Sex and Relationships Education for Special Educational Needs - An exploration of the quality of provision

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August 27, 2020

Abstract

Mixed methods research; a new paradigm


**Anti-positivist - Interpretive** Historical and documentary research Retrospective ex post facto research - **Qualitative**

*Informal Interviews.* *Literature review (including policy and curriculum guidance).*

**Anti-positivist - Participatory - Qualitative** *Presentations. *Observation. *Informal discussions. *SRE ‘group’ sessions.

**Anti-positivist - Investigative research - Qualitative** *Observation. *Informal discussion.* *SRE group work. *Parental workshops.

**Anti-positivist - Pragmatism - Qualitative** *Mixed Methods approach

**Critical theory - Critical pedagogical - Ideology** *Reflection on SRE for SEN *Schemes of Work and quality of SRE provision.


I am confident that permission, where needed, had been gained and that the rights of everyone taking part were upheld. I do not believe that there are any other ethical concerns to be addressed within this particular research study.

Other guidelines that were followed were;


The University of St Mark & St John’s ethics policy.
ABSTRACT

The purpose of this research study was to identify the provision and standard of Sex and Relationships Education (SRE) for those with Special Educational Needs (SEN). With both the Labour Party and The Liberal Democrats making manifesto promises of statutory PSHE (Personal, Social & Health Education) and SRE alongside next month’s (24/10/2014) second reading of the private members bill for statutory PSHE and SRE, this research looks into the political, social and educational influence on these subjects and asks the question; should PSHE and SRE be made statutory within the National Curriculum? Would it make a difference for those learners in Special Schools?

The research combines the views of parents, teachers and learners. Staff from three Special Needs Schools took part in the study and the research reflects the attitude and confidence of those working with young people with learning disabilities toward SRE for SEN and compares this with research done in Britain and other countries. The consequence of poor or no SRE for SEN means a disproportionate number of people with learning disabilities being either abused or labelled as sex offenders later in life.

Importantly the research looks into the attainment and knowledge levels of a group of students with SEN and demonstrates that improved SRE provision can have a positive influence on the confidence, knowledge of self and ability to keep safe for these learners.

There needs to be coordinated country wide support for Special Schools to improve their SRE provision. Without it we are letting down our special learners and potentially guilty of ignoring equality and human rights legislation.
ACKNOWLEDGEMENTS

I would like to thank all those that took part in this research project and for the appreciation you showed of what I was trying to achieve.

The confidence and encouragement that I received from my tutor Angela Redman that I was on the right track was so important (as were the timely suggestions!) thank you.

A BIG thank you goes to Bob Price and Jo Burton for organising both their school’s participation and for encouraging their staff to take part.

A delayed special thank you to Mandy Lancaster and Zoe Baxter for helping me to get all this kick-started and to Bex Stewart for the continued support (I hope it will be seen as worthwhile).

To the students who took part in the SRE group sessions – you were all brilliant, enthusiastic and taught me lots - so thank you very much!
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CHAPTER ONE

Introduction

I start off my dissertation with a confession; I was a very confused teacher when I started my research into Sex and Relationships Education (SRE) for those with Special Educational Needs (SEN). I completed a small scale research project last year and that provided me with insights but possibly more questions than I thought I had answered.

The unanswered questions form my initial research project led me to want to try and answer them through this vehicle of continued research; as Jean McNiff would call it an ‘action research cycle’ that, in my case, shows no signs of coming to a fulfilling conclusion (McNiff, 2002 http://www.jeanmcniff.com).

As I come to write my dissertation and to try to make sense of my findings I realise that I am still confused. As I take the reader through my research and findings and on to the questions the findings pose, I hope to demonstrate that my confusion is not only understandable but more than excusable.

The initial research was required due to the poor SRE provision at the school where I work; this continued research is trying to find out why that piece of action research did not quite have the impact I was hoping for (Bray 2013, PGDip UCP Marjon unpublished).

As the PSHE (Personal, Social & Health Education) subject leader I have responsibility for the SRE provided to our learners. As the school’s Behaviour Lead I am involved in providing support to learners, colleagues and parents in regard to challenging behaviour (sometimes sexualised challenging behaviour).

Before the initial research project there was an embarrassing lack of SRE provision at my school. It is a Special Needs School with 94 learners of an age range from 2 years old to 19 years old; 12 classes and over 70 staff. Only two classes had provided any SRE during the previous 3 years even though Sex
Education is a statutory element of the science curriculum (we will develop the understanding of statutory and non-statutory elements of SRE in the next chapter).

The area of Sex and Relationships Education in schools appears to be a contentious one at best (Blake 2007, Wells 2010 and Emmerson 2013). In Special schools it is a delicate issue with a large section of stakeholders not convinced there is a need for discrete SRE provision. As the current Sex and Relationship Education Guidance states “some parents and careers of children with special educational needs may find it difficult to accept their child’s developing sexuality” (DfEE 2000 p.12). In my experience that is also true of some of my teaching colleagues and this research suggests it may be true within the sector as a whole.

If I was embarrassed with our SRE provision before the first action research project I am equally embarrassed to confess that since the initial SRE project concluded in July 2012 this new research suggests that the school has almost reverted to where we were before with only a few examples of confident SRE provision for our learners.

There are obvious lessons for me to learn as the PSHE lead; not least to monitor my subject area to ensure that my colleagues are providing relevant, well planned PSHE lessons that include SRE. But how far can I go? Have I got any power to demand more of my colleagues? SRE and PSHE are not statutory subjects; my colleagues may have a water tight argument why they are not teaching SRE; in short because they do not have to (DfE 2012). One of my key questions is should they? Should PHSE and SRE be statutory subjects?

The next question that this brings to my thought process; is this solely a school based issue, a local one, a national SEN issue? I did involve other similar
special schools; one from my authority and one from a different county, in my research to try and gain a better picture.

I will also examine in more detail the attitudes towards this work from those in authority and those in schools. This year my LA (Local Authority) gave explicit instructions to those working in the areas of community and educational advice not to do any work involving those with learning difficulties and to ignore requests from Special Schools for support. Due to confidentiality and the nature of this research I cannot quote that individual, but the information is correct and quite enlightening. How does this sit comfortably with the rights of the child and young person to equality and not to be discriminated against due to any disability? Can this attitude of those within authority fit in with the new SEN Code of Practice (2014), The Equality Act (2010) and the United Nations Convention on the Rights of the Child (1989)?

Obviously the real inspirations behind this piece of work are the learners; the young children and adults with Special Educational Needs that are the most vulnerable people in our society. What is important for them? All the students referred to here and in later chapters have all been given pseudonyms to protect their identity. Let us ‘meet’ a few…

‘Alan’ has a history of sexual abuse towards other students. He also demonstrates challenging behaviours towards members of the public and has frequently exposed himself to female members of society. It is possible (and quite probable) that he will do something that will be difficult to resolve. Will he go from being a special needs student to becoming a registered sex offender as many do? (Fydon 2007)

‘Andy’ is a young man with downs syndrome and autism who has developed inappropriate sexualised behaviour towards his mother and sister. As he becomes bigger and more aggressive this behaviour is likely to mean that he may not be able to live at home for much longer.
‘Ken’ is a young man with autism who has developed a real need to please people he meets; he has started to display affection for other males and this has caused some concern for his family as he is frequently accessing the community through various youth projects.

‘Kim’ is a young lady with complex needs and has been sexually abused by a young man with learning difficulties when at a local social club for young people with special needs. At present she is in emergency respite care and is presenting with very challenging behaviours.

We will learn more about ‘Andy’ and ‘Ken’ later in this piece as they were part of the SRE group that took part in a programme of SRE sessions as part of this study.

These young people have not had the opportunity to learn about themselves, their changing bodies through puberty, how to keep themselves safe, about different relationships we develop as we grow older or safe and unsafe touch through a well-planned, long term SRE scheme of work.

The question is; would the lives of these young people be better if they had been?

**Aims and objectives;**

The nature of action research does always tend to bring other, not yet realised, objectives with it but for now I think we’ll try to uncover why SRE for SEN appears to be unimportant to many.

- Why is there apparent confusion as to what should or should not be taught within PSHE and SRE in schools?
- Should PSHE and SRE be statutory subjects; would that make a difference to the quality of provision?
Is there a lack of confidence from teachers to teach SRE; in short is SRE taught in Special Schools? If not, why not? Is this a school based or national issue?

Will the new National Curriculum, planned for September 2014, change the way SRE and PSHE are taught in schools? Is the National Curriculum relevant for the needs of those with learning disabilities?

Is there a need for discrete Sex and Relationships Education in Special Schools? What are the implications of either a yes or no answer?

This study will try to answer some, if not all, of these questions through a review of recent relevant literature and through the research carried out for this study. I involved other staff members from different schools, parents and our students so I needed to be sensitive to the ethical issues that this would raise. By following the ethical guidelines of Marjons and BERAs (2011) code on Children, Vulnerable Young People and Vulnerable Adults; as well as referring to my own ethics forms (attachment 1) I am confident that the wellbeing of the young people was of paramount concern.
CHAPTER TWO

Literature Review

Sex. Education. Is it any wonder that people seem to get so twitchy when trying to discuss these areas together? When you add in words like; Children, Special Needs and Learning Difficulties some people become very embarrassed, anxious or angry (Wells 2009, 2010, Alaykum 2014).

Sex and relationships education (SRE) is learning about the emotional, social and physical aspects of growing up, relationships, human sexuality and sexual health, including self-advocacy and keeping safe. (http://www.fpa.org.uk/factsheets).

It will continue to be non-statutory within the new National Curriculum (2014). It is not the biological facts about procreation and the act of intercourse, which is statutory under science. Talking about the new National Curriculum and the confusion that politicians continue to produce when designing our curricula, Dr Hilary Emery, chief executive of the National Children’s Bureau pointed out;

“[it] looks likely to further disadvantage already marginalised pupils, such as those with…SEN. But it is perhaps in addressing sex education in the science curriculum (the only subject in which sex education is a statutory requirement) where the new curriculum appears to have got itself most worryingly into a muddle – which could leave young people inadequately equipped. Schools should be aware of these short-comings and act to create their own rounded programme of sex and relationships education” [SRE] (Emery 2013)

(www.sec-ed.co.uk/blog/sex-education-matters)

In my last research paper my literature review was focused on trying to establish where we, in education, stand in terms of PSHE and SRE as curriculum subjects and the provision for students. It looked at the various governmental advice and the arguments provided by many organisations to
make PSHE and SRE statutory. It concluded that even though there seems overwhelming evidence to argue for both subjects to become statutory (Bray, 2013 PGDip UCP Marjon unpublished) the government were not convinced. With the DfE SRE guidance not changed since 2000 and with education ministers saying that nothing needed to change (Truss 2013).

If we took the view that unless I start my own ‘free school’, or we become an ‘academy’, I will need to follow the National Curriculum (DfE 2014) then my initial thoughts were that I had to try to make the argument for statutory PSHE & SRE again. However the constraints of word limits and the need to have a focused view of SRE for SEN, why the provision remains so poor (Murphy 2003, Moxon 2010) and the value of the National Curriculum for special schools in particular, mean I will only be able to touch on some of the recent political and educational developments.

The political and social face of sex (and relationships education)

The fact that content and importance of what our children should (or should not) learn is in the hands of political parties is only open to abuse, or some questionable dogma bias at the very least. Cajani sums it up when he writes about the influence on school curricula by political parties and observes that “political bias is a constant threat” (Cajani 2009 p.6).

Michael Apple puts the ‘why’ and ‘what’ of how we teach into perspective for me;

“Education is deeply implicated in the politics of culture. The curriculum is never simply a neutral assemblage of knowledge, somehow appearing in the texts and classrooms of a nation. It is always…someone’s selection, some group’s vision of legitimate knowledge. It is produced out of the cultural, political, and economic conflicts, tensions, and compromises that organize and disorganize a people…the decision to define some groups’ knowledge as the most legitimate, as official knowledge, while other groups’
knowledge hardly sees the light of day, says something extremely important about who has power in society.” (Apple 1992 p.222)

I am not comfortable with this ‘truth’ but it is where we are and I can only hope that eventually we will be able to offer a curriculum that each individual child, with unique individual needs deserves, to assist them to develop and fulfil their own potential. For those with SEN and learning difficulties I would argue for a curriculum that is functional skills based and develops independence, self-advocacy and social inclusion; in short having a PSHE focus. I do wonder whether that would ever be possible though.

We are in a period of history where we could be seeing the start of a healthy national debate about what PSHE and Sex and Relationships Education does and should mean for our children now. The fact that this political debate and potential changing of the importance of PSHE and SRE is focused on mainstream children is of no surprise. I will look into the possible factors that make us as a society uncomfortable discussing SRE within mainstream schools and almost try to ignore the need at all in special schools.

Seven years ago Simon Blake, the head of Brook, wrote a piece that still should be taken as relevant right now and act as a warning for all of us that pretend that we actually do our best for the children in our care;

“The recent politics, policy and practice of sex education continue to prevent all children from receiving… quality [SRE] education. These include our failure as a nation to truly acknowledge the rights of children and young people set out in the UN Convention on the Rights of the Child. This means they are often not involved in the development of SRE. There are inconsistency and inequity of provision, with a concurrent lack of targeting to meet local and individual needs. We have a culture which does not generally respect young people’s sexuality, and despite the best efforts of individuals, there is still limited capacity for developing robust partnerships that maximise the skills of different professionals.” (Blake, 2007 p.33)
I found that true when trying to develop partnerships with different schools to share good practice; there does not appear to be the will to so when SRE is involved.

As a society I believe we have become complicit in allowing ourselves to pick and choose which aspects of the UN Convention on the rights of the Child (1989) that we adhere ourselves to. If it was not the case then surely every child would have the education they needed. Instead we choose a potentially limiting curriculum that is imposed rather than agreed (Imray 2012, Barker 2010, Apple 1993).

The political divide and questionable political dogmas that are constantly bickering is of no help either;

Back in 2000 the then Labour Schools Minister Ed Balls promised that PSHE was to become a mandatory part of the British National Curriculum. This was also to make Sex and Relationship Education statutory in all schools and of all ages. SRE would help and support “real lessons in life, dealing with certain situations, emotions, and decisions’, not ‘just a biology lesson” (Knight 2008 cited by Moore 2011 p.25).

“Nonetheless, the attempt to get it onto the curriculum shows up the fact that there are two stories to tell about recent British education policy concerning sex education” (Moore 2011 p.25). I see these two stories as the acceptable and unacceptable faces of Sex and Relationships Education. It appears everyone is comfortable with sex education within science but less so when delivered within PSHE. Further on in this piece I will share some findings on the perceptions of SRE; and the fact that there is surprise from parents, teachers and care workers about what is and isn’t statutory both now and within the new 2014 National Curriculum.
Sex and Relationship Education has always been a non-curricular, non-statutory subject and despite these previous promises it still remains so; a combination of timing and the reluctance to make it a statutory subject by the Conservatives (and the Liberal Democrats; before their very recent change of mind) have kept SRE in its place.

