HLDRG
Highland Learning Disabilities Relationships Group

STAFF CARER TOOLKIT
for people with learning disabilities and/or autism spectrum condition

An interactive course around body image and relationships
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INTRODUCTION

We all use communication for all sorts of reasons and in different ways; to be able to tell people things, to get information, to share information, by either speaking, or using our body language. It is everyone’s right to get and give information.

People with learning disabilities and/or ASC - autism spectrum condition have these same rights but if they are not given information in a way that they can understand, this results in vast gaps in what they can learn and understand, leaving people very vulnerable and with difficulties in making good choices that can benefit and enrich their lives. No more so than in their personal relationships, sexuality and sexual health.

People with learning disabilities and/or autism spectrum condition rely on parents/carers, friends and staff they come in contact with, to help them understand information, which most of us take for granted.

HLDRG - Highland Learning Disabilities Relationships Group, have been working with other agencies to produce a ‘Staff Carer Toolkit’, to enable them to support people with learning disabilities and/or autism spectrum condition to access information about personal relationships sexuality and sexual health issues taking into account styles of communication and presented in a way that ensures a better understanding.

Christine Gow, Chair HLDRG

Background to the Toolkit

Research was initiated by HLDRG - Highland Learning Disabilities Relationship Group with help from Robert Gordon’s University around the Health Needs Assessment of people in the Highlands with a learning disability. The research highlighted the concerns of parents and professionals about the sexual health and educational needs, identifying gaps in knowledge around sexuality and relationships of young people with learning disabilities. Further research by the founders of HLDRG confirmed the initial findings by holding staff workshops throughout the Highlands. These workshops highlighted the need for people with learning disability and/or autism spectrum condition to have resource signposting, clearer policy and guidance.
In 2004 several issues were raised by adults with a learning disability and/or autistic spectrum condition, along with parent/carers, at the ‘Love Is’ conference. These issues were echoed and expanded on during a series of focus groups (held as part of the HLDRG ‘Love is’ Policy consultation) which had been organised by Consultant Anne Clark with People First to find out what adults with a learning disability and/or autism spectrum condition needed and wanted in terms of information on sexuality, sexual health and relationships.

The following issues were identified:

- People asked for time and space to have serious discussions about sexuality, sexual health and relationships, but this was simply not available.
- People had many questions about sexuality and sexual health that they had not been able to talk to anyone about. Some of the reasons included feeling it was ‘rude or naughty’; the sense that such information was not relevant to them as they would never have a sexual relationship and negative experiences in the past when the subject had been raised.
- Contrary to what people believed, the lack of information for adults with learning disabilities and/or autism spectrum condition was not ‘keeping them safe’ but exposing them to danger, potential misunderstandings, ignorance on how to be safe, making safe choices and be responsible, (in as far as individual capacity allowed).
- People did not know about menstruating and when it was possible to get pregnant; there were misunderstandings about what ‘sex’ actually is; adults were confused about what some of their sexual feelings meant and how to deal with them.
- People recognised that a culture of fear of saying or doing the wrong thing, on the part of staff that, prior to the development of the ‘Love Is’ Policy, identified the lack of a comprehensive framework and guidance as an obstacle to them in working safely and confidently in this area.
- People highlighted a lack of knowledge or opportunities for carers to learn and plan for when their son/daughter needs information and education.
In order to begin addressing these issues, key members of HLDRG - Highland Learning Disabilities Relationships Group, along with Health and Happiness, People First and Reach Out Highland piloted three workshops. On completion of the ‘Love Is’ Policy, these basic elements developed from the workshops, together with the learning from the twenty-two ‘Love Is’ Policy awareness sessions, that has now been used to provide a framework for staff/carers to use in delivering information and education about sexuality, relationships and sexual health issues.

What does the toolkit provide?

- The Toolkit refers to the ‘Love Is’ Policy and it is strongly recommended that you have read it before delivering the training. The ‘Love Is’ Policy has been endorsed by NHS Highland and Highland Council. It validates the context of this work. [www.highlandcouncil.gov.uk/socialwork/learningdisabilityservices](http://www.highlandcouncil.gov.uk/socialwork/learningdisabilityservices)
- The Toolkit provides a framework that can be used to begin the process of engaging adults with learning disabilities and/or autism spectrum condition in discussion about sexuality, sexual health and relationships.
- The time taken to deliver the sessions is flexible and can be supplemented with additional resources and materials; however we would recommend that all of the sessions are worked through in order.
- Recommended resources and where to obtain them as well as suggested activities.
- A ‘pre toolkit ‘Participant Checklist’ tool (page 21) to help assess where a participant’s learning needs are, before they attend any Toolkit sessions. A more in-depth assessment called ‘A Sexual Knowledge and Behaviour Assessment Tool’ is also available from [www.me-and-us.co.uk/assessmenttool/index.html](http://www.me-and-us.co.uk/assessmenttool/index.html) for young people up to 19 years old. It is worth being aware that younger participants may come in to a workshop session at a greater level of sexual health and behaviour knowledge than older participants attending.

Who can use the toolkit?

- Staff, carers/parents.
- No previous experience of being a trainer is required. Details of recommended courses are provided for those who would like to gain experience.
- You MUST be comfortable discussing topics of sexuality, sexual health and relationships.
• YOU are the tool – the best preparation is for you to be honest about whether you can facilitate these sessions in a non-judgmental and open manner.
• Your knowledge of the people you are delivering these sessions to is most important.
You are not alone! The Toolkit provides the contact details of people and organisations, that can help you in discussing these topics.
• You are not expected to know everything. Professional organisations provide a wealth and range of resources to help you. Use the resources that are out there for you and become aware of the services that are available to support people.

Who can benefit from the toolkit?

• Young people/adults with learning disabilities
• Young people/adults with autism spectrum condition

If you are planning on working with young people/adults with autism spectrum condition you will need to review the materials in terms of accessibility for particular individuals, including any individual’s sensitivity. The National Autistic Society can provide guidance and there are resources listed in the appendices. It would be beneficial that one of the facilitators has autism spectrum condition specific training.

However:-

• It is impossible to provide a framework that meets the needs of every individual. You will need to assess the person’s capacity to benefit from the course. We cover this in the next section.
• Adults with learning disability and/or autism spectrum condition are individuals with individual learning styles, and the best way of meeting their needs is your own knowledge of the person.
• The Toolkit provides materials and suggested activities that can be easily adapted to suit a range of ability and communication needs and to signpost you to additional resources.
PREPARATION GUIDANCE

‘Behind the Scenes’

The aim of the sessions in this Toolkit is to allow discussions to increase knowledge, in a safe space, within the context of the ‘Love Is’ Policy. We have provided a pre toolkit ‘Participant Checklist’ tool at the end of this section in recognition of the wide variety of backgrounds facilitators will be coming from to use this Toolkit.

The pre toolkit ‘Participant Checklist’ tool is provided to help you consider needs, capabilities and present knowledge levels of your group. It also gives some pre session resources to help you plan for your group. This will help individuals come in to sessions at an equal knowledge level as their future workshop participants.

The following sections give guidance that should be looked at before delivering each session.

The Group

How many people will you invite to your group? It is better to match abilities and communication styles. A suggestion is to limit your group to no more than 6 participants though less able participants should be allowed a group of two with two facilitators. Some participants may benefit more from an individual personal session along with the joint group sessions where they will benefit from learning and listening to others.

Participants with autism spectrum condition may need these individual personal sessions to help aid their self-reflection especially around their ability understanding other people’s emotions and other participant’s comments. They should not miss out on group activities as they will not get the chance to hear and learn from others discussions.

Where participants have no choice but to have 1-1 personal session due to their rural or caring setting, they can get support by making themselves known to the agencies and groups listed in this resource.

Will your group be exclusively male, female or mixed gender? It can be beneficial to have a mixed group as they can learn about each gender and this can help develop a better understanding of the needs of all genders. You may find in your pre toolkit ‘Participant Checklist’ an individual who does not feel comfortable with the opposite sex and decide it
is more appropriate to facilitate a same gender group that may lead them later on to join a mixed group.

**How will you set up your room?** Seating can be a consideration for some individuals. A participant may need to have the same seat in the same position each session. There may be issues of participant compatibility and allowing participants to choose where and with whom they sit with. **This can be important for someone with autism spectrum condition.** Awareness of some conditions can highlight a need for seating near a door or use of a chair with arms, for someone with epilepsy.

**What are the communication abilities in your group?** A basic ability to communicate in their chosen method is needed from participants but this should not stop any facilitator trying a session out or trying to explain some of the topics. Other topics are abstract e.g. what is private? You can make abstract ideas accessible to participants by using an individual's method of communication during day to day activities. Consideration should also be given to individual’s differing information uptake and response times which should have been highlighted using the **pre toolkit ‘Participant Checklist’ tool.** This will help you plan for the varying timing needs of each group.

**Is lighting a learning barrier?** Some participants may suffer a ‘glare back’, an excessive reflective shine from surfaces and not see pictures you are referring to or they may need colour or pattern contrasts to show up your resources. You should have a selection of paper types, picture and resource types to suit different participants lighting needs. Natural light is considered the best. Windowless rooms are best avoided for those with electric light sensitivities (see **pre toolkit ‘Participant Checklist’ tool** for full list of senses).

**What other supports do your participants need?** The supports you put in place meet participants comfort; medical and communication needs to enable a good learning experience and should indirectly aid your own facilitation. Planning discretely for medication, diet, and anticipating behavioural triggers help participants be fully included. It is worth seeking out management tips from carers, as they are not always written down or passed on. A participant may want you to help them raise an individual care need with their main carer. Ensure you have good carer and agency contacts to help facilitate the three way communication regarding future care needs of the participant.

**Other considerations**
Now that you have gathered the information around the needs and capability of each person within the group is there anything else you need to know?
Are there any gaps in their knowledge of basic concepts? You can ask personal carers to help prepare participants for the sessions with the pre toolkit ‘Participant Checklist’ tool which is good practice to let them see what you are preparing for.

On completion of the Toolkit, the pre toolkit ‘Participant Checklist’ tool can also be used again, to evaluate change in participant’s knowledge levels.

Knowledge of sensory differences is also important in understanding autism spectrum condition such as the implications of bright or yellow lighting obscuring cues or preventing other sensory perceptions. We all attach sounds and sights to objects to gather meaning. In autism spectrum condition, this pre-perceptual learning can be very mixed so that objects can take on very different meanings. So take as long as you need to complete the Toolkit or go over each session several times and make full use of other supporters and support agencies. See the pre toolkit ‘Participant Checklist’ tool for a full list of potential sensory needs (page 21).

Consideration also needs to be given as to the language and terms your group decide to agree upon. It is recommended that some medical terms should be taught as they will tie in to other resources used within this Toolkit and in other settings. This is important when considering the needs of participants with autism spectrum condition. Indeed participants may find pleasure knowing they have learnt some ‘professional’ terms.

You may want to give some consideration to yourself, are there any areas of knowledge or courses you would like to enrol in, for example other forms of communication, Makaton, information around the topics contained within the Toolkit. Use the help and resource lists provided in session 16.
The sessions

So how are you going to tell participants, family/carers and staff about their course? You need to plan for the day and decide before every session how you are going to prepare the participants. The formats can vary. It is suggested you send out a pictorial agenda. Make sure it matches the picture style and resources you have collected for your session to help maintain the consistency of communication. Make sure that the invite is also the same as the one you will display on the wall in the room. Some participants may need a personal reminder.

Too many breaks will interrupt learning however regular breaks and a chance to have a healthy snack and drink are important. Participants can use the timetable to plan their help around things like toileting and medication taking. This helps reduce pre event anxiety.

It would be good practice to have a welcome session before you begin the Toolkit. This session not only helps the group bond and establishes group rules but also helps participants recognise other people’s needs within the group. This can be an opportunity to share likes and dislikes i.e. recognising others choices need for quietness, not to be touched without asking or to shake hands. It also gives you a chance to explain to participants how to control things like disagreements and how they can ask for help.

This Toolkit provides a set of ‘Ground Rule’ cards (page 268) which you can copy and put up on the wall. It is suggested that you hold the welcome session to introduce all participants to each other and to spend time explaining and agreeing these ground rules. This is a group agreement. Every group agrees the ground rules as part of creating a safe space to talk. They establish the expected behaviour and boundaries of each session. The ground rules apply to everyone within the group, including facilitators. For example, all information is kept confidential, except when a disclosure issue arises. Explain to the participants what a ‘Disclosure’ could be (page 16 and 311).

You can start each session with an Ice-Breaker. This could act as a way of ‘warming-up’ the group and helping participants prepare for the work ahead and last approximately 5 minutes. Suggestions are given on these websites and are free:-

- [www.insight.typepad.co.uk](http://www.insight.typepad.co.uk) (over 40 ice-breaker suggestions)
- [www.reproline.jhu.edu/index.htm](http://www.reproline.jhu.edu/index.htm)
- [www.icebreakers.ws](http://www.icebreakers.ws)
- [www.youthgroupgames.co.uk](http://www.youthgroupgames.co.uk)
You should inform participants about the ‘Adult Support Protection Pathway’ (page 17). Tell them it is your legal duty to go to a line manager as soon as possible, if a ‘Disclosure’ has been made. If you have another facilitator to support the group, let them introduce themselves. Explain you have the participants’ best care in mind and it is important that everyone in the group should look out for each other.

The welcome session is not just about rules but also about fun and anticipating some of the course, so tell participants what they will learn in the session ahead.

The Tools

We have suggested some ‘Ice-Breaker websites’ where you can choose an activity and adapt this to the needs of your group. It is recommended that you try to match the Ice –breaker exercise topic to your session topic.

You can also use the ‘Traffic Light’ cards mentioned in session 9 as communication and question cards i.e. Green for ‘I have a question or something to say’, yellow for ‘I don’t understand’, red for ‘stop’.

An end of session ‘Evaluation Sheet’ (page 284) has also been provided as an option. If you are choosing this option make sure each participant is given time and help. You may have to allow time within the session for this. This will help you as a facilitator to assess how effective the session has been and encourage participants to reflect on what they have learnt and what may need to be improved on or followed up.

When participants leave a session it is important to make sure everyone feels relaxed and that they leave in a positive frame of mind. You could play the group relaxing music, of their choice, while they relax on cushions/blanket.

Setting the Scene

At every session, facilitators need to prepare the space. This includes ensuring the space to be used is accessible to all the participants, private, and as informal and welcoming as possible. It is important to establish a safe environment to encourage people to relax and participate. Also, make
sure that all the equipment and materials are available. Discuss any specific needs with the participants first, so that you are aware of any additional equipment or preparation you need to do for someone with special communication needs, sensory, physical, hearing or visual impairment. Having a flipchart not only aids exercises but can be used to note issues or questions for later discussion, especially in group work. This also helps aid participant’s memory and assures them that you will return to address their question or issue.

Having fun!
The five senses can be used to create the right atmosphere. Examples are:
- Have easy listening music playing as participants arrive. You could ask participants for ideas.
- Have a selection of pictures up on the wall for people to look at.
- Spray the room with air freshener or use scented candles, where appropriate. But be aware of allergies or bad reactions participants may have to certain smells.
- Have a selection of items on the tables for people to begin to explore - many people like to have something to do with their hands.
- Have healthy snacks on the tables. Snacking will help boost people’s energy levels and aid concentration. Be aware of allergy, dietary or food management needs. It is suggested if someone has an eating disorder, to arrange a group of similar peers or 1-1.

You need to be aware that these suggestions may not be suitable for your group and adjust accordingly. For example, some participants with autism spectrum condition may be hyper-sensitive to certain materials you plan to use. If anxiety is triggered on entering the room, no learning will occur. Please use your pre toolkit ‘Participant Checklist’ tool (page 21).

Establish the structure. A clear structure helps the group know what to expect. The start of each session includes information of what will be talked about in the session and a Re-cap exercise. This will be backed up by your visual timetable for each session. If the session is being held in a hired room explain where the toilets and fire exits are to be found.

Establish the ‘Ground Rules’ (page 268). Encourage their involvement and ownership of these rules. Re-visit ground rules at each session. Check out understanding to avoid misunderstanding!
Each session provides a Recap discussion to check out the learning, clarifying any issues that arise and reminding participants what topics were covered.
The aim of the sessions is to allow discussion, in a safe space, within the context of the ‘Love Is’ Policy.
You can end each session with music. There are CD’s available that have natural sounds such as forest sounds, waves and the ocean, or simply use a relaxing instrumental CD. This ensures that participants leave a session with a sense of well-being and calm. Facilitators will need to check out that participants are feeling okay and do not have any unresolved issues or questions. There may be participants who need to talk to you after the session.
Always evaluate the session with participants. This helps identify what is working well and what might need to change or be adapted. A sample ‘Evaluation Form’ (page 283) is provided within the Toolkit. Participants may need support to complete their feedback.

Dealing with Personal Stories, Disclosures and Follow Up

Ensure you know your local ‘Adult Support Protection’ procedure and ‘Reporting Pathway’ (page 311). You will have to describe to the group what a disclosure is and give examples of these. You can use the stories in the ‘Act Against Harm’ (page 371) publication to help you.

Facilitators have a duty of care to the group and should let the group know at the start of the session that if anyone ‘Discloses’ anything that causes the facilitator concern, it can not remain confidential as the facilitator has a duty to get help.

It is a facilitator’s responsibility to deal with and look after anyone who needs time out from the group. Facilitators should discuss a strategy on how to deal with personal stories and ‘Disclosures’ before the session begins, so that everyone is fully aware of their roles and responsibilities. Make sure participants know who they can speak to and advise the participants which facilitator will be taking on this pre agreed role.

It is possible that during a session, a participant may ‘disclose’ a personal experience. This would be expected within the context of the session; however you need to establish that personal experiences are best discussed after the session, within a one-to-one situation. The facilitators’ role in this context is to acknowledge what has been said, and move the discussion on while the supporting facilitator takes on the pre-agreed role.
During a session, a participant may ‘Disclose’ something that gives cause for concern in terms of the protection and safety of the individual concerned. An individual may make a statement that indicates the possibility of sexual abuse, or become distressed while discussing a topic. Bear in mind that not everyone making a ‘Disclosure’ becomes upset, the participant should be approached after the session, to follow-up on what has been said.

Sessions could trigger issues for a participant. It is important that appropriate support can be identified and put in place. It is also important that the facilitator receives help in dealing with ‘Disclosure’ and acknowledges it to their line manager.

Other follow up actions could involve other agencies and/or care services. This may include medical, behavioural or care issues. Facilitators should advise the appropriate agencies of any further issues that are cause for concern and should be forwarded into a participants care plan.

A ‘Person Centred Plan’ (PCP) in the form of a small mind map may be useful to note participant’s needs and reassures them you have listened and taken note, this enables the session to move forward. Use simple headings such as

Who the participant is,
What the issue is,
Why it arose,
What action the participant wants,
Who do they want you to tell?

Remember to ask the participant for their permission to pass their story and action on (If there is a ‘Disclosure’, NO PERMISSION IS REQUIRED but good practice would be to tell them and describe the help and support they can have or get by going through the procedures).

The facilitator has a responsibility to go to their line manager as soon as is reasonably possible under the ‘Duty of Care’, after each session, if a ‘Disclosure’ has been made.

The figure below shows the reporting procedures under the Highland Council’s own training around the ‘Adult Support and Protection (Scotland) Act 2007’. The Highland Council training also includes the Scottish Government ‘Act Against Harm’ with useful indicators to help facilitators. Facilitators are reminded that these procedures start with the person and the facilitator’s valuable role as an enabler.
Figure 1: from the “Adult Support and Protection in Highland – Interagency Procedures for the Implementation of the ‘Adult Support and Protection (Scotland) Act 2007’, March 2010”

And also see the Appendices of this Toolkit.
Equality and Diversity Issues

It is important that you, as a facilitator, are comfortable discussing the full range of potential issues on sexuality, sexual health and relationships. We all have values and beliefs (even if we think we don’t!) formed by our own upbringing, memories and experiences, which may affect the way we view the world and those around us. This needs to be acknowledged so that you can deliver these sessions with an open mind and behave in a non-judgemental way.

Review the materials thoroughly to check that you are comfortable and confident with them. You may feel nervous or hesitant, as these issues may not usually be discussed openly or explicitly. Get the giggling out of the way and explore how everyone feels, creating an atmosphere of safe space and trust which will help you and your group to relax.

Participants may come from a diverse value base, with different life experiences from another culture, religion, sexuality, or social expectations. Adults with learning disability and/or autism spectrum condition are just like anyone else! This Toolkit does not advocate any particular view; it only presents the information with which people can make informed and safe choices. For example, some people believe that sex before marriage is unacceptable while others have opposing views. Facilitators need to be aware of abiding by good practice in terms of equality and diversity legislation. Make no assumptions about participants or other staff/carers.

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**Love Is Policy References**

<table>
<thead>
<tr>
<th>Love Is Policy &amp; Good Practice Guidance</th>
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<tbody>
<tr>
<td>Love Is Policy: Supporting People with Learning Disabilities on Relationships and Sexuality: Section 1,2,4,7,8,10, 11.</td>
</tr>
<tr>
<td>Love Is Good Practice Guidance: Working with People with Learning Disabilities about Relationships and Sexuality: section 1, 6, 9 &amp; Appendix 1 &amp; 3</td>
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### Resources


- Scottish Government ‘Act Against Harm’ Campaign [www.infoscotland.com/actagainstharm](http://www.infoscotland.com/actagainstharm)


- DVD ‘Making Decisions – Your Rights – People with Learning Disabilities’ (Scottish Government) 0131 622 8283

- ‘A sexual knowledge and behaviour assessment tool’, [www.me-and-us.co.uk/assessmenttool/index.html](http://www.me-and-us.co.uk/assessmenttool/index.html)

- [http://www.gsc.org.uk/cmsfilesRegistration/Codes_of_practice_for_social_care_workers_and_bosses.pdf](http://www.gsc.org.uk/cmsfilesRegistration/Codes_of_practice_for_social_care_workers_and_bosses.pdf) for multi lingual, easy read pictorial web friendly and Makaton social work codes of practice (these may be England based but are useful as ‘information in an emergency’ information tool)

- [www.equalityanddiversity.co.uk/activity-packs.htm](http://www.equalityanddiversity.co.uk/activity-packs.htm)

- ‘HELP’ Video [http://www.video3uk.com/highlandhelpgroup](http://www.video3uk.com/highlandhelpgroup)

- Planning for Integration [www.highlandlife.net/p4i](http://www.highlandlife.net/p4i)

- [http://www.highland.gov.uk/leisureandtourism/libraries/yourlocallibrary](http://www.highland.gov.uk/leisureandtourism/libraries/yourlocallibrary)
Pre toolkit PARTICIPANT CHECKLIST for staff/carers
– things to be aware of!

