



SMARTS

(Supporting Me About Rights to Sexuality)

Supported Decision Making (SDM) about Sexuality Training Course Trainer's Guidance



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This training pack has been designed for you to use when you are working on the Supporting Me about Rights To Sexuality (SMARTS) project and want to teach people about Supported Decision Making (SDM) in relation to sexuality. This course is aimed at people who have already completed the 'General Supported Decision Making Training Course'.

For the purpose of the Training Course as part of the SMARTS Project when we refer to 'people with disabilities' (PwD) this will include people with an Intellectual Disability and People with Mental Health Challenges. In this pack there is easy to follow 'Trainer's Guidance' for you to use as you deliver this training, with handouts, slides and activities for you to complete with your learners.

We have made some suggestions regarding the timings of each section. However, it is important to remember that these are approximate. The timings will vary greatly dependent on the size of the group and their previous knowledge and experience. You will be able to gauge whether you need to increase or decrease these times once you have knowledge of who you are delivering it to.

The training is laid out in three columns:

- » the left column has the approximate timings,
- » the middle column has the trainer's instructions, telling you what you should be saying, doing and what you should expect.
- » the right column has the equipment that you will require for that section.

When you are going to deliver this course, we suggest that you carefully read through the Trainer's Guidance and the whole training pack. Pay particular attention to the information in the slides and handouts. You will of course need to print out the handouts beforehand and have a PowerPoint projector available to show the prepared slides. Familiarise yourself with the scenarios in the activities, so that you know what you expect from each activity.

If you have relevant information and experience regarding 'Supported Decision Making' then you can add this into the training. However, you must ensure that these match with the core principles of Human Rights based approaches to disability that underpin this project.

Below we have listed some 'General tips and hints' that can be used when you are delivering any training session. If you are an experienced trainer, you will already be aware of these. For those who are newer to delivering training they may be useful.

General Tips and Hints when delivering Training.

When delivering this course, it is important that you are flexible and approachable, welcoming questions and ensuring you adapt to fit the needs of the group.

It is essential that you value and respect the people on your training. Just because they do not understand or agree with what you are saying does not mean you can be rude, abrupt, or disrespectful to them.

► Ice breakers

We have started the training with an 'Icebreaker'. Icebreakers are short activities that trainers often use to help 'break the ice' or break the tension that is sometimes felt when a room full of people who may not know each other, first come together. Even when people have met before, Icebreakers can still be a useful tool as they are a way of getting the people to speak to each other, relax and become more at ease with the other people, the setting and the situation.

Icebreakers are short and easy activities designed so that even the shyest of people can participate easily. It is important to have an activity that does not make any individual feel that they are being focused on or judged in any way. So often they are activities where people introduce themselves to the person next to them and they exchange basic information such as their name, place or work or job title or how they got to the training event that day. They introduce each other to the whole group.

Ice breakers can be designed to link to the subject of the training for example if the training is about communication the ice breaker may be to speak to the person next to them telling them their name and who they last communicated with and how.

Sometimes activities are used that try to encourage individuals to speak to more than the just person sitting next to them. For example: each person in the room is given a piece of paper with a number or word on it that is linked to another e.g. Bread and Butter, Black and White or $2 \times 2 =$ and 4, or two sets identical numbers. Then everyone has to stand up and walk around the room speaking to each other, introducing themselves and establishing who has the linking word, number/equation, or matching number. This helps people to speak to many more people and in turn begin to feel relaxed and more at ease.

Alternatively, ask the group to form a line using the alphabetical order of their names. This would need people to speak to the person next to them and others around them to find out their names so that they can stand in the correct order. You could also ask them to speak to the person in line either side of them and find out who they are, where they are from and what they do.

There is an example included in the training course, but you can use an icebreaker of your own or one you have participated in. Remember the icebreaker should not add to the stress of the participants, it should help make them feel more relaxed and comfortable.

► Ground rules

In most training sessions, you would encourage the group to agree a basic set of ground rules to be adhered to throughout the training. In some situations, this is not necessary as the people

know and understand those basic (often unwritten) guidelines that are in place whenever a person attends training. However, not everyone is aware of those.

Setting up and agreeing some basic ground rules at the start of a training session is a good way to ensure everyone understands what is expected of them and what is not acceptable. It also makes it easier if at a later date someone acts inappropriately.

In setting up some ground rules we suggest that you have a blank piece of flipchart and ask the group what they think the 'Ground Rules' should be. If they do not make any suggestion you can start them off with the basics listed below:

- » Listen to each other,
- » Don't talk over each other,
- » Join in as much as possible,
- » If someone says something you don't agree with, it is ok! Everyone is allowed to have our own ideas and thoughts,
- » Arrive and finish on time,
- » Come back from breaks on time,
- » What happens at the training stays at the training. This is about keeping things confidential. For example, if someone were to say something personal or were to be critical of their workplace etc it should not be talked about outside of the training. This is unless, of course, there was something which was a serious concern such as abuse, neglect or a crime being committed, in which case the Trainer would take the necessary steps to follow up on what was said.

Once the 'Ground Rules' are listed you must ensure everyone agrees with them and they are displayed in the room in a place that everyone can see.

► Allaying concerns or fears

It is often helpful to give the people on your training the opportunity to voice any fears or concerns and expectations they have about the training. You can write these on flip chart paper and allay any fears or concerns by telling them what is covered in the training. By doing this you can manage their expectations.

It can be very useful to refer back to the lists at the end of the training to check all their concerns were covered and expectations met during the course. However, you must point out when you are making the initial list, if an individual raises an unreasonable expectation that this unreasonable expectation is not attainable. You will need to discuss this and explain why. You can also include this activity as part of the icebreaker.

► Enhancing the training

You can use examples or scenarios from your own experience to support the people on the training in their learning. Examples from your workplace, sector and your country will help the people to understand more clearly. If you have any examples from delivering SDM in your service you could incorporate these.

► Consolidating the learning

At the end of the training session, it is important that you support the people on the course to consolidate their learning. This can be done by:

- » Having question and answer sessions at the start or end of each session which cover the knowledge and understanding from the previous session.
- » By tasking the group with work to complete in their own time to consolidate or add to the information gained on the course.
- » Encourage the group to recap on what they have learned after each session and to go through the handouts when they are back in their workplace.
- » Encourage the group to think about how Supported Decision Making will work in the settings that they are working in.
- » When delivering the training make a decision beforehand whether you are going to supply the learners with a copy of the slides that you use or make summary handouts of the main points of the slides. This is essential to help the learners to feel less pressured during the course to make detailed notes of each slide. The learners will be able to use what you give them as a resource to consolidate their learning during and a reference after the course.

► Discussion group suggestions

Some different ways in which the group can be divided up into smaller discussion groups are:

- » Ask people to work in pairs with the person next to them.
- » Go around the room giving each person in turn a number, which becomes their group number.
- » Ask people to find a specified number of people that they don't know.
- » Ask people to make notes on their own.
- » Give people a specified time to go and seek views from others inside or outside of the service that they work in.