As it stands only today I read with interest the fact that the Liberal Democrat Party announced that if they gained power they would make SRE, under PSHE, statutory for all state funded schools, including free schools and academies and that this would start from Key Stage 2 (7-11 year olds). (http://news.uk.msn.com). A promise that has also recently made by the Labour Party;

“Questioning the logic of Deputy Prime Minister and Liberal Democrat leader Nick Clegg in siding with the Tories against statutory SRE, Mr Miliband said: “Making sex education in schools compulsory is the right thing to do, it’s the right thing for our young people, it’s the right thing for our country, and we should have the courage of our convictions.”

(Roberts, 2014 http://www.pinknews.co.uk)

So maybe after so many false dawns there is a change of mood, or at least the willingness to accept the weight of evidence within credible campaigns to make SRE and PSHE statutory subjects? (Brook 2013, NSPCC 2011, Sex Education Forum 2013, PSHE Association 2013) However, the Prime Minister, giving evidence to the Commons liaison committee earlier in the year, said he did not back calls for wider reform of sex education.

“Do I want to open up the whole of sex and relationship education, and have a mega-debate about every single aspect of it? I’m not sure. I think you then go into all the theocratic arguments between left and right, localist and centrist, abortion and all the rest… I would rather as a practical person, add some sensible bits and work with what we have… rather than open up the whole Pandora’s Box.”

(Chapman, 2014 http://www.dailymail.co.uk/news)
That is, in my opinion, a bit of a cop-out with so many organisations rationally and articulately calling for a debate on the importance of PSHE and SRE whilst other members of our society are wanting to either erase it completely from the curriculum or to have it kept form becoming statutory (The Family Education Trust 2009, Evangelical Alliance 2014, SRE Islamic 2014, The Society of Muslim Scholars 2014, Catholic & Loving It 2014, Christian Doctrine 2014, Association of Christian Teachers 2014 http://www.parliament.uk).

I will look at some of the arguments both sides promote as we move forward and try to conclude this chapter, but it does seem fairly obvious that the time has surely come for the ‘mega debate’ that Cameron refers to.

Keeping Cameron’s Pandora’s Box metaphor going for a little longer; if we continue to bury our heads, where will that eventually lead us; if it has not already? An example of a blinkered view of sex education is demonstrated here;

“It’s like Pandora’s box, the malaise of Child Sexual Abuse” (CSA) [in India], says Meera Haran Alva who is a consultant therapist at various schools across India and a member of the National Commission for the Protection of Child Rights (NCPR). She has developed guidelines for parents and educationists to ensure that the sexual abuse that happens daily and knowingly to young children is addressed and ultimately stopped;

“…children need sex education. Parents in India mistake sex education with sex. There is a huge stigma attached to anything connected with the word ‘sex’. They feel that giving information to children somehow gives them sexual knowledge and enables them to have the ‘wrong’ kind of ideas.

Sex education is not about enabling the young to have sex but to protect them from abuse and prevent violation. …There is a huge amount of shame attached to anything connected with sex in India.

(Haran Alva, 2014 http://www.newindianexpress)
I would suggest that it is not just parents in India who mistake sex education and SRE with sex, there are many examples of parent organisations making clear their opposition to SRE but without, for me, making a convincing argument. First the thoughts of the Society of Muslim Scholars, UK;

“\textit{The Department of Education and the Government...is trying to force explicit immoral destructive sinful sex education on our small innocent children... through PSHE and SRE. There is no doubt that all this explicit vulgar offensive insensitive immoral attractive sex education will encourage our small innocent unborn children and youth to...become active in sexual relations, before puberty, at puberty and after... leading later when practiced to: sexually transmitted diseases, illegal pregnancy, abortion, illegitimate children, sexual problems, promiscuity, teenage mothers, and psychological problems with the loss of education in schools}”. (Alaykum & Katme, 2011 http://www.hizbululama.org.uk)

This does need to be taken in balance with the appreciated ‘Sex Education: The Muslim Perspective’ (1996) that attempts to explain for teachers what the particular concerns for Muslim parents are concerning British SRE. It is a thorough and well laid out argument that tries to compromise between various British education acts and the Islamic attitude toward ‘sexuality and etiquette’. There will always be preconceived ideas about SRE and the views of various religions to the value of it; until we can have that open debate;

An offering to that debate from The Family Education Trust’s Norman Wells;

“\textit{Not only could compulsory PSHE be ineffective, it could actually lead to parents taking less responsibility for their children. Most of the components of PSHE are the primary responsibility of parents; for example... sex and relationships education, emotional health and well-being [and] safety. If PSHE were to become a statutory part of the curriculum, there would be a very real danger that parents would no more consider themselves responsible for these aspects of their children’s physical, emotional and social development than they typically regard themselves as responsible for the teaching of English, maths, history and science}” (Wells, 2009 http://www.telegraph.co.uk)
I am unconvinced that parents do not help their children with reading or number because it is done at school though.

There are always going to be those who are opposed to SRE in schools for a variety of reasons, whether it is religious or traditionalist lobby groups; and some parents that don’t appear to belong to either group. I feel that the opposition is based on limited understanding however; and for many a cultural aspect and upbringing that is difficult to disengage from.

For many of us this could simply be due to the fact we are British, as clichéd as that may sound. In a research study done by professors in England and the Netherlands it appears that how SRE is delivered in schools in both countries is remarkably similar, yet teenage pregnancy rates are at opposite ends of the scale. Dr Jane Lewis and Dr Trudie Kuijn explain that this is down to the deep lying differences in our attitudes towards sex and teenagers; and to the extent that those attitudes in Britain engulf the classroom. In Britain traditionalist lobby groups have helped to keep Sex and Relationships Education highly controversial yet in the Netherlands society has long accepted the realities and the need for SRE (Newham, 2004 www.tes.co.uk).

In 2010, Norman Wells, director of the Family Education Trust, championed the opposition from faith leaders, head teachers and governors to the move for statutory SRE, calling compulsory sex education a victory to those who wanted to “break down traditional moral standards, redefine the family, promote relativism, celebrate homosexuality, and encourage sexual experimentation” (Henry, 2010 http://www.telegraph.co.uk)

With PSHE and SRE being used as a political, ideological and moral football I feel that we will never get a mature, reasoned and informed debate any time soon, despite the political manoeuvrings taking place. Without a healthy open debate the confusion and scaremongering surrounding SRE will continue.
The use of the word sex in sex education and SRE is clearly not helpful at times, certainly when dealing with parents and other oppositional organisations. “It can confuse or sensationalise public opinion about this vital life-long knowledge [SRE]” (UNESCO 2009 cited by Goldman 2012 pp.199-218).

We only have to look at some of the ‘sensational’ stories in our press to see that point played out all too often in Britain. From the Daily Mail a considered interpretation of the news; ‘Force sex education on all schools, says Clegg: Lib Dems plan to make all state institutions, including primaries, teach pupils aged seven…’ (Groves, 2014 http://www.dailymail.co.uk)

The juxtaposition of much of our media to the word ‘sex’ and the promotion/demonization of sex confuses many, not least me. Let us be honest, sex is everywhere and in the “market-based economy” that means, for many people;

“...the words sex, sexual and sexuality are immediately and very commonly associated with penetrative intercourse, risk, desire, pornography, or perhaps even paedophilia. More traditionalist associations would be with immorality, shame, and procreation” (UNESCO 2009 cited by Goldman 2012 pp.199-218).

The rationales behind a lot of the arguments against SRE have these views and paranoia shining through the text. It is unfortunate that the influence of these views appear to permeate through to (and from) the decision and policy makers.

To label this invaluable even ‘life-saving knowledge’ of SRE (Glasier et al. 2006) in a way that produces the above images in the minds of many is unhelpful. It is always going to raise some unnecessary barriers to the implementation of SRE and its effectiveness.

“The increasing influence of conservative political, religious, and cultural forces around the world threatens to undermine progress made in Sexual health and [SRE] education since 1994, and arguably provides the best example of the detrimental intrusion of politics into public health”.
These doctrines influence not only our public health but our education also. For those with SEN this could mean they are being discriminated against (Mencap 2009, Human rights Act 2000 Article 8 and 14) knowingly.

The (incomprehensible) attitudes towards Sex and Relationships Education & PSHE

Not to confuse anyone, but to help put things into context, Janet Palmer HMI, Ofsted’s National Lead for PSHE stated;

“PSHE [& SRE] education may be a non-statutory subject in itself but that doesn’t mean schools can get away with not delivering it…This may sound paradoxical but it is a fact”

(Palmer 2014 http://www.pshe-association.org.uk)

No, I am still confused. If schools have to deliver PSHE and SRE then surely it would be statutory?

“The development of PSHE is damaged by a number of factors, including it is not a statutory curriculum subject in the National Curriculum…This leaves what children learn to the choice of the individuals who teach them. Leadership remains a problem. The government’s track record on PSHE policy is mixed. Government ministers have demonstrated their commitment in a number of ways; for example, they funded the PSHE Subject Association yet they repeatedly reject calls from major organisations and advisory bodies to make PSHE a statutory curriculum subject”.

(Blake 2014 http://www.huffingtonpost.co.uk)

Thirteen years after the last government advice on SRE (DfE 2000) was published Ofsted published their report into the strengths and weaknesses of PSHE (and SRE) entitled ‘Not Yet Good Enough: Personal, Social, Health and Economic Education in Schools’ (Ofsted 2013).

It is a comprehensive piece of work with some, perhaps unsurprising, conclusions in so much as “the quality of PSHE is not yet good enough in a
sizable proportion of schools in England” and “Sex and Relationships Education required improvement in over a third of schools” (Ofsted 2013 p.4).

The runaway political train that is producing academies and free schools has encouraged other, less tolerant, individuals to try to influence what our children can, or cannot learn. The freedom that Wells (2009, 2010) so wants to protect for leaders of academies, free and faith schools, does have a consequence of course.

The Report into allegations concerning Birmingham schools arising from the ‘Trojan Horse' letter covers the findings of Peter Clarke's investigation into the actions in some schools. He found that there has been ‘coordinated, deliberate and sustained action’ to introduce an ‘intolerant’ and ‘aggressive ethos’ into a few schools.

The report includes a section about ‘Pressure to restrict or not deliver SRE and other sensitive topics’. Sex education and discussion concerning sexual orientation had been removed from all lessons. The use of technical words, such as condom, the pill and so forth, had been banned (Clarke 2014).

The fact that PSHE and SRE are not statutory subjects allows this to happen. If these schools had English or History banned or adapted to suit particular needs then, I guess, a more apoplectic outrage would have been heard.

The report from the Centre for Social Justice called ‘Fully committed? How a government could reverse family breakdown’ (2014) calls for statutory ‘relationships’ education and explains that this would avoid confronting any reluctance to make SRE compulsory due to ‘sensitivities around mandating discussions’ about sex education in schools.

Maybe, but in more clearer terms Juliette Goldman’s critical analysis of UNESCO’s International Technical Guidance on school-based education for puberty and sexuality (2009) reminds us;
“...it is made explicit that all pubertal children need knowledge and competencies that will help them become sexually mature in a safe way, and empower them while they develop (Halstead and Reiss 2003). Therefore, the settled time of pre-puberty, and the compulsory years of schooling, provide the best time and place to start children’s preparation for body and identity growth, adolescent wellbeing, sexual health, and safe reproductive futures (see Blake 2002; Sex Information and Education Council of Canada 2005; Goldman 2008).” (Goldman 2012 pp.199-218)

UNESCO’s guidance goes on to reassure us all that it is ‘illogical and fallacious’ to assume that teaching children and young people about their inevitable sexual maturity at puberty leads to any encouragement of sexual activity. In fact evidence demonstrates that well planned, relevant, accurate SRE helps delay sexual activity, promote responsible behaviours and prevent harm (UNESCO 2009).

That is something that could be argued as vitally important for a special school to provide; our students do not ‘opt out’ of puberty and sexual maturity, it will happen, it is just a case of whether we are willing to provide the SRE that they require.

A Special Curriculum for Life for those with Learning Disabilities

What our special learners appear to require is a curriculum that will enable them to be as independent as possible and to be able to lead fulfilling lives both as children and when they eventually leave school and become adults. I would argue that a ‘broad and balanced’ (DfE 2013) holistic curriculum needs to include PSHE and SRE for our learners; this would arguably be in the best interests of the individual and ensure we were following UN Convention on the Rights of the Child (1989), The Human Rights Act (1998) and the Equality Act (2010).

“...the national curriculum excluded many learners in special education and was written with mainstream learners in mind. This lack of inclusion, and a neglect in terms of provision for a large
number of learners resulted in many schools making the changes in isolation, developing a diverse range of responses to the national curriculum…

The [National Curriculum] has brought with it greater accountability through Ofsted, reporting data and monitoring of outcomes. This level of dictate often meant that [SEN] educators became inflexible in their approaches, driven by the perceived need to deliver… and teach to the test. In addition, the high levels of central government prescription through the national curriculum and the national strategies have de-skilled many in the current [SEN] workforce”.

(Barker, 2010 http://networks.ssatuk.co.uk)

Is it because of the restraints and prescription of the National Curriculum that we as teachers in maintained special schools have stopped providing the learning that our students need in preference for a ‘tick in the box’ and a suitable Ofsted inspection that protects our vulnerable contracts?

In the truly enlightening and inspirational ‘Not fit for purpose: a call for separate and distinct pedagogies as part of a national framework for those with severe and profound learning difficulties’ (2012) Imray and Hinchcliffe argue very convincingly that it is long overdue that we think again about what and how we teach those with SEN. They quote Ware and Healy (1994) who describe schools being forced to follow the mainstream linear curriculum as providing at best ‘a façade of competence’. They go on to point out that Barber and Goldbart (1998) described the acceptance and teaching of National Curriculum subjects in Special Schools as being adopted only to satisfy the demands of Ofsted and had no relation to good SLD (Severe Learning Difficulties) practice (Imray, Hinchcliffe, 2012).

During the research carried out by CHANGE (2010) many of the teachers interviewed said that the National Curriculum was restrictive in special schools because it didn’t take into account the needs of young people with learning disabilities. They also stated that the National Curriculum was not appropriate for young people with complex needs. A number of teachers said that life skills,
sex education, survival and happiness were more important subjects than reading and writing for some of our special learners. Due to the demands of the National Curriculum, teachers couldn’t respond to the individual needs of their pupils in relation to their own personal development and independence. The suggestion was that sex education needed to be higher on the agenda in special schools. “They said that there was a need for a national recognition by the Government of the particular issues around sex and education faced by teachers working in special schools.” (CHANGE, 2010 pp.86)

“The threat of failing an Ofsted inspection was a powerful and motivating factor that worked to ensure the rhetoric of the National Curriculum could be seen to be implemented in full by the majority of SLD schools” (Aird, 2001, cited by Imray et al 2012 p.152).

A new pedagogy and curriculum for life for our SEN students appears to be far away, and so we do have our given subjects to follow. With many of our special school leaders still motivated by Ofsted inspections and the inflexibility of the DfE, the thought of PSHE and SRE being made statutory, for now, is the only comfort.