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<tr>
<th>Staff knowledge base</th>
<th>Circle the following if evident</th>
<th>Notes</th>
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<tbody>
<tr>
<td>A. What do you know about the participants in your group?</td>
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<tr>
<td><strong>Skills</strong></td>
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<tr>
<td>- <strong>Communication</strong> - verbal, may point, show, nod, make noises, body language (consider processing time)</td>
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<td>- <strong>Negotiation in travel</strong> – can ask for help, time keep, telling when to stop, feeds back to driver in their chosen communication method, travel independently</td>
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<td>- <strong>Academic</strong> – writes, reads, scribed for, pictorial, memory</td>
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<td>- <strong>Health, safety and leisure</strong> - understands rules, understands own/others actions and consequences, requires help to participate, helps others</td>
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<td>- <strong>Social recognition</strong> – of self, of friends, of others, recognises anger, calm, understands helping, respects others views, understands emotions, understanding of self and others</td>
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<tr>
<td><strong>Sensory</strong></td>
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<td>Unusually high/low or repetitious responses to:</td>
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<tr>
<td><strong>Smell</strong> – smelling, sniffing, gagging, licking objects, unusual eating trends (Pica)</td>
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<td><strong>Touch</strong> – carrying out self-care, self-touch and of others, degrees of pain, obsession of and to textures, fear of textures, Obsessive Compulsive Disorder: this can cover anything from travel difficulties and eating to room types and cleanliness</td>
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<tr>
<td><strong>Sensitivity</strong> – self stimulative actions such as tapping, slapping, crunching, rocking, heading</td>
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<td><strong>Hearing</strong> – hides away, hears all noises,</td>
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<tr>
<td>Covers ears, does not hear, appearing not to listen</td>
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<td><strong>Sight</strong> – light flicker, glare, paper type, spatial awareness, colour, tinted glasses</td>
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<td><strong>Taste</strong> – gagging, limited intake, limited variety, object tasting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance and Coordination</strong> – use of one hand only, clumsy, rigid movement, mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Body awareness</strong> – touching, closeness to object, object bumping, rituals, movements and jerks, seated/standing, not respecting others boundaries,</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Processing</strong> – repeats questions/answers, risk taking, awareness of crowds, active, processing time – can be the time from hearing to memorising or from vision to perception, self-reflection</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Response</strong> - ignores, misconceives, tiredness, anger, withdrawal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. What else do you know?**

This covers facilitator responsibilities such as, help with medication, toilet times, limited diet, allergies, concentration breaks and preferred routines. Participants and carers are helped to note these in some of the tools opposite.

Have you seen any of these personal assessments below?

- **SPELL booklet** used in school transition which covers individual preferences, needs, contacts and chosen information to share

- **Personal Passports**

- **Communication Passports**

- **Carer/participant led assessments** can help make up an individual adult sensory passport from likes to dislikes, triggers and reactions

- **Carer/participant led assessments** can help make up a communication passport for those who have little or no verbal communication
EVALUATION

Can the participant understand the following?

You can use questions 1-4 before starting the Toolkit to evaluate the level of knowledge and any gaps in basic concepts, and understanding of those concepts. Participants who appear to only memorise rather than understand a concept will still have other benefits by attending a workshop.

<table>
<thead>
<tr>
<th>Where is the participant’s knowledge now? can they say, show, name or point</th>
<th>Circle the following if understood</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Appropriate behaviour</strong></td>
<td><strong>Private</strong></td>
<td>- when no-one else can see you or is near/around you, underwear, own room, day/night, own bathroom</td>
</tr>
<tr>
<td></td>
<td><strong>Public</strong></td>
<td>- when others can see you or are near/around you, outer wear/under wear, café, street, classroom, day/night, public toilets, clubs</td>
</tr>
<tr>
<td></td>
<td><strong>Private parts</strong></td>
<td>- male/female clothed, unclothed</td>
</tr>
<tr>
<td></td>
<td><strong>Clothing Types</strong></td>
<td>- ‘tops’ ‘bottoms’, underwear, fashion</td>
</tr>
<tr>
<td></td>
<td><strong>Touching</strong></td>
<td>- handshake, sympathy, comfort, people you know, people you don’t know, public, private, own/others behaviour</td>
</tr>
<tr>
<td></td>
<td><strong>Expressing feelings</strong></td>
<td>- how to tell, what to tell, who to tell, personal information, public information, publicly/privately, asking for help, behaviour of others</td>
</tr>
<tr>
<td></td>
<td><strong>Public private touching</strong></td>
<td>- holding, hugging, kissing, feeling, masturbation, feeling safe, likes and dislikes</td>
</tr>
<tr>
<td></td>
<td><strong>Consent</strong></td>
<td>- yes, no, feelings, choice, changing mind, when things go wrong, getting help, reactions</td>
</tr>
<tr>
<td><strong>2. Recognition of relationship types</strong></td>
<td>- baby, male/female, child male/female, teen male/female, adult man/woman, older adults men/women</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- family, wider family, friends, neighbours, public</td>
</tr>
</tbody>
</table>
### Recognition of differences in people and ‘how I see myself’

- body parts self, male/female, others all different sizes/shapes, colours
- cultures, diet, health, disabilities, dual gender (bi-gender, poly-gender), a ‘wider self’

### 3. Why and where appropriate self care skills are done. This recognises the needs and choices of others

<table>
<thead>
<tr>
<th>toileting</th>
<th>-the gents/the ladies, public, private, consideration for others</th>
</tr>
</thead>
<tbody>
<tr>
<td>personal hygiene</td>
<td>-personal care, changing clothes, changing incontinence and sanitary products, changing pants, pyjamas, socks</td>
</tr>
<tr>
<td>appearance</td>
<td>-bathing, toiletries</td>
</tr>
</tbody>
</table>

### 4. Recognition of friendship types and sexual relationship types

- male/female, male/male, female/female, dual gender

### Recognition in others of the changes that lead to a baby being born

- sex, contraception, condom, pill, sperm, ‘eggs’, have they seen a pregnancy, why do people use birth control, changing condoms, who could get pregnant, which gender type can get pregnant

### 5. Evaluation

You can use questions 1-4 above after completion of the Toolkit. This will enable you to evaluate participants and knowledge gained and identified areas of weakness.

At this point make it fun i.e. what advice can they give their friends, people in the street, characters on TV, choosing pictures to match
Session One - The Five Senses

In this session

We will: Raise awareness to participants of their personal likes / dislikes and choice by exploring the five senses and how they affect how the participant feels
Raise awareness of others personal likes/dislikes and choices through group discussion and how any difference might affect how they or others feel

This session of the course uses the five senses – **sight, hearing, touch, smell, taste.** A varied selection of material is used to illustrate examples of each, some of which people will find pleasant and others perhaps not so pleasant.

The facilitator will provide a range of items which could appeal or not to participants. The idea is to have a wide range of material to cover personal preferences, including some things which are unlikely to appeal to anyone.

By exploring the senses and the personal preferences of each participant, the group will begin to have an appreciation of how their own and other people’s likes and dislikes might affect relationships.

Be aware some participants may not have had many opportunities to make their own choices. So be encouraging and offer a second choice as this may be the decision they really wanted to make after being given a time to think.

The facilitator will keep ‘Personal Folders’ and hand them out before each session. This will stop loss and feelings of failure due to uncompleted tasks. However ‘Communication Cards’ will be used and handed out at the end of each session. It will not matter if these are lost before the next session as their main purpose is to aid communication and possible home conversation about each session attended and as a tool to bring questions back to the next session.

**Preparation**

Refer to ‘Preparation and Guidance’

**Materials you need**

- A range of images and materials e.g. photographs / pictures / magazines / coloured card or scarves / pieces of fabric
- Relaxing and lively sounds / music and CD player
- Range of food items (chocolate, lemon, and olives). Try to include sweet, sour, salty, spicy, bland.
- Fabrics (wool, silk, hessian, cotton); lotions / hand creams / gels; loofah, stiff bristle brush, cactus.
- Examples of both pleasant and unpleasant fragrances – perfumes, flowers, body spray, sweaty socks, egg sandwich, fish paste, disinfectant.
Hand cleaning gel or baby wipes
Individual folder for each participant with a copy of the ‘All About Me’ worksheet
Photocopy the ‘Communication Card 1’
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors
Hand out the ‘Personal Folders’
Optional – You may find it useful to set aside and fill a folder or a ‘personal session box’ for yourself. This could be used as a model to show participants how you came to think about each session and decisions you took in filling in your worksheets. In session 7 and 12, this will be specified

This is by no means an exhaustive list – utilise whatever you can get hold of easily.
Use your imagination and have fun but be aware of any reactions or allergies any of the participants may have to the materials (refer to the pre toolkit ‘Participant Checklist’ tool before commencing the course).

Detailed Facilitator Notes

The Session

Recap - starting the course

Each session will start with a Recap on the previous session. As this is the first session, uses the Recap to remind participants of the posters and invitations you sent out and a brief expectation of the whole course.

The Five Senses

The idea is to encourage participants to explore and discover those sights, sounds, textures smells and tastes which appeal to them and through this voyage of discovery become more aware of their own senses, bodies and minds.

It is recommended that you examine the senses in the order suggested. Take as long as is necessary for your group to explore each sense.

Sight
Show pictures and photographs and ask people to comment on them.
What do they think about each image?
Show different colours.
What colours do they like to wear?
**Sound**
- Play a range of music and other sounds.
  - What do they like to listen to?
  - Does everyone like the same kind of music?

Finish with an up-beat piece of music and encourage people to dance or move to the music.

*Give everyone a 10 minute break at this point – they should all be feeling quite energised.*

**Touch**
- Ask participants to feel different fabrics and textures.
  - Which do they prefer the feel of?
  - Which would they like to wear next to their skin?
- Have different shapes (smooth edges, uneven surfaces, sharper/ridged edges).
  - Ask people to close their eyes and feel an item (a ball, a cuddly toy, a wooden box or a tin for example) use whatever you can find at home, then describe it.

**Smell**
- Get everyone to smell a range of things.
  - Which do people like?
  - Do certain smells remind people of certain memories (times, places, people)?
  - What do they like to smell of (favourite perfume or deodorant)?

**Taste**
- Ask people to taste a variety of foods and drink. Have a few ‘controversial’ items e.g. chilli flavoured chocolate, olives, aniseed, tinned fish. *(Remember to have tissues ready so that people can spit out anything they find too awful. Do not coerce participants into tasting.)*
  - Can they describe them?
  - What do they think about them?
  - Does everyone like the same things?
  - What do they like to eat?

**Group discussion**

At the end of this session, ask people what they thought about the exercise.
Have they learned anything new about themselves?
Did everyone like the same things?

Encourage everyone to explore their own preferences and compare them with other members of the group.

Remind everyone that today they have learnt that some people share the same preferences and others have different preferences but all are okay. If we learn to
respect others preferences and choices it helps to keep good friendships and relationships going.

Suggested Activity

Pass round the ‘Personal Folders’ that you have for each participant. This is theirs to build and to use as a type of ‘scrap book’ about themselves – a record of their likes and dislikes, photos, memories, tickets or other mementos. Encourage them to personalise it as much as possible and bring things in, to add in to it, at each session if they choose. They may wish instead to do this at the end of the Toolkit Course as revision with their own family or carers i.e. visit a health centre.

Ask everyone to complete the ‘All about me’ worksheet for themselves with an example of an item from one of each of the sensory groups, e.g. “I like chocolate but I don’t like broccoli”. They can either write in the answers, or use visuals by cutting a picture from a magazine, using food wrappers to glue onto the sheet. This will form the basis of the beginning of the next session and is added to each ‘Personal Folder’ as they leave this session.

As each participant leaves, hand them today’s session’s ‘Communication Card 1’.

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

### Love Is Policy References

Love Is Policy Section: 3

### Resources

* [www.sedl.org/scimath/pasopartners/senses/](www.sedl.org/scimath/pasopartners/senses/) An overview and ideas on sensory activities
* [www.AgeAppropriateResources.com](www.AgeAppropriateResources.com)
* [www.sensorycomfort.com](www.sensorycomfort.com)

* Sensory items are also available at [www.ebay.co.uk](www.ebay.co.uk) and [www.amazon.co.uk](www.amazon.co.uk)
All About Me - My name is ................................

You can cut out and stick pictures on this sheet.

<table>
<thead>
<tr>
<th>Things I like .....</th>
<th>Things I don’t like</th>
</tr>
</thead>
<tbody>
<tr>
<td>to see or look at</td>
<td>to see or look at</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>to hear or listen to</td>
<td>to hear or listen to</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>to touch or feel</td>
<td>to touch or feel</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>to smell</td>
<td>to smell</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>to eat or drink</td>
<td>to eat or drink</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Today I learnt

I want to tell ............. about

What do I want to remember from today?

A question I want to ask ............. is

What do I want to remember from today?

A question I want to ask ............. is
Session Two – Body Image and Self Esteem

In this session
We will: Encourage development of a positive/healthy body image, good personal hygiene and self esteem
Link body awareness with a discussion on body image and self esteem
Link good personal hygiene and self-esteem and the possible effects on other people

Self-esteem and a positive body image are essential building blocks of enabling a person to be assertive, to value and respect themselves and their place in society, and to make confident choices. Refer to session 1 on what helps the participants feel good about them-selves and reinforce, they are worth taking care of and pampering.

The second discussion involves looking at photos and pictures of people and celebrities with a wide range of differences and lifestyles, either from magazines or photo libraries on the internet. This is a deliberate exercise to encourage the group to question the messages they receive about what is attractive and a positive body image. We will discuss how realistic are these images and are they real life images of real people? Our expectations are affected by these images and media influences. We want participants to be realistic and not measure themselves against these images. Their own sense of self-worth and attractiveness is important. This will be mentioned again in session 5. You should also discuss/include positive role-models who have a disability.

We also look at personal hygiene, particularly around the intimate areas, and discuss why it is important to keep yourself clean, both for your own self-confidence, and to make you more ‘attractive’ to others and possible partners. ‘Personal hygiene’ will also be covered in sessions 9 and 15.

Preparation

Refer to ‘Preparation and Guidance’

Materials you need

Photos or pictures of people and celebrities with a wide range of differences and life-styles
Photocopy the blank ‘Balloon/Heart’ worksheets (page 37 and 39)
Cut outs of body parts, hair styles, smiles
Copies of the FAIR multimedia booklets ‘Man’s guide to keeping clean’ “Women’s guide to keeping clean” and “Guide to a healthy mouth”
Photocopy the ‘Communication Card 2’
Blank A4 paper
Optional - ‘Some Of Your Bits Ain’t Nice’ DVD
- suggested celebrities with a disability could be Cerry Brunnel TV presenter, Julie Fernandez actress, Ash Atalla TV producer, Mat Fraser Actor, Laurence Clark comedian, Kiruna Stammel actress, Dame Tanni Grey-Thompson
sportswoman, Richard Herring comedian, Heather Mills model, Mike Hughes big brother celebrity
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Ask everyone to take out their completed ‘All About Me’ worksheet

Detailed Facilitator Notes

The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication Card’. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or any worries to be addressed.

Recap on session1

Ask the participants what they remember from the last session and remind them of all the different sensations they explored and their different likes and dislikes.

Body Image and Self Esteem

Distribute the magazines or photos of celebrities. Give the group some time to look at these pictures. Ask them some prompt questions:-

What do you like about these celebrities or pictures?
Why do you think they are celebrities?
How do they look? (their clothes, make-up, appearance)
Who are your favourite celebrities and why?

The point of this is to draw out ideas about what is thought to be attractive, and why, but also to lead the participants to question the messages that these images give to us in terms of what is expected in our appearance and image. Encourage the participants to question these values.

Are these images realistic? Follow this up with the photos of ordinary people.
Do you have to be a celebrity to be attractive?
Do you have to copy what they do? (Focus on consequences here; these will be referred to in session 9)

Give out the ‘Blank Heart’ worksheet to each person and divide the group into pairs. Ask them to talk to each other about what they like about themselves and to write or draw or stick it on the paper heart. This session covers body image, so try to encourage
a focus on body aspects. You will need to be encouraging about this, as we are not used to thinking about ourselves in this way. Ask them to now talk about what they like in other people and find attractive.

Give out the ‘Blank Balloon’ worksheet and ask them to talk about what they don’t like about themselves and write or draw or stick it on the ‘blank balloon’. Emphasise that a real balloon can be burst or let go and our paper ones can be ripped up. Thoughts about ourselves we don’t like can come into our mind can be let go as well. We all have parts of our bodies that we don’t like and that this is normal and okay. But we do not have to hang on to those thoughts or feelings or worry about the things we do not like, we can let those go. The participants can rip up the ‘Balloon’ worksheet with the images or phrases about themselves that they don’t like.

Ask the participants as a whole if they want to feedback anything, if they learned anything new about themselves.

Ask the group to put the completed ‘Heart’ worksheets in to their ‘Personal Folders’.

**Personal Hygiene**

Pass around copies of ‘Man’s guide to keeping clean’, ‘Woman’s guide to keeping clean’ and ‘Guide to a healthy mouth’. You may decide to split the group into males and females, or keep them together. If you decide to split the group, ensure all participants get all three copies as both males and females can learn about each other’s needs.

Work through the booklets, encouraging discussion about the importance of good personal hygiene not just from the point of view of attractiveness but also health.

You can also choose to use a DVD called ‘Some Of Your Bits Ain’t Nice’.

Discuss how the participants feel when they have had a bath, a new haircut or toiletries. Explain good personal hygiene is also good for self-esteem and mental wellbeing.

Finish off by putting the idea of attractiveness into a broader context. While this has been about a positive body image, attractiveness is more than how someone looks. Encourage a general discussion on the other aspects about people that are attractive qualities, e.g. feeling good makes you smile, does smiling make other people smile, others making you laugh, being kind, fun to be with.

**Suggested Activity**

Ask participants to think some more about what makes them feel good about themselves and to use a blank sheet of paper, to write or draw or glue an image that they think is attractive about themselves, a talent they have or something they are best at. As prompts you can use clubs or activities they go to or asking how they help others.
Facilitators can then explain that everything they have put on their blank worksheets are their ‘Personal Gifts’ e.g. a smile. These are gifts that make them different and can be shared to help other people or can be the reason other people like us. The facilitator can then head each completed worksheet with ‘My Personal Gift Certificate’ and ask everyone to put them in their ‘Personal Folders’.

In the next session, you will be encouraging participants to give each other compliments as part of an ‘Ice-Breaker’/Recap exercise, this is good preparation.

As each participant leaves, hand them today’s session’s ‘Communication Card 2’.

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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**Love Is Policy References**

Love Is Policy Section: 4

Love Is Good Practice Guidance: 6, 7

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**Resources**

* Fair Multimedia Leaflet ‘A woman’s guide to keeping clean’

* Fair Multimedia Leaflet ‘A man’s guide to keeping clean’

* Fair Multimedia leaflet ‘A Guide to a healthy mouth’
  [www.fairadvice.org.uk/userfiles/OrderForm_MultimediaFebruary2012.pdf](http://www.fairadvice.org.uk/userfiles/OrderForm_MultimediaFebruary2012.pdf)

* DVD ‘Some Of Your Bits Ain’t Nice’ [www.highland.gov.uk/leisureandtourism/libraries](http://www.highland.gov.uk/leisureandtourism/libraries)

* Alan Ross Consulting ‘travellers on the bus’ exercise (includes images of people with skin conditions, older people, people with dark clothing) who would you sit next to and why? ‘Using stories and observations’
  [www.scottishhealthcouncil.org/idoc.ashx?docid=2f873348...1](http://www.scottishhealthcouncil.org/idoc.ashx?docid=2f873348...1)

* A site for your session images [http://images.google.com](http://images.google.com) just type in your description

* Channel 4 ‘Embarrassing Bodies’ programme website [www.channel4embarrassingillnesses.com](http://www.channel4embarrassingillnesses.com)
Today I learnt

I want to tell ............. about

What do I want to remember from today?

A question I want to ask .............. is

-----------------------------------------------------------------------

Today I learnt

I want to tell ............. about

What do I want to remember from today?

A question I want to ask .............. is
Session Three - Being Assertive

In this session

We will: Enable participants to recognise aggressive, passive and assertive behaviour using illustrations and stories included in this pack and discuss the different characteristics
Enable participants to practice being assertive using physical appearance and tone of voice.

This session introduces three different types of behaviour that could be experienced in a relationship - aggressive, passive and assertive. It enables participants to recognise physical features of each type of behaviour.

By using three stories within this section, the participants explore how those who show each of these behaviours react in certain situations and how they feel as a consequence of their - or others - behaviour.

By practicing looking assertive and using the right language, participants begin to recognise assertiveness in themselves and how to appear assertive to others.

Preparation

Refer to ‘Preparation and Guidance’

Materials you need

Pictures of people, showing different faces and body postures, to illustrate the three different types of behaviour (aggressive, passive and assertive)
DVD and DVD player if using ‘In The Mood’ (available on YouTube)
Copies of ‘In The Mood’ script (page 51)
Optional – DVD role play by the facilitators
Copies of ‘I Can Be Assertive’ worksheet for everyone (page 53)
Optional – screen shots of the DVD characters emotions (press the control button along with the insert/part screen button and transfer this into paint for editing or a word document)
- screen shots (as above) to make a story board to match the DVD scripts
Photocopy the ‘Communication’ Card 3 (page 55)
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Ask everyone to take out their completed ‘Heart’ worksheet and ‘My Personal Gifts’ certificates
Detailed Facilitator Notes

The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication Card’. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 2

Ask the participants in turn to tell everyone else what attractive qualities they have written or drawn or stuck in their ‘Heart worksheet or ‘My Personal Gifts Certificate’ from the last session. Complement each person on either one of their qualities, or on some other quality that you value in them.

When everyone has had their turn, ask what it was like when they were complimented. Encourage everyone to pay each other compliments. These don’t have to be about physical things. Emphasise that attractiveness is not just about looks, and that it is okay to feel good about yourself, whatever your shape, size, gender or ability. Also we all have different talents and sometimes that is what makes a person attractive. Explain that sometimes it is the smell of something simple like a person’s favourite shampoo that makes one person attractive or memorable to another. Explain we are now going to talk about people’s behaviour. A person can be very beautiful and on TV but if they have a bad temper this makes them unattractive. The kind nature of someone very ordinary can make them attractive to everyone.

Three types of behaviour

As this next session does focus on facial and body expressions, participants with autism spectrum condition will need extra emphasis on other details in a person’s face i.e. the extra curl in a character’s mouth or the downturn in the characters eyes when they are aggressive. Also highlight the facial and body language clues others look for or notice in someone who means us well; and others we may need to look out for and to avoid, who may mean us harm.

Begin this session by watching DVD1 ‘In The Mood’. We all like different things - but we can’t always have exactly what we want all the time and we may have to negotiate (give and take) in a relationship. We recognise that some venues will not have a DVD player and facilitators may find it helpful before setting up this session, to create a storyboard using screenshots from the DVD and the DVD script provided.

Did Andy and Claire want the same things from their date? Show the DVD again if you wish. You may need to repeat this for each behaviour type. Use the DVD script as a prompt.

How do you find out what someone else likes?
Who should decide what to do on a date?
How do we tell someone what we want?
Explain that you are going to look at three different types of people.

- Show pictures illustrating aggressive behaviour and ask people to describe them. Prompt participants to comment on:
  How someone who is acting aggressively stands or sits.
  Where they look.
  What they do with their hands.
  What their faces look like.

Prompt participants’ responses if necessary to look out for:
  looking threatening
  standing too close
  staring at other people
  pointing their fingers
  making a fist.

Ask the participants to think about what they might sound like. Again, note their responses which should include:
  shouting
  yelling
  not listening to other people.

Ask the participants what they think about someone who is behaving in this way.

  Do they get their own way?
  Probably, quite a lot of the time. Yes. Other people might not want to stand up to them as it might cause a row.

  Do other people like them?
  Probably not. They might be friends with them because they are scared of them.

  Do they care about what other people want?
  No - they only care about themselves.

- Show pictures illustrating passive behaviour and ask people to describe them. Prompt participants’ to comment on:
  How someone who is acting passively stands or sits.
  Where they look.
  What they do with their hands.
  What their faces look like.

