‘A comparative report of hearing-impaired young people’s experiences of receiving Sex and Relationships Education.’

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BERA – British Educational Research Association  
BSL – British Sign Language  
BSLBT – British Sign Language Broadcasting Trust  
CSW – Communication Support Worker  
DCSF – Department for Children, Schools and Families  
DfES – Department for Education and Schools  
LSA – Learning Support Assistant/s  
NDCS – National Deaf Children’s Society  
OFSTED – Office for Standards in Education  
PSHE – Personal, Social and Health Education  
SEN – Special Educational Needs  
SENCO – Special Educational Needs Coordinator/s  
SRE – Sex and Relationships Education  
SSE – Sign Supported English  
STD – Sexually Transmitted Disease/s  
STI – Sexually Transmitted Infection/s  
TA – Teaching Assistant/s  
ToD – Teacher/s of the Deaf  
UK – United Kingdom  
USA – United States of America  
YP – Young Person/People
ABSTRACT

This study investigates the literature around Sex and Relationships Education (SRE) for deaf pupils in UK schools. It has been noted in the literature that deaf pupils are at a possible disadvantage to their hearing peers during this subject and thus there is a risk to their well-being and sexual health if not provided with adequate support and equipped with the full knowledge of sexual health education.

This study uses a focus group with deaf young people to determine their experiences of SRE at school and to gain an overall insight into their perception of the support and knowledge they received. Telephone interviews with two mainstream schools are also used to gain a balanced insight into the support schools provide to their deaf pupils during SRE in order to make a comprehensive comparison between the two samples.

The data findings are presented and discussed in comparison to the literature review findings; they are then summed up in a final conclusion along with suggested recommendations for future research and possible implementations within practice.

The results show that on the whole, the schools do provide adequate support to their deaf pupils during SRE lessons, although resources and teaching methods are not necessarily the most suited to deaf pupils’ specific learning styles. The schools could improve this by using more specific deaf-friendly resources of a highly visual nature and bringing in more deaf role models into the resources and teaching staff quota. Similarly, the responses from the focus group are a close resemblance to the literature recommendations and support the findings of many professionals’ research and perspectives.
CHAPTER 1
INTRODUCTION

The purpose of this research project is to investigate the support and knowledge that young deaf people in the United Kingdom (UK) receive during Sex and Relationships Education (SRE). Following a revealing documentary, ‘Snapshot: Dicing with Sex’ produced by the British Sign Language Broadcasting Trust (BSLBT) in 2010, it appears that deaf young people’s knowledge and experience of SRE may be limited or inhibited in some form which was identified in the documentary during a survey carried out by the charity Deafax.

During this paper’s literature review, the current SRE experiences amongst young people in UK society will be explored alongside Government strategies to lower sexually transmitted infections (STI) and teenage pregnancy. The literature review will also investigate deaf students’ accessibility to SRE within the National Curriculum and the support they receive within the classroom to promote inclusion during SRE.

Within this report ‘deaf young person or people’ will refer to a young person (YP) or group of young people (YP) from the age of thirteen years up to the age of twenty-five with all manners and degrees of hearing-impairment under the audiologic condition of not being able to hear (Palmer and Weber, 2006). This group of people include those who consider themselves part of the Deaf community and use British Sign Language (BSL) as their first language; those who consider themselves part of the hearing community and use spoken English as their first language or a mixture of both English and sign language; and also those who have become deafened, are hard-of-hearing or deafblind, (Palmer and Weber, 2006).
A focus group will be used to obtain the experiences of deaf YP during their school years and the support they received specifically during Sex and Relationships Education. The YP will be asked to complete short tasks related to the topic which will provide not only visual prompts to assist understanding, but to also encourage further in-depth discussion. Similarly, a member of staff from two non-related secondary schools will be interviewed via the telephone in order to acquire their perception on the support they provide to deaf pupils during SRE lessons. The data from each sample will be compared and analysed in a findings chapter and discussed in a concluding chapter to this paper.