For the state of SRE in special schools it could be fair to conclude that there is a hidden view shared by teachers that it can be ignored. In Rohleder’s study of those working with people with SEN he found the staff taking part, although providing SRE, struggled with their anxiety of opening up ‘Pandora’s box’ due to the potential sexual behaviours of people with learning disabilities potentially being encouraged by providing SRE (Rohleder 2010).

His study shows the anxiety levels of staff are high and that, in turn, causes a dilemma about providing SRE. There is recognition of the need to provide SRE to people with SEN but there is a real ‘fear’ that SRE will lead to ‘problematic sexual behaviours’. SRE is perceived as having the potential to cause more ‘harm’ (Rohleder 2010).
As Shakespeare (2000) argued; Sexuality, for disabled people, has been an area of distress, and exclusion, and self-doubt for so long, that it was sometimes easier not to consider it (cited by Rohleder 2010).

It may not come as a shock to many that the poor provision of SRE to both mainstream and especially special needs pupils may have something to do with us as a society and our blinkered views on both sex and disability;

“A lack of information and education on sexuality and disability was felt to be a major contributing factors towards the stigma attached to disability and sexuality…Societal attitudes and perceptions are driven by education and knowledge, if there is no exposure to sexuality and disability, it follows suit that society would have a narrow understanding of these issues…Further research should focus on how best to educate and inform all members of society.” (Esmail et al 2009 pp.1148-1155)

A Wider Social Problem for our Special Learners?

The worrying patterns and trends that my literature review has exposed is the ambivalence of those in education, health and social care towards the needs of those with SEN and learning disabilities. No-one needs a reminder of Budock Hospital and Winterbourne View where people with learning disabilities were abused by those paid to look after them; as shocking as that was, the fact that the physical and emotional abuse had been going on for so long without any knowledge of managers or authorities was as hard to comprehend. (Pitt 2011 http://www.communitycare.co.uk)

In a worrying report from Mencap ‘Death by Indifference’ (2007) it concludes that if you have a learning disability the view of the health service is that you are a second class citizen and that if you die early it is only to be expected;

“We believe that the real, underlying cause of Mark’s death – and those of many other people with a learning disability who die in hospital – is the widespread ignorance and indifference throughout our services towards people with a learning disability. We say that
this is a national disgrace. We say this is institutional discrimination… It means that the practice, policy, procedures and systems followed by the staff are not grounded in a proper knowledge of the needs of people with a learning disability…

…the fact is that shocking and tragic as these reports are, there has been an astonishing lack of response to them at Government level”. (Mencap 2007 pp.1-2)

I have seen this attitude towards those with learning disabilities in practice. People working for the local authority I work in have been informed that they were to stop working on projects that were based on SRE for those with learning difficulties. They were to ‘ignore requests from special schools for SRE support’ and that if they were ‘uncomfortable’ with this directive they were to ‘forward these requests to their line-managers for a response’ (Unnamed 2014).

This decision was made by the local authority due to their view that any work done for those with learning disabilities would distract from their governmental targets on reducing teenage pregnancy.

Surely, those pupils with SEN and learning disabilities could also be teenagers too? In fact research suggests that young women with learning disabilities are as likely to get pregnant than their mainstream peers without focused SRE input (Murphy 2003, Greenstreet 2012).

Organisations such as ‘Best Beginnings’ inform us that those with learning disabilities that become parents are more likely to have their children ‘removed’ than any other group of children. Another organisation ‘About Learning Disabilities’ suggest that up to 60% of parents with a learning disability do not live with their children. (Greenstreet 2012 http://guardian.co.uk)

I find it difficult not to conclude that the authority were being discriminatory, and explicitly so. There can be no excusable reason why those who are the most vulnerable in our society are ignored;
“Women with [SEN] who experience sexual abuse often do not recognize the abuse. If they do recognize the abuse they are discouraged from reporting. Education is the mechanism to promote the decision-making abilities and empower the individual with [Learning Disabilities]. Education will not only contribute to reducing vulnerability but also contribute to the reduction of inappropriate sexual expression.” (Swango-Wilson 2009 p.224)

The consequences of not fighting for SRE for our SEN students

“The sexuality of people with disabilities has historically been handled by a denial of sexuality and exclusion in sex education and sexual health.” (Rohleder 2010 p.165)

In the NSPPC’s response to the government’s Green Paper ‘Support and Aspiration: A new approach to special educational needs and disability’ (DfE 2011) they make a strong case for not losing sight of the fact that disabled children are three times more likely to experience abuse, more likely to be subjected to multiple abuse and endure multiple episodes of abuse. “This risk is true for children of all disabilities and from all forms of abuse” (NSPPC 2011 p.3).

They go on to advise the government that PSHE and SRE can develop a special needs pupil’s conceptual understanding relating to personal safety, feelings, relationships, safe and unsafe behaviours and how to seek help. The conclusion though is that PSHE and SRE has been “poorly provided for” for those with SEN (NSPCC 2011p.3).

There are some conflicting views on SRE for those with learning disabilities even within the learning disabilities environment (Esmail 2009, Rohleder 2010). People with learning disabilities are often constructed as either being ‘child-like and asexual, or as over-sexed or sexually inappropriate’ (Craft 1987 cited by Rohleder 2010). As a result SRE for SEN pupils is often not deemed relevant,
as they are seen to be asexual, and the worry is if it is provided it could encourage inappropriate sexual behaviours.

“However, people with learning disabilities uneducated about sex and safe sex may be at increased vulnerability...Educating people with learning disabilities about sex may also aid reporting of sexual abuse and rape, as the assessment of cases of sexual assault of people with learning disabilities includes, among other things, assessment of the individual’s capacity to consent (which includes knowledge about sex)” (Dickman & Roux, 2005 cited by Rohleder 2010 p.167)

Murphy (2003) concluded that the results of her study into the capacity of adults with learning disabilities to consent to sexual relationships suggested the implementation of on-going sex education was imperative for adults with learning disabilities to keep them safe from abuse. It also suggested that there was a lack of initial SRE in place for these individuals when they needed it most. Blake and Muttock (2004) state that in the case of those with special needs, schools must use PSHE to encourage the understanding of individual rights, responsibilities and risks, especially in the context of sexual relationships where there is an increased risk of abuse and harm.

The risk of not providing relevant SRE for our students therefore has wider implications;

Fyson (2007) points us to the range of factors which can have influence on the sexual behaviour of those with a learning disability when she studied young people with learning disabilities who sexually abuse others. Of these was the conclusion that the SRE available to young people with special needs was limited and insufficient.

Thirty five per cent of all sexual offences are committed by children and young people, and those with learning disabilities are over-represented as perpetrators and victims (Youth Justice Board for England and Wales 2005, 2008a 2008b, Criminal Justice Joint Inspection 2013, Hackett et al 2013 cited by Wiggins,
Hepburn and Rossiter 2013). Research shows that a significant proportion of children and young people with learning disabilities who exhibit harmful sexual behaviour are themselves victims of sexual abuse. (Garbutt 2008, Fyson 2007)

The fact that we are, arguably knowingly, letting down the very people we should be looking after is one that confuses me considerably. For students that I know the consequence is that they may be deemed sexual offenders when in truth they are just ill-educated in the things that matter; Personal, Social, Health, Sex and Relationships education. As a society we choose not to consider SRE as important for those with learning disabilities, because they are seen to be different to us (Craft 1997, Rohleder 2010). However when it comes to their inappropriate behaviour they are then punished the same as us and this leads to the; “Labelling of some acts as sexually abusive, which plainly were not, and to the labelling of some people as sexual abusers, who plainly were not”. (Fairbairn, 2010 p.2)

So, if we do not take SRE for SEN seriously the only conclusion I can come to is that there are going to be many more upsetting examples of more frequent referrals of young people with learning disabilities whose behaviour is ‘sexually inappropriate, harmful and offending’ to various community teams across the country. For the community teams in Surrey the number of referrals has been steadily increasing over the last few years, yet there remains a ‘lack of specialist services for these clients’. A national safeguarding report (Office for Standards in Education, Children’s Services and Skills 2008) calls for ‘necessary provision’ for these children and young people, yet few services exist and the research base is low (Rossiter et al 2010 cited by Wiggins et al 2013).

It appears we are as far away from finding an agreed, suitable SRE provision for our young people with SEN and learning disabilities as we ever were. The possible reasons for that are numerous and some quite worrying for us as a society. Thankfully there are shafts of reassurance shining through the gloom
of the majority of my research with evidence of great practice from organisations like CHANGE who produced the magnificent ‘Talking about sex and relationships: the views of young people with learning disabilities’ (2007-2010) (see attachment 2). This is a group who are involved in promoting those with learning disabilities to develop their own research into SRE. They are also promoting the voice of those with SEN by encouraging organisations to develop easy read documents (such as the Ministry for Justice 2008) by producing accessible research findings as an example to others.

There are examples of good SRE work coming from individual schools; and individuals. David Stewart, Headteacher and dedicated promoter of SRE for those with SEN, who we will learn more about during this dissertation, makes it clear; “This is not an area of choice for schools; it is one of absolute duty. Schools must support some of the most vulnerable children and young people in society and help them to have happy, safe and fulfilled lives.” (Stewart 2009 p.39)

Summary

The literature review has been a struggle; both to keep a comprehensible narrative and to restrict the urge to use more of the overwhelming documentation and arguments that would develop the question further; why is SRE for SEN so poor? Despite our societal fear of the word ‘sex’ and ‘education’, especially when combined with ‘special needs’ and ‘learning disabilities’ the evidence urges us to conclude that we are morally obliged to provide our children with the best PSHE and SRE education as we can, despite what the statutory requirements may be at the time (CHANGE 2010). I can see that this is especially true for children and young adults with learning disabilities; for their own safety and the safety of others (Fyson 2007).
It is as Hart (1998, cited in Bell 2010 p.103) states; the review of literature has to be an important part of any research;

"Without it you will not acquire an understanding of your topic…and what the key issues are…you will be expected to show that you understand previous research on your topic…showing you have understood the main theories"

This literature review has enabled me to develop my understanding of where SRE stands in British education and further afield; I have widened my scope and see further than the simple arguments for and against SRE becoming statutory. It has identified for me the need to have debates, if needed; to have the confidence to take a firm, informed point of view and to tackle the issues that stop our students receiving the rounded education they deserve. The study, and research, is to enable concrete change in my school, and hopefully further afield. The literature review has been a very important part of the research study, as I continue my professional development so will I continue an on-going literature review.

As we move forward within this dissertation the main focus will be on the action research that was carried out. The following chapter will consider the various research methods to use in light of the review and potential outcomes of the study and try to arrive at a justification of the research methods chosen.
CHAPTER THREE

Research Methods and Methodology

In their paper ‘Critical health promotion and education; a new research challenge’ (2004) Kirk Simpson and Ruth Freeman argue that researchers in the area of health promotion and education, which I would suggest this SRE research project is loosely connected, should be adopting qualitative approaches. These approaches should include semi-structured interviews, focus groups, and developmental schemes of health education. They also focus on using a critical pedagogical and reflective approach to research in schools to encourage a ‘social transformation’. Their conclusion is that there is very little evidence of this type of work taking place.

Ten years on from the above paper and I am not sure there is that much more in the way of combined health promotion and education research out there, but hopefully I have at least acknowledged the need for a wide range of approaches to my research; it will certainly be reflective and hope to have some influence on social transformation.

I am a practical man. I do not confess to being an academic, or to having a great grasp of research design and research methodologies. I do, however, want my research and project to have an impact on the outcomes of the young people I work with. It is research, but action research that can make a difference. As Jean McNiff says in ‘an action research update: progress and other stories’ (2002):

“the legitimacy of practitioner research as a democratising and liberalising form of educational practice has been established, and a knowledge base has been created to show the potentials of practitioners’ research as a body of educational knowledge that can inform organisational and policy theory and practice”

(McNiff 2002 http://www.jeanmcniff.com)
For me this research project has to have relevance and purpose and therefore be sound in reasoning, have findings that are plausible and deliver some direction for both me as an educationalist within special needs and for those colleagues that I can hopefully support in the future.

Practical men are also fairly pragmatic, if I know what I want to find out and what I need to find out then I need to find the best routes for that. If I had to put a name to my methodological approach then it would be one of pragmatism. From the outset it was clear that what I needed to do was going to involve different methods; or a mixed methods approach (Cohen, Manion and Morrison 2011 p.23)

There are a vast range of research methods and all with a complexity behind each which I confess to not entirely understanding fully. Each has strengths and weaknesses to consider and how each can be, and may be on occasion, adapted for the authors benefit. The reader will decide in the end.

I think I fall somewhere in between two particular views on the approaches to investigative research and the importance of the researcher gaining as much detailed knowledge of the various approaches to, and methods of, research.

Pratt (resined online [14/9/13]) makes a convincing argument that it is vital that a student starting a research project has full grasp of the methods involved and that there is clear correlation between those who spend time studying methods carefully and success in the final piece of work itself.

An alternative view from Bell (2010) believes that a sound, worthwhile research project can be done without such detailed knowledge of the variety of methods, but encourages us to gain understanding to help in planning an investigation and understanding the literature we read.

A tightrope walk between these views has been true in my experience; having a better understanding of research methods and paradigms has made the
comprehension of the subtle bias in some of the literature I read clearer. Bell has also given me confidence to continue with my studies and my research knowing that I do not have to pretend to be a research methods expert; just be pragmatic enough to understand and choose the methods that support this work.

I am not sure I can convince any reader of this research project that I did not enter into it without some extreme bias. The fact that I was (and am) aware of my personal paradigms and the formed, perhaps biased, views I have on the importance of SRE and PSHE for our students with learning disabilities could be seen in some ways a 'show of my hand'. When conducting informal interviews, constructing questionnaires, presenting to colleagues or parents at least everyone else involved in the project knew where I stood. My individual bias may have had an influence on the findings and for that I have to confess not being competent enough to design a model that would alleviate the 'method bias' potentially entwined within my findings. However, I was and remain aware of the potential for compromised findings; so how could I know the influence my views had on those completing questionnaires and taking part in various workshops?

“Such bias can occur intentionally, such as when raters [those answering my questions] have a general tendency or a specific motivation to give a biased response (Murphy et al. 2004 cited by Burton-Jones, 2009). It can also occur unintentionally, such as when the wording of a survey question influences respondents to give a particular response”. (Burton-Jones 2009 p.451)

“This problem, known as method bias, has attracted significant attention in the methodological literature. Unfortunately, although researchers have found ways to minimize some parts of method bias, such as common method bias and self-report bias, the meaning of method bias as a whole remains unclear and no comprehensive approach exists for dealing with it” (Sechrest et al. 2000 cited by Burton-Jones 2009 p.445).
If that being true, there had to be a level of confidence that those questioned were responding honestly; certainly those I had not meet before and those from other schools. If that was the case, the responses of all ‘raters’ taking part, would surely show no significant differences if my individual bias had minimal (or no) impact.