Prompt participants’ responses if necessary for:
  slouching or stooping
  looking down
  hands in pockets
Ask the participants to think about what they might sound like. Again, note their responses which should include:
- quiet voice
- whispering
- not saying anything

Ask the participants what they think about someone who is behaving in this way.

Do they get their own way?
*No - they probably don't even tell other people what they want. They will do what other people tell them to do.*

Do other people like them?
*Maybe, maybe not. They might be friends with them because they can boss them about.*

Do they care about what other people want?
*Maybe too much, maybe not at all because they are too frightened.*

Show pictures illustrating assertive behaviour and ask people to describe them.

Prompt participants’ to comment on:
- How someone who is acting assertively stands or sits.
- Where they look.
- What they do with their hands and feet.
- What their faces look like.

Prompt participants’ responses if necessary for:
- looking confident
- standing or sitting up straight
- looking at other people in the face

Ask the participants to think about what they might sound like. Again, note their responses which should include:
- normal tone of voice
- speaking clearly
- listening to what other people have to say.

Ask the participants what they think about someone who is behaving assertively.

Do they get their own way?
*Probably quite a lot of the time, Yes. Other people will listen to what they say and take them seriously, especially if they have good reasons to explain what they want.*

Do other people like them?
*Probably. They know what they want and can talk about it without falling out. They also listen to what other people want.*

Do they care about what other people want?
*Yes, but with reason and thought before they act. They will help when they can and tell people to get help when they can’t.*

Let everyone take a break and move about. Play some music or have a snack.
**Assertiveness training stories**

Read each of these stories in turn. After each story, lead a group discussion about the behaviour of the characters. Facilitators could produce a storyboard, show photos or pictures from magazines that illustrate the key points of each story. This would help participants who need visual cues. Facilitators could role play. Facilitators are reminded that they must de-role themselves as facilitators and state their character name and de-role again after the scene and remind participants that they are now facilitators again.

**Jack and Harry (aggressive)**

Jack and Harry share a flat together. They have their own bedrooms but share a kitchen and living room. They have a large screen TV in the living room. It is the only TV in the flat.

Harry is a big football fan – he supports a local football team. One evening there is a big match on the TV which he wants to watch. But it is on a night when Jack likes to watch repeats of his favourite comedy series that he has seen lots of times. He even has it on DVD.

Harry is already watching the football when Jack comes in. It is a very exciting match – the team are doing well.

As soon as he comes in, Jack turns the TV over to his comedy programme! Harry is not happy.

"Why have you turned the TV over? I was watching the football" says Harry.

“I’m going to watch Only Fools and Horses” says Jack.

“But this is a really important match” says Harry. “If the team win this, they go through to the next round of the Cup”.

Jack glares at Harry. He is shouting. “I always watch my programme, you know that. It’s not your TV. I want to watch Only Fools and Horses. I don’t care about football. I’ve got the remote control now, so I decide what we watch”

Jack sits with his back to Harry and starts to watch his programme. He holds tightly onto the remote control.

Poor Harry. He is upset because he won’t see the end of the football match, but he daren’t say anything because Jack might shout at him again.

**Suggested prompt questions**

Use the illustrations of the three behaviours to aid participants’ memory and responses.

**Is Jack being aggressive, passive or assertive?**
**How do you think Harry feels?**
**How do you think Jack feels?**
Tina and Fiona (passive)

Tina and Fiona are friends from college. They get on really well and often go out together, shopping or to the cinema. Fiona is always on time but Tina has a bad habit of always turning up late!

One day Tina asks Fiona if she would like to go with her to see a new film that has just started at the cinema.

Fiona says that she would and they agree to meet outside the cinema on Saturday at 2.00 pm, a half hour before the film begins – Fiona wants to get inside early to get a good seat.

On Saturday the weather is not good. It is raining and quite cold. Fiona wraps up well and arrives at the cinema at 2.00 o’clock. She looks around for Tina, but she is not there. She puts her hands in her pockets and begins to walk up and down to keep warm.

Five minutes go by, then ten, then fifteen. There is still no sign of Tina. Other people arrive and they begin to make a queue. Fiona is worried that they will not get a good seat.

Eventually, at 25 minutes past 2 – only 5 minutes before the film starts – Tina turns up. She is smiling and looks really pleased with herself.

“Hi Fiona. Look at this great new top that I just bought” she says. “I got it in the sale at Next.”

Fiona frowns and looks down. She is not happy because she is cold and they are late for the film, but she does not look at Tina or say anything because she does not want to fall out with her.

Suggested prompt questions

Use the illustrations of the three behaviours to aid participant’s memory and responses.

Is Fiona being aggressive, passive or assertive?
How do you think Tina feels?
How do you think Fiona feels?
Who is in charge?
Is this a good relationship?
What could Fiona do or say to make things different?
Tom and Marie  (assertive)

Marie lives in her own home with support.

Marie has a boyfriend, Tom that she has been seeing for nearly 2 years. They often meet at various clubs and sometimes at a centre, but they find it difficult to meet in the evenings and at weekends because Tom lives in the country with his sister and there are not many buses.

Marie and Tom have been invited to a party in town. They would like to go but the last bus back to Tom’s home town is very early. They have decided that Tom should stay over at Marie’s house so that he can go to the party with her.

When Marie tells her support worker, she gets a shock.

“I don’t think that is a good idea” says the support worker. I think Tom should go home.”

Marie stands up tall and looks at her support worker. She takes a deep breath to relax her and then speaks calmly but firmly. “I want Tom to stay over because the last bus back is at 8.00 o’clock. If he has to catch that, he can’t come to the party.”

“Can’t his sister come and collect him later? “ asks the support worker.

“She has to stay at home with her children. Her husband is working off shore and she can’t leave them on their own. I know that you are worried about me, but Tom’s sister is OK with him staying. We have talked about it a lot and I know about sex. We don’t think we want to do that yet, but we do want to spend more time together” says Marie.

“Well” says the support worker. “It looks like you’ve thought a lot about this, so if you’re sure it’s what you want……..Just let me know if you need help with anything.”

Suggested prompt questions

Use the illustrations of the three behaviours to aid participant’s memory and responses.

Is Marie being aggressive, passive or assertive?
How do you think Marie feels?
How do you think her support worker feels?
Who is in charge?
Is this a good relationship?
Can you think of a time when you have been assertive?
How did you feel about that?

Being assertive
Refer back to the list that you made to describe what it looks and sound like when a person is being assertive. Go over the list to make sure everyone understands what was written Get people to practice standing in a relaxed and assertive way, with shoulders back, feet slightly apart, arms relaxed, looking at other people in the eye or their nose or cheek if this is more comfortable.
In turn, ask participants to say one of the following statements in an assertive way.

I don’t want to do my shopping on Monday. I want to do it on Tuesday.
I would like to go to the cinema with my friends.
I don’t want to cook tonight. I am going to have a take-away.
The party finishes late. I would like to stay until the end.

Add others that you think of. The point is to get participants feeling confident and speaking out for themselves.

Suggested Activity

Pass round the ‘I Can Be Assertive!' worksheets. Ask everyone to practice standing or sitting and sounding assertive.

If the participants wish, you can encourage them to role play with each other and if it is comfortable for them, use objects from their folders or pockets and note the differences in asking for the objects back in an overly polite way, a demanding way, in a confident way.

Add the ‘I Can Be Assertive!' worksheet to participant's folders.
Add copies of the ‘In The Mood’ script to participant's folders.

As each participant leaves, hand them today’s session’s ‘Communication Card 3’

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

Love Is Policy References

Love Is Policy section: 3, 7
Love Is Good Practice Guidance: 4, 9

Resources

* Assertiveness Resources http://www.skillsforlifenetwork.com/?atk=1254
* http://www.perceptionlab.com/
* An assertiveness skills course http://www.st-andrews.ac.uk/staff/ppd/developyourself/courses/assertiveness

Love Is Policy References page 327
NOTES FOR ‘IN THE MOOD’ SCRIPT

Characters: Andy, Bruce, Claire, Donna.

Andy and Claire met at a club and have been seeing each other there for a few weeks. They are planning a first date away from the club. Andy has invited Claire to his house for dinner.

Scene 1
Bruce is asking Andy about Claire and his plans for the evening. Andy tells Bruce that he hopes to get a big snog!

Scene 2
Claire is excited. She tells Donna that this will be the first time they have been alone together, with no-one watching them. Donna comments that Claire is an adult, not a child. Claire admits she hopes they might hold hands and perhaps even have a wee kiss.

Scene 3
Bruce asks Andy if he is going to cook for Claire - but Andy tells him that his plans are to have a few cans, get a chippy and watch some football! Bruce is not sure that Claire will like that - he tells Andy girls usually like different things!

Scene 4
Claire thinks that Andy is going to cook dinner. She thinks there will be wine and candles, flowers and music. It is going to be really romantic! Donna is not sure that Andy can cook. She thinks that Claire is expecting Prince Charming!

Scene 5
Bruce asks Andy is he is going to get ready. Andy says he is ready - he’s got plenty of deodorant on!

Scene 6
Claire says she must go and get ready for her date. She wants to have a bath and wash her hair. She has a new dress to wear and is going to put on some perfume. Donna says that she hopes everything works out for Claire - but she doesn’t look as though she thinks it will!
I CAN BE ASSERTIVE!

Practice looking assertive.

First, get comfortable.

• Stand or sit tall, shoulders back
• Feet slightly apart so that you feel secure
• Arms relaxed
• Look the person you are speaking to in the eye or their nose or cheek if this is more comfortable
• Speak in a normal tone of voice - don’t shout and don’t mumble

Practice saying the following in an assertive way:

• I don’t want to do my shopping on Monday. I want to do it on Tuesday.
• I would like to go to the cinema with my friends.
• I don’t want to cook tonight. I am going to have a take-away.
• The party finishes late. I would like to stay until the end.
• I don’t want to kiss you. Please leave me alone.
• I want to be alone.

You can ask your supporter or a friend to role-play with you, or even use a mirror, and think of examples that you might come across everyday such as in a shop, or objects you might lose or drop in a public place and have to ask a lost property desk for.
Aggressive

Passive

Assertive

Assertive
Today I learnt

I want to tell .............. about

What do I want to remember from today?

A question I want to ask .............. is
Session Four - In the Mood

In this session

We will: enable participants to continue to appreciate how different likes and dislikes might affect relationships using role play
Introduce negotiation and ‘give and take’ within relationships using a role play
Facilitate group discussion on issues raised in the role play

This session builds on the previous exploration of the five senses and body image and self-esteem.

In the DVD, We see the couple, Andy and Claire, who are in a relationship, discussing a forthcoming date they are planning together with their friends Brian and Donna.

The facilitator then asks the participants to consider how the way they each behave may affect the other and what this might mean for their relationship.

Preparation

Refer to ‘Preparation and Guidance’

Materials you need

Copy of ‘In The Mood’ DVD (available on YouTube)
Copies of the ‘In The Mood’ script (page 63)
DVD player and TV
Copies of the ‘All about someone I know’ worksheet (page 62)
Photocopy the ‘Communication’ Card 4
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Ask everyone to take out their ‘I Can Be Assertive’ worksheet
Detailed Facilitator Notes

The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication Card’. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 3

Ask everybody to choose one of the statements from the ‘I Can Be Assertive’ worksheet and ask them to say them in an assertive way. Ask other members in the group to comment.

As the first three sessions have concentrated mostly on each participant’s own self-awareness and we are going to start looking more at other’s differences, we suggest a brief Recap on the ‘All about me’ worksheet from session one.

‘In The Mood’

Tell the participants that you are now going to watch a DVD about a couple called Andy and Claire who are boyfriend and girlfriend.

Play chapter one of the DVDS. You may want to play it straight through once, then replay and pause at relevant points during the group discussion.

This clip will help participants think about how others may think differently to them and expect different scenarios to happen. Again be mindful of participants who have autism spectrum condition. They may need the thoughts or actions of a character breaking down into thoughts before the action and the thought process followed thereafter. This may then prompt the participant to put forward how they may have approached the scenarios in a different way.

Group discussion

After watching the DVD, ask the participants their initial thoughts about it. Try to get them to expand on the following points. The group should be encouraged to come up with the answers themselves as far as possible. You can use the DVD script to remind participants of the DVD contents.

What did they think about the characters and the situation?

Have any of them been in a similar situation?

What was it like when that happened?

Only push people as far as they are comfortable. Respect their right to privacy!

In the DVD, who was right and who was wrong?

Both characters.

Why?

Andy is not considering Claire’s feelings – but Claire is not being realistic!
What could they have done differently?

Andy could have asked Claire if she liked football and beer. Claire needed to see Andy as he really is.

How could they both change? Should they change?

They need to discuss what they are going to do together. It is OK to have different likes and dislikes, but are there things that they can share and do together that they will both enjoy? With any friendship or relationship you need to have things in common – and to respect that you might have different likes and dislikes. A relationship is not about changing a person into someone they are not.

Suggested Activity

Ask participants to pick one person that they know that is not someone in the group i.e. family, friend, and supporter and help put that person’s name at the top of the ‘All About Someone I Know’ worksheet. They should think about that person and the things they might like and dislike and write the answers down on the ‘All about someone I know’ worksheet. How different are the likes. Are there any dislikes that the person they know has but they had as likes on their own worksheet? The facilitator can then point out how different everyone is and how knowing someone well might mean they have to compromise sometimes just to stay friends with someone.

Ask everyone to put their completed items into their ‘Personal Folders’

As each participant leaves, hand them today’s session’s ‘Communication’ Card 4

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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<th>Resources</th>
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<tr>
<td>There are game ideas if you wish to make your own versions, on the web under</td>
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<tr>
<td>* Sharing meal items <a href="http://www.bbc.co.uk/wales/bobinogs/games/gamespage.shtml">www.bbc.co.uk/wales/bobinogs/games/gamespage.shtml</a></td>
</tr>
<tr>
<td>* Game of give and take using hearts and feelings <a href="http://www.download.cnet.com/Heartless-Game-of-Give-and-Take/3000-2141-4-10778908.htm">www.download.cnet.com/Heartless-Game-of-Give-and-Take/3000-2141-4-10778908.htm</a></td>
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All About Someone I Know - their name is ............

You can cut out and stick pictures on this sheet.

<table>
<thead>
<tr>
<th>Things they like ......</th>
<th>Things they don't like</th>
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<td>to see or look at</td>
<td>to see or look at</td>
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<td>to hear or listen to</td>
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<td>to touch or feel</td>
<td>to touch or feel</td>
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<td>to smell</td>
<td>to smell</td>
</tr>
<tr>
<td>to eat or drink</td>
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Today I learnt

I want to tell .......... about

What do I want to remember from today?

A question I want to ask .......... is
Session Five – Changes You Can See - Body Awareness

In this session

We will:  Raise awareness of the male and female body by naming and
describing the different body parts, particularly the sex organs
Discuss the words and language used when describing body parts
and agree which terms are acceptable to the group
Establish the ground rules in terms of the words and language used
in describing the body
Link the learning on body awareness this with the concepts of public
and private thus encourage understanding on the difference between
public and private
Briefly describe and discuss how the body changes from child to
adult

This session explores the understanding participants have of basic body awareness,
highlighting the concepts of public and private. These concepts will be discussed again
in later sessions, so the aim of this discussion is to lay the foundation of understanding
‘public’ and ‘private’ in terms of the body and body parts. The concepts of ‘Public and
Private’ are revisited in session 12, in a broader context. This is developed further in
subsequent sections in the context of relationships, so developing awareness of these
concepts at this stage is important for future learning. (You can also use the learning
from session 2).

There may be some participants that are embarrassed about this discussion.
Acknowledge this and reassure people that it is natural to feel this way, as this is a
subject that is private and not often talked about openly. However, in the session, it is
okay to talk about these things and to ask any questions.

Some people with autism spectrum condition may have a deep
resistance to this biological focus on the human body but again assure
them that they can sit out and listen only. Explain there will be some
other subjects coming up and some important rules on public and
private that everybody needs to know.

Preparation

Refer to ‘Preparation and Guidance’

Materials you need

Body outlines for flip chart use, both child and adult variation
Photocopy the ‘Child and Adult’ worksheets (male and female on pages 75 – 82)
Photocopy the ‘Communication’ Card 5
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors
Optional – stickers
  small cut out body parts (male and female)
  card size cut out body parts (male and female)

Hand out the ‘Personal Folders’
Ask everyone to take out their completed ‘All About Someone I Know’ worksheets

Detailed Facilitator Notes

The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication Card’. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 4

Ask the participants in turn to say something they have found out about the person they completed the ‘All about someone I know’ worksheet for.

If they were planning a special treat for that person, what might they do?

The facilitator can then point out: how the participants found out how different everyone is, from the things they like and dislike in session 4, how different people behave in session 3, how different people look on the outside in their clothes, on TV from session 2 and remind them of the hygiene issues also talked about in session 2.

These are all things people can see or notice about us every day but explain now everyone is going to look at the things that make us different, that we don’t show everyone. Explain that you are going to use line drawings of bodies and that everyone may feel a bit shy but that is okay. It is also okay to ask for a rest, see ‘Rule’ Cards 5 and 6 (page 262).

My Growing Body, Your Growing Body

Begin the discussion by using the drawings of the boy and girl. Give out a drawing of the boy and the girl to each participant.

The aim of this discussion is to highlight the differences between the boy and the girl. This is a brief discussion, which aims to highlight memories of growing into a young
man and young woman, not focus on being a child. It is a link topic only, i.e. intended to remind participants of growing up, so that they can be ready to talk about experiences of being a young man and young woman and the changes that took place.

Depending on your group, there are a couple of options on how to facilitate this discussion:

Ask the participants to talk with each other about what they have observed in terms of the differences.
Throughout this exercise, make sure that you are going to each participant and helping them in the discussion. Some participants may feel embarrassed or think it is rude or wrong to talk about the body in this way, so you will need to be sensitive to how each person is dealing with the discussion.
Ask the participants what they have observed. It is at this stage that the words and language that participants have used will arise. The discussion will therefore focus on two aims at this point:

1. Establish understanding of the differences between the boy and the girl

One facilitator can lead the discussion on the differences noted between the boy and the girl:-

- What are the differences between the boy and the girl?
- What are the similarities between the boy and the girl?
- What changes in the boy when he grows into a young man?
- What changes in the girl when she grows into a young woman?
- What are the changes that you might see in his/her body?
- Do you think he/she feels different too?

2. Establishing the words and language used to describe these differences, and using these to facilitate a discussion on what words are acceptable to use within the group, to develop a shared understanding.

The other facilitator can pick up on the words the participants are using to describe some of these differences, and write them on the flipchart next to the pictures or body outlines you have used so far. Remember to have both ‘Child and Adult’ outlines so that participants can see the differences. At the end of the discussion on differences and any similarities, ask the group if there are any of the words used so far that are offensive/not okay to use?

For example, in this discussion, the group may have used a variety of words for the penis, vagina, pubic hair, breasts. (Remember that pictures can be used to help the discussion and ‘Body Boards’ are available from NHS Highland – see ‘Resources’ section).

The local possibilities and variations are endless! Ask the participants to think of any other words. It is important that everyone is able to be honest about the words that they use, and deciding what words are okay to use is not about making anyone feel bad, but
making sure people in the group are all happy and in agreement with a shared language and vocabulary.

Give out drawings of a man and a woman to the group. Encourage the discussion on what the physical changes are in more detail. If participants choose they could write, the agreed body names on their ‘Body Shape’ worksheets or glue on the pre-cut body parts or draw if they wish to personalise their worksheets. This will help the participants have fun and take ownership of this topic and their bodies. As the sessions roll out participant’s confidence should build enough to initiate topical discussions.

Break
As emotional aspects are going to be discussed next a break is suggested. This can be quite a difficult area to visualise or feel especially for people on the autism spectrum condition. Once everyone is refreshed you could introduce this section as more changes that you can not see but you can feel or make you feel different and link these to the emotional aspects and impact of these changes. For example explore excitement, love and how these make the body feel. How different is this to the excitement of seeing your favourite team play or getting a birthday present to seeing a man or woman they really like in a bar or across a room. Are these feelings different at night?

If it comes up, you can explain that boys will experience an erection or have wet dreams and this is the body’s natural way to get the body ready for adulthood. (You will be explaining a lot more about this in session 6).
If it comes up explain girls will also have some of these same feelings and this is the body’s natural way to get the body ready for adulthood.
If it comes up, you can explain that girls will experience different feelings before they will begin to menstruate - lose blood monthly but again this is natural and the body’s way of preparing for adulthood.

Again, as words are used to describe these experiences and feelings, they will need to be written down on the flipchart and explained as necessary, to make sure everyone understands what is being talked about. Do not go into a lot of detail, as the issue of sexual feelings will be revisited in session 6, but the groundwork will be developed here for that discussion.

Use the ‘Adult Body Outline’ worksheets to review the naming of body parts. This can be made more interesting by holding a quiz. Reading out the list of body parts and ask each person to mark or place a sticker on the drawing in the appropriate place. At the end, go through the list again, this time with the facilitator pointing to the relevant body part on the drawing, to check that everyone has the same understanding.

An alternative exercise is to use drawings of separate body parts, such as a penis, female pubic hair, breasts, and give a set of drawings out to each person. As the facilitator calls out the body part, the participants have to identify and hold up their card, calling out the body part name at the same time.
**Public and Private Body**

After establishing the names and locations of body parts, introduce the concept of private and public.

- **What does the word ‘public’ mean?** Examples of explaining this could include activities with groups of other people; in presence of, sight of, hearing of, others, being outside.
- **What does the word ‘private’ mean?** Examples of explaining this could include being restricted to a particular person or group of people, being inside.
- **What parts of the body are ‘private’?** This could be explained, for example, by the parts of the body that are usually covered by our underwear and mostly only seen in a toilet cubicle or your own bedroom.
- **What parts of the body are ‘public’?** This could be explained, for example, by parts of the body it is okay to show to other people in general, such as when walking down the street or shopping. Make the point here that in some countries, this is different, for example, arms must be covered up, or heads covered.

Ask the participants to discuss what is okay to touch and not okay to touch in terms of body parts and other people. This is not intended to be a detailed discussion, as the issue of ‘Personal Safety’ is revisited in session 9, but while discussing what is private and what is public, it is an opportunity to highlight personal boundaries and help raise awareness of ‘Appropriate Behaviour’, which is discussed in session 7. Start this discussion by asking the following questions with reference to private body parts:

- Is it okay for them to see or look at their own private body parts?
  Where or what room would be appropriate?
- Is it okay for them to touch their private body parts?
  Where or what room would be appropriate?
- Is it okay for anyone else to see or touch their private body parts?
  Where or what room would be appropriate?
- Who else can see or touch their private body parts, if they wanted them to? For example you could suggest, girlfriend/boyfriend; a doctor or nurse, if they need to examine a person, but with their permission.
  Where or what room would be appropriate?

Explain that we have only looked at where is appropriate and discuss what and where would not be appropriate.

The aim is to establish that each person has the right to privacy, to sexual feelings, and to understand that there are boundaries placed on this in terms of other people that share this with you and places where this can be explored.

‘Sexual Feelings’ and how to cope with them: - discussed in session 6. The question may arise in this session, so explain that masturbation is one way of expressing yourself sexually and dealing with these feelings. Assure participants that these feelings are natural.
NOTE – refer to the guidance in the Introduction about potential Disclosure. Be sensitive to participants who find this discussion difficult and be aware that some may have had negative experiences or been abused.