The next chapter will investigate the current research around SRE in the UK and the literature relevant to deaf pupils’ education; these topics will be explored and discussed in the literature review before concluding the current situation of SRE for deaf pupils in UK schools and providing a direction for this research study.
CHAPTER 2
LITERATURE REVIEW

Much of the current research surrounding Sex and Relationships Education (SRE) for hearing-impaired young people (YP) is focused upon and carried out within the United States of America (USA) (Suter et al., 2009). There has been little published research carried out in the UK; however current research and Government publications based upon ‘hearing’ YP can be linked to the education experience that hearing-impaired students receive within the National Curriculum. Likewise, investigations in the USA can support UK research by providing a starting point for its own development in this area (Suter et al., 2009). The experience that American hearing-impaired YP obtain within the classroom can be linked with the same experiences and needs of British hearing-impaired students in regard to communication difficulties, special educational needs (SEN) and quality of teaching.

Sex and Relationships Education in the United Kingdom

In 2001, statistics showed that the ‘UK had the highest rates of teenage pregnancies in the developing world’ (UNICEF, 2001 cited in Burtney et al., 2004; BSLBT, 2010); since then, the Government’s ten year ‘Teenage Pregnancy Strategy’ has reported a 25% decrease in under-18-years births and a 13% decrease in under-18-years conceptions since it began in 1998 (DCSF, 2010; DfES, 2007). This reduction has been achieved by improving sexual health services for YP and through improved education schemes to heighten awareness of safe-sex and contraception use (DCSF, 2010); nevertheless, despite this improvement, the statistics still remain high for teenage
pregnancies and sexually transmitted infections in YP (DCSF, 2010; Burtney et al., 2004). The Government propose to continue improving SRE for YP by aiming to reduce the stigma and embarrassment surrounding discussing SRE, increasing parents’ knowledge and support, improving sexual health websites and information sources. Also by supporting YP to develop positive attitudes towards SRE through workshops and media campaigns and making SRE statutory in all key stages in schools within a planned PSHE curriculum (DCSF, 2010).

In the UK National Curriculum, Sex and Relationships Education sits within the subjects Biology and Personal, Social and Health Education (PSHE) (Young, 2004; OFSTED, 2002). Within the National Curriculum of Science, all students must learn about the biological and reproductive factors involved in the growth of the human body during puberty. However, parents still have the option to withdraw their child from learning about sexually transmitted infections (STI), relationships and the emotional side of sex education (OFSTED, 2002; DfE, 2010; Turnbull et al., 2010). Despite parents having the right to withdraw their child from learning about the social and emotional side of SRE, the YP too have rights (Rose, 2005 cited in Turnbull et al.; World Health Organisation, 2002). Under section 12 of the United Nations Convention on the Rights of the Child (UNCRC, 1991), it states that the child or young person has the right to have their own views taken into account, thus meaning if the YP wishes to learn about SRE, they can override their parents’ decision if they so wish. Likewise, in section 13 of the UNCRC it states children and young people have the right to gain information as long as it is not harmful to them (UNCRC, 1991). Many researchers have suggested that lack of information surrounding SRE can be more harmful to the YP due to them not being able to make a responsible and informed choice with all the correct facts and knowledge around the topic, thus leaving them vulnerable and naïve in

**Deaf-pupil inclusion**

In the UK, there are currently over 45,000 Deaf and hard-of-hearing YP under the age of 25 (NDCS, 2011). Of which, 90% of these YP are born to hearing parents (NDCS, 2011; Palmer and Weber, 2006; Gabriel and Getch, 2001; Hauser et al., 2010). The National Deaf Children’s Society (NDCS) states that ‘deafness is not a learning difficulty’ (2011) and that it should not become a barrier to prevent deaf children achieving any less than hearing children. Despite this statement, Griffiths (Watson, 2002 cited in Job, 2004) compares deaf individuals to those with learning difficulties in that society considers them to be similar and viewed as ‘disabled’. Douglas-Scott (2004) explains an individual considered to have a learning difficulty is someone who finds it ‘difficult to learn but not impossible and someone who relies on families, carers and services to help them make sense of daily tasks and social situations’. It could be argued that a deaf YP does not find it impossible to learn, given the right communication support and resources to aid their learning in class will enable them to fully participate and maximise their ability to learn (United Nations, 2008; Hauser et al., 2010). It could also be said that a deaf YP may rely on their families and carers to interpret social situations for them or be an advocate on their behalf when communication breaks down.