**Paradigms of research**

In the words of Cohen et al (2000), a research paradigm can be defined as the broad framework, which comprises perception, beliefs and understanding of several theories and practices that are used to conduct a research. (http://dissertationhelponline.blogspot.co.uk)

From my naïve standpoint there appears to be a paradigm of paradigms. We can attach our research and our beliefs to various paradigms it seems;

**Critical paradigm** when we believe that the status quo is unjust or that there is some form of discrimination or unfairness and we want to improve things by getting involved and trying to involve others to gain that improvement.

**Positivist paradigm** when we are researching on the truth of something that can be proven through scientific research and experiments. This can be a case of ‘proving’ what has been predicted.

**Interpretative paradigm** when we want to find out what and why something is or is not happening; this is usually done through a study of people via observations whilst gaining a perspective and a better understanding of those involved.

**Participatory paradigm** when we want to work with others to gain a better understanding of what is happening, and why, and potentially trying to improve the situation with all interested parties. (Cohen et al 2011)
My personal paradigm has to be a mixture of critical, interpretive and participatory. I wanted to find out both the ‘what’ and the ‘why’ so my research methodology had to involve mixed methods (Cohen et al 2011).

My critical paradigm was the instigator behind the initial question; how could we improve what I perceived was a discriminatory set of values by using this research to question the quality of SRE provision for our learners?

**Methodology of research methods**

This enabled there to be a triangulation of methods used; to investigate the issue from different viewpoints, to use both quantitative and qualitative data to endeavour to offer a valid conclusion (Cohen et al 2011).

There are a variety of quantitative methods used and accepted in education research such as; surveys, experiments, mathematical modelling and formal methods such as econometrics. Examples of qualitative methods include; action research, case study research and ethnography (Hohmann resined on-line [04/09/2013]).

> “Depending on the purpose of research, the choice of research methods to be employed is important if you want to get it right. If I wanted to test a theory then I could use experimentation, surveys, action research or a case study. My theory being that SRE was poor because it was allowed to be so. If I wanted to develop that theory then I would use qualitative or ethnographic research. I wanted the SRE project to work as any other, not to be the basis of my particular study, so to be in the position to study how and why our school worked the way it did, whilst being part of it all would be an advantage.” (Bray 2013 unpublished)

I also wanted to understand the situation from a societal and governmental policy viewpoint so the use of historical research or interpretive and qualitative research would play a part also (Cohen et al 2011). Would having a better understanding and knowledge of SRE for SEN in the broader sense have an impact on our practice in school?
A mixed selection of methodology that wide could confuse and cloud any findings. Cohen et al (2011) reassure and ask the question; is mixed methods research a new paradigm? Their conclusion is open to interpretation, but it does offer the view that there is a need for a more harmonious approach to different research paradigms working together. “Mixed methods research is a research paradigm whose time has come”. (Johnson and Onwuegbuzie 2004 cited in Cohen et al 2011 p.21)

There are certain methods that would not work independently within a research study such as this though; to use an ethnographic approach was appealing but even though I am accepted by the people I was researching I had neither the time or need to pursue that course. The same was true for the prospect of a case study (Bell 2010).

“Action researchers work in the hurly burly of their own practice. Monitoring closely this practice as they are acting within it demands space and time which, almost by definition, the practice does not give easily. It is therefore difficult to maintain rigour in data gathering and critique” (Waters-Adams resined online [08/09/2013]).

I had this issue in previous research and commented at the time;

“Action research enables us to adapt and improve a situation that we are involved in whilst working with others, but it comes with… difficulties. I was to share the same experiences (Bell, 2010) as my teaching colleagues but I was also directing the experiences; a solely ethnographic approach would be a flawed idea. Although I could arguably use some of the advantages of an ethnographic approach to understand why my colleagues were not providing SRE in their classes, the research project needed more than this”. (Bray 2013 unpublished)

Some things do not change it appears, my quote of last year stays true today. Why are many of my colleagues still not providing suitable SRE?
Methods used…or methods to be used?

I had used historical and documentary research methods whilst reading through many Department for Education papers, various studies, recommendations and guidance; these methods are used to get a better understanding of three connected areas of our social activity. The first being an awareness of the distant past, the second being how accepted ideas are changed or protected over time and the third being how we have got to the situation we now adopt (Cohen et al 2011) and at times seem to happily accept.

The documentary research provided me with a clearer understanding of why we find ourselves in a situation where we are; the fact that the most vulnerable people in our communities, let alone our schools, are not given the knowledge and understanding they require, as statutory, is as political as it is sociological. This clearer understanding may prove to be fruitless if it does not help me to change the way we work at school or to improve our provision though.

Retrospective ex post facto research, which means ‘after the fact’ (Cohen et al 2011) gives us a way to explore possible historical factors that have directed us into the present situation. It is a method of testing out “possible antecedents of events that could have happened and, therefore, cannot be controlled, engineered or manipulated by the investigator” (Cooper and Schindler 2001 cited in Cohen et al 2011 p.303).

However frustrating, we cannot do anything to change what has happened of course but we can use what we have learnt to steer a new direction. Why have special school leaders allowed the National Curriculum and Ofsted inspections to dictate what our leaners are provided with; when they must know deep down that it is not what is needed? How has the lack of a holistic training programme for our prospective teachers, and the various confused DfE guidance to schools, had an impact on our PSHE and SRE provision? If we changed the
training and guidance it would surely have an impact on the quality of PSHE and SRE provision.

Experimental methods seemed appealing because I felt I would have an influence on controlling the research; not controlling the findings. The on-going SRE project in school, involving students, staff and parents needed some management and I felt that this involvement was a way I could measure impact. As explained by Cohen et al (2011) experimental research involves the way in which; "Investigators deliberately control and manipulate the conditions which determine the events in which they are interested, introduce an intervention and measure the difference it makes" (Cohen et al 2011 p.312)

This, of course, has an impact on the ethical implications of the research. I wanted to find out if the SRE project had any interpretable impact on the pupil’s knowledge, confidence and progress in SRE and PSHE. To involve the students would be to ensure that they agreed to be part of the research project and due to capacity to consent issues for many of our young people (both mental capacity and legal rights) this was not a road I had wanted to go down previously; but a road this time around I had to travel. If the previous action research project had a limited impact on the SRE provision at our school I needed to investigate whether discrete SRE sessions for a group of students had any measurable impact; to be able to show one way or another whether SRE was indeed needed.

“Children’s participation as researchers and the recognition of the impact of their contribution, while still very tentative, is no longer simply a tokenistic exercise (Hart, 1992)...This acknowledgement comes as a logical progression from the Convention on the Rights of the Child, particularly Article 12 which states that parties to the Convention will ensure that children have the right to freely express their own views on matters affecting them and that their views be given due weight, and Article 13 which asserts their right to freedom of expression, including the freedom to seek, receive and impart
Yardley’s well timed (and thankfully found) piece on working with children within research helped to focus the mind on what was (and is) really important; I cannot criticise the poor record of others on ensuring our students’ wellbeing is foremost in our minds and not have that as my number one criteria when completing my research.

Yardley was discussing the value of children as researchers in their own right within his paper but the conclusions I gained from it were still pertinent to me and this research project. The students taking part in this research project were taking part as a member of a group which I was a part of and all views were to be valued and listened to by everyone. Irrelevant of the individual learning or communication need of each member of the group no one was to be excluded from a particular conversation or debate; to devise an agreed group agreement was the first task for the ‘SRE gang’ (see attachment 3).

As Yardley reminds us issues of competence [and individual need] have been put forward as the reason why children have been excluded as participants in the area of research in the past.

“Kellet (2005) and others (Woodhead & Faulkner, 2000) have very ably weighed into the competency debate, putting forward the view (along with Solberg, 1996, and Waksler, 1991) that children’s competence is ‘different from’ not ‘lesser than’ adults’ competence. Pole, Mizen and Bolton (1999) argue that ‘age’ – rather than being a deficit indicating a ‘lesser competence’ in terms of the child’s contribution to research process – is an asset, a form of research capital similar to Bourdieu and Passeron’s (1977) notion of cultural capital in research”. (Yardley 2009 p.50)

I would argue that this is also true of those children with Special Educational Needs.
There is the example of the CHANGE (2007-2010) research that is ground-breaking as far as I am concerned.

“The innovation of the research lies in the way in which people with learning disabilities themselves have led the research as equal partners. The present research…originates from a social model, rights-based approach to sex and relationships and has an emphasis on the need to produce information in an accessible format”. (Garbutt 2009 pp.21-34)

This project did encourage me to make sure that our student's views and their participation were valued by all.

**The ethics behind the project**

Due to the sensitive nature of my research there were certain ethical issues that needed to be addressed; how would I ensure the avoidance of emotional harm to the students, respect the interests of the parents and not leave myself, as teacher, open to any accusations of wrong doing? All issues required careful consideration. Of the issue of being open to accusations, given my professional role as teacher and head of PSHE, I am highly sensitive to the needs and abilities of my students. I made sure there were always additional teaching assistants and hostel care staff present during the research sessions with the students. (See ethics forms attachment 1)

The research project would be following BERA’s (2011) code on Children, Vulnerable Young People and Vulnerable Adults. It was vitally important that the pupils involved in the lessons did not undergo undue stress or discomfort whilst contributing to any work the study may have asked of them. Article 12 of the United Nations Convention on the Rights of the Child requires that children who are capable of forming their own views should be granted the right to express their views freely in all matters affecting them, commensurate with their age and maturity (UNICEF 1989). Therefore the British Educational Research
Association recommends that children should be facilitated to give fully informed consent.

All students taking part in the SRE sessions did so after being identified by either their teachers or parents as in need of SRE support. There were some that wanted to take part and ‘volunteered’. Each student was considered by both myself and their class teachers as having the capacity to choose whether to take part or not (we had one student who chose not to). The parents of each student were sent letters and information and asked to complete a pre-course evaluation (see attachment 4) and provide signed permission (the parents of one student chose not to allow him to take part).

The purpose of the research was made clear to all participants, both students and adults. Parental consent was be gained by signed letter or verbal consent via phone call. The school governors and Headteacher had previously given consent. Parental consent was also gained with regard to the gathering of student views. The parents who may have had concerns regarding the gathering of student voice data through a specifically designed questionnaire (see attachment 5) were invited to be present during their child’s survey. None did so. In the case of the student survey augmentative/alternative communication techniques were used where appropriate in order to gain the student voice.

For the wider aspect of the research project I gained the consent of the entire staff body of the school and hostel to ensure that all those taking part had knowledge of the study, and were willing to participate. This was done through staff meetings where I presented the project and requested permission. Also, the parents taking part in the project did so willingly. Bell (2010) makes it clear that the people completing questionnaires need to know what will be done with the questionnaires afterwards. I had made it clear that all replies would remain anonymous. It was also made clear that anyone who wanted to withdraw from
the research project may do so at any time (BERA 2011 p.6). As explained by Cohen et al (2011) respondents to questionnaires cannot be forced or encouraged into completing one.

The truth is, and was, that this research project was going to be driven by action research and by the participatory paradigm that ensures all participants work together. The data was to be collected by survey and from pre and post course assessment procedures carried out by both parents and school staff. Findings are to be made available to all those taking part on request.

I am confident that permission, where needed, had been gained and that the rights of everyone taking part were upheld. I do not believe that there are any other ethical concerns to be addressed within this particular research study.

Other guidelines that were followed were;


The University of St Mark & St John’s ethics policy.
A justification of methods chosen

The project used the ‘new paradigm’ (Cohen 2011) of mixed methods. As Bell (2010) reassures, it does not really matter what you call or classify your approach to research as you can quite rightly adapt as the project demands; which takes us back to McNiff’s action research cycle that is the carousel I have been on for some time.

I have been thrown off my initial direction of research by my own developing understanding of what may or may not work as far as ‘making a difference’ to the SRE provision at my school. By reflecting on my last research and seeing new avenues to explore my thought process is reflected in McNiff’s ever spiralling never ending multi directional diagram.(McNiff 2002 http://www.jeannmcniff.com)

I do not expect any change to my journey; it will take me where it needs to, I understand that now.

As I wanted to see change and improvement at my school at least, the overriding approach had to be action research. Accepted as popular with teachers, action research is a “powerful tool for change and improvement at the local level” (Cohen et al 2011 p.344). It has been used to change the life chances of disadvantaged groups before (Cohen 2011) so one cannot ignore the potential of using it.

Harnett (2009) helpfully encouraged me, through her vignette about bias, to be comfortable with my approach to both the research and the dissertation. It is true that we may not be used to researchers offering their personal views, however we should accept the fact that they have individual personal experiences that have an impact on how they view the world and how they perceive the world views them.
We are all in that mix; I may be writing in an informal way, I may be candid about my bias and paradigms surrounding this particular research study, but I was hopeful that openness would help put the research and the chosen research methods into context. Being aware of my potential bias could help the action research to have an impact and improve provision at my school and at other schools willing to take part. I needed more than my preconceived ideas to deliver change.

By choosing a qualitative approach with questionnaires to understand others views and understanding, my findings would hopefully negate my bias and would be informed by the views and opinions of others; including the students.

On a point of personal learning a quote that did resonate was this from Martyn Hammersley;

“*There are conflicting responses to the methodological pluralism that currently prevails in educational research. Some believe that it is a sign of health and should be celebrated. Others regard it as having reached an undesirable level, and insist that some means must be found of generating greater methodological consensus.*”

(Hammersley 2007 http://www.tlrp.org)

The table below sets out the range of research methods that were used and tries to explain the reasoning behind my choices;
## Mixed methods research; a new paradigm

<table>
<thead>
<tr>
<th>Paradigm</th>
<th>Research methodology</th>
<th>Strategies for collection</th>
<th>Reason for research</th>
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<tbody>
<tr>
<td>Positivist</td>
<td>Quantitative</td>
<td>Pupil progress and assessment/attainment data.</td>
<td>To monitor the effectiveness of SRE sessions on pupil progress and attainment. To gain understanding of confidence levels of staff and quality of SRE provision delivered by schools</td>
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<td>Parental ‘check list’.</td>
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<td>Questionnaires.</td>
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<td>Anti-positivist</td>
<td>Interpretive</td>
<td>Informal Interviews.</td>
<td>Awareness of the past. How ‘accepted’ ideas are changed or protected over time and how we have got to the situation we now adopt.</td>
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<td></td>
<td>Historical and documentary research</td>
<td>Literature review (including policy and curriculum guidance).</td>
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<tr>
<td></td>
<td>Retrospective ex post facto research</td>
<td>Presentations.</td>
<td>For students to attach meaning &amp; understanding in the gained knowledge of SRE and staff to develop confidence in effective SRE provision.</td>
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<td></td>
<td>Participatory</td>
<td>Observation.</td>
<td>Understanding the particular needs of a range of stakeholders</td>
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<td></td>
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<td>Informal discussion.</td>
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<td>SRE ‘group’ sessions.</td>
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<td>Investigative research</td>
<td>Observation.</td>
<td>SRE group work.</td>
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<td>Informal discussion.</td>
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<td></td>
<td>Investigative</td>
<td>Parental workshops.</td>
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<td></td>
<td>Mixed Methods approach</td>
<td>Mixed Methods approach</td>
<td>To influence change in ethos and culture across the whole setting.</td>
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<td>Pragmatism</td>
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<td>Observation.</td>
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<td>Informal discussions.</td>
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<td>Assessments - planning ahead.</td>
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<td>After course assessments – planning ahead.</td>
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<td>Informal Interviews.</td>
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<tr>
<td>Critical theory</td>
<td>Critical pedagogical</td>
<td>Ideology</td>
<td>Reflection on SRE for SEN Schemes of Work and quality of SRE provision.</td>
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<tr>
<td>Reflective</td>
<td>Action research</td>
<td>Observation.</td>
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As a research novice I felt that I could do with a more focused range of methods and methodologies; as a pragmatist I used the methods that were required (see fig3). As Jennifer Freeman and George Sugai (2013) make clear;

“The body of educational research in special education is extremely varied in both methodology and quality, often leaving special education teachers with the very difficult task of identifying and evaluating [evidence based practices] without clear criteria”.