Suggested Activity

This session has focused on body awareness and self-expression, using everything participants have learnt so far. One way of putting body awareness and self-expression into context is to think about an occasion when it might be really important to think about ourselves and how we present ourselves to others.

Ask the participants to think of getting ready for a party.

How would they get ready for their party? What would they wear? How would they make themselves as attractive as possible? This is about thinking of the things that help us feel good about ourselves and our bodies. This is important when ‘Being assertive’, as they need to feel good about themselves ‘Being Assertive’, which was covered in session 3.

You can start to introduce what is appropriate and what lessons came up in being public or private. Discuss why they would want to look good, smell good, wear their best clothes. Would the best clothes they wore for a job interview be the same ones they wore to a party? Would parts of their body be more covered up at work or in a disco?

In preparation for session 6, ask the participants to think about how their bodies feel. Do they feel more nervous, excited at work or going to the party, if there was someone they really liked would this make them feel more nervous or excited. How might they want to behave? How would they be expected to behave?

Finish by explaining, our bodies make us feel many things but we must always think about public and private and always think about others feelings and how they would like us to be. Explain that you will be talking more about this next time.

As each participant leaves, hand them today’s session’s ‘Communication’ Card 5

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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<td>Love Is Good Practice Guidance: 7</td>
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</tbody>
</table>
Resources

* ‘Sex and 3R’s – the Rights, Responsibilities and risks’ – 2\textsuperscript{nd} Edition (McCarthy M & Thompson D 2000, \url{http://www.highland.gov.uk/leisureandtourism/libraries})

* ‘Body Board’ \url{http://www.me-and-us} / NHS Highland

* \url{www.channel4embarrassingillnesses.com} ‘Everybody Is Different’ includes genital shapes

* \url{www.sexperienceuk.channel4.com}
Today I learnt

I want to tell .............. about

What do I want to remember from today?

A question I want to ask .............. is
Session Six – Changes You Can’t See – Feelings, Masturbation, Menstruation and Menopause

In this session
We will: Develop an understanding around feelings
      Develop an understanding of masturbation, menstruation and menopause
      Encourage discussion on feelings, masturbation, menstruation and menopause.

This session moves on from (session 5), exploring feelings in regard to consideration to others and awareness of an individuals impact on another to feelings relating physical and emotional changes in our bodies. Dealing with reactions and responses will also be covered in session 7 and 8.
This session also explores the understanding participants have of masturbation, menstruation and menopause. Facilitators may want to have a separate male and female group to discuss these issues, depending upon the response and choice of participants. However, it is essential that both men and women understand menstruation and menopause as well as masturbation. Facilitators could ask men what changes they go through, as part of a Recap on session 5 and what changes they may go through a lot later in life.
There may be some participants that are embarrassed about this discussion. Acknowledge this and reassure people that it is natural to feel this way, as this is a subject that is private and not often talked about openly. However as everyone is learning, in the session, it is okay to talk about these things and to ask any questions.

Preparation
Refer to ‘Preparation and Guidance’

Materials you need
Copies of ‘Guide to Having A Period’ and ‘Guide to The Menopause’
Optional – ‘Sex and Masturbation’ [website for changepeople.co.uk]
   - selection of pads, tampons, bathing and comfort items
   - photocopy the ‘Body Outline’ worksheets (adult male and female page 91 – 94)

Photocopy the ‘Communication’ Card 6
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Detailed Facilitator Notes
The Session
Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.
Recap on session Five
Ask the participants about the activity from session 5, ‘Getting Ready For A Party’. Ask participants to share what they would like to, about their thoughts on the activity and how important it is to feel good about ourselves and the different things they had to think about before they got ready and how they behaved once they were out?

Emotions and Masturbation
This can be quite a difficult area to visualise or feel especially for people with autism spectrum condition.
Once everyone is refreshed you could introduce this section as more changes that you can not see but you can feel or make you feel different and link these to the emotional aspects and impact of these changes. For example, at the party they got ready for in the pretend exercise, how would their body react if they saw someone they fancied? Would their body give them feelings if they went home at night and thought about the person they fancied? When men were boys they would have experienced an erection, wet dreams and an urge to masturbate. The women when they were girls would have begun to menstruate. The women when girls may have had similar feelings, to men to masturbate.
You can reuse your experience and name charts from the last session to help describe the feelings and experiences.
Remind participants of the many different names they came up with for their body parts and how many more can they think of to describe bodily feelings and emotions. You can explain that different regions in Britain have their own names so there is no right or wrong word but remind them of the learning from session 5, that there is a right time and right place for every word and discuss where those might be. An option can be to use a blank copy of the ‘Adult Body Outlines’ and write or place a sticker to match where the emotion or feeling came from i.e. excitement could have a sticker on the stomach, the heart or groin area.

Some examples of explaining these terms:-
Erection, stiff: when a penis becomes very hard and upright.
Wet Dreams: a fluid (semen), that comes from the penis when a man has had an erection; this can happen during sleep, leaving a wet patch on the bedclothes for example.

Masturbation: rubbing, stroking, massaging the penis or vagina, and/or surrounding area, including the clitoris, that is pleasurable. If you wish you can hand out the ‘Sex and Masturbation’ booklets.

Menstruation
Explain that one of the big changes that happen to women is that they become able to have babies. Make sure you explain that a woman becomes pregnant after having sexual intercourse if it is during the fertile part of her cycle, (this will be discussed in more detail in session 7).
Ask if anyone knows how to tell if a woman is able to have a baby (being fertile), and explain that it is if she menstruates or has a regular monthly period. Check that everyone understands what it means to have a period.

Explain that not all women will have a regular cycle. Explain that some contraceptives,
(items that are used to stop the sperm from a man fertilizing the egg from a woman), can mean that a woman does not have a period. Reassure participants that this is perfectly normal and healthy.

- What happens when a woman has a period? (blood comes from her vagina).
- How often does it happen? (usually every four weeks, but every woman can be different, and some cycles are longer and some are shorter)
- How long does it last for? (around 5 days - but again, this varies)
- What age does it usually start at? (around 11 years old - but again this varies between individuals)

Ask if anyone knows why the blood comes out from the vagina, then using the diagram:

- Show the ovaries and explain that this is where a woman makes the eggs that can become a baby
- Every month, the ovaries release eggs which travel down the fallopian tube and into the uterus or womb
- To make things comfortable for the baby which might grow there, the womb lining has got thicker, and if the woman gets pregnant, the egg will attach itself to the womb and grow
- If the woman does not get pregnant (because she has not had sex or has used contraception) the egg and the thick lining of the womb leave the body through the vagina, a monthly period.

Does anyone know any symptoms, feelings, body changes that a woman might feel either just before or when she is having a period? Some of the women in the group might come up with suggestions, including headaches; feeling bloated; stomach cramps; short temper or feeling weepy. When a woman is near the time of her period she might say or do things that are ‘out of character’. It is a good thing for everyone to understand that women can’t help these feelings or the moods they might have, it is their hormones which make them like that. It is also important to emphasise that a woman can seek help for this, such as talking to a nurse or doctor, if these symptoms are troubling her. It is also important to not make having a period seem negative, and to say that not all women will experience these symptoms – each woman is different and it is about understanding how your own body works.

All women use either sanitary towels or tampons to catch the blood. Stress that it is important for a woman to keep herself clean during her period by washing regularly and by changing her sanitary towel or tampon frequently. This will make sure that she does not smell unpleasant or get any infections.

If you wish, hand out copies of the ‘Guide to Having a Period’. These can be ordered free, (see ‘Resources’).
Make sure the males in the group get these to put in their ‘Personal Folders’ too and explain this will help them learn about their partners or possible female friends or partners in the future needs too.
The Menopause

When a woman reaches the age of around 50 (sometimes sooner, sometimes later) her periods stop and she can no longer get pregnant. This happens over quite a long time – several years for most women and is called the menopause or ‘change of life’. It does not mean that a woman can’t have sex any more, just that, when the menopause is finished, she can’t have any more children.

The change may have lots of symptoms and most women have some, but not all, of these. Some of the symptoms are:

- Hot flushes and night sweats
- Tiredness
- Difficulty concentrating or poor memory
- Depression
- Mood swings
- Loss of interest in sex
- Vaginal dryness which can make sex painful
- Osteoporosis (this is when the bones become more fragile and break more easily).

There are lots of others! As you can see, it can be a difficult time for most women and it is important that everyone realises that a woman who might be menopausal could sometimes seem to be behaving differently to what you might expect. Like with periods, she can’t help how she feels, so it will help if other people are sympathetic and try to understand. A woman can also seek help for any symptoms that are troubling her and talk to the nurse or doctor. Emphasise that these changes are natural and that help and support is available if needed.

The good news is that there are treatments that a woman can get to help with the symptoms, and eventually the menopause does come to an end and most of the symptoms go away.

If you wish, hand out copies of ‘Guide to the Menopause’.

Again make sure this is in the male ‘Personal Folder’ too.

Discuss that the men in the group can still get some younger women pregnant at ninety! and to be considerate to their girlfriends or wives. Condoms are for body health and good sexual health, not just to stop a pregnancy so it is important they still use condoms. Explain that condoms will be explained a lot more in session 7, 8 and 9.

Explain and discuss the possibility that men can also experience a male ‘menopause’ or ‘mid-life crisis’, could this be due to getting older, male hormone and older body changes, empathy to their partner/wife’s changes?

Suggested Activity

It may be useful to have a range of tampons and pads as participants may not have had an opportunity to discuss the wide range of products differences such as winged or perfumed pads.
A nice end to this activity could also be to have a range of bathing or comfort items that may help the women, and even the males help their future partners, through some of the symptoms discussed throughout this session. Both these options will make good visual reminders of today’s subjects for everybody’s ‘Personal Folder’. Ensure everyone has placed their set of books in their ‘Personal Folders’.

As each participant leaves, hand them today’s session’s ‘Communication’ Card 6.

**Closing**

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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**Resources**

- Fair Multimedia Leaflet ‘Guide to having a period’, (NHS Highland)
- Fair Multimedia Leaflet ‘Guide to the menopause’ (NHS Highland)
- ‘Coping Through the Menopause’ (NHS Highland)
- ‘Body Board’ [http://www.highland.gov.uk/leisureandtourism/libraries](http://www.highland.gov.uk/leisureandtourism/libraries)
- ‘I Change My Pad’ [www.me-and-us.co.uk/ppg/ichangemypad.html](http://www.me-and-us.co.uk/ppg/ichangemypad.html) Click on the tortoise to turn the pages slowly
- ‘Sex and Masturbation’ [www.changepeople.co.uk](http://www.changepeople.co.uk)
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Session Seven - What is Sex - Feelings, Masturbation and Sex?

In this session

We will: Raise awareness and understanding of sexual feelings, expression and responses and discuss appropriate ways to express sexual feelings and responses
Ensure participants know and understand what sexual intercourse involves and encourage discussion on descriptions of sexual intercourse
Highlight the link between sexual intercourse and pregnancy
Highlight differences between vaginal, anal and oral sex and that there are different ways that people relate sexually
Highlight issues of choice and consent around this sessions learning
Describe and explain masturbation in more detail and that it is a private activity

This aim of this session is to make sure that participants have a very clear understanding of what sex is and what is involved in consenting to sex. Many problems and incidents can arise as a result of different understandings of what sex is, for example, an assumption made by one partner that sex involves kissing and cuddling while the other partner has the expectation of full intercourse. If participants are to make safe and informed choices, they must have a sound knowledge of what it is they have the right to consent to or not consent to. Participants also need to understand that they and/or their partner may want to say yes to some things and no to others. (Refer back to session 5).

Remember – this is NOT the good sex guide, in terms of explaining how to be a good lover! This is to impart information about what sex is about, raise awareness, ensure participants have enough knowledge to make an informed choice and/or highlight concerns that can be followed up with the appropriate people and agencies. However keep in mind you may in the future be approached by past Toolkit participants who may now be in steady relationships. So you may wish, with the help of the agencies listed in this Toolkit, hold a follow on course which could include good publications covering relationship/good lover guides.

Preparation

Refer to ‘Preparation and Guidance’ section

Materials you need

A selection of daily newspapers e.g. Sun, Record, News of the world, Express and Daily Mail
The ‘agreed words’ flip chart and worksheet from session 5 and 6
Photocopy the ‘Male and Female Body Outline’ worksheets (pages 107 – 114)
Photocopy of the ‘Missionary Position’ worksheet (page 117)
DVD 2 – section titled ‘Don’t Give In’ (available on YouTube)
Copies of the ‘Don’t Give In’ Script (page 119)
Photocopy the ‘My ideal Friend/Partner’ worksheets (page 123)
Photocopy the ‘Communication’ Card 7
The ‘Relationship Ladder and Relationships’ Cards small (page 120)
Optional – ‘Common Knowledge’ episode 11
- copies of ‘Friendships and Relationships’
- copies of ‘Sex and masturbation’ (www.changepeople.co.uk)
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Detailed Facilitator Notes

Be aware that some participants may find this discussion and these topics difficult or embarrassing, and be sensitive to the different comfort levels and experience of the group. This discussion needs to be enough to ensure participants have their right to have these sensations validated and talked about, to further their informed choices and understanding, but must not let the session run into a detailed discussion of personal preferences. The aim is to check out knowledge and understanding, so the discussion on masturbation and sex has a context. The balance between imparting information and respecting privacy is important.

Many participants may not have had the opportunity of a sexual experience, and masturbation may be the only experience that they have had. Also, some participants may not have masturbated or want to. This subject, more than many others, is affected by myth, taboo and stigma. People may find it difficult to talk about this, or think it is bad, so the way you present this session, as matter-of-fact and non-judgmental, is important. Also, not everyone masturbates and not everyone wants a sexual relationship. It is equally important to acknowledge these choices and ensure that no-one thinks they are ‘odd’ or feels excluded. Masturbation can be linked to foreplay during sex, so participants may need to revisit parts of the discussion on masturbation.

Facilitators must be aware of equality and diversity issues in this discussion. The DVD shows a heterosexual couple, but it is important to discuss the other types of couples and relationships. It is possible that a member of your group may be gay, lesbian, bisexual, transgender or unsure. They must be reassured that the way they think and feel about sex and relationships is okay. They can have help, support and advice, just like everybody else. Session 11 will cover types of relationships in more detail.

In terms of an individuals’ upbringing and background, or chosen religion and code of conduct, this needs to be respected. The views of parents and carers may also need to be taken into consideration. Reassure individuals that the aim of the session is not to
contradict this, (providing it is legal and non-abusive). This is about ensuring a factual understanding.

As discussed in the Introduction, be aware of the needs of participants and staff that may have had negative or abusive experiences. There are some parts of the discussion where participants may want time-out or to opt out of the discussion and this is okay. Learning can only happen if the participant is ready and comfortable.

It may be necessary to break this session up into several sections, to ensure the group has had the opportunity to assimilate the information. The separate headings can help in dividing this up into manageable segments, depending on the needs of your group.

**Be aware that adults with autism spectrum condition will need more time and attention given to concrete examples and explanations. The material relating to how we feel, think and respond to things in our environment will need specific attention, as will the discussion on relationships, intimate touch and links between our feelings and actions and behaviours, and the way others feel and respond to us. For this reason, it is strongly recommended that the person is supported to go through this material on a one-to-one basis, with a facilitator or carer trained in autism spectrum condition. However, it is also important that they do not miss out on the opportunity for group discussion, so a combination of approaches is recommended.**

Participants may also need support in discussing where words that describe sexual behaviour can safely and appropriately be used.

**In the discussion about sexual intercourse, participants with autism spectrum condition may find it easier if there are firm ‘rules’ provided as opposed to an open discussion, e.g. do not have sex unless you both agree to it; do not have sex with anyone under 16 years of age.**

Remember to highlight choice and consent issues.

There are several excellent resources that can help facilitate this discussion, which are listed at the end of the session.

**The Session**

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

**Recap on session 6**

Ask the participants if they have any questions about session six. Do they all understand that their female friends or partners go through a range of different feelings
or symptoms through the month and through life? And do the males feel more confident that they can help if their female friends or partners may feel a bit down.

Explain that the participants will now be moving on from a discussion about body awareness to the ways that people behave. This will involve an awareness of how we use our body in the way we communicate with others and in the way that we express ourselves.

The facilitator’s role is not to go into detail about this, but to create the safe space for discussion, so participants can have their natural feelings and rights validated, and any questions addressed. It is important to emphasise that this subject is a private one, and any personal issues can be followed up after the session. Highlight Brook Highland, Terence Higgins Trust, Waverley Care, Highland Sexual Health Services, the GP, Practice Nurse and the Learning Disability Nursing Team as professional agencies and people who are welcoming and willing to have participants to talk to and advise.

**Recap on session 5**

Remind the participants about the words that they have agreed to use (from session 5 and 6) in naming parts of the body. Some new words will be used in this session and facilitators will again need to ensure that the group agrees the words and language used, and that everyone agrees what is acceptable and understandable.

**Sexual Feelings and Responses**

Ask the participants to recall what they learned in session 5 and 6, on ‘Body Awareness’, and have the drawings available that were used in that session.

Use the ‘Male and Female Body Outline’ worksheets to identify the specific areas relevant to sexual feelings and responses. For example, for the female, this would include identifying the clitoris. Explain that the clitoris is the soft, fleshy part at the top of a woman’s vagina. This will be discussed further in the section on ‘Masturbation’.

Ask the participants to recall what they learnt in session 6, on the changes they could not see and the feelings they had.

Ask the participants what they understand by the term ‘sexual feelings’.

- What are these feelings?
- What does it mean to feel ‘sexy’?
- What are some of the other words used to describe this e.g. randy, horny, in the mood for love?
- What body senses are involved in feeling sexy or being ‘aroused’?
- How do we experience this e.g. warm, tingling sensation?
- What things do we find arousing e.g. a naked body, a romantic film?
- What things do we hear that we find arousing e.g. exciting music, a ‘sexy’ voice?
- What kind of touching do we find arousing e.g. gentle stroking, tickling, cuddling or kissing?
What smells do we find arousing e.g. particular perfumes?
Do we find certain tastes do we find arousing e.g. some foods are thought to make us feel ‘sexy’ – can the group think of any examples?

Dealing with our sexual feelings, in **session 11 and 12**, will review aspects of appropriate and inappropriate behaviour, personal and legal boundaries etc. In this session, the aim is to reassure participants that these feelings are natural and okay and give them the safe space to talk about any issues or queries. This may then lead to signposting to professional agencies, such as Brook Highland, Terence Higgins Trust, Waverley Care, trusted professionals already working with them, such as the Learning Disability Nurse, or Highland Sexual Health Service as follow-up. In terms of this session, the discussion will focus on how sexual feelings can be relieved by masturbation and/or within the context of a sexual relationship.

**Masturbation**

Begin by asking the participants what they remember about the term ‘masturbation’? Ask the group what words they know of that describe masturbation? (Be aware of agreeing a language that the whole group finds acceptable and understands).

For example, to masturbate means to touch, gently rub, massage the penis for a man or the clitoris/vagina for a woman. There are also other parts of the body that can be pleasurable to touch, such as nipples. This leads to changes in the way our bodies respond and our feelings, (physical and emotional changes). You could ask the men within the group whether their penis ever goes hard, for example. You could ask the women if they ever experience a feeling of warmth or tingling sensations in or around or their vagina.

**Mutual masturbation** – explain to the group that masturbation is also an activity that two people can do together, as part of their foreplay before sex.

**Sexual aids** – explain to the group that aids or toys can be used to help sexual feelings to be expressed. An example is a vibrator. Again, this is a private activity and if participants want help to obtain sex toys, you can support individuals to be referred to agencies that can recommend reliable suppliers and give advice on how to support an individual to make choices and use any of the aids available.

**Use of pornography** – in UK law, over the age of 18, you can buy legal pornographic materials. Legal material can be explained by advising that these are the magazines sold in the newsagents. You can also use the selection of newspapers to look at the range of photographs used and the different reasons the papers used to have them, for instance female images, semi clothed or in fashion shoots. Discuss what the rest of the newspaper looks like. Discuss what magazines were on the shelves near the newspapers, which ones were the furthest away or the highest up? Explain these ones are called ‘top shelf’ because some of these materials may be offensive to other people and are for private use by people who don’t find them offensive. You could discuss page 3’ in the Sun Newspaper and explain that this is offensive to some people but not to others. You would also need to explain that ‘page 3’ is not classed as pornography,
and that even legal materials classed as pornography are sold under limited or restricted conditions.

Discuss other places that pornographic pictures may be found. This might bring up art and people’s beach snaps and computers. Explain the dangers of using internet (discussed in more detail in session 10), pornography and the law.

Review the ‘journey’ of sensation that the session has covered so far, asking the group if they recall the meaning of some of the words, and asking if they know what the new words mean, and explaining them :-

- **Sexy (horny, turned on, hot, randy)**
- **Erection (stiff, hard-on)** – explain that when a man feels sexy, (or whatever word the group has chosen), the penis becomes hard and stiff. The clitoris in a woman will become very sensitive.
- **Ejaculation** – (actually refers to ejection of semen), for example, the thrusting movements of a penis when a man is excited and ready to release the semen. Women will release a liquid that helps to make the vagina moist and ready to receive the hard penis.
- **Orgasm (come, climax, peak)** - usually pleasant and the most intense point of sexual pleasure, that can be different for each person. It is a physical sensation that gets stronger and stronger until it reaches a peak. Orgasm may happen at the end of masturbation, but not everyone is able to, or knows how to, achieve orgasm. You could explain this by describing shaking a bottle of fizzy drink, and then releasing the top.
- **Semen** – a liquid that contains the sperm.

*Emphasise that you do not have to masturbate if you do not want to, but if you do, it is a natural, pleasurable activity. It is a private activity. A private place is a place where you are alone and no-one else is there, e.g. your own bedroom. (You could again remind the participants about the differences between a private place and activity and a public place and activity).*

You could also refer to the ‘Common Knowledge’ photo story, episode 11, where James is masturbating while looking at a picture of his girlfriend. This provides a context for masturbation. It would be important to broaden the discussion to other couples, such as a man masturbating while looking at a picture of his boyfriend. It is also important that participants understand that they can masturbate whether they have a girlfriend/boyfriend or not. Also, not everyone needs visual materials to masturbate.

A break is suggested here as sexual intercourse and the law should be taught together.

**What is sexual Intercourse?**

Begin by showing the group the DVD, where Andy is talking to Bruce about his ‘secret’, which is that he is going to have sex with Clare. The issue of not communicating with Clare about this, which led to misunderstandings, will be discussed in more detail in session 8. Ask the group about the DVD:-
What does Andy mean by saying ‘having sex?’
Why do you think Bruce is unsure about whether this is a good idea?
Do you think Andy and Clare have the same ideas about what sex is?

This will be an opportunity to find out what the group knows and understands about sexual intercourse. Ask them what other words they have heard to describe sexual intercourse or having sex? Write these up on a flipchart.

Use the drawings of a couple having sex. This shows a man and a woman in missionary position. The role of facilitator is to ensure that the basic facts are understood and signpost participants, with support, to other resources, materials and agencies as appropriate. The aim of this drawing is to show how an erect penis enters a vagina – what is termed sexual intercourse. This is also called vaginal sex.

**Adults with autism spectrum condition may need more time spending on the emotional, consent and implications of sexual intercourse. Sexual intercourse is a concrete activity and the reasoning for it may be easier to grasp than the emotional reasoning and pre options and post sexual intercourse emotional implications may also be easier to grasp.**

Explain to the participants that this is just one example of a couple – a man and a woman – and one example of a position a couple can use to have sex.