Hearing-impaired children often enter school with a statement of Special Educational Needs (SEN) due to the difficulty that sensory impairment can present to learning if communication support is not
put in place; these YP represent 2 in every 1000 pupils in English schools (Garner, 2009; NDCS, 2008). Currently, ‘85% of hearing-impaired children in the UK are educated in mainstream schools’ (Lynas et al., 1997 cited in Jarvis et al., 2003). This high rate of inclusion stems from both article 23 of the UNCRC (1991), in which it states that all disabled children should be educated in the way that allows the child to achieve ‘the fullest possible social integration and individual development’ (Garner, 2009); and also from the 1994 Salamanca Statement; in which world-wide delegates ‘demanded’ that all children with SEN should have the right to attend their local school and it should be ‘universally accepted’ for SEN children to be included and sufficiently ‘accommodated’ within mainstream school (Garner, 2009).

Inclusive education can also be reflected in article 24 of the Convention on the Rights of Persons with Disabilities, in which it states that all educational establishments should ‘reasonably accommodate’ the needs of people with disabilities to ensure they can access an ‘inclusive and free education, equal to that of others’ (United Nations, 2008). In relation to hearing-impaired children, this convention states that deaf children should be taught in an appropriate and preferred communication method to them, in an environment that maximises their learning, facilitates education in sign language and promoting Deaf identity delivered by specially trained and qualified teachers in the specific area (United Nations, 2008). Although deaf students are supported within this convention, the NDCS published a report in 2008 which highlighted the low achievement of deaf pupils in comparison to their hearing peers (NDCS, 2008). This is due to poor local authority support because of lack of funding, poor learning environments and a shortage of trained specialist teaching and support staff (NDCS, 2008).
Sex and Relationships Education for deaf young people

Suter et al.’s report (2009) highlights that teachers of the deaf are increasingly concerned about the sex and relationships education deaf children are receiving at school, particularly within mainstream environments. The results of their study point towards a number of issues they feel are preventing deaf YP from accessing sex education, these being: the impact on wellbeing caused by inadequate sex education, the environment that deaf children are learning in, poor ‘deaf-appropriate’ resources and the reduced chance of deaf children accessing ‘incidental learning’ (Suter et al., 2009). Similarly, the UK charity Deafax has noted in their study that 87% of the deaf people surveyed are not receiving the information they need about SRE in relation to their hearing peers (BSLBT, 2010). The same programme in which this study was announced, also demonstrated a short survey amongst deaf people during a deaf social night; this survey concluded that 78% of the deaf people answered incorrectly to the sex education questions proposed to them (BSLBT, 2010). These poor results indicate towards poor uptake of sexual health knowledge amongst the deaf population and an increased need to ensure deaf YP are equipped with this compulsory knowledge sooner rather than later.

Impact of SRE to the well-being of deaf young people

The future well-being of deaf YP is a concern for many researchers due to the inadequate sex and relationships education that this societal group are accessing. Without a good quality education about sex and relationships, deaf YP are not receiving the relevant facts and knowledge they need to make well-informed and responsible choices in situations regarding their sexual health (Gabriel and Getch, 2001;
Getch et al., 2001; OFSTED, 2002; DfES, 2007; Turnbull et al., 2010). It must not be forgotten that promoting healthy relationships, discussing emotions and feelings and encouraging self-esteem all play important roles within the SRE curriculum (OFSTED, 2002; Ingraham et al., 2000). Ingraham et al. (2000) express that ‘controversial’ topics such as homosexuality and relationships should be kept back from the curriculum unless the YP specifically asks about them; this is due to the possible conflicting views and values of religious groups or societies. It could be argued that if the YP has not been given all the information and facts, they may not be aware that there is more knowledge to be sought or enquired about. Withholding necessary facts and information from YP will mean their understanding and expectations of relationships will be affected and impaired (Job, 2004).