(Freeman & Sugai, 2013 pp.6-12)

I can only hope that my offering into that pot of research has some clarity and can be of some help to my colleagues.

In the next chapter I will be explaining the research project, discussing the findings and identifying the strengths and weaknesses of the research. I also hope to answer those on-going questions that have driven my action research.
CHAPTER FOUR

The Findings

This chapter will follow the time-line of my action research; describing the various processes and methods used and introducing all the participants, from teaching and care colleagues, to parents and finally the students. I will, however, start with a brief explanation of the background to the research. The study is a continuation of the action research project I started in 2011 and became part of my PG Dip in 2013 (Bray 2013 unpublished). What turned into a research study started by discovering that, despite Sex Education being a statutory part of the Science curriculum and SRE being a part of the school’s long term PSHE planning for each key stage, there was little evidence to suggest there was any SRE teaching going on at all. During and shortly after the initial project the evidence suggested that the action research project had a positive effect on the provision of SRE in school and across the key stages and areas of need. This in turn suggested an improvement in teacher confidence (fig 5) and pupil attainment and confidence. During the assessment process of the last project this was some of the feedback;

“The most important aspect was pupil progress – from our most recent data the SRE training appears to have had an impact on pupil understanding and achievement within PSHE” (fig4) (Assistant Headteacher 2012) (See attachment 6: staff questionnaires)

![Pupil progress in PSHE (whole school)](fig4)
However, whilst I naïvely relaxed and patted myself on the back for a job ‘well done’, the original status quo was reforming and the provision of SRE again took a back seat for many of my colleagues and in many cases it simply wasn’t being taught. Again.

I will, inevitably, need to refer to the original project and the strategies used as I explain the outcome of this second, hopefully reinforcing, research project. I do not wish to regurgitate the last project within these pages but to put this project into context and to reflect on the lessons learnt, and the reasons for decisions made, I may need to periodically.

One of the initial findings of the original project was unsurprising in the fact that it concluded that teacher confidence was low in providing SRE. This reflected other research (PSHE Association 2012, Sex Ed Forum 2008) and was in tune with the national picture of general confusion surrounding the provision of SRE. (Emerson 2013).

For us in a special needs school the need to address this lack of confidence in our teachers is, I would argue, even more important. The NSPCC (2011 p.3) concluded that those with a learning disability were three times more likely to suffer from all types of abuse; and suffer for longer. Some of my colleagues seemingly have the view ‘it will not happen here’ or ‘that cannot be true for our
pupils’. I felt the need to show them that this was a naïve view at best and potentially a dangerous, complacent belief to hold if you are considering the safety of the young people in our care. As we have already seen the consequence of this abuse is that these young people may become abusers themselves;

“There is evidence that the [SRE] education is badly needed. According to the youth offending team 40% of adolescents who commit a sexual offence have a learning difficulty” (Middleton (Ed) http://www.nursingtimes.net)

The lack of SRE education for those with SEN is apparently echoed in other parts of the country and the superb research done by young people with a learning disability in Leeds found “many teachers [who] said that sex education doesn’t always get taught in special schools” (CHANGE 2010 p.16).

The views of the young people themselves were equally as damming; there should be more support for those with learning disabilities about SRE, parents should get more support, SRE for people with a learning disability should be seen as important and there needs to be better training for professionals about SRE (CHANGE 2010).

I make no apology for referring to this cutting edge research throughout this chapter; this will help to compare and reflect on the findings from my own research and give insights into the research about SRE for SEN done by those with learning disabilities.

**Where did it all go wrong?**

The previous project addressed teacher confidence by providing SRE training and the opportunity to plan and teach with external SRE advisors and practitioners (see attachment 6). It also engaged with parents through Speakeasy courses and workshops (see attachment 7). It appeared to me that once that ‘safety net’ had been taken away from the teachers the route of least resistance was to conform to type and revert back to original practice. What
drove this I was unsure; was it simply down to confidence, to pressure of the timetable and the needs of the curriculum or a reflection of the wider societal view of SRE for SEN touched on in previous chapters?

I needed to discover what was required by all stakeholders in school to promote quality SRE and what I could do to halt the slide from the success of the previous work towards the position we had been in before the whole process had started.

I also wanted to know if our SRE provision and attitudes reflected that of other special schools, both in our county and beyond. I wanted to know what the teachers wanted. I needed to know how much was down to their “ambivalence and [ability in] managing anxiety in providing sex education for people with learning disabilities” (Rohleder 2010 p.165) and how much was down to the demands of other National Curriculum subjects and attainment levels demanded in these by school leaders (Imray 2012).

The matter of statutory SRE and PSHE was one that weighed heavily in the previous study but one that needed to be revisited within this one; “why should I teach SRE if I don’t have to?” (Teacher, survey response, 2014) This view has been reasonably consistent;

"My headteacher wants to know why we are still teaching PSHE when it is isn’t statutory and doesn't really count for anything anymore”…

The above question has been put to Janet Palmer HMI, Ofsted’s National Lead for PSHE education, consistently over the recent weeks when she has visited PSHE subject leaders. (Palmer 2014). It is not a new view of course;

“Without it being statutory, with the pressure of league tables and results, PSHE/SRE is simply not valued or given the time on the timetable by either the senior management or the staff” (Teacher, Sex Education Forum survey, 2008 p.2).
There was another important factor that I did not address very well during the previous research and that was the correlation between confidence levels in teaching SRE and the type of class and individuals that were being taught. For example were teachers less confident if they were expected to teach SRE to those with Profound and Multiple Learning Difficulties (PMLD) or Autistic Spectrum Disorders (ASD)? The accepted ‘truth’ in school is that those with Severe Learning Difficulties (SLD) are the easiest to teach, with that cohort being our higher achievers. Is this true in practice I wanted to know.

The school caters for a vast range of complex learning difficulties and, certainly in the case of SRE, one ‘size’ certainly does not ‘fit all’. Ideally we would ensure consistency yet have a flexibility of provision to be able to provide SRE for all of our pupil population; those with a diagnosis of ASD and PMLD especially. Coupled with this is the need to ensure that issues and questions of appropriateness in terms of content are constantly addressed (DfE 2000).

The last, and arguably the most important, omission from the last research project were the pupils and students themselves. I looked at data and feedback from teachers (see attachment 6) but I did not involve the learners in the research itself. This time I wanted to know, and measure, the impact of a SRE programme. I wanted to get the pupils thoughts on SRE and demonstrate to others that a well-planned and resourced programme of study was attainable (possibly due to my own ego).

There are many that offer the argument that because SRE and PSHE are not assessed subjects and that because attainment is difficult to measure it belittles the subjects in many people’s view and consigns them to second class subject status;

“Some teachers of Sex and Relationships Education (SRE) debate the need for assessing SRE within PSHE – feeling that children and young people need an “assessment-free” space in schools and that doing so would reduce their enjoyment of the subject…”
Research carried out by Sheffield Hallam University (2011) found that a number of schools were either against formal assessment, believing it to be too difficult or that it would change the nature of PSHE”.

(Handy 2012 http://www.sec-ed.co.uk)

Would I be able to offer evidence of progress at the end of the short 8 week course?

Ultimately, as PSHE lead, I take responsibility for the drop in quantity and quality of SRE provision at our school since the original project came to an end. My lack of leadership and lack of on-going assessment of the quality and frequency of SRE provision led to the drop off; I have learnt my lesson.

The new SRE research project and intended outcomes were included in the subject action plan and school development plan. A dedicated budget was requested for SRE and my second action research project began. (See attachment 8)

**Stages of Research; School & Hostel Staff**

I took the opportunity to address most of my colleagues (both teaching and non-teaching staff members) during a staff meeting that I was to run. I decided on a ‘refresher/update’ of SRE for SEN and designed a presentation (see attachment 9). At the meeting I also handed out questionnaires (see attachment 10) for completion so I could collect results that night. I made it clear that all replies would remain anonymous. It was also made clear that anyone who wanted to withdraw from the research project (or did not want to complete the questionnaires) may do so at any time (BERA, 2011 p.6). As explained by Cohen et al (2011 p.377) respondents to questionnaires cannot be forced or encouraged into completing one; but I did ask nicely and everyone was happy to take part. I had 55 respondents, 10 teachers, 37 teaching assistants (TAs) and 8 Senior Leadership Team/support/admin staff. I had a response rate of
72% of the entire staff team (and a response rate of 98% of the staff who attended the meeting). The presentation followed this outline;

**SRE for SEN? Is it worth the hassle?**

The argument being; okay, we have let things slip a little but surely this is an important area of work for our students?

**What should we be teaching? – New National Curriculum 2014**

With the looming new 2014 National Curriculum to start the following term what is it that we should be teaching, what do we need to teach…what will we teach? Clarifying what was statutory and non-statutory for PSHE & SRE.

**Sex and Relationships Education (DfE)**

Sex and relationship education (SRE) is compulsory from age 11 onwards under statutory science at KS3. It involves teaching children about reproduction, sexuality and sexual health.

It does not promote early sexual activity or any particular sexual orientation. Some parts of sex and relationship education are compulsory - these are part of the national curriculum for science. Parents can withdraw their children from all other parts of sex and relationship education if they want. (DfE 2013)

**Sex and Relationships Education under PSHE**

Sex and relationships education (SRE) is learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health (Family Planning Association 2011)

It is contained within the non-statutory subject of PSHE

**Statutory and non-statutory elements of SRE in National Curriculum 2014**
Before I ‘unveiled’ the statutory and non-statutory elements of the new SRE Scheme of Work I asked the staff to work in groups and decide what they thought would be both statutory and non-statutory from September 2014. Every group chose a very different set of statutory elements than those provided by the DfE.

**Statutory SRE 2014 DfE**

I. That humans and animals can produce offspring and these grow into adults  
II. The foetus develops in the uterus  
III. To recognise and compare the main external parts of the bodies of humans  
IV. Learn about the main stages of the human life cycle  
V. That fertilisation in humans... is the fusion of a male and a female cell  
VI. Learn about the human reproductive system, including the menstrual cycle and fertilisation (without details of hormones)  
VII. That the life processes common to humans and other animals include nutrition, growth and reproduction  
VIII. How the growth and reproduction of bacteria and the replication of viruses can affect health  
IX. The way in which hormonal control occurs, including the effects of sex hormones  
X. Some medical uses of hormones, including the control and promotion of fertility  
XI. The defence mechanisms of the body  
XII. How sex is determined in humans

**Non-Statutory SRE 2014 DfE**

I. Developing a healthier, safer lifestyle  
II. Developing good relationships and respecting differences between people  
III. Develop confidence in talking, listening and thinking about feelings and relationships  
IV. Able to name parts of the body and describe how their bodies work  
V. Can protect themselves and ask for help and support  
VI. Are prepared for puberty.  
VII. Avoid being exploited or exploiting others
VIII. Have the confidence and self-esteem to value themselves and others.
IX. Individual conscience and the skills to judge what kind of relationships they want communicate effectively
X. Have sufficient information and skills to protect themselves
XI. Developing confidence and responsibility - making the most of pupils’ abilities

(DfE 2013)

Without exception all members of staff had the above ‘non-statutory’ elements of SRE as essential learning and presumed these would have been the statutory elements in the new National Curriculum. (See attachment 11)

The same was true for the parents and house parents that had come to previous Speakeasy courses; when people realise what is part of SRE for SEN under PSHE and compare it with the statutory elements of SRE under science it induces a sense of disbelief. (Bray 2013 unpublished)

“National Curriculum science remains the only compulsory sex education teaching for primary schools so failing to teach the correct names for sexual parts of the body is a safeguarding issue because it leaves children without the words to describe their bodies…The overall picture is muddling”

(Emmerson 2013 www.sexeducationforum.org.uk)

Is SRE worth it for our Special Learners?

I wanted to give an example of the consequence of not at least trying to empower our learners; what happens when they grow up, when they are no longer at school being ‘looked after’?

The man referred to here has learning difficulties;

“High Court Judge makes legal history after sanctioning sterilisation of a disabled man, 36, because it is in his ‘best interests'“

(Doughty http://www.dailymail.co.uk)
Then, as a historical comparison, an example illustrating the fact it could be argued that we have not come that far since the late nineteenth century;

During the Eugenics movement, particularly in the late nineteenth and early twentieth century, it was argued that the procreation of people with learning disabilities should be discouraged to prevent what was seen as their ‘defective’ genetic material being passed on and endangering the human race (Blacker, 1950; Barker, 1983) and, as a consequence, many women with learning disabilities were sterilised (Howard and Hendley, 2004 cited by Garbutt 2008).

All too often, people with learning disabilities were seen as ‘eternal children’ (McCarthy, 1999 cited by Garbutt 2008) because they were considered ‘innocent and asexual’. Therefore the wider society assumed that sexuality [and SRE] was irrelevant because of the young people’s level of cognitive and communication impairments. The thought being, they would not develop sexual feelings. (Morris, 2001 cited by Garbutt 2008)

**Arguments against SRE**

I gave this example of a potential reason that SRE is still not a statutory subject and asked the question; is it a fair argument to put forward to not teach what we now know is SRE under PSHE?

In 2010, Norman Wells, the then director of the Family Education Trust, championed the opposition from faith leaders, head teachers and governors to the move to make SRE statutory, calling compulsory sex education a victory to those who wanted to “break down traditional moral standards, redefine the family, promote relativism, celebrate homosexuality, and encourage sexual experimentation” A view that we have already seen has a lot of support.

(Henry 2010 http://www.telegraph.co.uk)
If we do not have to teach it...why bother...?

I tried to give examples of why it is important that we understand our duties and our 'duty of care' to listen to our learners and listen to the lessons that others with learning disabilities are trying to tell us;

The Sex and Relationships research project undertaken by CHANGE, a national organisation that fights for the rights of people with a learning disability, in partnership with the Centre for Disability Studies at Leeds University have tried to share their views with the wider society.