► Suggestions for taking feedback

Some different ways in which feedback can be taken are:

- » Groups write and / or draw pictures to summarise their discussion on large poster/flip chart paper, which is then pinned to the wall. The group then answers question about what they have written or drawn.
- » Groups or individuals write each idea on a 'sticky pad' or slip of paper, which can then be stuck onto larger flip chart paper on the wall or floor. Then groups go and read the ideas. This method also enables ideas to be moved around and grouped together easily.
- » People can move physically to different parts of the room or on a line continuum to show their support for an idea or proposal (e.g. if you totally agree with an idea, stand at one end and if you totally disagree stand at the other end).
- » Ask the group to nominate one or two people to feedback their discussions to the whole group. This needs careful monitoring to ensure any one group or person does not monopolise the time allocated. When feedback from each group is similar or repetitive you need to be prepared to interrupt and move on. Asking only for anything that has not already been mentioned is a way of dealing with this.

► Confidentiality

It is important that you remind the people on the course about the importance of confidentiality when working in 'Supported Decision Making' and especially when talking about decisions about sexuality. They must ensure that they understand about keeping information confidential regarding the decisions a person is being supported with. However, you should remind them that if any issue arises that suggests an individual is at risk e.g. a disclosure of abuse, neglect or a crime, they will need to adhere to the 'Policies and Procedures' of their workplace or service in dealing with the information.

► Learning Outcomes

On completion of this training the people on the course will be able to:

- » Explain why people have sex
- » Describe the EU legislation about the rights of PwD regarding sexuality.
- » Explain the how the attitudes and values of society in general together with the learner's own attitudes can impact on how PwD are supported around sexuality.
- » Describe the Barriers for PwD to sexual and reproductive health and rights.

- » List the ways in which PwD are often portrayed by the media and society in general and how we can challenge these.
- » Explain the signs and symptoms of sexual abuse. Including the Safeguarding policies, procedures and process you must follow in your service.
- » Describe how to respond to disclosures of sexual abuse
- » Describe the ways in which you can talk about sex with PwD in your services.
- » Describe what is currently happening regarding Supported Decision Making about sexuality in your Services.
- » Explain how you will plan and promote Supported Decision Making about sexuality in your Services.

General Supported Decision Making Trainer’s Guidance

► Timetable for the training Course

These suggested timings are approximate and based on an average of 10 people of mixed ability, therefore if you have a smaller or larger group, less or more able learners, or those with prior knowledge or understanding etc your times will vary.

<i>Title</i>	<i>Suggested timing</i>	<i>Equipment needed</i>
<i>DAY 1</i>		
Welcome and introduction	9.30- 9.35	PowerPoint Projector Handouts Flip Chart and Pens Post it notes
Ice Breaker	9-35-10.05	
Ground rules	10.05-10.15	
Learning Outcomes	10.15-10.20	
Brief recap on what Supported Decision Making is.	10.20-10.30	
Explain why people have sex	10.30- 11.00	
Refreshment Break	10.50-11.15	
Sexuality: a fundamental right for all	11.15 – 12.15	
Attitudes and values	12.15 – 12.45	
Lunch break	12.45-13.45	
Attitudes and values	13.45- 14.45	
Barriers for PwD to sexual and reproductive health	14.45-14.55	
Looking good – feeling great	14.55-15.15	
Refreshment break	15.15 -15.30	
Looking good – feeling great	15.30 – 16.30	

<i>DAY 2</i>		
Recap of previous day	9.30-9.35	
Sexual abuse and safeguarding	9-35-9.50	
What is sexual abuse?	9.50-10.10	

Signs and symptoms of sexual abuse	10.15-10.20	PowerPoint Projector slides Handouts Flip Chart and Pens Post it notes
Touch is ok where?	10.20-10.30	
Responding to disclosure	10.30- 11.00	
Refreshment Break	10.50-11.15	
Responding to disclosure	11.15 – 12.15	
Responding to suspicion	12.15 – 12.45	
Lunch break	12.45-13.45	
Talking about sex	13.45- 14.45	
Refreshment break	15.45 -15.00	
Talking about sex	15.00-16.30	

DAY 3		
Recap of previous day	9.30-9.45	PowerPoint Projector slides Handouts Flip Chart and Pens Post it notes
Talking about sex	9-45-11.00	
Refreshment Break	10.50-11.15	
Supported Decision making about Sexuality in your service	11.15 -12.15	
Lunch break	12.15-13.15	
Planning and promoting supported decision making about sexuality in your service	13.15- 15.00	
Refreshment break	15.00 -15.15	
Planning and promoting supported decision making about sexuality in your service	15.15-15.45	
Closing Circle	15.45-close	

	<ul style="list-style-type: none"> » What happens at the training stays at the training. This is about keeping things confidential. For example, if someone were to say something personal or were to be critical of their workplace etc it should not be talked about outside of the training. That is unless there was something which was a serious concern such as abu-se, neglect or a crime being committed, in which case the Trainer would take the necessary steps to follow up on what was said. <p>Add any other things that the group feel are essential. Display the ground rules throughout each session for the group to refer to as well as reminding the learners of the rules that have been agreed.</p>	
<i>Learning outcomes</i>		
<p>10.15-10.20 5 minutes</p>	<p>Show slide 1,2 and 3</p> <p>On completion of this training people on this course will be able to:</p> <ul style="list-style-type: none"> » Explain why people have sex. » Describe the EU legislation about the rights of PwD regarding sexuality. » Explain the how the attitudes and values of society in general together with the learner’s own attitudes can impact on how PwD are supported around sexuality. » Describe the Barriers for PwD to sexual and reproductive health and rights. » List the ways in which PwD are often portrayed by the media and society in general and how we can challenge these. » Explain the signs and symptoms of sexual abuse. Including the Safeguarding policies, procedures and process you must follow in your service. » Describe how to respond to disclosures of sexual abuse » Describe the ways in which you can talk about sex with PwD in your services. » Describe what is currently happening regarding Supported Decision Making about sexuality in your Services. » Explain how you will plan and promote Supported Decision Making about sexuality in your Services. 	<p>Slide 1</p> <p>Slide 2</p> <p>Slide 3</p>
<i>Recap on what Supported Decision Making</i>		
<p>10.20-10.30 10 minutes</p>	<p>Show slide 4</p> <p>Show slide 5</p> <p>Supported Decision Making</p> <ul style="list-style-type: none"> » Is driven by the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), especially Article 12. 	<p>Slide 4</p> <p>Slide 5</p>

	<ul style="list-style-type: none"> » Is based on the Human Rights Model of Disability. » Is a process that allows people with disabilities to make their own decisions based on their own wishes and preferences. » Includes a co-production approach at every stage. » Can be formal or informal. » Is very different from substitute decision making. <p>Show slide 6</p> <p>Principles of Supported Decision Making:</p> <ul style="list-style-type: none"> » PwD have equal rights with others under the law. » PwD should have control over their own lives. » The wishes and preferences of PwD should be respected. » A range of measures should be available to support PwD in their decision making, reflecting their diversity. » PwD have the right to make mistakes and to take informed risks. 	Slide 6
<i>Why people have sex</i>		
10.30-10.40 10 minutes	<p>Show slide 7</p> <ul style="list-style-type: none"> » Ask the group to discuss: 'Why people have sex' in pairs/3s and make a list to share with the group. » Take feedback. Write up on flip chart. » Talk with the group about: <p>Show slide 8</p> <p>Why people have sex</p> <p>A study asking people why they have sex came up with over 230 reasons! Here are some of the main ones:</p> <ul style="list-style-type: none"> » For physical reasons eg, to reduce stress (reduce a headache, help fall asleep etc), for pleasure, because you are attracted to the person or want to feel physically desirable, because you are wanting to experiment. » For emotional reasons eg. to express affection, to express desire, to feel closer, for love, for commitment. <p>Show slide 9</p> <ul style="list-style-type: none"> » For social reasons such as improving income/job prospects, to enhance social status like being more popular and telling friends, getting back at someone, to make someone jealous. » For personal reasons such as boosting self-esteem, guarding a relationship out of duty/pressure. 	Slide 7 Activity Flip chart pens Activity Slide 8 Slide 9
11.00-11.15 15 minutes	<i>Break</i>	