There are conflicting views about teaching sexuality, particularly to those deemed ‘disabled’ by society. Although it may seem likely that teaching about sexual issues may promote the uptake of sexual behaviour (Thompson et al., 1997 cited in Douglas-Scott, 2004; Job, 2004; Brand, 2010), many believe that by equipping YP with all the facts and information will empower them, allowing them to make informed choices and possibly even ‘delay’ sexual activity and avoid unwanted conceptions (Young, 2004; DfES, 2007). In parts of Europe, some countries have found teenage conception rates have declined since better quality ‘comprehensive’ SRE was introduced (Young, 2004) thus indicating that education can have positive reverse effects on YP’s sexual health.

Edwards and Wapnick (1982 cited in Job, 2004), suggest deaf children are vulnerable to sexual exploitation and abuse if they do not receive adequate sexual information. Douglas-Scott (2004) justifies this by explaining that sexual abusers may take advantage of those who may not have a full understanding of the situation or who have difficulty
communicating. Deafblind YP have an increased vulnerability as they have a dual sensory impairment which increases their dependence on others to access information, communication and moving in their environment (Aitken, 2000). Much of their learning and communication is through physical and tactile touching (Ingraham et al., 2000), thus there is an increased need for deafblind YP to be taught safe physical contact with others and set boundaries for what is considered appropriate touching and what is not. If this is not done in a sensitive and comprehensible way, the deafblind YP may be subject to increased risk of sexual abuse and exploitation as they would be ignorant to what is and what is not appropriate in society (Ingraham et al., 2000; Clark, 2000 cited in Aitken, 2000).

Within the Deaf society there are further minority groups still, such as lesbian and gay individuals, individuals from ethnic backgrounds and diverse religions (Getch, et al., 2001; Job, 2004; Douglas-Scott, 2004). It has been noted that the subject of sexuality is often left out of SRE (DfES, 2007); consequently it is vital for educators to be aware of these groups, particularly homosexual individuals as it is possible for them to feel twice as isolated and discriminated against as they belong in a minority within a minority (Gannon, 1998; Job, 2004). Douglas-Scott (2004) and Gannon (1998) affirms sexual-orientation and same-sex relationships should be interwoven into the SRE curriculum, taking into account all individual needs and views across a multi-cultural society. Likewise, Getch et al. (2001) propose that these ‘heterogeneous’ groups in society should be suitably and evenly represented in the resources and materials used in the teaching of sexual education.
**Incidental learning**

Many YP learn about SRE through word-of-mouth from their peers and from media sources, but often these sources get facts mixed up amongst myths and misconceptions (DCSF, 2010; Aurangzev-Tariq, 2010). This method of learning is an important resource amongst deaf YP as they are more likely to gain sex education from friends than from any other sources (Fitz-Gerald and Fitz-Gerald, 1987 cited in Gabriel and Getch, 2001; Gannon, 1998). However it is vital that deaf children are educated about SRE effectively and accurately to ensure that the information that they are sharing is objective and correct (Getch *et al*., 2001). Much of the media shown on adverts and in magazines portray sexual visual messages (OFSTED, 2002) in which, without the spoken or written English to accompany it, are confusing and perceived incorrectly to the deaf YP, particularly to sign language users where English is not their first language (Job, 2004). This occurrence may conclude why deaf YP are not receiving adequate and factual information in this subject area and are in desperate need of accessible SRE (Job, 2004; Gabriel and Getch, 2001; Gannon, 1998 and Getch *et al*., 2001).

Many researchers have noted the ‘interference’ that deafness presents to deaf individuals’ uptake of ‘incidental learning’ (Suter *et al*., 2009; Hauser *et al*., 2010; Gannon, 1998; Fitz-Gerald and Fitz-Gerald, 1978 cited in Getch *et al*., 2001; Fitz-Gerald and Fitz-Gerald, 1985 cited in Job, 2004). Hearing YP naturally pick up conversations around them everyday, in the playground, from the television, radio and their family; scenarios which constantly enhance their learning opportunities (Gannon, 1998; Hauser *et al*., 2010). Hauser *et al*. (2010) discuss that deaf YP are ‘deprived’ of this method of information as they cannot access it audibly; to support this, Scheetz (1993 cited in Gannon,
1998) explains that the ‘ear is like a gateway to one’s environment’; when this ‘gateway is impaired the communication link is drastically altered’, as a result the child must adapt to alternate learning methods (Gannon, 1998).

