



to the RSHP workshop

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# Aims for today

- To explore GBV and other vulnerabilities and risk factors for people with a learning disability.
- To explore how Relationships, Sexual Health & Parenthood Education impacts on these risk factors.
- To share good practice with others and identify barriers.

# Sexual Health & Learning Disability

- What do you think are the main risks/ concerns/ issues/ vulnerabilities when it comes to children, young people and adults with a learning disability and Sexual Health & Relationships?



# Risks

- 3-4 times more likely to be abused (physically, sexually, emotionally...) , more at risk of sexually exploitation, sexual abuse and gender based violence
- more likely (including inadvertently) to express sexualised behaviour, sometimes behaviour that is a Sexual Offence.

**Why might that be the case?**

# Child Protection Guidelines

<http://www.gov.scot/Publications/2014/05/3076/4>

- Lack of self worth
- Less likely to have had any sex education
- Not able to communicate or have the words for private body parts
- Do not understand what sex is, or sexual assault, rape, abuse, GBV
- Taboo subject- can't tell anyone
- Frustration, lack of fulfilment (Good Lives Model)

# CP Guidelines continued



- Don't know the Law or their rights
- Lack of choice, used to complying
- Used to power imbalance, more likely to be bullied
- Few friends, isolated, lonely, nobody to confide in, no positive role models
- Lack of boundaries- puts themselves and others at risk

# Policy, research, good practice



We know that Relationships, Sexual Health and Parenthood Education can support children, young people and adults with a learning disability with the skills and knowledge to reduce those risks.

“ All primary and secondary schools should ensure provision of **high-quality, age-appropriate sex and relationships education, including same-sex relationships**, with information adapted and made accessible. **Young people with learning disabilities should receive this education at the same age as their peers.** This should form part of a **whole-school approach** to child protection that includes information about internet safety, awareness of exploitation and when to give, obtain or refuse consent.”



National Guidance for Child Protection in Scotland 2014. Additional notes for practitioners: protecting disabled children from abuse and neglect <http://www.gov.scot/Publications/2014/05/3076/0>

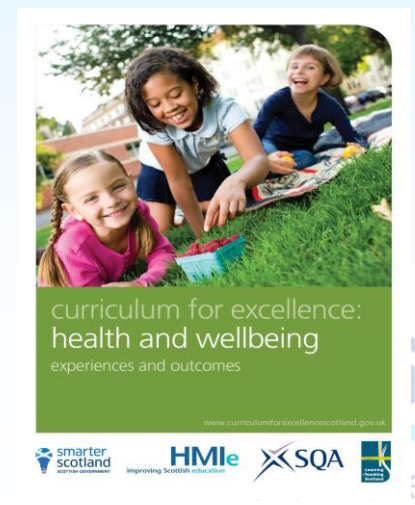
Conduct for Relationships, Sexual Health and Parenthood Education in Schools (2014) <http://www.gov.scot/Resource/0046/00465948.pdf>

Barnardo's/ BILD report 'Unprotected, Overprotected. Meeting the needs of young people with learning disabilities who experience, or are at risk of sexual exploitation'. (2016)

<http://www.bild.org.uk/resources/unprotected-overprotected/>

# Guidance and resources

- We also have the Health & Wellbeing outcomes (2010)
- And Benchmarks for Personal & Social Education including RSHPE. (March 2017)  
[https://education.gov.scot/improvement/Documents/HWBPe\\_rsonalSocial%20EducationBenchmarksPDF.pdf](https://education.gov.scot/improvement/Documents/HWBPe_rsonalSocial%20EducationBenchmarksPDF.pdf)



# RSHP in schools for ASN learners

- ‘There are other senior pupils with learning disabilities, aged 16 and 17, for whom sex and relationship learning is only now addressing names for parts of the body and has not begun to address feelings, hopes, desires, sexual experiences, keeping safe or contraception. It appears that for these young people opportunities had been missed throughout their school lives and in partnership with parents to build knowledge, consider behaviour and understand sexual rights.’ *Quoted from Morrison, Colin A 2011; From disability to capability: sex and relationship learning for children and young people with a learning disability University of Glasgow*

# Activity

**So why, despite all this policy and guidance and research, is RSHP for children, young people and adults with a learning disability still so inconsistent? What are the barriers?**



# Barriers?



- Personal values
- Being seen as either a-sexual OR overly-sexual
- Lack of time and resources
- Parents may not support schools/ withdraw child from RSHP
- No training
- Lack of support from senior management
- Staff don't want to do it

# How can we improve things?

- 1. Share good practice. Write down what you/your organisation is doing to put RSHP on the agenda for service users with a learning disability.
- 2. Write down what areas of improvement you can make.

# Ideas for improvement

- RSHP implementation -proactive not reactive
- Staff training
- Try the new RSHP resource [www.rshp/scot](http://www.rshp/scot)
- RSHPE policy
- Work with parents/carers
- Create opportunities to put Sexual Health& Relationships on the agenda

# Any questions?