<i>Sexuality: a fundamental right for all</i>		
<p>11.15-11.25 10 minutes</p>	<p>Show slide 10 Share with the group that whilst individual European Countries may have their own specific pieces of legislation relating to sexuality and PwD, they are all signed up to legislation at a European level that requires them to promote and support the rights of PwD in this area. In particular, they should be aware of the following pieces of legislation.</p> <p>Show slide 11 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD): Articles 3 and 12: these are about the right of PwD to autonomy and independence. This includes the freedom to make their own choices and to receive support to help make their own decisions.</p> <p>Show slide 12 Article 23: calls for effective and appropriate measures to eliminate discrimination against PwD in all matters relating to marriage, family, parenthood and relationships. This includes the right to sexual relationships, to retain fertility, to marry, and to choose if and when to have children.</p> <p>Show Slide 13 UN STRATEGY FOR THE RIGHTS OF PwD 2021-2030 Explicitly calls for improvements in access for PwD to sexual and reproductive healthcare and prevention services.</p>	<p>Slide 10</p> <p>Slide 11</p> <p>Slide 12</p> <p>Slide 13</p>
<p>11.25-11.40 15 minutes</p> <p>11.40-12.00 20 minutes</p> <p>12.00-12.15 15 minutes</p>	<p>Ask learners to divide into small groups and discuss any issues or contradictions this EU wide legislation may create in their Country.</p> <p>Take feedback from each group.</p> <p>Explain that it is our role as professionals working with PwD to work with these anomalies (if there are any!) and to push forward the human rights agenda. It may be that some attitudes towards and myths about sexuality and PwD emerge at this point. Ask participants to hold these for the moment, as they will be discussed and addressed as part of the course.</p> <p>Below are areas that might present legal challenge include:</p> <ul style="list-style-type: none"> » In some countries the agreement of a 'legal guardian' is required in order for PwD to exercise certain rights e.g. marriage, house purchase. The thinking behind this is to protect the PwD if there is an issue with mental capacity or exploitation. However, the result may be a conflict of interest between the 'guardian' and the PwD. 	<p>Activity</p>

	<ul style="list-style-type: none"> » In some countries disseminating pornography to a PwD is illegal. » In some countries prostitution is illegal. Or illegal in certain circumstances e.g. in some places it must take place in a licensed brothel, not a home or a hotel. In others it must not take place in a brothel! 'Sexual Assistants' are not yet widely recognised, and there seems to be no specific legislation relating to them. They are therefore dealt with in the same way as prostitutes, although there are in fact a number of significant differences between the two. <p>Encourage the group to think about these.</p>	
<i>Attitudes and Values</i>		
<p>12.15-12.45 30 minutes</p>	<p>Show slide 14</p> <p>Explain to the group that the attitudes and values held by society in general, and those held by support professionals themselves (each and every one of them!), play a massive part in enhancing or blocking the ability of PwD to discover and express their sexuality.</p> <p>So, let's look a little closer at how this works.</p> <p>Show slide 15</p> <p>What is an attitude?</p> <p>An attitude is:</p> <ul style="list-style-type: none"> » a learned tendency to evaluate things in a certain way, which can be positive or negative. » a set of emotions, beliefs, and behaviours about a particular object, person, thing, or event. » often the result of previous experiences or education and can have a powerful influence over behaviour. <p>Show slide 16</p> <p>What is a value?</p> <p>A personal value is:</p> <ul style="list-style-type: none"> » something we believe to be right or wrong » something that guides our approach to life » something that has been taught or learned through experience » affected by the values held and expressed by wider society <p>Explain to the group we all hold attitudes and values in relation to sexuality and PwD. These have been formed by our experience, education and exposure to societal norms. They may be positive or negative, but it is important to realise that they are not fixed and can change! First we need to be aware of them, and then, if required, we need to challenge them. This means we should nurture an open rather than a closed mindset which enables us to be curious, interested and flexible.</p>	<p>Slide 14</p> <p>Slide 15</p> <p>Slide 16</p>

	<p>Prevailing attitudes and values with regard to sexuality and PwD (eg PwD are not sexual beings and it is wrong to regard them as such) have given rise to a common set of myths and misconceptions. Here are some of them:</p> <p>Show slide 17</p> <p>PwD are asexual</p> <p>One of the biggest barriers for PwD to expressing their sexuality is a negative societal attitude to them and the widespread assumption that they are not sexual. Like anyone else, PwD are “people first” and, therefore, are sexual beings like all of us, with sexual desires, feelings and fantasies. Another barrier is that some PwD may not be independent, for example, in terms of ‘self-care’ and may rely on others for this; in this case, the PwD may be seen as child-like and rendered sexless. However, no matter if, when, how, or with whom, they choose to express or not express their sexuality, all human beings are sexual beings, if they choose to be.</p> <p>Show slide 18</p> <p>PwD are hypersexual</p> <p>Some people may believe that the sexuality of PwD is exaggerated or even alarming. This has more often to do with the public expression of sexual behaviours by some individuals, than with the frequency with which they occur. This situation may occur among some people with more severe forms of intellectual disability (Maia & Ribeiro, 2010), who may inappropriately display sexual or sexualised behaviours publicly, unaware of the inappropriateness of such expression. It may also occur where inappropriate sexualised behaviour has been learned as a result of sexual abuse. There is not a real relationship between exaggerated sexuality and the organic issues of disability. It is perfectly possible to support changes in this form of behaviour. It is also important to remember that some PwD display a lot of affection that is not sexually motivated eg giving lots of hugs.</p> <p>Show slide 19</p> <p>The sexuality of PwD is different from that people without disabilities</p> <p>Disability may compromise some parts of the sexual response and have functional implications for how sexual relationships are developed, but it does not prevent a person from having sexuality and from experiencing it pleurably. A person with a motor impairment, for example, may not be able access his/her own body or the body of a sexual partner without physical assistance, but that does not mean that with the appropriate support the sexual exploration itself will be abnormal, atypical or less pleasurable.</p> <p>Show slide 20</p> <p>The sexuality of PwD is dysfunctional</p> <p>When PwD have more unusual sexual preferences, this is sometimes seen as a function of their disability rather than a valid</p>	<p>Slide 17</p> <p>Slide 18</p> <p>Slide 19</p> <p>Slide 20</p>
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and conscious choice. We need to accept that sexuality is functionally diverse for everyone, whether or not they have a disability, and be open to different preferences.

Show slide 21
Sexuality of PwD is secondary

Slide 21

Everyone values sex differently. If someone lives with a disability, he/she will likely have people around telling her/him that they have got more important things to deal with. However... is that really true? For whom? Who gets to decide that?