There are many other positions people can use to enjoy sex. People can use different positions to make sure that they are comfortable and adapt positions if a person has a disability.

There are also different ways that people choose to have sex, such as oral sex and anal sex. Ask the participants if they have heard of these terms before. If they have not, explain in factual terms what this is; (they will need to know what this is for session 8, which will discuss sexually transmitted infections).

Emphasise that sex does not only have to be about penetration. If a couple want to kiss, cuddle, stroke each other, etc – that is okay. Explain that a couple will often enjoy touching each other as part of what is called foreplay, which can then lead to sexual intercourse. Foreplay is not having sex but enjoying touching each other, (refer to discussion above on sexual feelings and responses). Again, both people in the relationship must be happy with what is happening – highlight choice and consent here.

**Session 8 will be providing the context of a relationship for sexual intercourse, so remember the aim here is to make sure participants understand what sex is and what it involves in factual terms.**

It is important to emphasise that there are many other types of couples, such as a man and a man, and a woman with a woman. Each person is different and it is okay and natural to explore this – you do not have to be like anyone else, if that does not feel right for you. Explain that a person’s ‘sexuality’ is a word to describe a person’s activity in terms of who they have sex with. **Remind the group at this point that these choices must**
be legal (discussed in session 11 and 12) and both people must agree that it what they each want to happen.

The participants should not get the message that only one type of sexual relationship is okay. If participants make statements that use offensive language in reference to other types of relationship, it is important that facilitators make it clear that offensive language is not allowed in the session. Refer to the ‘Ground Rules’ and state that personal opinions are okay but making relationship choices of all kinds, provided it is legal, both people are 16 years old or over, both people are happy with it, then it is every person’s right.

Also highlight the link, in preparation for later sessions that sex can lead to pregnancy. Sessions 9 and 13 will look at some of the problems that can occur and what help is available, e.g. a man who cannot have an erection.

The issues of respect and choice are very important in this context. Listening to each other and what each person wants and also making your own wants known are important. The following points can be used as a summary for this session, but also prepares the group for session 8, 11 and 12:

- Both people are old enough to have sex i.e. being 16 years or older
- Both people want sex to happen
- Both people agree when and where sex happens. Emphasise that sex is a private activity.
- Each person in the relationship is happy with the sex they are having. They can ask each other to do things and not to do things. No-one is forced to do anything that they do not like or do not want to do.
- Different people try different things.
- It is a private activity
- It should be pleasurable for both people
- Only you can decide when the time is right and if you want to have sex
- Sex is an adult activity
- Sex can lead to pregnancy

Explain that you will be covering condom use a little bit in session 8 and explaining them a lot more along with other types of birth control in session 9 under ‘Keeping safe’. Explain that condom use is also about consent, respect for others, keeping healthy as well as stopping a pregnancy. Explain that not using a condom is called ‘unprotected’ or ‘unsafe’ sex

Congratulate everyone for getting through the sessions covered so far.

**Suggested Activity**

In preparation for talking about different types of relationships, participants could complete a ‘Relationships Ladder’. Hand out the ‘Relationship Ladder’ with the cut out ‘Relationships’ cards showing all the people that could be in their lives. Ask everyone to choose one card that they would trust the most and stick that at the top of their ‘ladder’ and to choose another that they would trust but only with some things and stick that card in the middle of the ladder. Then get them to choose another that they do
not know very well and would not go to with a problem. You can discuss the type of relationships they have with the 3 people and the big difference in the relationships, from the top of the ladder to the one at the bottom of the ladder. You should also complete a ‘Relationship Ladder’ for yourself as you will need this in session 12.

Session 8 will be exploring what a relationship means in the context of a sexual relationship and partner. Ask participants to think about what kind of person they would like to have as a partner. How would they like to be treated? What qualities would they have? What would you like to gain from this kind of relationship? Ask participants to complete the ‘My ideal friend or partner’ worksheet.

Put completed worksheets in the ‘Personal’ folders

As each participant leaves, hand them today’s session’s ‘Communication’ Card 7

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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<td>* ‘Sex and 3R’s – the Rights, Responsibility and Risk’ – 2nd Edition (McCarthy M &amp; Thompson D 2000, [link to book])</td>
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<td>*‘Picture Yourself’ 1 booklet [link to booklet]</td>
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<td>* ‘Common Knowledge’ Website: [link to website] - click on ‘CKSexTalk’, then ‘Photo Stories’, Episode 11</td>
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<td>* ‘Friendships and Relationships’, ‘Safe Sex and Contraception’, ‘Sex and Masturbation’ [link to website]</td>
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<td>* The ‘Manga Sutra’ is in a comic style. Yura and Makoto Onoda are newlyweds, both 25 and virgins. ‘Manga Sutra’ details their sexual education and exploration. The author is Katsu Aki. [link to website]</td>
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NOTES FOR ‘DON’T GIVE IN’ SCRIPT

Characters: Andy, Bruce, Claire, Donna.

Andy and Claire have now been seeing each other for a few months. They are getting on really well. Andy wants to take their relationship further, but Claire is not so sure.

Scene 1
Bruce asks Andy how things are going and whether Claire has forgiven him for planning a night of beer and football for their first date! Andy says that he now knows that Claire likes different things.

Scene 2
 Claire tells Donna that things are going really well. She says Andy is very sweet and a good kisser! She and Andy are planning a special night to celebrate their 3 month anniversary.

Scene 3
Andy asks Bruce if he can keep a secret. He tells him that he is going to ask Claire to have sex with him on Saturday night. Bruce asks if Andy is sure they are ready for that, but Andy says that Claire loves him, so it won’t be a problem. Bruce hopes that Andy knows what he is doing.

Narrator
It looks like Andy hasn’t talked about having sex with Claire. He is just thinking that she will go along with it because she cares for him. He doesn’t seem to realise that this is a big step to take.

In the next scene, Claire is telling Donna what happened on Saturday night

Scene 4
Claire is upset. She says that Saturday night was awful. She thought that Andy had planned a special meal, but all he wanted to do was have sex. He told Claire that if she loved him, she would have sex with him. Donna tells her she should only do that when she is ready, but Claire is worried because Andy told her that if she wouldn’t have sex with him he would find someone who would. Donna is angry - she says that this is blackmail. Claire says that she will have to say yes because she cares for Andy and doesn’t want to lose him, but Donna tells her not to give in. If Andy cares for her, he will wait until she is ready.

Scene 5
Andy looks fed up. Bruce asks him what the matter is and Andy says that he has made a mess of things with Claire. She wasn’t ready for sex and she got upset when he asked her. He admits he told her he would look for someone else. Bruce tells him he should respect her more. Andy says he knows that and wants to try to make things better.
MOTHER        COUSIN
FATHER        NEICE
BROTHER       NEPHEW
SISTER        BOYFRIEND
UNCLE         GIRLFRIEND
AUNT          FRIEND
HUSBAND       SHOPKEEPER
WIFE          FLAT-MATE
DOCTOR        STEP SISTER
NURSE         SOCIAL WORKER
DENTIST       SUPPORT WORKER
STEP FATHER   POOL ATTENDANT
MY IDEAL FRIEND OR PARTNER

Tick the qualities you would like in a partner or friend.

I would choose someone who is:

Kind  □ Mean □

Generous/Giving □ Can keep a secret □

Funny □ Reliable/On Time □

Caring □ Listens to me □

Tells me what to think □ Helps me if I need it □

Violent □ Makes me laugh □

Understanding/Listens □ Jealous □

Spiteful/Mean □ Bossy □

Moody □ Honest □

Think about the good qualities you have chosen.

Do all good looking people have these qualities?

Can someone have good qualities even if they are not particularly good looking?

The words generous/giving (money or kind of person you are) or reliable/on time (always helps or always there) or understanding/listens (helps you speak or keeps quiet) or spiteful/mean (butts in or bully) - might need to be explained before participants can tick the box.
Today I learnt

I want to tell .......... about

What do I want to remember from today?

A question I want to ask .......... is

-----------------------------------------------------------------------------------------------------------------
Session Eight – Relationships in a Sexual Context

In this session
We will:  Raise awareness and discuss different types of sexuality and sexual relationships
Raise awareness and discuss sex in the context of different types of relationships and sexuality
Review and discuss ‘Being Assertive’ (session 3) to reaffirm the issues of saying No, making choices and resisting pressure in the context of sex
Raise awareness and discuss what makes a positive/healthy relationship and what it can provide
Highlight and discuss issues of communication in relationships

This session places sex in the broader context of a relationship. Session 11 and 12 will explore additional aspects of types of relationships, the law and relationship issues. This session focuses on developing an understanding of what a sexual relationship and partnership in this context can look, sound and feels like and what it can provide. It also reinforces the importance of making choices, and resisting pressure to have unwanted sexual experiences. This sets the scene for later discussion.

Preparation
Refer to ‘Preparation and Guidance’

Materials you need
DVD 2 ‘In The Mood’ and ‘Don’t Give In’
Photocopy the ‘In The Mood’ and ‘Don’t Give In’ script (page 113)
‘Common Knowledge’ episode 3 to 8
Photocopy the ‘Communication’ Card 8 (page 138)
Optional – ‘Common Knowledge’ episodes 9 -14, 17, 18
- selection of advocacy resources/leaflets
- ‘Friendship and Relationships’, ‘Safe Sex and Contraception’
  www.changepeople.co.uk

Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’
Ask everyone to take out their completed ‘My ideal friend or partner’ worksheets

Detailed Facilitator’s Notes
Facilitators will again need to be aware of the different experiences of the group and be sensitive to their needs. Participants may have had relationships, some may have experienced good and bad relationships, (such as domestic violence), and some may have always wanted to have a relationship, but never had the opportunity. It would not be appropriate in this session to discuss personal experiences in detail but an awareness of characters in a topical soap on TV or celebrity’s stories in a magazine could be used to depersonalise some issues. This will also allow for any possible
‘Disclosures’ to be noted and dealt with later. The aim is to raise awareness of the different ways participants can express themselves in terms of a relationship and also to make sure they have a clear sense of what they would like from a relationship and review lessons already learnt on self-respect and expected appropriate behaviour from others. An expectation of how we are treated is often linked to our sense of self-worth and self-esteem. For a person’s well-being, it is important to understand and make our own decisions about what we expect and how we expect to be treated and valued – and in turn, respect and value others. This is important for when the session on ‘Keeping Safe’ is delivered, (session10) and participants will then have the opportunity to talk about the difference between good/bad touch, about abuse and where to get help if they are unhappy about the way they are being treated.

Being realistic and getting the balance right is crucial here – no-one is perfect and the perfect relationship does not exist. This is a ‘life-lesson’ in learning how to set their own boundaries in relationships and understanding that negotiation, compromise, agreeing things together is all part of what a relationship involves. The important thing is to know when the boundary of what is acceptable or unacceptable has been crossed and what to do about it. For example, being assaulted in a relationship is not okay.

Participants with autism spectrum condition will need support with these social issues and boundaries, particularly in linking to feelings, perceptions and communication. They may also have difficulty with discussions where there are no clear rules, such as the different types of sexuality and relationships. It is strongly recommended that one-to-one discussion takes place and with a facilitator trained in autism spectrum condition, so the individual has the opportunity to clarify and confirm that the underlying themes of the session have been communicated effectively for them to be able to use.

The Session
Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication Card’. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 7
Ask the participants to share anything they would like from their completed ‘My ideal friend or partner’ worksheets or their ‘Relationships Ladders’.

Sex and Sexual Relationships
The Recap on session 7 will lead on to a discussion of relationships in terms of a sexual partner. However, although it can happen that two people meet and they may have sex straight away, or ‘one-night-stands’, many people have to meet someone, get to know them, spend some time together first, before deciding that they want to take the relationship further and get ‘serious’.

Ask the participants where they might meet someone? Examples might be the local pub, a cafe, a club that they attend, the resource centre, another friend might introduce you…..what other examples can they think of? How would they ask someone you like on a date? The group could role-play some ‘chat-up’ lines – ensure the atmosphere is a fun one! Where might they go on a ‘date’? What would they wear? Would they expect a kiss on the first date? Anything else?
DVD 1, ‘In The Mood’: remind the participants about Andy and Clare getting ready for their first date! Were they expecting the same things? Compare this with the ‘Common Knowledge’ Photo Story – episodes 3 to 8, which shows the journey of a couple from their first date to their first kiss. Use these photo stories and ask the group:

What do they think about their first date?
How were they feeling about it? Would they be nervous too?
Did everything go smoothly? Why not?
What about their first kiss? Do they think they had the same expectations?

Highlight the issues both the DVD and the Photo Stories raise about telling other people what we think and how we feel, and the misunderstandings that can happen if we don’t. What sorts of reasons stop us from saying how we think and feel about things e.g. being afraid of losing someone, looking silly, not wanting to seem different?

Facilitators’ must emphasise that these are showing examples of a man and a woman; remind them about different types of relationship and partner (this will be covered in depth in session 11) and also, that it is okay if they do not want a sexual relationship or partner.

Move the discussion on to what happens when a couple decide to take the relationship further and consider having sex. Remind the group of the principles from session 7:
- Both people want sex to happen
- Both people are happy with the sex they are having. Each person in the relationship can ask each other to do things and not to do things. Different people try different things and different positions.
- Both people are old enough to have sex, i.e. the age of consent
- Both people are able to consent and have the capacity to consent
- It is a private activity
- It should be pleasurable
- Only they can decide when the time is right and if it is right for them

(This would be an opportunity to remind the group of the work they did in session 6, on ‘Being Assertive’)

An important aspect to cover in discussion is the issue of resisting pressure and saying no to sex, if that is not what a person wants. It also includes resisting pressure to do something within a consenting sexual relationship that a person does not like. For example, a couple may consent to have a sexual relationship but have different views and feelings about the type of sex they have and what having sex means to them.

DVD 2 – show the participants DVD 2 ‘Don’t Give In’, where Andy and Clare are talking to their friends about meeting up. After watching the DVD, ask the participants:

What did they think about the different experiences of Andy and Clare?
Andy had made a clear link between having sex and loving someone – but did he go about it the right way?
Do they think he had asked Clare about having sex first?
What do they think about Clare’s talk with Donna?
How do they think Clare is feeling?
What does Clare mean when she says she is ‘not ready’ for sex?
What does that mean and how do they know when they are ready?
Do they think Andy meant to upset Clare?
Why do they think Andy felt they had to rush into sex?
What issues does it raise about the way Andy and Clare have communicated, or not communicated, with each other about what they would like?
Is this a good or bad example of what a person would like to gain from a relationship? Why?

Facilitator’s can also refer to the ‘Common Knowledge’ Photo Story again, episodes 9 to 13, and episode 14, 17 & 18. This takes the couple from foreplay, issues of some insecurity and jealousy because of lack of self-esteem, onto the first time they have sex. Some questions for the group that may be useful include:

Is the ‘fooling around in the car’ foreplay? What do they remember about foreplay? What do they have to be very careful about? (This is a reminder about privacy, and appropriate behaviour!)
It takes a lot of courage to be fully open with anyone. What sorts of things were they worried about that could have affected their relationship? (Kerry was worried about being too fat and James was worried that his penis wasn’t big enough). Did it make a difference when they talked together?
Is sex always wonderful – do people ‘get it right’ first time? This is a discussion on getting to know each other, what each person likes.

There are many ways this discussion can go, as people will focus on different aspects of the DVD and Photo Story. As facilitators, your role is to use the conversations and stories to draw out key points, which can be summarised as:

If it doesn’t feel right, they don’t have to do anything they don’t want to
Sex is an important experience.
It should be enjoyable for both people. It must be the right decision for both. It is not what everybody else is doing that matters – it is ‘YOU’.
Knowing when it is right can only be decided by them – how can they know that? It helps if they feel close to the person and trust them, do they ‘fancy’ each other and care about each other? How well do they know each other? Have they both talked about sex? Have they talked to someone they trust about this decision?
To make good choices for themselves they need to know all their options. Do not be afraid to ask for help – there are people and agencies that can help them with this important decision. Discuss the list on pages 207 to 208.
If it is difficult for them to say no, and they are unsure how to go about this, there is help available that can build their self-confidence; or they can talk to someone like an advocate, support worker, or nurse.
If they have sex and don’t want to do it again, they don’t have to. If there is a problem or they have any other difficulty there are people who can help them.

Safer sex is very important! This will be discussed in detail later in session 9 but explain it can mean making sure that they do not develop a sexually transmitted infection, it can also mean they can choose when and where they want sex to happen and with the person they want and safer means they can avoid starting a pregnancy (having a baby).
It is really important to talk to each other about what they expect from a relationship

It is important to highlight that couples may consider themselves partners and to be in a relationship but not have sexual intercourse, and that this is okay if it is what they both want. Ask the participants what other things a couple can do, apart from sexual intercourse, to be intimate with each other? Examples could include having a cuddle, masturbating, kissing, holding hands, having a bath together.

It is important to mention condom (session 6) use and respect of others health and choices and that condoms will be discussed along with other birth control methods (session 9).

Ask participants what they thought about the discussions and if they learned anything new about themselves. Does everyone like the same things? Encourage everyone to explore their own preferences and if they are comfortable with this, to compare this with other participants.

Suggested Activity

Congratulate the participants as there has been a lot of information to take on board. The facilitator should suggest that the participant’s think about what they have learned and talked about so far, maybe they have talked with a friend, support worker, family member. You can use any questions that came back on the ‘Communication Card’s from the other sessions and ask that people have a think about any other questions they would like answered and bring them back on the ‘Communication’ Cards for the next session. It would also be a good idea to have available some advocacy resources recommended, for members of the group to look at and browse through. Ensure items are added to or returned to the ‘Personal Folders’.

As each participant leaves, hand them today’s session’s ‘Communication’ Card 8

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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<td><a href="http://www.changepeople.co.uk">www.changepeople.co.uk</a> ‘Friendship and Relationships’, Safe Sex and Contraception’</td>
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<td>‘Sex and Masturbation’</td>
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Love Is Policy References: page 327
NOTES FOR ‘IN THE MOOD’ SCRIPT

Characters: Andy, Bruce, Claire, Donna.

Andy and Claire met at a club and have been seeing each other there for a few weeks. They are planning a first date away from the club. Andy has invited Claire to his house for dinner.

Scene 1
Bruce is asking Andy about Claire and his plans for the evening. Andy tells Bruce that he hopes to get a big snog!

Scene 2
Claire is excited. She tells Donna that this will be the first time they have been alone together, with no-one watching them. Donna comments that Claire is an adult, not a child. Claire admits she hopes they might hold hands and perhaps even have a wee kiss.

Scene 3
Bruce asks Andy if he is going to cook for Claire - but Andy tells him that his plans are to have a few cans, get a chippy and watch some football! Bruce is not sure that Claire will like that - he tells Andy girls usually like different things!

Scene 4
Claire thinks that Andy is going to cook dinner. She thinks there will be wine and candles, flowers and music. It is going to be really romantic! Donna is not sure that Andy can cook. She thinks that Claire is expecting Prince Charming!

Scene 5
Bruce asks Andy is he is going to get ready. Andy says he is ready - he’s got plenty of deodorant on!

Scene 6
Claire says she must go and get ready for her date. She wants to have a bath and wash her hair. She has a new dress to wear and is going to put on some perfume. Donna says that she hopes everything works out for Claire - but she doesn’t look as though she thinks it will!
NOTES FOR ‘DON’T GIVE IN’ SCRIPT

Characters: Andy, Bruce, Claire, Donna.

Andy and Claire have now been seeing each other for a few months. They are getting on really well. Andy wants to take their relationship further, but Claire is not so sure.

Scene 1
Bruce asks Andy how things are going and whether Claire has forgiven him for planning a night of beer and football for their first date! Andy says that he now knows that Claire likes different things.

Scene 2
Claire tells Donna that things are going really well. She says Andy is very sweet and a good kisser! She and Andy are planning a special night to celebrate their 3 month anniversary.

Scene 3
Andy asks Bruce if he can keep a secret. He tells him that he is going to ask Claire to have sex with him on Saturday night. Bruce asks if Andy is sure they are ready for that, but Andy says that Claire loves him, so it won’t be a problem. Bruce hopes that Andy knows what he is doing.

Narrator
It looks like Andy hasn’t talked about having sex with Claire. He is just thinking that she will go along with it because she cares for him. He doesn’t seem to realise that this is a big step to take.

In the next scene, Claire is telling Donna what happened on Saturday night

Scene 4
Claire is upset. She says that Saturday night was awful. She thought that Andy had planned a special meal, but all he wanted to do was have sex. He told Claire that if she loved him, she would have sex with him. Donna tells her she should only do that when she is ready, but Claire is worried because Andy told her that if she wouldn’t have sex with him he would find someone who would. Donna is angry - she says that this is blackmail. Claire says that she will have to say yes because she cares for Andy and doesn’t want to lose him, but Donna tells her not to give in. If Andy cares for her, he will wait until she is ready.

Scene 5
Andy looks fed up. Bruce asks him what the matter is and Andy says that he has made a mess of things with Claire. She wasn’t ready for sex and she got upset when he asked her. He admits he told her he would look for someone else. Bruce tells him he should respect her more. Andy says he knows that and wants to try to make things better.
Today I learnt

I want to tell ............. about

What do I want to remember from today?

A question I want to ask ............. is
Session Nine – Keeping Safe - Sex, Pregnancy and Sexually Transmitted Infections

In this session
We will:

- Raise awareness of the link between sex and an unplanned pregnancy through description and discussion
- Raise awareness through description and discussion of sexually transmitted infections and where to go for help, support and advice and explain the role of those services
- Describe and explain contraception and promote understanding of why and how to use a condom
- Describe and explain HIV and AIDS

This session offers the opportunity to ensure participants have an understanding of sexual health. This links into issues of rights and responsibilities and although the focus is on sexual health, it is important to highlight that sexual health has a great impact on our overall wellbeing.

The subject matter is broad and the aim is not to provide a lot of detail, but to raise awareness, so that participants know what their options are. This is the basis of making informed decisions. It also emphasises that there are other people and agencies that they can talk to and encourages them to think about the range of services available within their community.

This is an opportunity to review the learning from the previous sessions, and bring it into a holistic context. Sexuality and relationships do not take place in isolation but in the context of our upbringing, values and beliefs, society and culture, the law, our past experiences and it is important to anchor the learning from the sessions in this.

This also explores safety in a broad context, and aims to enable participants to recognise potential danger or situations that may present a risk to them and make informed decisions or know where to ask for help if they need to. Safety is practical (such as using a condom to minimise risk of a Sexually Transmitted Infection - STI, discussed in this session), and instinctual, (knowing if someone is trying to make you do something that you do not want to do, or just ‘feeling unsafe’, which will be discussed in session 10). This is a large section and it is recommended that facilitators take as long as is needed to ensure that participants understand and can apply the underlying themes and lessons.