The ‘Dinner-table syndrome’ is a term Hauser et al. (2010) uses to illustrate an example of when a deaf child is missing an incidental learning opportunity. For example, discussing the family’s health background over dinner, a deaf child may not be included in the conversation to learn about a family history of breast cancer and therefore not realise or understand the importance of checking one’s self regularly as there is an increased risk to their health; likewise they may not have the knowledge of family history to discuss with health professionals if they did have concerns (Hauser et al., 2010). Hauser et al. (2010) believes the absence of incidental learning for a deaf YP can present dangers and leave the YP vulnerable to poor health. Particularly in sexual health, deaf YP may not be aware of the signs and symptoms that their hearing peers may take for granted as common knowledge; if symptoms are left untreated they can escalate into a dangerous health condition, for example finding lumps in the breasts or testicles which could indicate cancer or abnormal discharge or growths on the genitals which could indicate a sexually-transmitted infection (Hauser et al., 2010; Brook, 2011).

**Teaching resources, methods and environment.**

Deaf YP tend to be visual learners due to the impairment of their auditory mode of communication and the nature of signed languages is typically very visual (Hauser et al., 2010; Getch et al., 2001). Hence classroom resources and the delivery of the SRE curriculum should match each individual deaf student’s needs, (Getch et al., 2001;
Gannon, 1998; Turnbull et al., 2010). This requirement is affirmed by law in article 24 of the Convention on the Rights of the Disabled Person (2008) and in schedule 10 of the Equality Act (2010) in which it states local authorities must ‘improve the delivery of education to disabled pupils’.

It would be naïve to think that teaching sex education to a deaf child in sign language is the answer to all inclusion issues and communication barriers, particularly when using an interpreter to translate what the teacher is verbally communicating at the front of the class (Job, 2004; Gannon, 1998). As these researchers have pointed out, interpreters may hold their own beliefs and values about SRE and therefore mis-communicate the emphasis of the topic being taught or ‘water down’ information (Bullard and Knight, 1981 cited in Job, 2004; Gannon, 1998). Schick (2008, cited in Hauser et al., 2010) confirms this by quoting ‘educational interpreters...interpret less than 50% of what is said in the classroom’. Likewise, the intimate topic and vocabulary may embarrass the interpreter or make them feel uncomfortable when translating (Gannon, 1998). Although, as Gannon (1998) reminds us, having a sign language interpreter present in class will be much more of an advantage to a deaf YP’s learning than having none at all. A school featured on the British Sign Language Broadcasting Trust’s (BSLBT) documentary in 2010 demonstrated the use of a relay interpreter. This method uses an additional person to explain in further depth about what has been interpreted as often the job of the BSL interpreter is to simply translate what has been vocally said and not to explain misunderstanding further (Newbury, 2010). The school has found this to be an effective way to reinforce learning during SRE, however it can be time-consuming and often the deaf students stay behind at break to catch up with the rest of the lesson which could eventually affect their social development with hearing peers (Hughes, 2010).
Not all deaf YP use sign language due to being brought up in an oral environment by hearing parents, therefore having an interpreter present is not always the best solution and therefore educators must find alternative methods of delivering the information (Hauser et al., 2010; Gannon, 1998). Poor acoustics in the classroom can make listening increasingly difficult for deaf children who may not use sign language (and indeed also for those who do), as it creates increased background noise and ‘hubbub’ that deaf children may find challenging to filter out when trying to focus on speech (Fraser, 1996). An ideal environment for a deaf pupil to learn would be in small intimate sized groups in a soft-furnished room; however resources and teaching staff quota makes this idealistic scenario problematic to enforce (Fraser, 1996; NDCS, 2008).

It has been suggested by researchers that deaf YP tend to have lower reading and writing abilities to their hearing peers (Moores, 1996 cited in Gannon, 1998; Getch et al., 2001; Powers et al., 1998 cited in Jarvis et al., 2003), Scheetz (1993 cited in Gannon, 1998) acknowledges this by stating ‘individuals with profound hearing loss are less likely to become skilled readers’. Similarly, the NDCS published a progress report in February 2012 which highlighted the large gaps in attainment that deaf children were achieving at GCSE level (39.7% achieving five A-C grades) in comparison to their hearing peers (58.2%).