Show slide 22
PwD are not at risk of sexual harassment/abuse

Slide 22

PwD are far more likely to be victims of sexual assault; statistics suggest between 2 to 10 times more likely. They are at risk of being sexually abused because they are frequently taught to comply with what others are asking them to do, and they often want to please others and may have difficulty differentiating appropriate from inappropriate situations. Here is a good reason to teach SDM in this field and to clearly explain what is safe and what is dangerous! More about this later.

Show slide 23
PwD are not capable of becoming parents

Slide 23

Creating a family is a natural part of human existence and many PwD choose to have children of their own. It is an established Human Right and everyone should have his/her opinion and decision respected. Being a parent is challenging and can be difficult, whether or not we have disabilities. People without disabilities often need support to get it right. PwD are capable of becoming parents with appropriate support, but this is often denied as a function of their disability, creating a self-fulfilling prophecy.

Show slide 24
PwD can't make good choices regarding family planning

Slide 24

In many cases for PwD the decision to have or not to have children may be challenging and require assistance or even the consent of parents and/or guardians. Even in such cases, PwD should be encouraged to have autonomy and responsibility and be supported in order to make their own choices. The lack of support for the PwD, more than the disability by itself, creates challenges for them in making the best-informed choices and in taking care of a family and a household.

Show slide 25
PwD are always heterosexual

Slide 25

As with any part of the community, PwD can and do identify as Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer and/or Intersex (LGBTQI). However, as sometimes people with a disability are incorrectly seen as being asexual, people without disability may forget this fact.

	Remind the group that PwD are sexual people, have feelings and may want to demonstrate them. The physical, sensory or intellectual characteristics of a person should not be constraints on the expression of their sexuality. The sexual behaviour and preferences of each person are individual and unique, whether or not they have a disability.	
12.45-13.45 1 hour	Lunch	
13:45-14.45 1 hour	<ul style="list-style-type: none"> » In groups of 3 to 4 split the scenarios with half of the groups with Scenario Marie Part 1 and half with Scenario Nicholas Part 1 on Handouts 1,2 and 3. Allowing 30 mins to discuss in the groups, asking to prepare feedback to the whole group. » Give 30 mins to summarise the scenarios for the alternative group and feedback their answers to the questions at the end of the scenarios. » Marie: <ul style="list-style-type: none"> ○ You have been allocated as her Supporter, you are meeting Marie this afternoon to complete her Supporter Agreement and Support Plan. ○ What sort of things will you support Marie to include in the SDM Agreement and Individual Support Plan? ○ Are there any concerns that you feel Marie needs to be aware of? » Nicolas: <ul style="list-style-type: none"> ○ What sort of things will you support Nicolas to include in the SDM Agreement and Individual Support Plan? ○ Are there any concerns that you feel Nicolas needs to be aware of? <p>Things you hope to be covered in feedback</p> <p>SDM A should highlight the decisions that Marie is having difficulty (ie, whether or not she wants to change her appearance) with along with a timescale for completion.</p> <p>ISP should include a clear plan to support Marie in her decision making to:</p> <ul style="list-style-type: none"> » Establish what Marie is frightened of, is it her mother's views, or the negative thoughts arising from her mother's comments or is potential negative comments from other people » Be able to see that there are different options for how she chooses to present herself i.e. her mother's approach which some might see as are dated and narrow, or the possibility of adopting a more 'adult' and/or fashionable approach. 	<p>Activity 1 hour</p> <p>Handouts 1, 2 and 3</p>

	<ul style="list-style-type: none"> » Find examples of what other people her age wear etc by looking when out and about, could also look at some of the up the models with disabilities and downs syndrome such as Ellie Goldstein (link to slide Looking Good feeling great, where Ellie’s photo is included, she is a successful model with downs syndrome). » Suggest ways Marie could deal with her mother’s views if she chooses to change her appearance, and how she might stand up to her mother to make her own choices if there is disagreement. She should be helped to see the consequences of both courses of action. » Look at underwear and try on different types, possibly considering a ‘bralet’ as a halfway between a bra and the vest she was wearing. » Get advice on using make up and how to apply it. <p>And with Nicolas:</p> <p>Things you hope to be covered in feedback</p> <ul style="list-style-type: none"> » SA: Nicolas’s main decision is about whether he should have a date with John. » IP: » Consider his options and what may happen with each choice looking at the pros and cons. » Establish what his fears are and how he may deal with them. » Finding sources of support for people coming out. » Help to understand that approach of staff at the residential home were wrong and why, tell him about human rights. » Show what happens in most of society and for those who oppose people being gay how you can deal with this. » Could use tv programme, soaps, films to help understand what life is really like outside his experience. <p>Each action point should have how it will be achieved, when and a review date.</p>	
<i>Barriers for people with disabilities to sexual and reproductive health and rights</i>		
<p>2.45-2.55 10 mins</p>	<p>Show slide 26</p> <p>Explain to the group that sexual wellbeing and health go beyond pleasure. Sexual wellbeing involves many other dimensions, including gender equality, recognition of sexual rights, the eradication of all forms of sexual violence, the fight against sexually transmitted infections, access to education and information about sexuality, and also not to be forgotten, and of particular importance, love, affection and intimacy.</p> <p>PwD face a number of barriers to achieving sexual and reproductive health and rights.</p>	<p>Slide 26</p>

	<p>They are at risk of being exposed to numerous health and reproductive threats such as unintended pregnancies, early childbirth, unsafe abortion and sexually transmitted infections. Promoting the positive and healthy sexual development of PwD requires a broad-spectrum understanding of these barriers in order to counteract them on both national and international levels.</p> <p>Barriers to reproductive health rights</p> <p>Show Slide 27</p> <p>Poverty:</p> <p>Poverty can be both a cause and a consequence of sexuality-based lack of information, inequalities and exclusions, resulting in poor sexual and reproductive health. People living in poverty could for example be missing out on proper care due to their inability to afford the necessary transportation to take them to services. The proportion of PwD living in poverty is much higher - in some countries even double - than that of the general population.</p> <p>Show slides 28</p> <p>Sexual exploitation and abuse:</p> <p>PwD, and particularly women and those with intellectual disabilities, are more likely to become the victim of sexual exploitation and abuse and even face violations of their reproductive rights. In some cases, PwD have been subjected to forced sterilisations and involuntary abortions or procedures they do not understand and to which they have not given their informed consent.</p> <p>Show slide 29</p> <p>Inadequate education:</p> <p>Inadequate formal and informal education and information about sexuality presents another barrier. Sex education is often not tailored to the needs of PwD, and is often taught from a physical standpoint, rather than providing full information that includes the emotional and relational side of sexuality. Many parents, health/social care workers, and teachers feel unqualified to provide this particular education, as they are generally insufficiently trained, or do not feel comfortable communicating about sexuality. This is true even given a growing body of accessible material developed by specialists.</p> <p>Show slide 30</p> <p>Lack of research on the topic:</p> <p>Existing research is often outdated or insufficient. Systematic follow-up and monitoring processes, based on progress indicators to ensure the effective implementation of policies and programmes, is often absent.</p>	<p>Slide 27</p> <p>Slide 28</p> <p>Slide 29</p> <p>Slide 30</p>
<p><i>Looking Good- Feeling Great</i></p>		