Preparation

Refer to ‘Preparation and Guidance’

Materials you need

Optional – a ‘Body Board’ and Emotions pack
- ‘Common Knowledge’ episode 15, 16
- selection of leaflets on STI’s
- ‘Safe Sex and Contraception’ [www.changepeople.co.uk]
- Body outlines from session 5
- Book an outing to Highland Brook, Boots, Waverley Care
Condom demonstrators, (available from NHS Highland Information & Resources)
Pictures of STI’s from the C4 Embarrassing Bodies web site
A selection of condoms (available free from Highland Sexual Health Services, Highland Brook)
Tissues, bin bags
Examples of femidoms, dams, lubricant (availability as above)
Photocopy the ‘Communication’ Card 9
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

NOTE

In preparation for this session, choose five or six STI’s and obtain colour pictures of them (see ‘References’). Enlarge these pictures, so that they are very clear. You may want to colour code the frame edge or number each picture. Laminate and cut each picture into five or six pieces, to make a jigsaw, keeping master copies of the jigsaws for your-self. Choose pictures, again from the internet of symptoms such as scratching, inflamed and redness etc. These should also be laminated along with the words needed to describe them and kept separate. You could also source the ‘Body Board’ from a Health Information Point, which will help to show the group where on the body symptoms of STI’s can appear.

Hand out the ‘Personal Folders’

Detailed Facilitators Notes

There are some difficult sections in terms of terminology here, such as the names of some STI’s and some difficult concepts, such as what safety feels like. It is important to explain and explore this information in full. It is useful to break up a section that contains a lot of factual information with an interactive exercise, or visual material.

Remember – you are not expected to be sexual health professionals – there are other agencies that provide this service and participants who need additional information, advice or further guidance should be supported to go to Highland Sexual Health Services, Highland Brook, Terence Higgins Trust, Waverley Care, the GP or Practice Nurse, Learning Disability Nursing Team. The role of the facilitator is to raise awareness of STI’s, what they are, how you can become infected, and how to minimise the risk of developing an STI.
The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 8

Ask the participants if they have any questions that they wanted to talk about or go over again. Some participants may have used their ‘Communication’ Cards to note these.

Contraception

Ask the participants what they understand by the term ‘contraception’. Explain that it means to help prevent a woman from getting pregnant and having a baby, by preventing the man’s sperm from fertilising the woman’s egg. Remind everyone about the link between sex and pregnancy. Emphasise that both men and women have a responsibility to use contraception if they do not want to have a baby. It is important that both people in a relationship have talked about contraception and have agreed what type of contraception to use.

The various forms of contraception include:-

Hormonal contraceptives - (the contraceptive pill, implants, injection, intra-uterine system, patch). It is important to obtain the right pill or device for you and to use it correctly.

Condoms – this looks like a long, thin rubber balloon with a teat at the end and it fits over an erect penis. They are rolled up in a packet ready for use, and the condom is unrolled over the erect penis. The condom will catch the semen that comes out of the penis and stop it entering the vagina. They can be made of latex or non-latex for people with an allergy to latex. Condoms are made in different colours, textures, flavours, sizes, so it is important to choose a condom feels comfortable to use.

Femidom - is a long wide rubber balloon which is lubricated and soft and goes into the vagina to line the vagina. It is almost transparent like a condom. It has a soft ring at the top to stop it slipping out of the vagina. It warms up quickly so it feels comfortable to use. It stops the semen getting to the walls of the vagina. The femidom has to be twisted before you pull it out, after sex. Explain that as with the condom, the twist action is to stop spillage.

Ask the participants to look at the selection of condoms and contraceptive devices. Encourage them to open the packets and have a look at the materials. Explain that condoms also protect from STI's and that both people have a responsibility to ensure they are protected. This will be discussed in more detail later in the session.
Ask the participants what the different names are for a condom e.g. Johnnies, French Letters, a rubber?

Whether they use a condom to prevent a woman having a baby, or to prevent an infection, it is important to put it on correctly.

To make the next activity fun and using the sensory learning from session 1 ensure each person has a condom demonstrator and some condoms. Lead them through the following steps:

Check the ‘use by’ date on the packet and make sure it is not out of date. Also ensure it has the quality mark, (a kite), and ‘CE’ mark. Ask participants to check for these on the packets and show them the marks.

Ensure each participant has the condom demonstrator ready.

Remove condom from the foil packet. When opening the packet, open it from jagged end to jagged end. Avoid sharp fingernails or jewellery that may damage the condom.

Check that it is not damaged.

If it is the right way round, with the roll on the outside, it will look a bit like a small Mexican hat. (You can take a Mexican hat or use a rolled up sock with the toe end pinched through as a visual.)

Show the participants the teat at the end of the condom. Pinch this between their thumb and forefinger to remove any air inside. Hold the condom demonstrator and lower the condom onto the condom demonstrator – explain this would usually go onto a hard and erect penis. Holding the teat at the top, unroll the condom all the way to the bottom of the condom demonstrator.

Explain the condom will collect the semen that a man releases when they ejaculate. Explain that they would then hold the condom at the base, and pull out the condom demonstrator explaining this would be their or their partner’s penis if in a real situation.

Explain that it is possible to use a lubricant on the condom to make it smooth and easy to insert into the vagina. Use a lubricant like KY Jelly or other water-based lubricant, available free from Brook Highland, Highland Sexual Health, Terence Higgins Trust, Waverley Care. Never use an oil-based lubricant, such as baby oil or suntan lotion which will damage the condom. Explain they must be careful when touching or handling a condom if there is oil or grease on their hands, such as from lipstick, massage oils or lotions.

After sex, explain that they would withdraw the penis while it is still hard and erect. They would then remove the condom and contents very carefully.

Do not flush condoms down a toilet. Wrap the used condom in a tissue and put it in a bin. Wash their hands, to remove the lubricant.

Explain that they need to use a new condom every time they have sex.

Make sure tissues and a bin are available to dispose of the condoms and packets.

Explain there are pictorial leaflets that will help participants remember how to use a condom in condoms boxes.

Explain where the condoms can be obtained free:-

- GP surgeries
- Highland Sexual Health (they can be posted)
Highland Brook
Terence Higgins Trust (they can be posted)
Waverley Care
Available to purchase from supermarkets, chemists and vending machines in toilets.
Look out for open days or ask to visit Highland Brook, for example

Explain that condoms can split or come off during sex. Explain if there is concern that they are pregnant, and they do not want to be pregnant, emergency contraception (morning after pill) is available. It is very important that they obtain this as soon as possible, within 3 days of having sex. Agencies such as GP surgeries, Highland Sexual Health, Highland Brook and community pharmacies can help them.

Explain that if they find out that they are pregnant and are unsure about whether they want to have a baby, they can talk to someone from the agencies listed above, who will talk to them about the options available. If they miss a period and they think that they might be pregnant, a pregnancy test is free of charge from Highland Brook, Highland Sexual Health Services and the GP. It is best to get support and a pregnancy test as soon as possible so that they or as a couple, can start thinking about the choices available to them if they are pregnant, or to put their minds at rest if they are not.

**Abortion**

Ask participants to what they understand about the term abortion or termination. Explain that the word means the deliberate ending of a pregnancy, before the foetus (the developing baby) can live outside the mother.

An abortion is carried out by a doctor in hospital or at a special clinic. There are laws about when a pregnancy can be terminated and time limits on when an abortion can be done. This is why it is important to find out if you are pregnant as soon as possible.

A miscarriage is when a pregnancy ends naturally, or due to an accident. Help is available and people to talk to about abortion, such as the GP, learning disability nurse, Highland Brook, Highland Sexual Health Services

**Safer Sex**

Ask the participants what else a condom can prevent? (STI’s). Use the flipchart and pens to write down answers.

Explain that a condom is also used for what is called ‘safer sex’ – this means preventing becoming infected or becoming ill from an STI.

**Sexually Transmitted Infections (STI’s)**

Using the flipchart and pens, ask the group to call out the names of any STI’s that they have heard of and write them down. This list should include:

HIV (discussed separately page 146)
Chlamydia – it is advisable to be tested regularly if you are sexually active especially as it may only involve giving a urine sample. This is most common, easily missed and potentially the most damaging – but easily treated. In women there may be pain on urinating, discharge, swelling, soreness during sex and irregular periods. In men it may cause discharge from the penis and swelling of the testes and may lead to infertility in men and women.

LGV (Lymphogranuloma venerium) – is a species of Chlamydia but fairly rare in Britain and early treatment important. Look out for swellings, rash, flu like symptoms and a sore can appear in the mouth and under the arms.

Gonorrhoea – the mouth i.e. oral sex and anus i.e. anal sex, can become sore and itchy, pain on urinating, discharge swelling, sex being sore, irregular periods and can be transmitted to a baby during childbirth.

Syphilis – genital blister followed by a polo mint shaped ulcer, A second stage can include possible eye twitches, a rash, possibly hair falling out. Immediate treatment is important to help prevent the second stage.

Genital warts – can also appear on feet and hands. It is possible to have Human Papillomavirus without having the warts. It is important to have the cervical smear tests, due to link between HPV and cervical cancer. (Entrance to the vagina and or the anus and on the penis and can then spread to hands and feet).

Genital Herpes – sores can also appear in the mouth (oral sex) as well as a rash on the genitals and small blisters which may ulcerate.

Hepatitis B – appears as round rashes on feet and hands and can be oral, and anal and can be spread sexually or by hypodermic needles used in drug taking. Can like other STI’s have flu like symptoms but with jaundice.

Pubic lice – (crabs) are grey or black, itching mostly at night and usually only appear on pubic area but can move to armpits, beard eyelashes and eyebrows. Do not share towels/sheets.

Scabies – tiny grey scaly areas between fingers and spread to the rest of the body and are similar to pubic lice, itching mostly at night. Do not share towels or sheets.

TRICH (Trichomoniasis vaginalis) – is a yellow frothy offensive smelling discharge. It can pass onto a baby during delivery. Sexual partners need to be treated too.

Candida – (thrush) for women, if they experience stomach pain, it can feel like a period (but isn’t), it can be a symptom, even if it is 5 years since having sex. It is a thick white cottage cheese like discharge with itching. In men, it affects the head of the penis (valinitis) with similar discharge. Sexual partners must be treated too.
Explain that these infections can be passed on during sex, usually because of contact with the body's fluids, such as semen or vaginal fluid, saliva or blood. Talk also about the importance of maintaining general good health and hygiene and not to use too much soap, use loose clothing, loose trousers and stockings instead of tights.

Explain that there are some infections of the genitals that are not sexually transmitted but easily treated, for example Candida (thrush) it is caused by a fungus also normally present in the mouth and can occur with nappy rash in babies. They may not know that they have an STI, as they may not feel ill for some time.

Ask the participants how they would know that they had an STI? Some signs and symptoms can include:

- Feeling sore/painful in the lower abdomen, penis/testicles, vagina, vulva or anal area
- Itchiness in the penis, vagina, genital area
- Unusual discharge (some fluid) from the penis or vagina. Explain it is normal to have a slight clear or milky discharge from the vagina/penis which keeps them healthy.
- Burning sensation on urination
- Blood in urine
- Blisters, sores or lumps on the penis or vagina, genital area
- Bleeding or pain during or after sex
- Bleeding between periods

It is important to note that many STI’s have no signs or symptoms and a person may not know that they have an infection. It is important to get checked as they may put themselves and any sexual partner at risk of infection. They must not have sex if they think they have an STI and finished treatment. This is part of being responsible and also respecting their sexual partner.

Reassure the participants about the help that they can receive: If they think that they might have an STI, or had unsafer sex, or they think their partner has an STI, there are people that they can talk to for help and advice. They can go to a sexual health clinic, such as Highland Brook Advisory Service, Terence Higgins Trust (website), Waverley Care and Highland Sexual Health Service. Advice they can talk to someone in private and they will talk about any concerns that they have. These services are free and confidential, i.e. they will not talk to anyone else about their visit or what they have talked about with them. They can give them advice and information – they do not have to wait until they think they might have a problem.

STI’s can be treated, but if they are not dealt with as soon as possible, they can affect people’s long-term health – and they will be passing on the infection to whoever they have unsafe sex with.

The Jigsaws

1) Show the participants one of the pictures of an STI.
2) Ask them what they can see /think it is
3) Present them with the jigsaw of that picture and help them complete the puzzle.
4) Let them continue with the others five puzzles giving help as needed.
5) Place the master copies above or next to the completed jigsaws. Confirm they have matched the pieces correctly
6) Ask them what they can see /think they are looking at.
7) Ask them about how they would feel if they had one of these conditions
8) Ask them what type of symptoms they would see/feel
9) Match these to the ‘symptom’ cards e.g. soreness, itchiness
10) Match the words of the symptoms to the pictures if possible
11) Ask them which of the symptoms they would get for each of the STI cards
12) Advise them that some of the symptoms can be experienced for all of the STI’s
13) Use the ‘Body Board’ to show the group where on the body these symptoms can appear
14) Ask the participants how they could avoid getting STI’s (i.e. using a condom. Ask what they might do if they thought that they had an STI, who might they talk to? Encourage them to tell someone if they think something is wrong. REINFORCE THE IMPORTANCE OF USING A CONDOM.

Facilitator’s can use the ‘Common Knowledge’ Photo Story, (episode 15 and 16). This will break up what has been a fairly intense session, with a lot of information, and bring it into the context of a real-life situation. ‘Someone feels itchy’ (episode 15) covers the possibility of an STI and obtaining a condom is covered in episode 16.

**HIV and AIDS**

Ask the participants what they know about HIV and AIDS. It is important to clarify any misunderstandings about this and ensure the group know and understand the facts.

Human Immunodeficiency Virus (HIV) damages the body’s immune system. The immune system is the part of the body that helps us fight disease and infections. When it is damaged, people are more likely to become ill. Acquired Immune Deficiency Syndrome (AIDS) is a name for the different illnesses that a person can get when their immune system is damaged.

There are 4 ways to become infected with HIV:-

- unsafe sex (sexual intercourse without a condom, including vaginal and anal sex; a small risk with oral sex)
- sharing needles by those who use drugs or accidentally prick the skin on picking one up
- through a mother to her baby
- Infected blood

It cannot be given to them by everyday social contact with a person, such as shaking hands, going to the swimming pool.

HIV is caused by a virus. The symptoms can be treated and managed very well with medication. It cannot be cured.

Explain to the participants that as with the STI’s, they can get help, advice and treatment if they have any concerns.

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146
What happens when I visit a clinic? (Highland Sexual Health Services, Highland Brook, Terence Higgins Trust, Waverley Care, GP). Why not give them a call and visit for yourself?

Speak to the receptionist, who may give them a card or number or ask for their name and date of birth
In a private room a nurse or doctor will ask some questions to find out what is concerning them
They can take a friend, carer or family member with them. They can choose whether they come into the consultation with them or wait in the waiting room.
They can ask any questions that they want to
They may need to pee in a plastic pot or plastic cup, so that it can be tested for an infection
They might need to have a swab (a cotton bud or foam rubber on a stick) taken of the inside of their vagina – they might be able to do this themselves or the nurse or doctor may do this for them.
They might need to go back to the clinic or phone them to get any test results.

To sum up, ask the participants if they have any questions or would like to go over anything they are unclear about.

Suggested Activities

Have a selection of leaflets for the participants to put in their ‘Personal Folders’.

Arrange to visit a clinic and have a look around and a chat with the staff there
Visit the chemist, shop or go to a vending machine and look at and/or buy some condoms
Visit Brook Highland or Waverley Care

As each participant leaves, hand them today’s session’s ‘Communication’ Card 9.

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

<table>
<thead>
<tr>
<th>Love Is Policy References</th>
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<tr>
<td>Love Is Policy section: 3, 4,5,6,7</td>
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<tr>
<td>* The ‘Body Board’ and Emotions Pack</td>
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<td><a href="http://www.highland.gov.uk/leisureandtourism/libraries">http://www.highland.gov.uk/leisureandtourism/libraries</a> / NHS Highland</td>
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</table>
* ‘Common Knowledge’ Website: www.ckuk.org.uk - click on ‘CKSexTalk’, then ‘Photo Stories’, Episode 15, 16

* ‘Safe Sex and Contraception’ www.changepeople.co.uk

*Channel 4 site for pictures of STI’s http://www.channel4embarrassingillnesses.com
Today I learnt

I want to tell ............ about

What do I want to remember from today?

A question I want to ask ............ is
Session Ten – Keeping Safe - Alcohol, Drugs and Communication

In this session
We will:  Raise awareness of and discuss the effect of alcohol and drugs on decision making
Raise awareness and discuss the importance of personal safety including issues of safety in using the internet and mobile phones

This session explores safety in a broad context, and aims to enable participants to recognise potential danger or situations that may present a risk to them and make informed decisions or know where to ask for help if they need to. Safety is practical (such as using a condom to minimise risk of a sexually transmitted infection, discussed in session 9), and instinctual, (knowing if someone is trying to make them do something that they do not want to do, or just ‘feeling unsafe’). This is a large section and it is recommended that facilitators take as long as is needed to ensure that participants understand and can apply the underlying themes and lessons (referring back to session 3 and 8).

Preparation
Refer to ‘Preparation and Guidance’

Materials you need
Photocopy the ‘Communication’ Card 10
Internet safety booklets
Sets of colour cards, red green and yellow
Optional – selection of local taxi numbers (accessible for wheelchairs)
- street pictures, day and night images
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Detailed Facilitators Notes

This session will discuss broader aspects of safety, introducing issues of potential abuse and/or sexual exploitation. Facilitators will need to be aware of the experiences of the group, including staff, of abuse and be prepared in following-up any ‘Disclosures’. The enclosed pathway detailed in ‘Preparation and Guidance’ of what to do in this situation and who to report to, will help guide you as to the next steps to take if anything arises that causes concern. Facilitators should be up-to-date with the legislation, including the ‘Adult Support and Protection Act (Scotland) Act 2007’.
There are reference contacts at the end of this session. There is also a reference to an easy read ‘Surviving Abuse’ booklet from Enable which may be useful to have in your own toolkit session box or as an option, you may feel that each participant should have their own copy in their folder.
There are also links to the 2010 ‘Act Against Harm’ Scottish Government resources, local and national.
Adults with autism spectrum condition will need support to understand some of the more abstract concepts, and require more concrete information. You will need to simplify the thinking/feeling questions. It is strongly recommended that participants have one-to-one support and from a facilitator trained in autism spectrum condition, with material tailored to individual need.

Learning how to stay safe is a lifelong process. The aim of this section is to raise awareness and provide skills for participants to make informed choices. Most importantly, participants need to know that if they do not feel safe, for any reason, who it is they can talk to and that someone can and will help, whether it is their key worker, friend, family, social worker, Learning Disability Nurse, GP, etc.

The Session
Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 9
Ask the participants about the places they visited, (such as a clinic) since the last session. Did they learn anything new? What were their feelings about it?

Personal Safety
Personal safety covers two aspects in this context:

- The ability to make safe decisions and know who to go for help if they are concerned that they are being abused. Recap on the sessions covering ‘Assertiveness, Rights and Responsibilities, the Law’.
- Discuss how their ability to make judgments and good decisions can be impaired by alcohol or drugs.

The discussion can be facilitated using the scenarios to follow, and asking the group to talk about the situation of the characters and the options that they have.

Begin this session by asking the participants what they think ‘safe’ means? Ask them to give examples of times when they have felt safe, and times when they have not felt safe. Discuss any situations where it is not necessarily clear-cut about whether it is safe or not, but they may not ‘feel okay’ about it; situations where their ‘6th sense’ or instinct may come in. This is important, as this sense can be an early warning sign to them – and they may need to listen to it or check it out!

The discussion can then go on to situations where there are very clear boundaries about what is safe and unsafe, or okay and not okay. Ask the participants about good touch and bad touch. The following guidelines may be useful:-

- What is good touch? This is touching that they have agreed to and that they like or feels good.
- Emphasise legal aspects of relationships here (session 11 and 12 will discuss what is okay and not okay in different types of relationships).
Good touch can be from their partner, in the context of a sexual relationship; or from their friend, such as a hug, or from their family.

The touching from their partner in a sexual relationship will be different to where and how a friend or family member touches them. Explain that the areas covered by a swimming costume (or underwear) are private, and usually only touched by themselves or their partner in a sexual relationship.

Clarify that care workers or nurses/doctor may sometimes need to touch them in those places, in order to care for them, but they should have been talked to about that first.

What is bad touch? Touching that they do not like or feels bad, or from someone that they know should not be touching them in that way.

Explain that the area usually covered by a swimming costume or underwear should not be touched by anyone, except themselves, or their partner in a sexual relationship or when a nurse/doctor or carer needs to do something for them.

A doctor/nurse or carer may sometimes have to do things for them and touch them in a way that causes discomfort, (such as when they need to examine them) but that is different. They should tell them if they are hurting them, though.

This discussion will highlight potential areas of abuse and ‘Disclosure’. Facilitators will also need to be sensitive to experiences of the group. (Refer to section ‘Dealing with Personal Stories, ‘Disclosures’ and Follow-up’ in ‘Preparation and Guidance’)

Internet and Mobile phone safety

Ask the participants who uses the mobile phone and the internet? Have they ever met anyone new over the internet or from a mobile phone text? Explain that mobile phones and the internet are really good for keeping in touch with friends, but that you also have to be careful about who you might meet or make contact with and who you give the number out to.

Ask the participants if they know how to stay safe in terms of using the mobile phone and/or internet?

The following guidance is recommended:

Make sure they use a known and safe website if they want to use a chat room (the ‘Common Knowledge’ website has a chat room, called ‘CKFriends’, that the group could have a look at – in ‘Resources’ box at the end of section)

People can tell lies and give a false impression on the internet or mobile phone. They may not be what they seem. Only by seeing someone, and using their instinct, can they check out if someone is okay.

Don’t give out personal details, like photos, name, address, family information, phone number

Never agree to meet up with anyone alone for the first time – meet in a public place and tell someone where they are and who they are meeting

Don’t open attachments from anyone that they do not know. They may have sent material that is upsetting to them and offensive

Never respond to anything that they find disturbing
Mobile phone – only give number to those they trust and never give out someone else’s number without their permission
Don’t reply to a text message if it is from someone they do not know
Be careful about words that they type into a search engine, such as Google, as there may be websites that come up that are offensive, disturbing and illegal.

Be Web Wise as well as Streetwise!

Scenario’s for Discussion
Facilitator’s can use a ‘traffic light’ system: make up 3 cards, one red, one yellow and one green. You could also make up enough cards for everyone in the group to have a set. At the end of the discussion which should follow each of the seven scenarios, ask the participants to hold up one of the cards: red for a situation that is not safe; yellow for unsure and green for safe situation.
Another useful way to expand the discussion is to ask the group how a situation could change:-

• How could a scenario become unsafe, so change from a green to a red situation? What would need to happen or could happen to change the situation?

• How could a situation become safer, so change from a red situation to a green situation? What would need to happen or could happen to change the situation?

This would encourage further thinking of consequences of actions but also how we can have control over some of the situations that we may find ourselves in.

Scenario One
Jo and Charlie have been seeing each other for several weeks. They’ve been out on a date, and Jo is staying over with Charlie for the night. They start kissing and cuddling, and Jo stops Charlie and says “Hang on; I’ll get the condom out of my bag!” Charlie pulls a face and says “Let’s not bother – it’ll be okay! “ What should Jo do?

Ask the group what reasons people give for not wanting to use a condom? e.g. feeling silly, being lazy, the condom will spoil their pleasure, not having one
How would they cope with this situation? Would they be assertive? What if Charlie/Jo started to put pressure on them – and said he/she would leave them and find someone else or they didn’t love him?
Is this a red, yellow or green situation?

Scenario Two
Liz has been going to a social club for a few months now and really enjoys it! She enjoys listening to music and having a dance and a chat with her friends. She recently met a new friend and enjoys their company; Liz is happy being single and does not want a relationship at this time. This new friend really likes her, but Liz has been unhappy
about their behaviour at times. It started with slapping her on the bottom, and last week, when they sat next to her, they put their hand on the top of her leg and rubbed it. What can Liz do about this? Who can she talk to?