CHANGE found that many people with learning disabilities said that they were never told about sex and relationships when they were younger. The people with learning disabilities said that if they had had better sex education (or any sex education) they might have made different choices as adults. (CHANGE 2010)

I then gave my colleagues examples of the consequences of not providing SRE;

“In attempting to explain the phenomena of young people who sexually abuse others; many UK studies have noted the overrepresentation of young people with learning disabilities…they cite a study by Epps (1991, cited in Vizard et al, 1995), which found that 44% of referrals to a clinic for young people who sexually abuse others had some degree of learning disability, with half of these having attended a special school”. (Fyson 2007 pp.110-122)

A special school just like ours. Only 2% of our society has learning disabilities (Emerson 2008) we need to compare that with the above figures…

“…disabled children are three times more likely to experience abuse, more likely to be subjected to multiple abuses and endure multiple episodes of abuse. This risk is true for children of all disabilities and from all forms of abuse” (NSPCC 2011 p.3)

NSPCC go on to advise the government that PSHE and SRE can develop SEN children’s conceptual understanding relating to personal safety, feelings,
relationships, safe and unsafe behaviours and how to seek help. The conclusion though is that PSHE and SRE has been “poorly provided for” (NSPCC 2011 p.3).

We are not alone in feeling that this is a difficult area to teach. Teacher confidence in teaching the subject of SRE is very low, with 80% of teachers feeling not suitably trained or confident to talk about SRE (NCPTA, NAHT, and NGA 2010).

Teachers of individuals with learning disabilities have been reluctant to become involved in sex education due to moral beliefs, attitudes, lack of confidence in their abilities to provide adequate sex education and the lack of availability of sex education materials (Howard-Barr et al, 2005, Murray & Minnes 1994, cited by Garbutt 2008)

“They [professionals] generally wish the sexual concerns to be ignored; they want them to sort of “go away”, since they are ill at ease dealing with them, and don't really know how to handle the issues.” (Diamond, 1984 p.210, cited by Garbutt 2008).

SRE for PMLD?

Knowing (or, at the time, thinking) that SRE for PMLD was one of the most difficult areas for our teachers I gave examples of general ideas for sex and relationship education topics for PMLD children and young people (see attachment 12). From these general targets more specific targets can be developed for each individual pupil. The phases link to the cognitive ages and P levels. It does give us, as teachers, a handy guideline as to what can be taught appropriately to some of our learners (This was adapted by a colleague after the meeting to make it even more relevant which was an example of shared good practice; and appreciated).
Parents?

It will not come as any surprise that it has been found that parental attitudes can influence the experiences and rights, of people with learning disabilities around sex and relationships. The fact it took (Johnson et al 2002, Szollos and McCabe, 1995 cited by Garbutt 2008) a research study or two helps to confirm it though.

We should accept the fact that there is a need to work in a supportive way with parents, and to be sensitive to their experiences and concerns about their sons’ and daughters’ level of vulnerability. They can withdraw their children from SRE lessons so we need to reassure them that what we are teaching is what their children need to keep safe.

Ruth Garbutt, (2008) in her paper; Sex and Relationships for People with Learning Disabilities: A Challenge for Parents and Professionals, she paints a clear picture about what we can do to engage parents better but concludes rather downbeat;

“There seems to be no coordinated, consistent support for people with learning disabilities in [the area of SRE], or for the frontline staff who are dealing with the issues. Parents and professionals are responsible for providing the training and education individuals need regarding relationships and sexual expression, yet, in general, within our research we have found that neither feels prepared”. (Garbutt 20082 p.73)

Speakeasy

I reminded the staff group that we were starting the Doubletrees Speakeasy Workshops for parents and carers on 28 April, 12 May and 19 May. I asked them to remind the parents of their students and explained to them that every parent had been invited via email or newsletter (see attachment 13).

The main aims of the Speakeasy course are;
i. To encourage parents and carers to support their child and provide sex and relationships education in the home

ii. To encourage parents and carers to help with the role of sex and relationship educator

The Speakeasy course objectives are;

i. Identify parents' needs, fears, concerns and hope

ii. Provide a safe and comfortable environment for learning

iii. Help parents access relevant information and support in their role as sex and relationships educators

iv. Develop parents' and carers' confidence, sensitivity and skills in relation to their children’s sex and relationships education. (Family Planning Association 2007 p.7)

We will return to the parents, carers and houseparent Speakeasy workshops later in this chapter.

**Resources and planning**

I gave the staff group a quick tour of some of the supporting organisations and resources available for us to use or adapt as necessary;

Living your Life (Brook), Sex Education Forum, Brook, British Institute for Learning Disability

Me-and-Us (2008), Life Support Productions Image in Action

Children's Learning Disability Nursing Team

Puberty and sexuality for children and young people with a learning disability

Sexuality and learning disability: a resource for staff (fpa)

SHARE Special: an SRE curriculum for young people with special needs
Final thoughts

“Professionals might like to honour the ‘right to sexuality’ of people with learning disabilities, but many do not know how to do this in practice…

More often than not, parents and professionals are still endlessly discussing the extent and degree of permissiveness, responsibilities and consequences of sexual behaviour involving people with learning disabilities…in all these well intentioned discourses, what is unheard is that one important voice: that of people with learning difficulties…” (Lesselliers 1999 p.37 cited by Garbutt 2008 p.273).

A final statement from David Stewart, one Headteacher who is doing something about SRE for SEN;

“This is not an area [SRE] of choice for schools; it is one of absolute duty. Schools must support some of the most vulnerable children and young people in society and help them to have happy, safe and fulfilled lives.” (Stewart 2009 p.39)

The Questionnaires

I acknowledged that my impassioned call for the staff group to ‘do better’ in terms of SRE for our students would undoubtedly have an effect on the outcome of the initial questionnaires; the method bias that Burton-Jones (2009) has urged us to recognise and combat. I tried to negate that as best I could by handing out the questionnaires before my presentation. There would be some bias introduced simply due to the fact that the staff meeting was advertised as ‘SRE/Speakeasy; a follow-up’ and therefore some of the answers may have been adjusted by my colleagues, the ‘raters’ (Burton-Jones 2009) for my benefit. I will look at this in more detail when we compare the data collected from my school to the data collected from the other two schools involved.
How confident are you in delivering sex and relationships education (SRE) to the students you work with?

Whole staff group confidence in teaching SRE (2014)

In the above graph, if we presume that ‘3’ is the point of ‘uncertainty’ (in that when answering the question it is non-committal in either direction of very confident or not confident) then it appears that we have more staff that lack the confidence to deliver SRE than are confident in doing so. When we compare these findings with the confidence rating data of fig2, it is a little depressing to realise that our confidence does not last long. This is comparable with other studies that have found a similar problem (CHANGE 2010, Garbutt 2007, Blake 2007)

To help me glean a clearer picture of what this could mean in the classroom, I separated the answers from teachers and teaching assistants (TAs). Although the patterns were very similar I was expecting the teachers to be the confident practitioners as they were the ones that had the SRE training, the one to one support and planning sessions as well as the opportunity to teach alongside the SRE advisor. Looking at the data in this way was an eye opener; some of the support staff were the ‘very confident’ ones with, understandably, the majority leaning towards the lower end of the confidence rating; the real lack of
confidence came from the teaching body (see figs 4&5) with not one teacher saying they were ‘very confident’.

As mentioned earlier, it was also helpful to understand the particular difficulties teachers had in providing SRE for certain cohorts; did this affect the teacher confidence? How does one teach relationships to pupils with severe Autism who have little interest or empathy with others? How does one teach pupils with Profound and Multiple Learning Difficulties about appropriate touch and private places when all their personal and intimate care is provided by others? This led me to understand the need to look deeper into the data I had collected and observed; what is the correlation between the lack of confidence or willingness to teach SRE and the lack of understanding, and possibly training, for teaching certain cohorts SRE?

When scrutinised even closer the confidence ratings did average out over the different cohorts. Although the one teacher stating they had no confidence was a PMLD teacher, when taking the answers from the different cohorts and dividing them by the number in that cohort the trend was the lower end of
confidence with the Early Years teacher being the exception (as the only one in that cohort)

### Average confidence rating – learning needs cohorts

- **PMLD** – 2
- **ASD** – 3.33
- **SLD** – 2.25
- **EYs** – 4.

This very limited data does suggest that PMLD teachers have the lowest confidence, but not by much. The ‘accepted’ ‘easier’ group to teach SRE to, the SLD group, showed their teachers also having low levels of confidence. Surprisingly, for me, the ASD teachers were the most confident group at school.

In the research developed and carried out by people with learning disabilities (CHANGE 2010) the teachers they interviewed said that they did not know where to start in teaching sex education to young people with learning disabilities. They also said that there was a lack of training around sex education for people with higher support needs. Very few teachers in the focus groups said they felt confident about delivering sex and relationships education to pupils with learning disabilities. Those that said they felt confident tended to be those who had received previous SRE for SEN training and had been teaching SRE for years. (CHANGE 2010) Would I find similar responses?

### Involving Other Special Schools in the SRE research

I invited the three other special schools in the county to take part in the research and promised them access to findings and any other support I could provide. I
had replies from one other special school in the county (the data comes from the answers of 5 teachers including the Science and PSHE/SRE leads). This was somewhat of a shock for me as I had been told that one of the schools were having issues surrounding the provision of SRE and had asked for county advice and support. The county SRE advisor was unable to provide this support but suggested to the PSHE/SRE advisor at that school that they contact me. They did not; and did not wish to take part in this research either. I was, however, able to get the views of special school staff in a different county (the data comes from the answers of all 11 teachers, again including science and PSHE/SRE leads). They are in the very early stages of developing a SRE programme of study and I will be helping them all I can as we move forward.

The one outstanding piece of learning for me in all this research has been the fact that we, as special needs teachers and schools, are somehow very poor at sharing good practice. Whether that is down to a lack of confidence in what we are trying to accomplish I am unsure. I am, though, thankful to the staff in those schools for taking part.

Confidence ratings

**Teacher confidence in teaching SRE (same county special school)**

![Confidence ratings graph](fig10)
Although limited by the numbers of teachers taking part, both schools show low levels of confidence as a teaching group when it comes to providing SRE for their pupils, with only one teacher from either school stating that they were ‘very’ confident. In fact every other teacher demonstrated either ‘uncertainty’ (3) or a low level of confidence. In the findings of CHANGE (2010) they found high levels of confidence were, perhaps unsurprisingly, linked to previous training in providing SRE.

**Did you receive SRE training during teacher/TA training or study?**

In the Sex Education Forum’s (SEF) briefing paper on the key findings of their teachers survey (2008) it is clear that SRE in Initial Teacher Training (ITT) was seen as very poor with only 3% of teachers saying it was adequate. Of the 528 teachers (from both mainstream and special schools) that responded the vast majority stated that trainee teachers should be given the opportunity to train as specialists in PSHE and SRE (90 %). Probably a more important finding was that 91% of the teachers surveyed thought all trainee teachers should take a compulsory module in PSHE (including SRE) as part of ITT (Martinez and Emmerson 2008 p.2).

When asked to state the one intervention in their school that would most improve SRE provision, ‘more teacher training’ was the most common response. What was good to see was the fact 67% of the teachers thought that
SRE training was needed for senior managers and governors so they can support the provision of SRE in their schools. (Martinez et al 2008 p.2). It was clear from the last project that without school leadership support improving SRE provision was unlikely to work (Bray 2013 unpublished).

When comparing data from SEF’s (2008) survey and my own research we can see the lack of ITT SRE training is repeated within this research. In fig 12 we see that at my school only 16% of the staff have had any SRE training at college or university. Unfortunately, when we look at the other schools, we see that 16% appears to be a good percentage compared to the other schools, with the same county special school not having one teacher having any SRE training when they were completing teacher training.

This finding is not uncommon with what is being reported across the country; not only in special needs education but across all types of school (SEF 2008).

However, when delving a little deeper into the state of SRE training within the SEN schools taking part in this project the results were very surprising.

All schools had provided some SRE training. Obviously I knew about the SRE training that had taken place in my school as I organised it and was assured that it was well planned and relevant (see attachment 6) but with the vast
majority of teachers in the same county school having had SRE training at that school I would have expected better confidence results. The results from the out of county school did appear to explain the lack of confidence within the teaching team.

**Previous SRE training in all participating schools**

<table>
<thead>
<tr>
<th>previous SRE training at the school you work in</th>
<th>previous SRE training at the school you work in</th>
<th>previous SRE training at the school you work in</th>
</tr>
</thead>
<tbody>
<tr>
<td>(research special school)</td>
<td>(out of county special school)</td>
<td>(same county special school)</td>
</tr>
<tr>
<td>previous SRE training</td>
<td>previous SRE training</td>
<td>previous SRE training</td>
</tr>
<tr>
<td>no SRE training</td>
<td>no SRE training</td>
<td>no SRE training</td>
</tr>
</tbody>
</table>

“What teachers overwhelmingly want is greater support; a survey by the PSHE Association found that 68% wanted more training in sex education” [SRE].

(Martinson 2014 http://www.theguardian.com)

Is more SRE training what is required? Do we have to work on assisting the delivery as well, provide a Scheme of Work? Would this have a more positive impact on confidence than training alone I wonder?

That question was put to the staff at my school and the participating teachers in the two others schools. Those taking part were able to select from a range of options or add any interventions they felt would help (see attachment 10). The responses were surprisingly different;
What do staff teams working in special schools think would enhance the provision of SRE in SEN settings?

Range of interventions that would improve SRE

- Staff Training
- Resources
- SRE SoW
- Curriculum Time
- External Support
- Parental Involvement
- Input from school Nurse

Range of interventions that would improve SRE (out of county special school)

- Staff training
- Resources
- SRE SoW
- Curriculum Time
- External Support
- Parental Involvement
- Input from school Nurse

Range of interventions that would improve SRE (same county special school)

- Staff training
- Resources
- SRE SoW
- Curriculum Time
- External Support
- Parental Involvement
- Input from school Nurse
Staff training was the most requested intervention in two of the three schools (my school fig14 and the same county school fig16). That was a little unexpected as these staff have had SRE training at those schools. For the one school that had very little in the way of previous SRE training, during ITT or ‘in house’ this was not seen as a priority. For the staff in my school the top three interventions chosen were ‘staff training’, ‘resources’ and a ‘scheme of work’, closely followed by ‘parental involvement’. There was also a call for ‘statutory PSHE and SRE’ (fig14). I presumed that would be a similar pattern when the data from the other schools came in, however the out of county school staff had quite different priorities. They saw a ‘scheme of work’ as the most important intervention to enable them to provide SRE, with ‘staff training’ and ‘resources’ also high on the list. Perhaps surprisingly their call for SRE and PSHE to be statutory was the strongest of all schools (fig15). As a contrast to that view the same county school did not have one member of staff who chose statutory SRE to improve provision (fig16). After ‘staff training’ the two most popular interventions for that school were ‘resources’ and ‘input from the school nurse’. That could, of course, be due to the particular school nurse at that particular school.