<p>14.55-15.15 20 mins</p>	<p>Show slide 31</p> <p>Explain to the group that PwD are often portrayed in the media as tragic, someone to feel sorry for, endearing (childlike), or, if they have achieved something, as a hero to have 'overcome' their disability. These images stay with us, shaping our perceptions about and our expectations of, PwD. They are not so often portrayed as fashionable, attractive, sexy, accomplished and confident. Or maybe just ordinary! These are characteristics many of us strive to achieve, and PwD are no exception. Positive images can help change and improve our perceptions of PwD.</p> <p>Here are some examples:</p> <p>Show Slide 32 video link We the 15?</p> <p>Show slide 33 photos and playing Joan Armatrading Love and Affection.</p> <p>Ask the group: "How do they feel about seeing these images and watching the videos?" "Were there any surprises? challenges? shocks? enjoyment?"</p> <p>Take feedback in large group.</p>	<p>Slide 31</p> <p>Slide 32</p> <p>Slide 33</p> <p>Activity Flip chart and pens Give out words to song (handout 4)</p>
<p>15.15-15.30</p>	<p><i>Break 15 mins</i></p>	
<p>15.30-16.30</p>	<p>In the same groups as the previous activity, we will continue with the scenarios -</p> <p>Marie and Nicholas part 2</p> <p>Allowing 30 mins to discuss in the groups, asking to prepare feedback to the whole group.</p> <p>Give 30 mins to summarise the scenarios for the alternative group and feedback their answers to the questions at the end of the scenarios.</p> <ul style="list-style-type: none"> » Marie Questions: What sort of things will you support Marie to include in the SDM Agreement and Individual Support Plan? » Are there any concerns that you feel Marie needs to be aware of? » Nicolas Questions: What sort of things will you support Nicolas to include in the SDM Agreement and Individual Support Plan? » Are there any concerns that you feel Nicolas needs to be aware of? 	<p>Activity</p> <p>Handouts 5 and 6</p>

	<p>Things that you hope will be covered in the feedback:</p> <ul style="list-style-type: none"> » MARIE: <ul style="list-style-type: none"> ○ SDM A: Defining the decision Marie needs help with, which is linked to whether she should have a date with Mark and a timescale to work on this. ○ ISP: Establishing what she is afraid of: <ul style="list-style-type: none"> ○ is it what her mother will think and do? ○ exploring the potential outcomes and how Marie could deal with these. ○ Is it what other people will think. ○ Exploring these thoughts and their potential impact and how she will deal with these. ○ Possibly support her with a basic risk assessment, look at potential problems how serious they potentially are they and how likely they are to happen, then the measures to put in place to prevent or reduce these. ○ What does she think herself, what would she like deep down. ○ supporting her to explore what outcome she would like and what may go wrong and how she could deal with that. ○ Perhaps help with how relationships develop and meeting the expectation of yourself and others. ○ Clearly a short time scale. » NICOLAS <ul style="list-style-type: none"> ○ SDM A: Nicolas is struggling to decide whether he wishes to go out into public with John thus disclosing that he is gay ○ ISP: In the plan the supporter will need to help Nicolas see the pros and cons of 'coming out'. The pros include no longer having to hide and pretend, openly being able to be with people he feels comfortable with. ○ The disadvantages can be that not everyone may be accepting of this, some people may disapprove. ○ However, Nicolas should know his rights and that he isn't doing anything wrong. ○ Nicolas may need more detailed information about the benefits of having a close and relationship as well as what some of the difficulties or potential negatives may be as all of this is out of experience so that he can make an informed decision about what is best for him. 	
16.30	Finish	

	<p>Show slide 36 and 37</p> <p>PwD are vulnerable to abuse because:</p> <ul style="list-style-type: none"> » They may not recognise abuse. » They may not feel able to ask for help particularly if they rely on the abuser to meet their needs. » They may not know where to go to for help, and have limited options. » They may not have the communication skills to verbalise what is happening. » The signs of abuse may be seen as part of the person's condition and missed, misinterpreted or ignored. » They may be less likely to be believed. » They may be used to doing things to please other people. » They are likely to be in a less powerful position than the abuser because of their degree of disability/mental health condition, which makes abuse more possible. 	<p>Slides 36 and 37</p>
<p>9.50-10.10 20 mins</p>	<p>In small groups, ask participants to discuss: 'What they think constitutes sexual abuse'?</p> <p>Ask them to make a list to share with the whole group.</p> <p>Take feedback going round each group in turn asking for one item and write each on the flip chart.</p> <p>Show slide 38</p> <ul style="list-style-type: none"> » Sexual abuse can involve any of the following: » Inappropriate touching » Rape or attempted rape, penetration of the vagina, anus or mouth including with an object: » Being made to perform sexual acts » Sexual harassment » Being photographed/videoed for sexual purposes » Being made to look at photographs/videos for sexual purposes » Indecent exposure. <p>Explain to the group that although sexual abuse has very specific components, it is important to recognise that there are overlaps with other forms of abuse. For example, it always involves emotional abuse and exploitation, and sometimes also involves physical abuse.</p> <p>Sexual abuse is the involvement of individuals in sexual activities to which they have not given informed consent, may not fully comprehend or with which they do not wish to continue.</p>	<p>Activity</p> <p>Flip chart and pens</p> <p>Slide 38</p>

10.10-10.20
10 mins

Sexual abuse usually involves acts performed by the abuser on the person who is abused, but it may sometimes involve situations where the perpetrator forces or persuades the other person to do things to the abuser or others.

Sexual abuse always involves the use of power. This is not always physical power. It can be the power to control, to manipulate or to deceive, by virtue of age, superior intellect, social or employment status, or the use of threat.

Signs and symptoms of sexual abuse

Explain that the following list contains some of the major signs of sexual abuse. These can of course also have other causes, but the possibility of sexual abuse should always be in mind when you see any of them, especially if they happen suddenly or out of character.

It is also important not to make assumptions that the behaviour you see is a result of the supported person's condition. Always question and share with others to establish a broader view.

Show slide 39

- » Signs and symptoms of abuse:
- » Bruising around breast or genital area
- » Sexually transmitted diseases or infection or discharge from genitals
- » Complaints of minor ailments such as headache, tummy ache
- » Talking inappropriately about sex
- » Changes in sleeping pattern
- » Sudden bed wetting or soiling
- » Partial disclosure "it's a secret"
- » Withdrawal

Slide 39

Show slide 40

- » Pregnancy
- » Low self-esteem
- » Upset or agitated
- » Avoids a particular person
- » Obsessive ritualistic behaviour
- » Changes to eating pattern
- » Deterioration in personal hygiene.

Slide 40

Explain to learners about 'Appropriate touch'

Care professionals are often worried about touching the people they support, especially if help with intimate care is required.

So what sort of touch is ok?