With these views and statistics in mind, the resources used to teach deaf YP need serious consideration before implementation. These resources must be highly visual with minimal written content that is ‘accessible for all reading abilities’ (Gannon, 1998; Getch et al., 2001; Fitz-Gerald and Fitz-Gerald, 1980 cited in Suter et al., 2009; James, 2010). For deafblind students, tactile resources and anatomy models
would be beneficial to aid learning (Ingraham, 2000) although it is likely that this is something that would suit all deaf YP’s learning styles due to the visual and hands-on context and identification of body parts (Gannon, 1998). Video clips must be used with caution, particularly those without subtitles, although even with subtitles present, those with lower reading abilities may not understand the concepts and vocabulary being used (Gannon, 1998). The language and signs being used must reflect the correct formal and anatomical words as well as current slang and informal words and signs used in today’s youth community (Heuttel and Rothstein, 2001 cited in Suter et al., 2009; Gannon, 1998). Similarly, Kempton (1988 cited in Job, 2004) discusses the need to educate deaf YP about innuendos and idiom expressions that may be used to ensure deaf YP are not isolated in sexual topic conversations due to lack of understanding.

Deafax have published their own BSL resource pack to assist with the teaching of sexual signs, however these resources are only used within their own sexual health workshops (BSLBT, 2010). This begs the question of how schools are supposed to teach sexual health using the correct terms if organisations do not share resources with one another in order to fully support the pupils in question. Despite the deaf friendly resources being available to buy independently at a cost, many schools have to create their own resources to assist deaf pupils within SRE lessons (BSLBT, 2010). The BSLBT broadcasted ‘SNAPSHOT: Dicing With Sex’ (2010) in which it highlighted different methods and resources to teach deaf YP about sex and relationships. Many of the deaf YP reported the sex education game was most suited to their communication and learning requirements as they could communicate in sign and learn within the group (BSLBT, 2010).

Another teaching method which has shown successful results is to use deaf teaching staff and positive deaf role models in resources, such as
videos and anecdotes, to reinforce the reality of sexual education upon the deaf YP’s learning (Getch et al., 2001; Gannon, 1998). McKinnon (1999 cited in Hauser et al., 2010) has suggested that deaf individuals find a common likeness between themselves and other deaf individuals and form secure attachments based on the ability to relate and identify with them, and the possible ease to communication (Getch et al., 2001; BSLBT, 2010).

**Teaching qualities and parental support**

Research has shown that many teachers are concerned about the lack of training they receive about sex education in their initial teacher training (Annetts and Law, 2006 cited in Suter et al., 2009; DfES, 2007). American researchers state that only 64% of teachers had received formal training about how to teach sex education and 65% had no training at all about using sexual signs (Getch, et al., 2001). In Britain, research carried out on sixty-one teacher of the deaf participants, revealed that 93% of the participants had not received any formal training in regards to teaching deaf pupils about SRE (Suter et al., 2009). These figures indicate why deaf YP are being let down in this subject area due to poor teaching knowledge and background experience of the educators delivering SRE. Many researchers indicate the importance of those teaching sex education to be comfortable and confident with teaching the subject area, as well as a background knowledge about teaching deaf children (Getch et al., 2001; BSLBT, 2010); this confidence is needed to ensure all pupils feel comfortable and at ease within the classroom environment.

A solution to assist teachers in delivering sex education to a class with deaf pupils is to use special support staff or a language aide to support the deaf pupils. This extra teaching staff may sit one-to-one with deaf
pupils to explain concepts and language that the pupils may have missed or find difficult to comprehend (Jarvis et al., 2003). The NDCS (2008) however, have stressed an increased body of communication support staff is needed in the UK as many deaf pupils are struggling in a mainstream class without additional support or are being assisted by support staff who are not trained highly enough to work with deaf pupils in challenging subject areas.