I could guess at some of the reasons for this difference of opinion within very similar special schools. Perhaps my own bias influenced some of the staff at my school for them to call for statutory SRE and PSHE; this could seem likely when compared with the responses from the same county school as both schools have geographical and local political links. This thought has some mileage when one compares the strength of the call for statutory SRE and PSHE from the out of county school, although one could also presume that at that particular school the need to adhere to the statutory elements of the National Curriculum is having a detrimental effect on their PSHE and SRE provision. Time will tell.

The data has limitations in that for each particular school there are particular issues to be unpicked. To enable me to have an overview of the needs of the
special schools I am, and will be, involved with I needed to combine the data (fig17)

Range of interventions that would improve SRE – all schools

Staff training, quality resources a SRE Scheme of Work, parental involvement with PSHE and SRE protected by statutory status; with external support from colleagues in other schools. Sounds great, where do I sign?

All joking aside that ‘dream wish list’ is surely achievable; if there is the will to make it so.

It would arguably have an impact on the quantity and quality of;
**The SRE provision that is being delivered at present.**

The range and amount of SRE being taught during the academic year 2013-14

all schools

<table>
<thead>
<tr>
<th>SRE taught this academic year (2013-14) (research special school)</th>
<th>SRE taught this academic year (2013-14) (same county special school)</th>
<th>SRE taught this academic year (2013-14) (out of county special school)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through PSHE</td>
<td>Through PSHE</td>
<td>Through PSHE</td>
</tr>
<tr>
<td>No SRE taught</td>
<td>No SRE taught</td>
<td>No SRE taught</td>
</tr>
<tr>
<td>Both Science &amp; PSHE</td>
<td>Both Science &amp; PSHE</td>
<td>Both Science &amp; PSHE</td>
</tr>
<tr>
<td>Through Science</td>
<td>Through Science</td>
<td>Through Science</td>
</tr>
</tbody>
</table>

At first glance this was reassuring data; school staff, even though lacking in confidence, were providing SRE through PSHE; and in some cases through both science and PSHE. It does also tell a different story of where we are though; between 40-46% of special needs teachers are not delivering any SRE whether through PSHE or through the statutory requirement of the science curriculum. If this was a different subject would this be allowed to happen I wonder? Does this say as much about our attitudes towards SRE for SEN and sexuality and learning disabilities as it does about our attitudes and willingness to pick and choose what we want to teach; irrelevant as to whether a subject is statutory or not?

I have to say at this point that if I had known the outcome of that particular question my following questions may have been somewhat different.

*If PSHE and SRE were statutory subjects would the SRE provision for pupils in special schools be better, the same or worse?*

95% of teachers responding to the SEF’s survey (2008) agreed that SRE and PSHE are as important as the statutory national curriculum subjects. 94% agreed that more should be done at a national level to raise the status of SRE
and PSHE and 9 out of 10 respondents (89%) agreed that PSHE and SRE should be statutory national curriculum subjects. These qualitative responses show, fairly dramatically, that teachers need some governmental support to raise awareness of the importance of SRE nationally (Martinez 2008). The time for that ‘big debate’ is well overdue Mr Cameron.

We appear to have conflicting views within this much smaller study; with some perhaps confusing responses from our three schools. In my school the view of the teacher staff was that statutory PSHE and SRE would probably improve the provision with 70% agreeing (fig 19). Not one respondent thought it would be made worse. However, the view from the same county school was vastly different with only 20% believing that statutory status would improve SRE provision and a whopping 80% either taking the view it would be worse, or no different. The polar opposite to what we have seen in the Sex Education Forum survey (2008). This did spark a need in me to find out why, although I have resisted for now; another example of limited data on my part. There seemed to be some internal debate from the views of those teachers from the out of county school. On the whole though the consensus from them (fig 20) was that statutory SRE would improve provision.

Views on statutory PSHE and SRE (research special school)

![chart](fig19)
There could be many reasons for this wide view; those not wanting any subject to be statutory, or to be constrained by a Nation Curriculum, or the fact that there has yet to be a discussion about statutory SRE within certain schools. It could of course be down to the fact that there are only a small percentage of us working in special schools that care about PSHE and SRE. The real difference between my data and that of the Sex Education Forum (2008) was that their respondents were either PSHE or SRE leads of their schools.

As one head teacher put it;

“Sex education teachers tend to be a self-selecting group who choose to deal with a difficult subject because they think it's important or they have seen it done badly. Such people don’t exist at all schools..."We need to decide what schools should be teaching beyond the main curriculum, what the priorities are for the next generation...I, for one, think sex education should be right at the top."

(Martinson 2014 http://www.theguardian.com)
Parents & Speakeasy

Speakeasy is the Family Planning Association’s (fpa) parents' course that helps parents and carers become more confident in talking to their children about sex, relationships and growing up. The parents learn together, building on what they already know, as well as gaining new information and ideas for how to talk to their children. The course is accredited at Levels 1 and 2 through the Open College Network but accreditation is optional for parents (Lancaster 2010).

We had provided Speakeasy courses to a group of parents and another course for residential care workers and houseparents the previous year that were seen as successful (Bray 3013 unpublished and appendix1)

For this project we invited every parent through email and newsletters (see attachment 13). Reminders were sent via the family liaison worker the week before the first session was due to start. We also invited those ‘house parents’ working in respite care and residential units within the county.

From the research done by CHANGE (2010) it is apparent that this collaborative working is not only good practice but vital in ensuring successful outcome for our learners (DfE 2000)

“Some parents didn’t know if they should talk about sex to their sons and daughters. [They] didn’t always feel ready for their child becoming a teenager (p11). Many parents and most young people think they should have the right to sex education. No parents had been given information about sex and relationships without asking for it. They ‘had to fight for it’”. (CHANGE 2010 p.14)

Many of the parents and teachers interviewed by CHANGE said that they didn’t always work well together on the issue of SRE. It was clear that parents needed more support from teachers and from other parents. Some teachers held the view that parents could have more training on the issue of SRE for SEN as well
as themselves. The parents also stated that they wanted more support and information from professionals. (CHANGE 2010 p.16)

The surprise for me was that the only parent that turned up for the Speakeasy course was the school’s family liaison worker. As pointed out in the CHANGE research many parents want to ignore or deny the issues surrounding SRE and would rather not address them. (CHANGE 2010)

For the course we had one parent and six residential care workers, from two different establishments, attend. The six care workers gained accreditation at OCN level 1 or 2. Six participants completed the pre and post course questionnaires. (see attachment 14) It is clear from the graphs below that the course was successful in developing confidence in all those that attended. Fig 21 shows the confidence levels before and after the Speakeasy course.

**Houseparent confidence in delivering SRE - before and after Speakeasy course**

Figs 22 and 23 also show development in knowledge, skills and confidence in talking to children about puberty and keeping safe, areas that were identified as being a concern for these staff working with young people with learning disabilities.
Houseparent confidence in talking to children about puberty – before and after Speakeasy course

Houseparent confidence in talking to children about keeping safe – before and after Speakeasy course

The Speakeasy course ran well, apart from the glaring lack of parental involvement. After talking with the family liaison worker it appeared that the course structure, that was over three days, was off-putting to many parents. The fact that some parents thought there would be an expectation to accredit the work was also a factor in the poor showing.
There is a need to adapt the course structure for the needs of our parents and we have been working to that end. Whatever the underlying reasons for poor parental involvement, I will ensure that we have done all we can as a school to engage them.

The importance of being able to adapt to individual need is even more apparent when trying to run a course ‘designed’ for parents with children who have learning and physical disabilities but constrained by the otherwise excellent Speakeasy course structure and resources. I have been in discussion with the county’s Speakeasy coordinator and through dialogue with the Family Planning Association (fpa) it has been agreed that we can adapt the course for the needs of our parents and still have the ‘umbrella’ of it being a recognised ‘Speakeasy’ course (see attachment 15). The new course will be delivered over one day, be focused on the needs of our student and parent group and not have a requirement of accreditation through the Open College Network.

We know from previous courses that the SEN adapted three day accredited course works well for professionals working in care settings and these will continue to be delivered each year. What I am hoping for is that the new SEN Speakeasy parent’s course will prove to be equally popular and help deliver better outcome for our learners and their families.

A last word on the issue from CHANGE;

“Many of the teachers felt that when sex education was taught in schools, it could break the ice for parents” (CHANGE 2010 p.8)

I know from the requests for help from individual teachers and the meetings that I attend with parents, from across the age range at school, that there is a need to provide SRE support for the parents; it is getting them involved before there are worrying issues and inappropriate behaviours to address that concerns me. One way, as outlined by CHANGE above, is to start to deliver discrete SRE session to their children…
The Special Learners

The question at this point was; if I had ‘the wish list’ of trained staff, suitable resources, a SEN designed (and adapted) Scheme of Work and a well-planned set of sessions, would we see any impact in the knowledge and confidence for the SRE students in that group?

I offered places to the 14-19 class groups for ease of managing and organising the sessions as those class group share a timetabled structure to the day; for example it would be problematic to offer places to all as the students have different start and end times to their lessons. This way I could agree the most suitable day and time with my colleagues. The students were either selected by their class teachers (due to concerns or inappropriate behaviours being displayed) or they volunteered themselves.

The group comprised of 9 students, all male aged between 14-18, with attainment levels between P8 and NC level 2. There were 5 students who needed augmentative communication aids (symbols, Makaton signing, pictorial schedules; see attachment 16) three of which used pro-lo-quö communication software on iPads (a symbol based voice output communication tool). For this report on the findings all the names of the students have been changed to ensure anonymity.

To start the process I sent letters, information and questionnaires to parents. The questionnaires were in the form of a checklist on personal, social and sexual development. (See attachment 4). The letter made it clear that the topics that were to be addressed were; the physical self (changes that accompany puberty), personal care, relationships, emotions, being healthy and keeping safe, self-confidence, public and private and appropriate behaviours. This did seem to get the parents attention in a way that the most recent Speakeasy course did not. Some were not completely happy, with one parent having a telephone conversation with a teaching colleague and making it clear that they
thought; “this is just disgusting, I can’t understand why you would want to do this, there is no need for [him] to know about any of this…” (Parent conversation 2014)

Thankfully this was not the stock reply and I did receive completed checklists from the parents of the 9 students who were ‘allowed’ to take part. Although I had the reassuring sign-off of “Good Luck!” from one unconvinced parent.

The issue of maintaining section 403 of the Education Act which allows parents to withdraw their child from SRE (DfE 2013 p.20) is murky one for me. As an educationalist I think that all young people should be provided with SRE, and I also believe that the child, of the parent who was so vocally against her child taking part in the SRE sessions, really does need the input as his behaviour suggests. The fact I cannot provide this young man with the knowledge and skills he so obviously requires (understanding of puberty and body changes and keeping safe) is frustrating and potentially dangerous for him. However, at present section 403 is in place and people like Norman Wells of the Family Education Trust and SREIslamic are placated by this.

As a parent of a young boy who has just started school and a baby daughter, who will hopefully have statutory PSHE and SRE when she starts school, I would like to think I have trust in those teachers providing SRE (but, knowing what I now know, I would also like to ensure it was of sufficient quality).

The views of the parents

I focused on shared areas of concern from both the parents and staff when it came to their views on the knowledge of the students. Fig 24 shows us the views of the parents of the students taking part in the SRE programme. The vast majority said that their child did not know or use the correct names of body parts. In fact not one parent said that their child did know or use the correct names for private parts body. When it came to keeping safe, three quarters of
the parents thought that their child did not have the skills to reject unwanted inappropriate attention or understand their right to say ‘no’. The same amount thought that they did not have the capacity to ask for help; or who to go to. 

There was some uncertainty in some of the answers, but for planning the SRE sessions I was going to take a parental ‘don't know’ as a ‘no’. This data would be compared to the pre course assessments that we would do with the individual students.

**Views of the parents of students taking part in the SRE group sessions**

![](fig24)

<table>
<thead>
<tr>
<th>Does he use the correct words for the private parts of the human body (male and female)?</th>
<th>Is he able to reject unwanted inappropriate attention - Does he understand he has the right to say NO?</th>
<th>Does he know who to ask for help - has he got the skills to do so?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DON'T KNOW</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**The views of the staff**

The staff at all there schools rated the knowledge and understanding of students that they worked with under the headings of puberty/body changes, naming body parts (including proper names for genitals) and keeping safe. The responses were fairly sad to see; Fig 25 shows that in my school the vast majority of our students are not, or were not prepared, for the changes that happen to them during puberty. This was replicated in the other two special schools (fig 26) with the exception of one teacher who thought that the students she worked with were very aware (hopefully down to great practice and parental involvement).
The issue of our students having the ability to name private parts of their bodies and those of the opposite sex has been seen as a child protection issue for some time; failing to teach the correct names for the sexual parts of the body could be a safeguarding issue because it leaves children without the words to describe their bodies (Fyson 2007, Emmerson 2013). This should be a huge
concern for us in special needs education with the need to ensure the safety of our students and give them the skills to communicate effectively; however they are able to communicate.

Views of staff about the ability of pupils to name their own body parts

![Pie chart showing the ability of pupils to name their own body parts.](fig27)

Views of staff about the ability of pupils to name their own body parts – both external participating schools

![Pie charts showing the ability of pupils to name their own body parts.](fig28)

Again we find a disappointing set of figures from all three schools. Fig 27 shows the lack of knowledge in my school is at the extreme end with only 2% of teachers believing that the learners they work with can name their own body parts. Across the three schools we can see that teaching this vital knowledge to
our learners cannot be any kind of priority for us as special needs educators. What could be the consequence of this apparent apathy? One of the teachers in my school summed it up well in the feedback she gave after the last SRE project;

“Lack of education was highlighted in an alleged case of sexual abuse where a child was classed as an unreliable witness because they could not explain what had happened, and had no knowledge of the word penis etc.” (Teacher response, 2012, see attachment 6)

When it came to the ability of our students to keep themselves safe or to recognise dangerous situations the data suggests that there is very limited understanding of keeping safe across the schools. There are some exceptions, with only three teachers from across the three schools stating that the students they work with are aware (or very aware) of how to keep themselves safe (figs 29 & 30).

For my school the picture was familiarly downcast. Some of this I can put down to the cognitive ability of some of our learners and the fact that some of the teachers believe ‘keeping safe’ is a concept that is beyond some of the students they work with. Fair enough; but for the vast majority of staff to believe that the students they work with have no or very little awareness of how to keep themselves safe is saddening (fig 29).

Views of staff about the ability of pupils to keep themselves safe

![Bar chart showing views of staff about the ability of pupils to keep themselves safe.](fig29)
Could the SRE group sessions with, albeit, a limited number of our students go some way to having a measurable influence on the knowledge of these students?

Every student that was going to take part in the SRE group sessions had a pre-course assessment done with either myself or the care manager of the hostel or one of their class Teaching Assistants (see attachment 5).