<p>10.20-10.30 10 mins</p>	<p>Show slide 41</p> <p>Touch is ok where:It is agreed or negotiated with the recipient or their advocate.</p> <p>It does not carry any sexual intent or sexual gratification on the part of the person doing the touching. This is more important than the place on the body that is being touched. PwD may need help with intimate personal care and will need to be touched on their genitalia. When this is done with no sexual intent or gratification on the part of the person touching, this is OK. On the other hand, non-sexual parts of the body e.g. hair, or a knee, can be touched in a way that carries sexual intent or gratification. This is not OK. In other words, it is the intention of the person touching that is important here, not the place being touched.</p>	<p>Slide 41</p>
<p>10.30-11.00 30 mins</p>	<p>Explain to the group about: ‘Who sexually abuses?’</p> <p>Although there a lot of stereotypes about who sexually abuses (eg dirty old man in a raincoat), the reality is quite different.</p> <p>Firstly, sexual abusers are by far mostly men. This does not mean that most men are sexual abusers. Women are sometimes involved in sexual abuse, but more rarely alone: there is usually also a man involved.</p> <p>Secondly, there is no one type of person who abuses. Age, race, religion, employment, social status, wealth, influence (or lack of), intelligence. none of these rules out abuse. Abusers are fathers, brothers, husbands, priests, sports coaches, teachers, doctors, social workers...the list goes on. But one thing in common is that they have access to vulnerable people.</p> <p>Care professionals must be alert to this and when there is suspicion or disclosure, not fall into the trap of thinking such a person couldn't or wouldn't do that!</p> <p>Responding to a disclosure</p> <p>Explain that within the project they are building open and trusting relationships with PwD, encouraging discussion of sexual matters in an easy manner, without embarrassment. It may be the first time the supported person has had the opportunity to do this. It may be the first time they have learned words to describe particular sexual activities or body parts. They will feel safe and confident within this context and this will inevitably lead to some people disclosing sexual abuse that has happened to them in the past, or even that is currently happening. When a PwD discloses abuse to you, this may take place in a number of ways:</p> <p>Show slide 42</p> <p>Types of disclosure</p> <ul style="list-style-type: none"> » Full or open disclosure The person tells you directly and openly about the abuse. This may be completely unexpected and you may feel very shocked. 	<p>Slide 42</p>

	<ul style="list-style-type: none"> » Partial or hidden disclosure The person hints or indicates in some way that abuse has taken place, but then quickly changes the subject. He/she may seem unable or reluctant to give you any further details. » Indirect disclosure The person talks about abuse generally, or in connection with another person, and seems to be looking for your reaction. <p>Explain to learners that for most people, summoning up the courage to tell someone else that something strange, unpleasant, shameful, frightening and secret has been happening to them is very difficult. The person who has experienced the abuse is likely to be struggling with all sorts of feelings and fears about what will happen if he/she talks about the abuse including:</p> <p>Show slide 43 and 44</p> <ul style="list-style-type: none"> » being afraid of not being believed. » blaming him/herself for the abuse. » worry that others will side with the abuser. » feeling too scared to be able to talk about it. » not having the vocabulary to describe what has happened. » worrying about possible physical violence from the abuser to him/herself or others if he/she tells (this may have been threatened). » not knowing what will happen once he/she has told about the abuse. » being afraid of making people angry. » worry that his/her family will turn against him/her. <p>Show slide 45</p> <ul style="list-style-type: none"> » worry about being taken away from home, family, friends (this may also have been threatened by the abuser). » worry about what his/her friends will think. » worry that it won't make any difference if he/she does tell. » worry that nothing happened last time he/she tried to tell, so what's the point of doing it again. <p>Explain to your learners that they might be the first person to be told about the abuse. This places a particular responsibility on them. Because the person who wants to disclose abuse may worry about upsetting them or making them angry, he/ she may only hint or half-tell about the situation to begin with, to test their reaction. It is important to be patient and let him/her tell them in his/her own time. The person might feel extremely embarrassed at what has happened to him/her. He/she may not want them to tell anyone else, not involve the police and not ask him/her to have a medical examination. Because of this, it is important that your learners know how to respond to disclosure:</p>	<p>Slides 43 and 44</p> <p>Slide 45</p>
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	<p>Show slide 46</p> <p>Show the person that you are taking seriously what he/she is saying. Show sympathy and concern, but don't make comments or judgements about what the person is saying. Making comments such as <i>'Why did you let him?'</i> or <i>'Why didn't you tell anyone?'</i> can make the person feel that the abuse was his/her fault.</p> <p>Show slide 47</p> <p>Be prepared to believe the person. Taking what the person is saying seriously can sometimes feel difficult if the disclosure does not seem to make sense, you know the alleged perpetrator and feel that he/she would not have done such a thing, or the person has previously made unsubstantiated allegations.</p> <p>Show slide 48</p> <p>Remember that your role is not to conduct an investigation, or act as the judge or jury. You are there to support the person in front of you and for the time being it is important to give him/her 'the benefit of the doubt'.</p> <p>Show slide 49</p> <p>Show care and compassion but do not give sweeping reassurances. To promise that <i>'It will never happen again'</i> or that the alleged abuser will be <i>'put away'</i> is making an assurance that you cannot guarantee. It is more honest to tell the person that you care about him/her and that you will support him/her and make him/her as safe as possible.</p> <p>Show slide 50</p> <p>Things you should do:</p> <ul style="list-style-type: none"> » Stay calm: This is not as easy as it sounds. It can feel stressful and upsetting to listen to someone who you care about disclosing that they have been abused. » Listen patiently: It may be difficult for the person to talk about it, so you may need to give him/her a lot of time. » Let him/her take his/her time: Often you may suspect that someone is being abused by the way that he/she is behaving or reacting to certain situations. He/she may be unable to tell you directly about what has happened, either because he/she cannot communicate verbally or because he/she does not have a full understanding of the situation. The person needs to be given enough time to 'tell his/her story' or the opportunity to understand what is happening and to help the person may be lost. » Use the supported person's preferred communication method. It is important to make sure that the person has the right signs and symbols available to 'tell his/her story' e.g. signs and symbols for sexual parts of the body and sexual activities. 	<p>Slide 46</p> <p>Slide 47</p> <p>Slide 48</p> <p>Slide 49</p> <p>Slide 50</p>
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	<p>Show slide 51</p> <p>Reassure him/her that he/she is not responsible for the abuse: it is very likely that the person will, in some way, feel responsible for the abuse. Tell him/her clearly that the abuse was not his/her fault.</p> <ul style="list-style-type: none"> » Thank the person for telling you: the person may have taken a long time to decide to tell someone what has happened. Keep reassuring him/her that telling was the right thing to do and praise him/her for her bravery. » Explain what you are going to do now: you should always tell the person what you will do with the information. You must explain that you have to tell other people and that you cannot keep the information confidential. » Record what the person has told you, as soon as you can, using his/her own words wherever possible: this is very important for any future investigation of the allegation. Write a factual account of your conversation with the individual as soon as possible. Try to use the person's own words to describe what happened. Date and sign this and give it to the manager. » Get support for yourself: It is important not to under-estimate the possible effects on yourself of listening to a disclosure of abuse. Even though you may be experienced in this field of work, or feel that you coped well with the situation, you may well be left feeling anxious, distressed or angry. After being involved in a disclosure of abuse, it is important that you do not deny your own needs in your attempt to respond to someone else's. You need an opportunity to talk about what has happened and to express and reflect on your own feelings. Use your manager, your team or a counsellor. 	Slide 51
11.00-11.15	<i>Break 15 min</i>	
11.15-11.45 30 mins	<p>In small groups</p> <p>Ask learners to read the scenarios Sally and Robert given and answer the questions:</p> <ul style="list-style-type: none"> » With this limited information would you have any concerns? » How well do you think Jane/Sue has handled the situation? » Is there anything that you would do differently to the Support worker? if so what and why? » Do your Service's Policies and Procedures inform you of what to do in these circumstances? 	<p>Activity</p> <p>Handouts 7 and 8</p>