Is this a red, yellow or green situation?
What can Liz do about this?
Who could she talk to?

Scenario Three
Carol is a big fan of the internet! She has recently made contact with a young man in a chat room. He has asked to meet up with her and wants directions to her house – he says he is looking forward to ‘some time alone with her’. Carol is really keen to meet him, but is nervous about seeing him for the first time. She tells him that she would like to meet up, but in the local café, and would like to bring her best friend with her too.

What do you think about Carol’s response in this situation?
Is it a red, yellow or green situation?

Scenario Four
Lucy is out with her friends for her birthday, at a nightclub. She doesn’t go out often and has been drinking a lot of alcohol – and she is not used to it! A couple of men have been encouraging her to dance with them and have bought her drinks. They want to continue the party at their flat.

What effect does alcohol or drugs have on their ability to make good decisions? (Talk about dangers of not being in control, not just in this situation, but also in forgetting to use a condom, or just in spoiling their evening because they pass out – refer to ‘Common Knowledge’ Photo Story, episode13).
What might happen to Lucy?
Is it a good or bad idea to accept a drink from a person they do not know? Why? (You are looking for knowledge and to raise awareness of ‘spiking’ drinks here)
Is this a red, yellow or green situation?

Scenario Five
Diane has been seeing Tom for three months. They really like each other and want to now take their relationship further and have sex. Diane is concerned about getting pregnant, but Tom has told her that she cannot get pregnant the first time they do it. Diane is not convinced and wants to talk to someone about it first. Tom is upset that Diane is not listening to him, but she is insisting on talking to some one first.

Is Tom right? What other things do people believe – for example, they cannot get pregnant if they do it standing up; or if the man pulls out his penis quickly.
Is Diane right to want to talk to someone? Who could she talk to?
Is this a red, yellow or green situation?

Scenario Six
Brenda is feeling afraid and confused. She has woken up on the sofa, but does not remember how she got home last night. She feels strange and sleepy and sore
between her legs. The last thing she remembers is having a few drinks with a nice young man she met at the pub.

What do they think might have happened to Brenda? (They are looking for a date-rape answer here and highlighting the dangers of accepting a drink from a stranger that may have been drugged?)

How could Brenda have made the situation safer? (Ideas here include only buy their own drink; do not leave their drink unattended; always be careful about accepting drinks, lifts etc. from a person they do not know)

Who could Brenda talk to about what has happened to her?

Scenario Seven
Georgie and Jo have been out to the cinema! They’ve had a great time, but they have missed the last bus home. Georgie suggested walking home, but Jo was concerned, because they would have to walk through some dark, unlit streets and their route would go past a few pubs too. Georgie thinks they have enough cash between them to share a taxi.

What are some of the dangers in walking home late at night?
Do they think a taxi was a good idea?

What would be the ‘green’ and safe way to get a taxi (e.g. phone a known and licensed company and let someone know that they are arriving home by taxi, giving them the name of the company)?

What would be an unsafe and ‘red’ way to get a taxi (e.g. to get into an unlicensed car, claiming to be a taxi; walking to a taxi rank, if the route was dark and unlit)?

Is it a good idea to always have spare cash in case they need it (such as for a taxi home)?

What else can help keep them safer (e.g. telling someone where they are going, who with and time they expect to be home)?

Suggested Activity
Suggest participants do some research on the following:

- Make up a list of the known taxi companies in their area and which ones they like to use regularly
- Do they need to change the way that they have been using the internet or mobile phone? What things will they change?
- Go out at night in a group and talk about how things look different from the day. What things are hidden?
- Remember to reassure that if things do go wrong, it is not their fault, they have friends, there is support and help – always ask for help.

As each participant leaves, hand them today’s session’s ‘Communication’ Card 10.

Closing
Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas
### Love Is Policy References

Love Is Policy section: 3, 4, 5, 6, 7
Love Is Good Practice Guide: 8, 9 & Appendix 1, 2, 3

### Resources

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<th>Description</th>
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<tr>
<td>‘Common Knowledge’ Website</td>
<td><a href="http://www.ckuk.org.uk">www.ckuk.org.uk</a> - click on ‘CKSexTalk’, then ‘Photo Stories’, Episode 13</td>
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<td>*</td>
<td><a href="http://www.ckuk.org.uk">www.ckuk.org.uk</a> – for ‘CKFriends’ and chat room</td>
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<td>DVD ‘Making Decisions – Your Rights – People with Learning Disabilities’ (Scottish Government) 0131 622 8283</td>
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<td>*</td>
<td><a href="http://www.suzylamplugh.org">www.suzylamplugh.org</a> Suzy Lamplugh Trust</td>
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<td>Internet safety <a href="http://www.studentswithlearningdifficulties.blogspot.com/.../childnet-have-teamed-up-with-widgit.html">www.studentswithlearningdifficulties.blogspot.com/.../childnet-have-teamed-up-with-widgit.html</a></td>
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What do I want to remember from today?

A question I want to ask .......... is
Session Eleven - Types of Relationships

In this session

We will: Raise awareness and explore the different types of sexual and non-sexual relationships that an individual may engage in
Affirm the rights of individuals to have sexual relationships other than heterosexual

In this session we examine the different types of relationships that an individual may choose to experience. Historically many people with a learning disability and/or autism spectrum condition have been excluded from any type of sexual relationship and even more so from same-sex relationships. In fact, for some people it is inconceivable that someone with a learning disability and/or autism spectrum condition may be gay or lesbian.

The reality, of course, is that, just like the rest of us, some people with a learning disability and/or autism spectrum condition will not be heterosexual. By exploring the range of possible relationships, life-styles which include alternative sexuality will be affirmed and participants will achieve a greater understanding and acceptance of their own and others sexuality.

Preparation

Refer to ‘Preparation and Guidance’

Materials you need

Photocopy the ‘Relationship’ cards (page 167)
A4 paper
Selection of relationship photos from magazines or the web
‘Challenging homophobia and heterosexism’, consider copies for each participant
‘Jan’s Story’ and ‘Phil’s Story’, consider copies for each participant
Photocopy the ‘Communication’ Card 11
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the personal folders

Detailed Facilitator Notes

The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the
following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task allowing for any questions or worries to be addressed.

**Recap on session 10**

Ask the participants if anyone has changed what they do in terms of how they use the internet or mobile phone. Have they become aware of anything else that they think is important in terms of staying safe?

**Types of relationships**

Explain that in this session you are going to look at all the different types of relationships people can have and at what is allowed and what is not allowed, (i.e. legal)

On the flip chart, make 3 columns, headed ‘Family’; ‘Work’ and ‘Friend’.

Ask the participants in turn to take a ‘Relationship’ Card and to suggest which column on the flip chart it should be put in. Is this person a member of the family, a friend or someone with whom they have a professional relationship (a relationship where the other person is paid to work with you)? You can either write the response on the flip chart or blue tack the card to it.

Some answers will be very straight forward, others might be more complicated and lead to further discussion e.g. many ‘service user’s see their supporters as friends, even though they are paid to be with them - this feeling may be reciprocated. Use your judgement as to where to place the card.

Once all the cards have been used, looking at each column in turn, ask whether it would be OK to:

- Shake hands with this person?
- Hold their hand?
- Hug them?
- Kiss them on the cheek?
- Kiss them on the lips?
- Have sex with them?

Gently correct any mistaken beliefs, be alert for possible disclosure and if necessary stop the discussion and agree to talk about any delicate or personal issues later.

**Time and Place QUIZ**

The idea of this quiz is to enforce what is acceptable in public places and what activities should only be undertaken in private.

Is it OK to hold hands / kiss / have sex / touch your penis or vagina *(use whatever words the group has agreed to)*

- In the park?
- On a bus?
- In the cinema?
- In the day centre?
• In their own living room?
• In their own bedroom?
• In a hotel?

Gently correct any mistaken beliefs, be alert for possible disclosure and if necessary stop the discussion and agree to talk about any delicate or personal issues later.

Return to the boyfriend and girlfriend examples. Have these been identified as possible sexual relationships with members of the same sex? Explore what the participants know about homosexual, lesbian and bi-sexual relationships.

You may need to explain these terms and re-enforce them throughout this section. You may also need to explain transsexual and transgender just to ensure everyone is aware of the differences, and that people use terms such as ‘being gay’.

Transgender – is when a person chooses to say they are one gender but this is different to their born gender. This is not about sex but about feeling they are a woman but their body looks like a man or visa versa. Some people want to have an operation to change their sexual body look. There are some people who call themselves Third Gender because they do not want to be one gender but accept they can feel and look different in many ways and choose to be female one day, male another or even dress as a woman but act as their male part. For others only an operation and dressing and looking like their chosen gender is important.

Transsexual – is when a person’s body and feelings of attraction are different to their body look or what is accepted to be the usual relationship for a man or a woman. A transgender man may be attracted to a man and a transgender woman attracted to a woman but both transgender people may want their body to change/be operated on to show their difference. This is different to being gay. Gay is where people are happy to have their sexual look be the same as the person they are attracted to.

What do people think about these types of relationships?
Can they tell if someone is ‘gay’ by looking at them?

Use the photographs included in the pack to prompt discussion and establish that it is not possible to tell someone’s sexuality by looking at them.

Give everyone a break at this point.

When everyone is back, work through ‘Challenging homophobia and heterosexism’.

Ask if they think that people with a learning disability and/or autistic spectrum condition can be ‘gay’ too. Do they think that it might be difficult to tell someone if you think you are gay?

Work through ‘Jan’s Story’ and ‘Phil’s Story’. If your group is mixed, you could split into a male group and a female group for this part of the session and go over the relevant story with each group.
Suggested Activity
Ask the participants to make a collage of photographs and pictures cut from magazines or newspapers which illustrates a range of relationships. They might also like to arrange a film night, and watch a film that shows different types of relationships and lifestyles.

Put the ‘Relationship’ Collages in the ‘Personal Folders’.

Put the copies of the resources used today into each participant’s ‘Personal Folder’.

As each participant leaves, hand them today’s session’s ‘Communication’ Card 11

Closing
Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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<td>Love Is Good Practice Guidance sections: 1, 3, 7</td>
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Resources

*A photo story ‘Challenging homophobia and heterosexism’
http://www.bristol.ac.uk/norahfry/research/completed-projects.challenging.pdf

*A photo story about a lesbian with learning disability ‘Jan’s Story’

*A photo story about a gay man with a learning disability ‘Phil’s Story’

* http://www.makeyourpositionclear.com a website that promotes good condom use for gay, bi-sexual and heterosexual men. Some pictures are useful to show emotion in initial attractions to another, others are tastefully graphic showing sexual positions

* http://www.gmh.org.uk a website that enables gay men to empower themselves around good health and promotes good male health
HUSBAND  SHOPKEEPER

WIFE  FLAT-MATE

DOCTOR  STEPSISTER

NURSE  SOCIAL WORKER

DENTIST  SUPPORT WORKER

STEP FATHER  POOL ATTENDANT
Today I learnt

I want to tell .............. about

What do I want to remember from today?

A question I want to ask .............. is

What do I want to remember from today?

A question I want to ask .............. is
Session Twelve - Relationship Issues - What’s OK and What’s Not

In this session

We will: Raise awareness of what behaviour is unacceptable both socially and legally by examining the individual’s rights and responsibilities regarding issues of both sexual and non-sexual relationships.

This session looks at appropriate behaviour. Whilst in the sex act ‘anything goes’, (in the context of mutual consent), we are all subject to certain legal and social restrictions - where; when; and with whom.

The quiz helps to ascertain what members of the group believe and know and allows any misconceptions to be discussed and corrected. We look at the individual’s rights and responsibilities, allowing the participants to begin to differentiate between what is acceptable and unacceptable within a range of relationships.

Preparation and opening

Refer to ‘Preparation and Guidance’

Materials you need

Photocopies of ‘My Rights and Responsibilities’ worksheets for everyone
Photocopies of the ‘Relationships’ Cards worksheets – uncut
‘My choice, my voice’ DVD (available on YouTube)
‘My choice, my voice’ script
Copies of the ‘Act Against Harm’ www.infoscotland.com/actagainstharm
Optional – ‘HELP’ DVD www.video3uk.com/highlandhelpgroup
Your completed ‘Relationships’ Ladder from session 7
Photocopy the ‘Communication’ Card 12
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’
Ask everyone to take out their completed ‘Relationships’ Collage

Detailed Facilitator Notes

The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the
following **Recap** discussion. This is alright as the **Recap** discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

**Recap on session 11**

Ask the participants to 'show and tell' about their collage and ask:
- What types of relationship did they find pictures of?
- Were there any types of relationships that they couldn’t find pictures of?
- Were there any pictures in daily newspapers and magazines of people holding hands / kissing / having sex?
- If not, why do they think this is?

**Personal and social boundaries**

Tell the participants that in this session you are going to look at what is OK and what is not OK in relationships of all kinds. Sometimes people act in a way which other people might feel uncomfortable with. There are things which should be kept private. Everyone has 'boundaries' which we should all respect. We all need 'personal space'. This is like an invisible fence which we like people to stay behind. The fence may be quite a long way away for strangers, but might not be there at all for very close friends and family (although there are still boundaries which must be respected).

Explain that they should not enter someone else's personal space unless they are invited to do so. They are going to find out what your personal space is.

Organise participants into pairs. Ask everyone to stand up. One of the pair stands still, whilst the other moves slowly towards them. The person standing still says 'Stop!' once they feel that their partner is close enough. Change over and try the exercise with other people in the group.

When everyone has sat back down, invite a discussion about personal space and what sort of people we might feel comfortable with being close to - and what sort of people we might feel uncomfortable about.

It is not easy to explain how to judge how close someone wants them to get - most people just seem to know - but if in doubt, they should not stand too close to someone they don’t know well – perhaps about one arm’s length away.

Show everyone your own completed ‘Relationship Ladder’ and explain why you have put people where you have put them. Remind participants of their ‘Relationships Ladders’ and where they put people they trusted.

*Let everyone have a break.*

Explain that as well as personal and social boundaries, there are some things that are not allowed by law, and you are going to do some ‘Quizzes’ to see how much people know about what the law says.
Most of the answers to the ‘Quizzes’ are ‘Yes’ or ‘No’. Hand out the red and green cards. Explain that if they think the answer to a question is ‘Yes’, they should hold up the green card; if they think the answer is ‘No’, they hold up the red card. If they are not sure, they don’t have to hold up any card, but try to encourage everyone to respond as much as possible. This will allow the issues raised in the ‘Quiz’ to be identified and a discussion to take place.

**Personal and Social boundaries QUIZ**

The idea of this quiz is to enforce what is acceptable to a person and others may be different and what is not acceptable.

1. Is it okay to hug everyone they meet?  No
2. Is it okay to kiss someone if they don’t want them to?  No
3. Do they think that if someone says they don’t want them to hug them or to kiss them, that they don’t like them?  No - they just don’t want that sort of contact
4. Is it okay for someone to make them have sex if they don’t want to?  No
5. If someone tries to force them to do something they don’t want to, what should they do?  Say No  You may want to refer to the ‘Protection of Vulnerable Adults Policy’
6. Is it okay to touch someone they know here?  Use the ‘Adult Male and Female’ worksheets to point to different parts of the body. In general, the area covered by a swimming costume should only be touched by themselves, their partner or someone with special permission like a care worker, doctor or nurse
7. Who might it be okay to touch here?  Use this to generate a conversation about types of relationships and consent - refer to the DVD part 2

Gently correct any mistaken beliefs, be alert for possible disclosure and if necessary stop the discussion and agree to talk about any delicate or personal issues later.

**The Law QUIZ**

The idea of this quiz is to enforce what the law says about relationships and sex.

1. Is it okay for people with a learning disability (or ‘experts’ if your group prefer this term) to get married?  Yes
2. Is it okay for people with a learning disability to have a baby?  Yes
3. Is it okay to have a sexual relationship with someone who is the same sex as themselves?  Yes, providing it is what you both want
4. Is it okay to have sex with someone who supports them?  No
5. Is it okay to have sex with someone who is 15 years old?  No but yes if both people are 15 years old and can consent
6. Is it okay to have sex with a member of their own family?  No
7. Is it okay to have sex with someone if they say ‘No’?  No - they don’t want to and they must not make them

Gently correct any mistaken beliefs, be alert for possible disclosure and if necessary stop the discussion and agree to talk about any delicate or personal issues later.
At the end of the quiz, explain that if they break the rules (the Law) they could get into serious trouble. In the most serious cases, people can go to prison. If they are not sure whether it is OK to do something, or if someone else tries to make they do something they don’t want to, they should talk to someone like a support worker who will help them.

The information on which this quiz is based is, to the best of our knowledge, correct, however laws do change, so if they have any doubts about the validity of any of the answers given, please check current legislation. Remember, however, that we are not trying to turn participants into legal experts!

Advocacy
Explain that sometimes it is difficult for people to ask for what they want and other people might try to stop them doing something they want to do and which they have the right to do.

Watch the final part of the DVD ‘My Choice, My Voice’.

What do people think about this final part of the story?
Should the support worker try to stop Andy and Claire spending the night together?
What do they think about asking someone else to help?
Can they think of someone who would help them to say what they want?
Explain that an advocate can only help them if what they want is legal.

It might be a good idea to invite an advocate along to talk to the group and explain how they can help, although many people will prefer to use someone they already know and feel comfortable with to help them.

Suggested Activity
Cut out one set of the ‘Relationships Cards’ and put them on the floor. Give each participant an uncut ‘Relationship Card’ worksheet. Ask the participants to think about the people they know and place the cards as to who they would feel comfortable in going to for help. You could discuss which people they would go to for different types of problems and what problems they would not go to the same people with. You could help participants write on each ‘Relationship’ Card worksheet, the type of issue and who may be able to help with.

For the next activity, ask the participants to sit on their chairs. Explain that their chairs are their safe places and that everyone has a space around them that you cannot see but is known as Personal Space. Again thinking about the types of people on the ‘Relationship Cards’, which people would they let close to their chair or inside their Personal Space? Which ones did they keep far away? What would they say to people to stop them getting too close? (It is important the participants understand that it is not just
strangers that they have a right to say ‘no’ to, sometimes people we know can act in a way we don’t feel safe with, and we must feel confident and self-assertive enough to say how we feel or to get help).
Ask the participants, who would they tell if someone kept coming close or touching them (in the context of support and the law)? In what situations would you allow someone to get close (in the context of keeping healthy, love)? Is it still okay to say ‘no’ even if you are very close or in love with someone?
Ask the participants to write the word ‘TELL’ or draw or stick a speech bubble on at least two relationships cards.
Hand out the easy read ‘Act Against Harm’ booklets. Explain that this has stories about the different kinds of harm that people will stand up to and say ‘no’ to. You can read them out or combine using this booklet along with the ‘HELP’ DVD as an option to hold an extra session. This extra session would be around viewing the ‘HELP’ DVD and going through the discussion exercises that are included on it. If you take this option, hold it before booking session 13.

Put the ‘Relationship Card’ worksheet in the ‘Personal Folders’.
Add copies of the ‘My Choice, My Voice’ script to the ‘Personal Folders’. 

As each participant leaves, hand them today’s session’s ‘Communication’ Card 12

Closing
Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas and/or procedures

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<tr>
<td>* ‘Act Against Harm’ <a href="http://www.infoscotland.com/actagainstharm">www.infoscotland.com/actagainstharm</a></td>
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<tr>
<td>* ‘HELP’ DVD <a href="http://www.video3uk.com/highlandhelpgroup">http://www.video3uk.com/highlandhelpgroup</a></td>
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</table>
My Rights & Responsibilities

You have the same rights and responsibilities as people without learning disabilities of the same age, as long as:

• You are able to understand what you are doing

• You are not being abused or forced into something.

*If someone tries to make you do something you do not want to do it is important that you tell someone you trust at once.*
### YOUR RIGHTS YOUR RESPONSIBILITIES

<table>
<thead>
<tr>
<th>You have the right:</th>
<th>You have the responsibility:</th>
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<tbody>
<tr>
<td>To be treated with respect</td>
<td>To treat other people with respect</td>
</tr>
<tr>
<td>To find out about your body</td>
<td>To respect your body</td>
</tr>
<tr>
<td>To a private and family life</td>
<td>To respect other people’s privacy</td>
</tr>
<tr>
<td>To get good information about your body, your feelings</td>
<td>To use this information wisely</td>
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<tr>
<td>and the way to behave</td>
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</tr>
<tr>
<td>To make and break relationships</td>
<td>To accept that other people may want to end a relationship</td>
</tr>
<tr>
<td>Not to be sexually abused</td>
<td>Not to abuse other people</td>
</tr>
<tr>
<td>To marry and start a family</td>
<td>To care for your partner and family</td>
</tr>
<tr>
<td>To sexual health and safety in relationships</td>
<td>To keep yourself and your partner healthy and safe</td>
</tr>
<tr>
<td>To explore your sexuality to decide if you are attracted</td>
<td>To respect that other people may not share your sexuality</td>
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<tr>
<td>to people of the same sex or of the opposite sex</td>
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<tr>
<td>To support from an advocate if you need one to help you</td>
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<td>get your rights</td>
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</table>
MOTHER    FATHER
BROTHER    SISTER
UNCLE      AUNT
COUSIN     NIECE
NEPHEW     BOYFRIEND
GIRLFRIEND FRIEND
HUSBAND  WIFE

DOCTOR  NURSE

DENTIST  STEP FATHER

SHOPKEEPER  FLAT-MATE

STEP SISTER  SOCIAL WORKER

SUPPORT WORKER  POOL ATTENDANT
NOTES FOR ‘MY VOICE, MY CHOICE’ SCRIPT

Characters: Andy, Bruce, Claire, Donna.

Several months have passed. Andy and Claire are still together and things are going well. They have talked about sex and got help to get some information so they understand more. They have decided to spend the night together.

Scene 1
Claire tells Donna that she and Andy are going to the cinema on Friday evening and that she is going to stay over at his place.

Scene 2
Andy tells Bruce that he spoke to Claire’s support worker about Claire staying over. They will go to the cinema and have a pizza. Bruce is happy for his friend that things are working out for them.

Scene 3
There seems to be a problem. Claire looks miserable. She tells Donna that Andy’s support worker has said that Claire can’t stay over at Andy’s place. She now thinks that she won’t even be able to go to the cinema with Andy because the last bus leaves before the film finishes.

Scene 4
Andy is not happy. He does not think it is fair that his support worker has said that Claire can’t stay the night at Andy’s place. Claire’s support worker is fine with the plan - but Andy’s support worker is being a problem. Bruce tells him that the support worker can’t tell him what to do in his own home. It’s Andy’s choice.

Scene 5
Donna also tells Claire that Andy’s support worker can’t run their lives. But Claire says that Andy doesn’t want to fall out with the support worker.

Scene 6
Bruce suggests that Andy and Claire ask Claire’s support worker to help them. She has helped them before. Andy says that he could ask his sister to help - she likes Claire. She will be an advocate for them and help them to say what they want to do.

Scene 7
Claire has good news to tell Donna. Andy’s sister sorted things out with Andy’s support worker and now she is going to be able to stay over at Andy’s place.
Today I learnt

I want to tell ............ about

What do I want to remember from today?

A question I want to ask ............ is
Session Thirteen – Sexual Health and Wellbeing, Pregnancy and Parenting

In this session
We will: Highlight the link between sex and a planned pregnancy and discuss issues of parenting and the impact it has on both parents

This session is an opportunity to talk about whether having a baby is the right decision for them. It is also a chance to discuss what is involved in parenting, so participants can gain an understanding of the factors involved in deciding to have a baby.

