in all its dimensions, in a way that is equitable and non-judgemental, and sensitive to individual needs.

www.disabilitynow.org.uk

Includes a personal ads section – pushing the boundaries – an article on cross-dressing, a writer of eroticism who is a wheel-chair-user, and a Civil Partnership with guide-dogs.

www.mcks.scot.nhs.uk

Enormous source of useful resources compiled by NHS Edinburgh and Lothian, including practical guidance for workers including issues to do with masturbation, and support which is available.

www.enable.org.uk

Campaigning charity run by people with learning disabilities – includes Surviving Sexual Abuse: an easy-read guide.

www.sexsupport.org

Susan's Sex Support site covering a wide range of topical issues on sexual health and relationships for disabled people, including a quiz to take if you are considering having sex, and frank discussion.

www.wheelchairpride.com

For young people - includes a beauty contest for wheelchair users.

www.themwifies.org.uk

Them Wifies presents *Josephine – Let's Talk about SEX! 'n' stuff* - a community arts organisation based in Newcastle Upon Tyne – a learning resource for women with learning disabilities, exploring a range of sexual health issues including breast awareness and sexual rights and choices.

www.apda.org.uk – Asian People with Disabilities Alliance provides broad support for these communities.

For SRE in schools

Assessment, evaluation and sex & relationships education: a toolkit for those working with children and young people. This toolkit was developed in response to teachers' and community workers' requests for support and information, and Ofsted's recommendations that assessment is strengthened in SRE. It puts the spotlight on why assessment and evaluation are important, offers practitioners clear advice on how assessment and evaluation can be used in SRE, and provides practitioners with practical activities for assessing learning and evaluating teaching. It includes: an overview of best practice in sex and relationships education; a summary of the theory and practice of assessment and evaluation; forty activities that can be used with individuals or groups, and can be tailored for a wide range of abilities and ages. Blake, S, and Muttock, S. (2004) for the National Children's Bureau.

Organisations specific to Bradford, some of which are able to provide support or advice on sexual health

Bradford Parents' Forum - an established support group for parents of children with special educational needs – contact Nageena Khan n.k19@hotmail.com

www.badasg.org.uk - Bradford and District Autism Support Group - promotes independent living for children and young people aged 5 -18 living with autism. Offers social skills training for children aged 11 - 18, parent support groups, Asian parents support group, and help and guidance with benefits.

www.downsupportbradford.ik.com – support, training and activities for young people with Down Syndrome and their parents and carers

www.homestead.com/awareuk - Airedale and Wharfedale Autism Resource (AWARE) supports parents, carers, siblings, professionals and interested parties in the care and support of those with an autistic spectrum disorder.

Bradford Parent/Carer Participation Service – Barnardo’s – a parent participation service for parents/carers of disabled children

www.snoopisfun.org.uk – special needs childcare offering activities and life skills for children and adults with learning disabilities

Access to Information for Minorities (AIM) Project – media project which supports disabled young people to develop media skills to produce their own resources eg Keep An Eye on Your Balls dealing with testicular cancer - 01274 848150

Advice on sexual health and information about services available in Bradford can be accessed through the central contact for Sexual Health Services 01274 200 024

Resources for use with disabled children and young people

Puberty and Sexuality for Children and Young People with a Learning Disability – produced by The Children’s Learning Disability Nursing Team for Leeds NHS 2009 – a resource-book for schools and other organisations covers a range of topics and includes a session on Arousal, Masturbation and Dignity, and one on Testicular and Breast Care - www.leedssexualhealth.co

Safe: personal safety skills for deaf children - a group-work programme on DVD-Rom designed to help give deaf children the knowledge, awareness and language they need to stay safe and make better informed life choices - NSPCC (Kovic,Y, Lucas-Hancock J and Miller D)

All about us - a self-study learning tool to explore sex, sexuality and relationships, which can be used by someone with learning disabilities on their own or to complement other learning. Also available from the Family Planning Association are a range of books for professionals and parents - www.fpa.org.uk