During the first SRE session the group were encouraged to talk about their expectations and come up with a group agreement (see attachment 3). The sessions were planned over 8 weeks (see attachment 17) and I had support from the deputy care manager from the hostel and Teaching Assistants from the different class groups involved to deliver the sessions.

After a great deal of research into appropriate SRE Schemes of Work for those with SEN and learning disabilities I purchased Living Your Life, published by Brook (2010) and updated with help from the pupils at Oak Field special school. The Headteacher at the school is David Stewart who has been a real inspiration to me (and I am sure many others) in trying to promote SRE for our special
learners. I first came across his work through a piece on Teachers TV on SRE for SEN over four years ago. The fact that both he and his students were involved in updating this ‘Sex education and personal development resource for people with learning difficulties and disabilities’ gave me the confidence I could use it as a structure for the SRE sessions. If it was successful it could then be rolled out to the rest of the school.

The following tables and graphs try to show the starting points and knowledge levels of the students before the SRE session started and the progress made in the 6 areas of initial assessment and learning after the 8 week SRE programme. I wanted to leave a little space of time before the final end of course assessments to understand whether I was seeing short term memories or a better formed understanding. These assessments were done the week after the final session.

The names of the students taking part have been changed and below are pseudonyms to protect anonymity in line with BERA guidelines (2011) Code on Children, Vulnerable Young People and Vulnerable Adults.

**The SRE group start work**

![Pupil progress in the six areas of learning](img31)
The above table (fig31) shows that progress for all nine students was made in three areas of learning; ‘body parts before puberty’, ‘body parts after puberty’ and ‘keeping safe’. On first inspection this does not look like the convincing data to show that discrete SRE sessions have had a positive influence on the knowledge of our students. However it is worth a closer look.

Both tables (figs 32 & 33) show that in the areas of ‘Families’ and ‘Friendships’ the apparent lack of progress made by 4 and 5 students respectively was due to the fact these students had already answered all questions correctly during the
pre-course assessment. Therefore that was no scope to show progress for those students in those particular areas.

**Student answers – pre course: Growing Up**

With the learning area of ‘Growing Up’ there was evidence of a lack of progress for three of our students and limited progress made by the others. When looking at this area with a critical eye it could be argued that the questioning surrounding masturbation and wet dreams may have been inappropriate for a proportion of our students. During the pre-course assessment and after course assessments it was agreed that if a question was inappropriate for that particular student then the assessment would move on to another question.
When compared with the progress in other areas this may be a topic that we may need to revisit for the benefit of those students to prepare them for the likelihood of them having wet dreams in the future.

**Student answers - pre-course: body parts of boys and girls**

![Graph showing student answers pre-course](fig36)

**Student answers - after course: body parts of boys and girls**

![Graph showing student answers after course](fig37)

The area of concern for many of us in special schools is the ability to name body parts and the awareness of puberty and the body changes that accompany that for our students. It appears, from data provided by special school staff, that this is an area where there is a low level of understanding.
This was backed up to a point by the pre-course assessments with none of the students being able to name all of the private body parts of both boys and girls (fig36). The obvious change in this knowledge and understanding for all the students after the SRE course was rewarding to see (fig37). For particular students (‘Barry’ and ‘John’) the improvement in knowledge was dramatic.

The next task was to see what knowledge the students had of the changes that happen to our bodies during puberty. Figs 38 and 39 show the development during the sessions and any progress made in levels of understanding.

**Student answers - pre-course: body parts of men and women**

![Pre-course body parts chart](fig38)

**Student answers - after-course: body parts of men and women**

![After-course body parts chart](fig39)
Again, the data shows that the SRE sessions did have an impact on the understanding and knowledge of all the students, with some exceptional examples; ‘Barry’ could not answer one question about body parts of adults (men & women) before the SRE sessions started but at the end of the sessions he could answer every one.

The final area to assess was the knowledge and ability to keep safe. Again, this was an area that all staff from all three schools suggested was an area that our students found difficult and the majority had no or very little knowledge of how to keep themselves safe (figs 29 & 30)

**Student answers - pre-course: keeping safe**

**Student answers - after-course: keeping safe**

Students Answers, pre course - 18 Questions - About me and Others; Keeping Safe

Students Answers, after course - 18 Questions - About me and Others; Keeping Safe
Figs 40 & 41 seem to demonstrate, again, that a focused well-planned set of SRE sessions can have an influence on the confidence and knowledge of our students in a vital life skills area of learning.

**Research/conclusions**

There are some fairly obvious gaps in my data and some areas that demanded some interpretation; although I am convinced that that could be true of many research projects. (Krauss 2005, Simpson 2004)

The students who took part in the SRE group sessions are part of a particular cohort that could access the course relatively easily (with the usual communication and visual adaptations that are par for the course for special needs teachers). I would like to have been able to expand that part of the research project to all age ranges and cohorts (ASD, PMLD, and SLD). Capacity and organisational issues meant that a judgement call had to be made about how many children, and from which cohort, were going to be part of the research study this time.

Unfortunately I did not get the views of all the special schools in the county and the one school that did choose to take part I only had the views of 5 teachers. This was balanced by having the views of all the teaching staff from the out of county school (11 teachers) and most of the staff, including all teachers (excluding myself) from my own school.

It seemed clear that the teaching staff thought that with better training, a scheme of work to follow and quality resources to use then SRE provision could be improved.

The results suggest that despite the SRE training (under PSHE) that has taken place in two of the schools SRE has not been taught by over 40% of teachers. This is also true of Sex Education under Science, with over 40% of teachers from all schools stating that no statutory Sex Education under Science has been
taught. As Rohleder (2010) discovered in his research there is a great deal of uncertainty and ‘ambivalence’ when it comes to teaching SRE to those with SEN; even from the professionals that work as SEN facilitators and know the children.

As CHANGE (2010) point out, the main person who usually teaches sex education in our schools is a teacher (93.9%). A few schools use a school nurse (27.3%), a specialist sexual health worker (19.7%) or someone else (30.3%) such as care staff, counsellors, or support staff. This suggests that, on the whole, teachers take a large responsibility for teaching sex education but quite often they don’t feel prepared or are not trained to do so. (p.67) I would also offer the opinion that, for some staff, it is safe to assume they simply do not want to teach SRE to SEN children.

“In 1948, the World Health Organization affirmed the right to sexual health for all...The rights include, inter alia, to seek, receive and acquire information in relation to sexuality and sex education. But what really constitutes the right to sexual health and sex education for young people with intellectual disabilities [SEN] in practice?”

(Lo¨fgren-Ma¨rtenson 2012 pp.209-210)

Even in Sweden, where SRE has been statutory since 1955, there are those that do not believe that the rights of those with learning disabilities are being upheld when it comes to SRE (Lo¨fgren-Ma¨rtenson 2012). The arguments made by Fyson (2007), Rohleder (2012) and CHANGE (2010) urge us to ensure that we are upholding our part the UN Convention of the Rights of the Child (1989), UN Convention on the Rights of Persons with Disabilities (2006), Human Rights Act (1998), Disability Discrimination Act (1995), Mental Capacity Act (2005), The Education Act (1996), The Learning and Skills Act (2000), The Department for Education and Skills (DfES), SRE guidance (DfEE 2000), The Valuing People White Paper (2001), Valuing People Now (2009) and the new Special Educational Needs and Disability Code of Practice: 0 to 25 years
(2014); all in place to ensure all our children do not get overlooked and their best interests are always our paramount concern, not whether we are ticking boxes for Ofsted inspections instead of providing the education our special learners may actually need (Imray 2012).

The findings of this research suggest, to me at least, that if we had the ‘wish list’ of staff training, resources, scheme of work and parental support in place then we can see a measurable difference in the knowledge of our special learners when it comes to SRE; including understanding themselves, growing up and keeping themselves safe.

If we top that off with Statutory PSHE and SRE and a suitable curriculum for those with SEN then maybe our special learners will be getting the quality provision they deserve.
CHAPTER 5

Conclusions and Recommendations

This has been a bumpy ride for me over the past four years; when identifying the need to improve our SRE provision I had no idea where the decision to follow that through would take me. I am in no way saying that I have come to any comfortable destination although I do feel more informed, more confident and more determined to do what I can to see positive change. Coincidently, in two days I am delivering the staff meeting where I will be unveiling the new SRE Schemes of Work and SRE policy for consultation (attachment 18). I will also feedback on certain findings from this research project to encourage my colleagues to also reflect on our attitudes and confidence towards providing SRE. I am comforted by the fact that I believe I have learnt from both my research and my mistakes so that my colleagues will be provided with all they wanted to deliver quality SRE. In short the action research may well have made a difference for our learners, and for that I am grateful.

There does need to be some insurance to protect all the work done so far and to that end I have ‘pressganged’/encouraged a selection of stakeholders from the school to form a SRE working group. So far I have two teachers, two TAs, a governor and the parent liaison worker (who is also a parent). There is plenty of room for more, but we will start with who we have and ensure that initially the new SRE policy is understood and agreed by all. This will have a consequence on the long term planning for PSHE, which is a core subject at this school. With agreement from the school leadership team I will now entwine the SRE scheme of work and planning explicitly into the PSHE planning with an expectation that SRE will be delivered each year by each class.

When trying to conclude I realise that the state of SRE for SEN students is always going to be a little worse than SRE for mainstream students. Until we have the ‘mega debate’ about SRE in this country that David Cameron wants to
hide from, it may always be seen as something to be scared and unsure of. The responses to my letter urging that SRE debate, from my MP and Nick Clegg, (attachment 19) do offer some hope.

However, the data from other researchers and the data from this research suggest that it does not matter if PSHE and SRE are statutory subjects or not; if teachers and parents want to ignore SRE for their children then they will (and do). The hope is that if the subjects do become statutory then Ofsted will react to their own research (2013) and ensure that PSHE and SRE are in fact ‘good enough’ from then on. As we have also learnt, our school leaders do like to please Ofsted (Imray 2012).

As a society we need a re-think. About 2% (Emerson 2008) of our population have learning disabilities. Over 40% of those who are classed as sexual offenders have learning disabilities (Vizard, 1995, Fyson 2007 & Middleton 2013). We also know that those with disabilities are three times more likely to suffer from all forms of abuse (NSPCC 2011). Is that not so disproportionate that it does not scream out to be confronted? How can we be in the position that we are if it is not down to society’s attitude and ambivalence? (Rohleder 2010)

Choosing to hide from our societal duties, by ignoring the attitudes of many in our own communities towards those with learning disabilities; hiding from our duty of care as professionals by choosing to ignore the parts of the curriculum and parts of legislation that we deem unnecessary, is shameful.

I started looking at how we could improve SRE within my school, I’ve ended this part of the journey discovering that this is a larger issue than simply not having suitable resources for our learners; it is all about attitudes and the lack of will to address sex and relationships for those with learning disabilities. The ambivalence that Rohleder writes about appears to lies heavy not just in this country but elsewhere (Lo¨fgren-Ma®rtenson 2011, Haran Alva 2014).
Changing the views and attitudes of society was not one of my aims or objectives however. I am confident I have answered those aims and objectives that were highlighted at the start of this journey through my research findings; despite the highlighted flaws. The answers may not have been easy to digest at times but I have been able to reflect and learn from my findings.

I’ve concluded that I need one battle at a time; get SRE for SEN right for my school and then share the (hopefully) good practice. I will continue to provide support for all my colleagues in education, social services and health where I can (I did a presentation yesterday for prospective Speakeasy facilitators from all authority sectors about SRE for SEN and will continue to encourage joint working where possible; see attachment 20). I will also continue to learn from my colleagues to share ideas and good practice. We can change the provision of SRE for SEN but it is not without a fight. I hope that I have shown that if you have the ‘wish list’ of being trained to enhance your confidence, have a scheme of work and resources suitable for your learners and the support of parents; then you can make a difference. The results from the SRE group hopefully show that. “Schools should be aware of [their] short-comings and act to create their own rounded programme of sex and relationships education” (Emery 2013).

One just has to want to improve the SRE provision for our special learners. That is the true battle and one that helps reconcile the confusion that I spoke of at the start; I have to ignore the conflicting messages and the spectre of discrimination and do what I believe in.

**Recommendations**

- Share SRE responsibility with other stakeholders within school to ensure continuity and progression in quality of provision.
• Ensure SRE support and training is available for all staff; provide annual SRE for SEN training for staff working in schools and residential care settings.

• Adapt parents Speakeasy course to ensure relevance and manageability. To offer SRE parents ‘workshops’ annually.

• To agree new SRE policy and for that to impact on the SRE and PSHE long term plan and expectations of provision.

• To have Schemes of Work and quality resources easily available for all staff and parents.

A couple of hopeful recommendations also;

• To have a ‘mega debate’ nationally about Sex and Relationships Education.

• For SRE and PSHE to be made statutory subjects and for that to be reflected in Ofsted inspection criteria.

A last word from ‘Ken’ one of our more ‘able’ students who took part in the SRE group; when having an unrelated conversation with him this week, he stopped me and said; “I really enjoyed the Thursday group, I looked forward to it every week. It’s like when I’m out and about, knowing what’s silly, I feel a lot safer now”.

That will do me…
REFERENCES


Blake S (2007) There’s a hole in the bucket: the politics, policy and practice of sex and relationships education. Brook1: London,

Bray P (2013) PGDip UCP Marjon unpublished


http://dissertationhelponline.blogspot.co.uk/2011/06/research-philosophy-and-research.html [accessed 02/09/2013]


Centre for Social Justice (2014) ‘Fully committed? How a government could reverse family breakdown’


CHANGE (2010) Talking about sex and relationships: the views of young people with learning disabilities. The final report of the sexuality project by CHANGE 2007-2010: University of Leeds


Equality Act (2010)


Freeman J and Sugai G (2013) Identifying Evidence-Based Special Education Interventions From Single-Subject Research Teaching exceptional Children Volume 45 No 5 pp.6-12


Mencap (2007) Death by Indifference; following up the Treat me Right! Report : Mencap


Pratt, N. RESINED online www.edu.plymouth.ac.uk/resined [accessed 14/9/2013]


The Society of Muslim Scholars (2014) http://www.hizbululama.org.uk/about.htm


Waters-Adams RESINED online www.edu.plymouth.ac.uk/resined [accessed 08/09/2013]

Wells (2009) http://www.telegraph.co.uk/comment/personal-view/5879177/Sex-education-must-not-be-statutory.html [accessed 19/06/14]


ATTACHMENTS

1. Ethics forms
2. CHANGE (2010)
3. SRE group agreement
4. Parental information and pre-course check list
5. Student pre-course assessment
6. SRE project planning and reflection (2012-2013)
7. Speakeasy parents course (2013)
8. PSHE/SRE action plan
9. SRE for SEN presentation
10. Staff Questionnaires
11. Example of staff responses to statutory/non-statutory PSHE/SRE
12. Draft SRE for PMLD ideas
13. Speakeasy invitations
14. Speakeasy residential staff questionnaires
15. Speakeasy correspondence
16. Example of augmentative communication
17. SRE group planning
18. Draft policy and Scheme of Work presentation
19. MP’s correspondence
20. Speakeasy facilitators training day