Preparation

Refer to ‘Preparation and Guidance’

Materials you need

- Magazine selections
- Some blank paper sheets
- Optional – ‘Depo-Provera’ ‘Planning a baby' [www.changepeople.co.uk](http://www.changepeople.co.uk)
- Photocopy the ‘Communication’ Card 13
- Flip chart stand, flip chart pad and pens for drawing symbols or pictures
- Glue sticks, scissors

Hand out the ‘Personal Folders’

Detailed Facilitators Notes

The aim of the session is not to go into detail, but to flag up issues that participants need to be aware of. It is nearing the completion of a journey that began with raising awareness of their senses and their own self-esteem and body image, and will complete with a discussion on wellbeing.

The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task allowing for any questions or worries to be addressed.
Recap on session 12

Ask the participants about what they thought about the activity on their own personal space and their personal boundaries in terms of how comfortable they are with particular people. Can they remember some of the relationships on the cards and who they trusted?

Ask the group what they thought of the chair activity. Which people did they let close to their chair and which ones did they keep far away. What would they say to stop someone getting too close to them? Who would they tell if someone kept coming close or touching them (remembering support and the law)? In what situations would you allow someone to get close (remembering keeping healthy and love)?

If you included the option of holding the extra ‘HELP’ DVD session, ask the participants do they feel more confident in asking for and seeking help.

Pregnancy and Parenting

Ask the participants to remember the learning from session 5 and 6 and the changes that happened in the body and how those changes help a woman become pregnant and a man become a father.

Discuss, do all women want to become mothers and do all men want to become fathers? What might they do if they were worried about getting pregnant or being pregnant?

Explain where to get help, support and advice if pregnant and they need to talk to someone about it, or if they want to have a baby and need to talk to someone about it:

- Learning Disability Nurse
- G.P Surgery
- Highland Brook Advisory Service

Deciding to have a baby is a big decision. Ask the participants some of the following questions, and divide them into pairs or smaller groups, and then feedback what their thoughts have been and write them up on a flipchart:

- Why might someone decide to have a baby?
- What are some of the things that they need to think about?
- What could they gain from having a baby?
- What might they have to give up if they had a baby?
- How long would they be responsible for the child? What is involved in being a parent?
- How would their life change?
- What costs are involved in having a baby or starting a family?

Suggested Activity

Explore recommended websites, such as ‘CHANGE’, or the table provided in ‘SHARE Special on parenting’.
Using magazines to make collages, get participants to choose pictures of things they could buy if they could keep all of their money to themselves (prompts could include darts, pub outings as well as branded clothes as ‘Keeping Safe’ session 10 should have gained participants some confidence in trying new activities out).

Putting the first collage to one side, ask participants to now choose pictures of things a baby might need (prompts could include things like medicines, toiletries, savings account as well as clothes and prams).

Now looking at both collages together, discuss could participants still afford to keep the items in the first selection?

Discuss how they might plan well for having a baby (prompts could include diaries, budgets, savings and where they might go to get help with these).

Put the collages in the ‘Personal Folders’.

As each participant leaves, hand them today’s session’s ‘Communication’ Card 13

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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</tr>
<tr>
<td>* <a href="http://www.ckuk.org.uk">www.ckuk.org.uk</a> – click on ‘CKSexTalk’</td>
</tr>
<tr>
<td>*50 titles including ‘Being Good Parents’ ‘Support for Living’ ‘Helping Parents with learning disability to Speak Up’ <a href="http://www.baringfoundation.org.uk/PlainFacts.pdf">www.baringfoundation.org.uk/PlainFacts.pdf</a></td>
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What do I want to remember from today?

A question I want to ask ............. is
Session Fourteen  Sexual Health and Wellbeing, Relationships and Living Together

In this session
We will: Highlight and discuss choices such as being in a relationship, living together, marriage and civil partnerships

This session is an opportunity to talk about lifestyles, whether to have a sexual relationship, deciding on living together and marriage. The overall contexts have been on relationships, but remember to emphasise that it is a positive choice to not have a relationship, provided it is what they want. It is also a reality that many people would like a relationship but have not had the opportunity or found the right person – this is true of many people, but encourage participants to think of other activities or ways that they can lead a fulfilling life, e.g. having good friends, options for meeting potential partners and places that are safe to do this.

Preparation
Refer to ‘Preparation and Guidance’ section

Materials you need
Copies of Marriage Certificates
Selection of Library books on Ceremonies from around the world
Optional – dressing up items or materials from ceremonies around the world
  - Computer access and optional printer access
Photocopy the ‘Communication’ Card 14

Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Detailed Facilitator Notes

The Session
Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 13
Ask the participants what they remember from the last session.
What did they think about planning for children? Does this differ if a person plans for a
child when they are not in a relationship or if two people plan for a child within a relationship? Have people heard others talk about words such as commitment, proposal, common law, marriage?

Now explain that you are now going to talk about the different ways people live in a partnership or not, if they have chosen to live alone.

**Living Together, Marriage and Civil Partnerships**

Ask the participants what the differences are between living together, marriage and civil partnerships? Why might people want to make these decisions? How would they decide if it was right for them? Do they think that they would have any difficulties with these decisions? Who could they talk to about it and who could help? Discuss what different marriage ceremonies look like, for example, signing a contract in the UK to being painted in India, the different types of dancing or costumes that might be seen country to country.

Also discuss that being single and having friends is a choice that some people make, because they do not want a relationship. What might be some of the reasons be for not wanting a relationship? Also discuss that sometimes people and their circumstances change, that may lead to a relationship break-up.

Ask the participants to think about some of the ways that sex and relationships are shown in magazines, the television or cinema. Talk about the films, programmes or magazines that they have mentioned. What messages do they give to people? Have they or do they feel under pressure to act a certain way from these images? Do they think that there is a pressure to have sex and a relationship?

Ask the participants to split into pairs and talk about the values and beliefs that affect the choices they make and make them who they are. Ensure that this discussion does not make it okay to be offensive about other people’s choices (refer to ‘Ground Rules’) but is aiming to encourage participants to think about their own reasons for making choices and what these are based upon.

**Taking Care of Ourselves**

Ask the participants to remember the earlier parts of the course, such as the sections on body image, good personal hygiene, what feels good for them, what they enjoy, what they like about themselves and the qualities they like in a friend.

Lead a discussion on what things in our lives help us to be happy and well. No-one can be happy all the time – and it is okay to have good days and bad days. But ask the group what things we can all do to help us lead a happy and healthy life. This might include eating a healthy diet, exercise, going out with our friends, having a hobby we really enjoy, having someone we can talk to if we are worried about anything, enjoying our home etc. Would this be different in a relationship? Would they help each other if they had good information about each others needs?

Finish by emphasising that sex and relationships are one part of a person’s life, although an important one. But our lives involve more than this to be happy and healthy and that we will be discussing health issues in the next session.
Suggested Activity
This is about helping to enable participants to take control of their learning so far. Life is a circle, relationships start and stop, learning carries on. There are some agencies and colleges that will help participants learn about using IT. In the group, look up accessible websites such as the ‘Norah Fry’ on breaking up, divorce, life after two, planning to get back on track, self-respect.
If some participants do not have access to a computer and would like to learn more or access one, then there are agencies that can help them and of course supporters should know libraries have free access, though participants may need help in what is public/private and the suitability of some topic searches in public.

It would be useful to consider using a printer, or using a collage creation for the following activities so that participants can add some concrete reminders to their ‘Personal Folders’, of this session. This is important for those without IT access.
Another activity can be to ask everyone to design their ‘perfect’ date. Where would they go? What would they do? If food is involved, what would they like to eat? Remind them that their partner might not have a lot of money, so they need to be realistic, or they could end up being disappointed, like Claire!
How would they get ready for their date? What would they wear? How would they make themselves as attractive as possible? This is about thinking of the things that help us feel good about ourselves and our bodies. This is important when being assertive, as you need to feel good about yourself to be assertive.
The next step is to think of things that could go wrong on a date or in a new relationship. Where would they go for help, what things would they do before going out to make their date safer, how would knowing how to act assertive help?
In a long term relationships, would their answers be different?

As each participant leaves, hand them today’s session’s ‘Communication’ Card 14.

Closing
Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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<tr>
<td>*a wide range of easy read titles from parenting to sexual health <a href="http://www.bristol.ac.uk/norahfry/">http://www.bristol.ac.uk/norahfry/</a></td>
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<tr>
<td>*Connecting people with disability with fun and responsible sex workers, therapists and teachers <a href="http://www.tlc-trust.org.uk/about/page10.html">www.tlc-trust.org.uk/about/page10.html</a></td>
</tr>
<tr>
<td>*Past Channel 4 disability and parenting and relationships and sex programming links <a href="mailto:lucy.kennedy@endemol.uk.com">lucy.kennedy@endemol.uk.com</a></td>
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Session Fifteen - Sexual Health and Wellbeing - Health Screening

In this session
We will: Raise awareness and discuss health and wellbeing including raise awareness of health screening

This session is an opportunity to talk about the importance of health screening. The overall contexts have been on relationships and sex but this is an opportunity to discuss the wider aspects of being in a relationship and caring for yourself. The media can also influence some sexual decisions within a relationship so this session starts with a brief look at media displays. Some health aspects are to do with sexual health; others are to do with general good health but can impact on our sexual health. The rest of the session will look at important annual screening tests that everyone should consider ending in an activity looking at other wider health aspects accessible by computer sites.

Preparation

Refer to ‘Preparation and Guidance’ section

Materials you need

Copies of the Fair Multimedia Leaflet ‘Do I need a smear test?’
Copies of the Fair Multimedia Leaflet ‘A Guide to examining your testicles’
Copies of the Fair Multimedia Leaflet ‘A Guide to examining your breasts’
Optional – Computer access and option of printer access
  - availability of local NHS professionals to attend with a medical model
  - ‘How to use the health service in Scotland’ (www.how-to-use-the-nhs.com)
Photocopy the ‘Communication’ Card 15
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Detailed Facilitator Notes

The Session
Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.
Recap on session 14
Ask the participants if they had chance to look at any of the recommended websites. What did they think of the information? Was it useful or not? Would they be encouraged to look for information again in the future?

Ask the participants to think about some of the ways that sex and relationships are shown in magazines, the television or cinema. Talk about the films, programmes or magazines that they have mentioned. What messages do they give to people? Have they or do they feel under pressure to act a certain way from these images? Do they think that there is a pressure to have sex and a relationship?

Sexual Problems
This is a ‘reality-checking’ discussion. It can be easy, given the effect of media, to believe that everyone has perfect sexual experiences and everyone has an orgasm all the time. Ask the participants to refer to their discussion earlier about the media. Ask them if they think these portrayals are like real life?

Lead a discussion on the following key points:-

- Sex is not perfect all the time. A couple has to get to know each other – and practice!
- Sometimes, there are medical reasons why a man or a woman cannot enjoy sex. For example, a woman may have a dry vagina, making intercourse uncomfortable or painful. Or a man may have difficulty having an erection, so intercourse is not possible.
- Explain that the GP, Practice Nurse, Learning Disability Nurse, Terrence Higgins Trust, Waverley Care, Highland Sexual Health Services can all help if there is a problem.
- Discuss that alcohol, and some medication, can have an effect on a person’s ability to enjoy sex. It is important to keep taking any medication and discuss with doctor before altering this.

Finish by emphasising that sex and relationships are one part of a person’s life, although an important one. But our lives involve more than this to be happy and healthy.

Health Screening
This discussion focuses on specific screening, but it is important to talk about general healthcare, such as exercise, a healthy diet. This is not meant to be a health education lesson, but simply aims to raise awareness of screening and general health, so participants are more aware of some of the things to look out for.

You can remind participants of the discussions on ‘Body Image’ (session 2). The Fair Multimedia Leaflets (‘Keeping Healthy’ series) are available from NHS Highland (see ‘Resources’). Facilitators should obtain a copy of the free leaflets recommended for each participant, and spend time going through each leaflet and ensuring that participants understand the information.
Explain to the group about the following:

**Cervical smear:** This is available from age 20 plus every 3 years, or as advised by the GP. Explain that a smear test:

- is important for checking whether any changes in the cervix, (inside the vagina) that can lead to cancer.
- A smear test will find any changes early on, so they have a much better chance of the cancer being found before it spreads to other parts of the body.
- Facilitator’s can obtain the Fair Multimedia leaflet ‘Do I need a smear test’. This is a useful step-by-step guide to explaining what a smear test involves.

**Breast screening:** mammograms, (a photograph of the inside of the breast) are available if you are aged 50 or over, or as advised by the GP. Explain that women should examine their own breasts to:

- find any lumps in the breast, or changes in how it looks or feels.
- men need to check their breasts as well.
- changes in the breast can mean that breast cancer has developed – but if it is found early, there is a very good chance that it can be treated.
- Facilitators can obtain the Fair Multimedia leaflet ‘A Guide to examining your breasts’. This is a useful step-by-step guide to what is involved in examining the breasts.

**Testicular/prostate screening:** explain that is important because:

- You need to make sure that there are no changes in the testicles – such as one growing bigger than normal, or feeling heavier, or any lumps.
- Facilitators can obtain the Fair Multimedia leaflet ‘A guide to examining your testicles’ – this is a useful step-by-step guide of what is involved in examining your testicles.
- Facilitators can order up ‘Medical Models’ from NHS Highland and depending on availability, they can also ask for a Nurse Practitioner to come and help explain the body parts and function. The facilitators can also help the participants to devise their own ‘jigsaw’ type exercise or prepare their own talk or advice to others on keeping healthy or importance of one body part over another.

**Suggested Activity**
This is about enabling participants to take control of their learning so far. Life is a circle, health changes throughout life, learning carries on. There are some agencies and colleges that will help participants learn about using IT. In the group, look up accessible websites such as the Norah Fry ‘Keeping Healthy’, diets for one person, what accessible sites say on screening and other topics not mentioned in today’s session.
If some participants do not have access to a computer and would like to learn more or access one, then there are agencies that can help them and libraries have free access, though participants may need help in what is public/private and the suitability of some topic searches in public.

As an extra session, you could show the ‘How to use the health service in Scotland’ DVD from NHS Scotland and discuss the different departments and tests and the variety of staff involved in health. This DVD shows GP services, pharmacies, hospitals and the Out-Of-Hours service.

Ensure everyone puts their copies of the leaflets handed out today in their ‘Personal Folders’.

As each participant leaves, hand them today’s session’s ‘Communication’ Card 15.

**Closing**

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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Session Sixteen – Information and Celebration

In this session

We will: Make sure participants have access to information on the topics covered in the course and distribute an accessible handout of the people, organisations and resources that can help with any of the topics covered in the course
Plan a celebration to mark the end of the journey and course
Enable each participant to plan for their own needs and ensure each participant has a forward plan of action

This is a time to bring together all the work and learning that participants have done but also to make sure that they have contact details and accessible information that will allow to follow-up on issues raised.

It gives the opportunity to check if anyone needs to go over any part of the course again, or ask any questions.

As this is decided by the participants, a lot of this section will need to be completed within this group.

Preparation

Refer to ‘Preparation and Guidance’ section

Materials you need

Photocopy the easy read ‘Contacts’ and ‘References’ (page 207 - 212)
Photocopy the ‘Toolkit Course Certificate’ (page 214)
Photocopy the easy read ‘Love Is sex, relationships and your rights’ (page 391)
Photocopy the ‘Communication’ Card 16
Flip chart stand, flip chart pad and pens for drawing symbols or pictures
Glue sticks, scissors

Hand out the ‘Personal Folders’

Detailed Facilitator Notes

This session is mainly unstructured, so there are no detailed facilitator’s notes for the facilitator as we hope your participants or individual will now be happy to guide you.
The Session

Before starting, ask the participants if they have any questions. Some may have brought in a question on their ‘Communication’ Card. These may or may not relate to the following Recap discussion. This is alright as the Recap discussion acts as a focus and start point to bring participants back to task, allowing for any questions or worries to be addressed.

Recap on session 15

The session can begin with a Recap of the whole course. Participants can look through their folders as a prompt for any issues or questions that they might have.

If participants are feeling confident, this is a good opportunity to see if they can give each other advice or help answer each other’s questions.

Information

Now move on to look at the accessible information that has been provided (hand-outs provided as part of this toolkit). Go through all of the organisations and talk about what kind of help they can provide.
This last exercise is to enable participants to plan for their futures and build up their own resource library.
Help each participant to use the easy read ‘References’ (page 209) to order up their own resources.

The Celebration

Encourage participants to think about what they would like to do after the end of the course. Ideas could include:-

- Organising a tea dance
- Having a speed-dating session
- Invite someone from one of the organisations to come and talk to them
- Having their own personal friends or dates ‘Person Centred Plan’ completed
- Starting their own ‘Come dine with me’ circle
- Having a Certificate ceremony (page 215)

Suggested Activity

Finish off by planning the celebration part of this journey. The group can finalise the plan for their ‘end of course celebration’ party. In planning their party you could use some of the lessons learnt: in ‘Keeping Safe’ (session 10) (Getting home or meeting someone afterwards), ‘Keeping Healthy’ (session 10) (alcohol and behaviour), opportunities for meeting that someone special or putting someone down gently! awareness of different people’s needs (disability, sensory, age, religion or lifestyle choices and needs).
As each participant leaves, hand them today’s session’s ‘Communication’ Card 16 and easy read ‘Contacts’ and ‘References’ and easy read ‘Love Is sex, relationships and your rights’ and their completed Toolkit course ‘Personal Folder’ and ‘Toolkit course Certificate’.

As this is the last session, participants may still have a question to come back to you, on their ‘Communication’ Card 16. Be prepared on the Celebration Night that you may need to have a quiet table for one to one discussions.

Closing

Refer to ‘Preparation and Guidance’ for other ‘chill out’ ideas

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<td>* ‘Come Dine with me’ Report, <a href="http://www.healthandhappiness.uk">www.healthandhappiness.uk</a></td>
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<tr>
<td>*<a href="http://www.disabilityartsonline.org.uk">www.disabilityartsonline.org.uk</a>  key in ‘sex’ to see different articles and opportunities by people and for people with disabilities</td>
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Photosymbols from [www.photosymbols.com](http://www.photosymbols.com)
Places you can go for information and advice

Rape and Abuse Line
www.rapeandabuseline.co.uk 01349 865316
Helpline answered by [women] on most evenings from 7-10pm
free phone 0808 800 0123
Helpline answered by [men] on selected evenings from 7-10pm
free phone 0808 800 0122

Highland Sexual Health clinics throughout Highland 01463 704202
www.nhshighland.scot.nhs.uk/services/Pages/HighlandSexualHealth.aspx

Highland Autism Service
The Pines, Drummond Road, Inverness 01463 123456

HLDRG
Highland Learning Disabilities Relationships Group
www.highlandcouncil.gov.uk/learningdisabilityservices 01397 703397 C Gow

Highland Brook Advisory Centre
www.brook.org.uk 01463 242434

Social Work out of hours 08457 697284
Learning Disability Nurse Service 01463 712342
ASP Committee 01463 798337

Health and Happiness to help ‘experts’ to stay fit and healthy and in
www.healthandhappiness.org.uk 01463 248824
National Autistic Society
www.nas.org.uk 01463 720030

Waverley Care
www.waverleycare.org 01463 711585

Terrence Higgins Trust Highland
www.tht.org.uk

Advocacy Highland 33 Academy Street, Inverness, IV1 1JN
www.advocacy-highland.org.uk 01463 233460

Children and young people in the highland information point
plus  www.chipplus.org.uk 01463 711189

Outsiders - sex and disability e-mail sexdis@outsiders.org.uk
www.outsiders.org.uk helpline 0707 499 3527

Connecting Carers for information to help family/carers to get the
right help for people with a learning disability and/or autism
spectrum carers@hccf.org.uk

People First for group advocacy to help ‘experts’ tell services what
‘experts’ need from services www.hccf.org.uk

SAME AS YOU local implementation group for independent group
Advocacy to help ‘experts’, carers and staff raise issues
www.highlandcouncil.gov.uk/socialwork/learningdisabilityservices

01463 716179
Books and Films that can help you with sex and relationships:

Photo of front pages or web image and title in bold

It’s my choice

keep yourself healthy
a guide to checking your breasts
www.fairadvice.org.uk
01463 236463 ask for your local library

keep yourself healthy
a guide to checking your testicles
www.fairadvice.org.uk
01463 236463 ask for your local library

keep yourself healthy
a guide to keeping clean for men
www.fairadvice.org.uk
01463 236463 ask for your local library

keep yourself healthy
a guide to keeping clean for women
www.fairadvice.org.uk
01463 236463 ask for your local library

keep yourself healthy
thinking about sex
www.fairadvice.org.uk
01463 236463 ask for your local library
keep yourself healthy
a guide to having a period

www.fairadvice.org.uk
01463 236463 ask for your local library

I Change My Pad
www.me-and-us.co.uk/ppg/ichangemypad.html

Click on 🌟 to see the book slowly

keep yourself healthy
a guide to the menopause

www.fairadvice.org.uk
01463 236463 ask for your local library

Adult Support and Protection 5 stories
www.infoscotland.com/actagainstharm

Phil's story
www.bris.ac.uk/norahfry/easyinformation

Jan's story
www.bris.ac.uk/norahfry/easyinformation

Plain facts helping parents with learning disabilities
www.bris.ac.uk/norahfry/easyinformation

You can 📞 01463 236463 ask for your local library
Books and Films that can help **staff** help you with sex and relationships:

**Photo of front pages or web image and title in bold**

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My pregnancy, my choice, a guide to pregnancy with pictures and easy words


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Growing up, sex and relationships: a booklet to support parents/carers of young people with disabilities


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easy read resources covering subjects such as parenting, friendship and relationships, safe sex and contraception, sex and masturbation

[www.changepeople.co.uk](http://www.changepeople.co.uk)

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Sex and spina bifida
Sex women and spina bifida
More talk about sex
Friends and relationships

[www.asbah.org](http://www.asbah.org)

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[www.lifesupportproductions.co.uk](http://www.lifesupportproductions.co.uk)

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Jason’s Private World (video). Life support Productions. A sex education video and accompanying booklet for males with learning difficulties

[www.lifesupportproductions.co.uk](http://www.lifesupportproductions.co.uk)
Learning Together: A review of SRE (sexual relationship education resources for parents and carers) (CD and web) nhs.healthscotland-wish@nhs.net

Kylie’s Private World (video). Life support Productions. A sex education video and accompanying booklet for females with learning difficulties
www.lifesupportproductions.co.uk

Periods – a practical guide Rees, Carter and Myers periods a practical guide is a training pack to provide women who have a learning disability, with a practical visual guide to sanitary protection during their period called I change my pad
www.me-and-us.co.uk

Becoming a Woman E Cooper a teaching pack on menstruation for people with learning disabilities
www.pavpub.com/pavpub/trainingmaterials

do I need a smear test
a guide to having a smear test
www.fairadvice.org.uk

everything you need to know about HIV (AIDS)
www.fairadvice.org.uk

AVAILABLE FROM YOUR LIBRARY TO ORDER
http://www.highland.gov.uk/leisureandtourism/libraries
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This is to certify that

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has completed the

interactive course about body image, relationships and sexuality

This was taken from the HLDRG STAFF CARER TOOLKIT for people with learning disabilities and/or autism spectrum condition and in partnership with NHS Highland, Highland Council, Health and Happiness and People First