<p>11.45-12.15 30 mins</p>	<p>Take feedback from each group asking for a summary of the scenario, the questions and what their answers were and why.</p> <p>Things that you expect the learners to cover in this activity:</p> <p>Sally and Jane:</p> <ul style="list-style-type: none"> » Yes, Jane should have concerns » Sally is clearly very upset about something. Make no assumptions. Keep possibility of abuse on radar as Sally's behaviour has potential signs. » Don't assume potential abuser is James. It might be. Or it might be someone else. » Jane did well. She should continue to give Sally the opportunity to talk with her alone, but not to push this. She should think of openings to give Sally to introduce the subject. She should be positive and affirming with Sally, and remain clam. » Jane should watch carefully for further signs and when/with whom Sally gets upset. » Jane should clearly record her concerns and what she is doing about them. She should check her organisation's policies and procedures. <p>Tom/Sue and Brian:</p> <ul style="list-style-type: none"> » Yes, Sue should have concerns » Tom is clearly very upset and has been able to verbalise some of this. Sue should have kept an open mind from the start and not assumed he was upset about the weather. However, she did continue to probe appropriately. » Sue should continue to give Tom the opportunity to talk with her one to one. She should reassure him that he is not bad. He has shown some sign of being able to talk about his upset and she should build on this. She should watch carefully when/with whom Tom gets upset/who he avoids. » She should remain calm when talking with Tom, and not appear shocked, disapproving or disbelieving. » She should record her concerns. » She should check her organisation's policies and procedures. The complication here is that her manager may be involved. » She should not alert him of this and be clear to whom she can report her suspicions. <p>Both scenarios have the potential to involve disclosure of abuse. It would be important for staff to be aware of how to respond to this. Remind them of the disclosure section.</p>	
<p>12.15-12.45 30 mins</p>	<p>Responding to suspicion</p> <p>Explain to the learners that the worst thing they could possibly do is to decide not to think about it or to do nothing! There is always something that they should do.</p>	

They must always respond if they suspect that abuse could be occurring. Their role is to notice and to report things that make them feel concerned or suspicious that something is not right. They do not have to **know** that abuse has taken place or **believe** what they have been told. Remember that supported people are vulnerable and relatively powerless. They are relying on them to speak up on their behalf if leaners think they might be at risk.

Show slide 52

Don't ignore or dismiss your suspicions.

Remember that you are not responsible for deciding if abuse is taking place, but you are responsible for passing on your concerns. If, in the end, it turns out that there is a reason other than abuse for what was making you worried, you have still done the right thing by reporting it.

Be clear about the organisation's policy on abuse and follow its procedures.

The procedures are there to help you do the right thing.

Tell a manager as soon as you suspect that abuse could be taking place and get guidance and support about what to do next. You should be clear where to go if it is the manager who is the suspected abuser. This may be another manager or someone outside of the organisation.

Remember that it is *not* your role to investigate whether abuse has taken place.

If you and the manager decide that it is appropriate to obtain more information by talking to the person that you think might be being abused, choose a time and a place where you can do this undisturbed. Never discuss this in front of others unless the person concerned specifically wishes to have someone with him/her. (This must be his/her choice, not that of the care professional). Speaking with the person who may have been abused must be done very carefully, and leading questions avoided. In some countries anything else could impact the evidential process should the police and courts need to be involved.

Show slide 53

Do Not

Discuss the matter with the person/people who you suspect may be carrying out the abuse. If abuse is taking place, telling the perpetrator about your suspicions could put the abused person at even more risk. It could also distort the justice of a proper investigation.

After you have reported an allegation or suspicion of abuse, check what action has been taken. If an investigation is taking place, it might not be appropriate for you to know all the details of what has been decided, *but you have a right to know what conclusions have been reached.*

Slide 52

Slide 53

	<p>Helping PwD stay safe</p> <p>Explain to the learners that one of the best ways to guard against sexual abuse is to equip supported people with the knowledge and understanding that will help to keep them safe. This should always be part of a wider safeguarding package. It is never appropriate to leave the responsibility for safety entirely in the hands of the supported person. SMARTS will contribute to helping keep supported people safe from sexual abuse, as it is designed to give them information about sex and sexuality and to empower them to know what they like, what they want, and to feel confident to talk about things they may previously have found embarrassing or frightening. It will give them the means to communicate worries and concerns as well as make informed choices.</p> <p>Here are some of the ways you can help the people you support to keep themselves safe:</p> <p>Show slide 54</p> <p>Staying safe</p> <p>Ensure that the people you support know:</p> <ul style="list-style-type: none"> » that they have the right to say 'NO' to anything they do not like or want; » who/how to tell if they are unhappy about any sexual approach/contact, and what will happen next; » where and how they can have access to materials aimed at PwD (easy read). <p>What the procedures are at your organisation that are designed to keep them safe, and how they can use them (easy read)</p>	Slide 54
<p>12.45-13.45 <i>Lunch (1 hour)</i></p>		
<p><i>Talking about sex</i></p>		
<p>13.45-13.50 5 mins</p>	<p>show slide 55</p> <p>Explain to learners that many parents feel uncomfortable talking about sex with their children. Most often children find out about sex at school, from friends, magazines, the internet, experimentation. Parents of children with disabilities are no exception. In fact, they are likely to feel more concerned and protective about their children in relation to sex and sexuality, fearing potential exploitation or abuse and a lack of understanding leading to inappropriate sexual expression. Once adult, PwD have often had less access to these information forums than their none-disabled peers, and less opportunity to improve their knowledge through experience.</p> <p>However, having a conversation with PwD about sexuality and intimacy does not have to be difficult! It is very dependent on our own attitudes, myths, beliefs and concerns. Bearing in mind that sexuality is a natural issue, a natural and simple approach is the one to use. And practice really does help us get better at this!</p>	Slide 55

<p>13.50-14.05 15 mins</p>	<p>In pairs, discuss: 'How you might feel talking about sex with the people you support' There is no right or wrong answer here.....feelings just 'are'!</p>	<p>Activity</p>
<p>14.05-14.20 15 mins</p>	<p>Take feedback in the big group and write answers on flipchart, acknowledging all the feelings expressed.</p> <p>Show slide 56</p> <p>Here are some tips on how to successfully talk about sex with the people you support:</p>	<p>Flip Chart</p>
<p>14.15-14.45 30 mins</p>	<p>Laying the groundwork:</p> <ul style="list-style-type: none"> » If possible, wait until a comfortable and trusting relationship has been established before talking about sex and intimacy. » Be clear before you start about what you should keep confidential and what you cannot. » Make sure you have an uninterrupted timeslot, and a quiet, private space. » Try not to make any assumptions. Have an open and curious mindset and be prepared to let the PwD set the pace. Just like you, they might find it difficult to talk about certain things. But equally, they might not be ready, or even want to, talk about anything other how to look good and find a boyfriend/girlfriend. » Ensure any materials you are going to use are written in an accessible format. Think about other ways you could present material using videos, audio, objects etc. <p>Show slide 57</p> <p>Key things to remember:</p> <ul style="list-style-type: none"> » Talk naturally, whilst also recognising that some topics might be intimate and create initial discomfort » Demonstrate a willingness to listen, showing your belief and interest in the person » Speak clearly and calmly, avoiding jargon and complex terminology and using simple but correct information, with concrete examples » Use simple day-to-day activities and routines to contextualise the topics being discussed » Address social rules and value and respect everyone's privacy » Pay attention to verbal (e.g. speech) and non-verbal (e.g. facial expressions, body posture) behaviours » Promote the autonomy of the person. <p>Show slide 58: The 6 'Rs'</p> <ul style="list-style-type: none"> » Relax: Most of the time, when the PwD says he/she wants to have a relationship or have a conversation about sexuality people become anxious, because it is immediately assumed that sexual intercourse has or may soon take place. 	<p>Slide 56</p>
		<p>Slide 57</p> <p>Slide 58</p>