CHANGE – the national equal rights organisation led by disabled people and based in Leeds has booklets on Abuse, Contraception, Masturbation, Friendship, Being Gay or Lesbian - www.changepeople.co.uk

Picture Yourself 2 - One of a range of resources for SRE including SRE and Learning Disability - by Hilary Dixon and Ann Craft with illustrations by David Gifford (updated 2002) - www.me-and-us.co.uk

Leaflets and short films using vision and sound about sexual health issues and aimed at younger people - www.easyhealth.org.uk

Excellent booklets on women’s health issues eg *Cathy has Thrush* - www.elfrida.com

Leeds Animation Workshop are producing a DVD for 2010 to help people with learning disabilities, their families and people who work with them to feel more confident about relationships with friends and partners – proposed sections on sex and contraception, meeting and getting close to people - www.leedsanimation.org.uk

Let's Do It – creative activities for sex and relationships education for young people and adults with learning disabilities by Image in Action (168 pages, A4) with ideas of how to adapt the activities for different groups' needs. Let's Plan It is a companion resource with detailed planning guide for course preparation - www.brook.org.uk

Books Beyond Words is a series of books for people with learning disabilities produced by the Royal College of Psychiatrists using visual ways to explore some health topics such as going to the doctors, going for a Cervical Smear Test, speaking out about sexual abuse - www.rcpsych.ac.uk/bbw

GetYourHeadRoundIt - Using 'cool' puppets to give young people a voice about PSHE issues – 'Accessible, Inspiring and Interactive Social Education.' Includes a DVD on *Emotional Well-being* for KS2 and one on *Sexual Health and Relationships* for KS3,4 - www.getyourheadroundit.co.uk

You, Your body and Sex – SRE DVD resource for people with learning disabilities and special needs – Kylie's Private World and Jason's Private World – covers issues including Self-examination, Consent, Love and affection in relationships, Where to get condoms and advice - www.lifesupportproductions.co.uk

Feeling Grown Up - Oakfield School, Nottingham (formerly the Shepherd School) – a series of very simple illustrated booklets on subject such as menstruation, using public toilets, etc. New school web-site www.nottinghambsf.co.uk

'How it is' - an image vocabulary for children about: feelings, rights and safety, personal care and sexuality. Produced by Triangle and down-loadable from NSPCC <http://www.nspcc.org.uk/inform/howitis>

Growing up, sex and relationships – one booklet for young disabled people, one booklet for parents/carers and families and one for teachers - www.cafamily.org.uk

Information about a range of resources for use with people with Learning Disabilities is available through Glasgow Public Health Resource Unit - www.phru.net

Teaching Children with Down Syndrome about their Bodies, Boundaries and Sexuality – This book for parents blends factual information and practical ideas for teaching children with Down syndrome about their bodies, puberty, and sexuality. It has been used locally in Bradford to support the delivery of Speakeasy courses for parents run by the Down Syndrome support group. Terri Couwenhoven, Woodbine House 2007.

Challenging homophobia and heterosexism for people with learning disabilities and the people who care for them, and booklets exploring issues around lesbian and gay relationships - David Abbott and Joyce Howarth – www.bristol.ac.uk/norahfry/resources/online

Generic information on sexual health for young people

Educational site for 11 to 14 year-olds includes sex and relationships information - www.lifebytes.gov.uk

A guide for teenagers includes contraception, pregnancy and 'love bugs' - www.likeitis.org.uk

Information about sexual health and relationships aimed at young people - www.ruthinking.co.uk

Sexuality and Disability not aimed at young people

Sexuality and Disability - positive and thoughtful approaches to sexuality - Maddie Blackburn - Butterworth Heineman 2002

Enabling Romance: A Guide to Love, Sex, and Relationships for People with Disabilities (and the People who care About Them - Ken Kroll, Erica Levy Klein, 1992 No Limits Communications

The Ultimate Guide to Sex and Disability: For All of Us who Live with Disabilities, Chronic Pain and Illness - Miriam Kaufman, Cory Silverberg, Fran Odette 2003 Cleis Press