	<ul style="list-style-type: none"> » Remember: Before sexual intercourse is even considered and/or discussed, there is normally a long process, starting from meeting the person, creating a relationship and, eventually, becoming intimate and sexual partners. Some PwD may not ever want to go that far...this is their choice. » Reveal: Many people do not normally talk about their sex life to others or may feel awkward about this, but when the need to do so arises, having confidence and being encouraged to talk to someone you can trust about it is essential. » Reach Deeper: » Start the conversation with an easier subject that leads on to the other more specific, and sometimes, uncomfortable issues. This may help you and the PwD. » Research: Let the conversation develop by using open and non-invasive questions, depending on the person and your relationship with him/her, and let the conversation evolve naturally. » Reflect: Think about what worked well and what you could improve. <p>Show slide 59: Ideas to support good communication about sex (or anything else!)</p> <ul style="list-style-type: none"> » Use reflective listening paying attention to verbal and non-verbal aspects of communication » Provide verbal information, enhanced by the use of visual supports » Create pauses and provide time for the other person to process the information and respond » Balance the conversation between your own initiatives and the PwD's initiatives » Balance the conversation between questions, comments and clarifications » Share the responsibility for any misunderstandings or communication breakdown and » Learn from misunderstandings and communication breakdowns and find new ways to enhance the success of communication. 	Slide 59
14.45-15.00	<i>BREAK 15 mins</i>	
15.00-16.30	<p>In the same groups as the previous Marie and Nicolas activities, we will continue with the scenarios –</p> <p>Marie and Nicholas part 3</p> <ul style="list-style-type: none"> » Allowing 30 mins to discuss in the groups, asking to prepare feedback to the whole group. 	

Give 30 mins to summarise the scenarios for the alternative group and feedback their answers to the questions at the end of the scenarios;

» Marie:

- What sort of things will you support Marie to include in the SDM Agreement and Individual Support Plan?
- Are there any concerns that you feel Marie needs to be aware of?

» Nicolas:

- What sort of things will you support Nicolas to include in the SDM Agreement and Individual Support Plan?
- Are there any concerns that you feel Nicolas needs to be aware.

Things you hope to be covered in feedback

» Marie:

- SDM A: Her difficulty is about deciding if she wants to take their relationship to the next stage. Also, that she understands what this may mean.
- IP: Need to establish what her fears are:
- Is it linked to what others think
- How does she know what others think pointing out people will all think differently what matters is how she feels
- She must never be afraid to say she is not ready
- To what Mark thinks, how can she find out, how can she raise the subject, helping her to understand that if she says know she means no and he should understand that
- Is it her lack of knowledge about what happens
- Offer support about the stages of development in relationship offering existing resources covering how relationships develop etc.
- Pros and cons of both decisions including Mark finishing the relationship and considering contraception and how and where they would go.

» Nicolas:

- SDM A: As Nicolas and John's relationship has moved forward. John wanting to be more intimate and for Nicolas to stay over there is a difficult decision with which Nicolas needs support with as he has many things going around in his mind.
- ISP: In the Individual Support Plan Nicolas needs to understand the pros and cons of taking their relationship down this pathway. Nicolas may need information about how an intimate relationship progresses with another man. He should also know about safe sex and any risks to his health as well as ways to give and receive pleasure with another man. Access easy read information is available in the toolkit.

	<ul style="list-style-type: none"> ○ More support may be needed to ensure Nicolas fully accepts that what the staff at the Care Home said is was wrong and his feelings and actions are not bad, he is not doing anything wrong, or that can hurt anyone. There is a risk that the relationship still may not continue or evolve even if Nicolas stays overnight, there are no guarantees in relationships as to how long they last, but honesty and trust with each as a couple will make a big difference. Suggesting he remains honest and open about his fears and concerns with John. ○ Helping Nicolas with information, knowledge and understanding none of us can control the reactions of others but we can control how we react to them. 	
16.30	Finish	

DAY 3		
9.30-9.45 15 minutes	<ul style="list-style-type: none"> » Recap. Any questions, thoughts or comments after yesterday? 	
9.30-9.45 15 minutes	<ul style="list-style-type: none"> » Scenario Tom video. » Watch video, discuss in groups, feedback. <p>Things you hope to be covered in feedback</p> <p>SDM A:</p> <p>Tom will need support to consider the pros and cons of his potential decision/s.</p> <p>Support in considering what may happen if he continued to see Greta and she continued to refuse his requests or if he stopped seeing Greta.</p> <p>Tom could be supported to understand the pro and cons of these including:</p> <ul style="list-style-type: none"> » having sex when you are in a committed relationship » having sex when you are not in a committed relationship, how you can have sex without being in a committed relationship and » understanding how women may feel in each of these circumstances. <p>He may need support to understand why having sex is feels so important to him. Support to discover what his long-term life goals are and how having sex fits into these.</p> <p>Tom's self-esteem isn't that good, support to discover the cause of this and what he can do to improve this may also help.</p>	Videoclip Slide 60
11.00-11.15	<i>BREAK</i> 15 mins	
<i>Supported Decision Making about sexuality in your services</i>		

11.15-11.45 30 mins	Show slide 60 Discuss in service groups what will help/hinder the introduction of SDM about sexuality in your service.	Slide 61
11.45-12.15 30 mins	Feedback to big group	Activity
12.15-13.15 1 hour	<i>LUNCH</i>	
<i>Planning and Promoting Supported Decision Making about sexuality in your Services.</i>		
1315-13.30 15 mins	Explain that PwD will not use the SMARTS SDM service if they do not know about it, have a negative image of it, are afraid of it or are too embarrassed. In service groups, consider what you could do in your service to promote the SMARTS SDM service, and encourage interest and take up.	Activity
13.30-14.15 45 mins	Take feedback in the big group. Write up ideas on flip chart for later circulation.	Activity Paper, markers, pencils etc
14.15-15.00 45 mins	Working in groups from specific services. Ask learners to design some promotional materials. Ask each group to present their materials.	
15.00-15.15	<i>BREAK 15 mins</i>	
15.15-15.20 5 mins	Ask learners to consider individually what the first thing will be that they do to begin the SDM and sexuality journey in their service.	
15.20-15.30 10 mins	Share with the big group each in turn	
15.30-15.45	Return to hopes and fears expressed at the start of the course. Have hopes been met? Were fears founded?	
16.00	<i>Closing circle</i>	
	Ask learners to think about; 'One thing you have learned about yourself on the course.' Then go round asking each person what their one thing is start with yourself as the Trainer.	



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