Although it would be ideal for all sexual health educators to be deaf or be able to deliver the teaching in sign language, it is not always possible, particularly if using outside speakers (Gannon, 1998). Therefore, the need for interpreters and additional in-class support trained in deaf awareness and sign language is necessary, despite the disadvantages as discussed earlier in this review.

As previously mentioned, an extraordinary high percentage of deaf children are born into hearing families (NDCS, 2011; Palmer and Weber, 2006; Gabriel and Getch, 2001; Hauser et al., 2010). Many of these families do not learn sign language (Gabriel and Getch, 2001) and Gannon (1998) suggests this is a ‘powerful message of rejection’ towards the deaf individual. However, the true reason could perhaps be because the parents have been told by health professionals that their child will adapt well within an oral upbringing through the use of hearing aid equipment (Jarvis et al., 2003) or because parents are unable to access sign language teaching due to lack of information, funding from their local educational authority or own financial circumstances (NDCS, 2008).

Unlike previous generations, many deaf pupils are now taught within mainstream schools, thus much of their time out of school is spent within the family home (Gabriel and Getch, 2001; NDCS, 2008). It is therefore paramount to ensure parents are equipped with the
necessary means to communicate and discuss sex education with their children (Gabriel and Getch, 2001). Many sources discuss the reluctance of parents to talk to their children about the topic of sex education, regardless of whether their child has a disability (DfES, 2007; Gabriel and Getch, 2001). Turnbull et al. (2010) testified that disabled YP are more likely to discuss sexual health issues with their parents, whereas mainstream YP would prefer to talk to sexual health workers. However, Gabriel and Getch (2001) suggest parents of deaf YP are often too embarrassed and uncomfortable to discuss such sexual topics, although this may primarily be because they lack confidence in communicating with them, either through sign language or consider the topic to be too broad and complex to discuss orally via the YP lip-reading. Lederberg (1993 cited in Hauser et al., 2010) justifies that communication barriers between parents and deaf children may be a result of insecure attachments and thus increasing the situation to be more uncomfortable to talk about sensitive issues such as sex and relationships. Moreover, Fitz-Gerald and Fitz-Gerald (1985 cited in Job, 2004) identify that poor communication is just as evident between hearing YP and their parents, perhaps even more so when discussing sensitive issues.

There is a great need for teachers and parents to work together to ensure the deaf YP receives a balanced level of support in their experience of learning about SRE (Getch, et al., 2001). Learning about sex education is a continual process which cannot be completely achieved in a few short sessions in school (Griffiths in Watson 2002, cited in Job, 2004). Schools need to educate parents as well as the YP about sex and how to use sexual signs appropriately (Gabriel and Getch, 2001). This could benefit the YP’s communication with their parents greatly and ensure continual sexual health learning is maintained (Fitz-Gerald and Fitz-Gerald, 1987 cited in Gabriel and Getch, 2001). Schirmer (2001 cited by Job, 2004) lists possible
reasons for why parents are not teaching sex education within the home, one of the reasons being that they believed it was the school’s responsibility to teach their child about sex. With attitudes such as this and responsibility being passed from one body to the other, the deaf YP will become disadvantaged and may miss out on vital sex and relationships education all together (Getch et al., 2001).

**Conclusion**

There is certainly evidence to suggest that deaf YP are not accessing SRE to their full potential despite inclusion policy being improved and implemented within Government guidelines. As mentioned in the 'Dicing With Sex’ documentary (BSLBT, 2010), schools are being inclusive in terms of mainstream attendance but not enough when it comes to teaching SRE; there needs to be specific curriculum guidelines tailored to suit deaf pupils’ needs rather than generalised within all forms of disabilities. SRE is a growing concern amongst all YP, not just for those who are deaf, but if SRE is not being accessed by deaf YP, they are missing out on vital information that could keep them safe, which is their fundamental right. Curriculum guidelines make it compulsory to teach SRE in the classroom; by overcoming communication barriers, deaf children too can learn at the same pace as their hearing peers which will keep them up-to-date with common discussions amongst peers and not put them at a social disadvantage.

Attitudes towards talking about sex education needs to change in order for it to become a comfortable topic to discuss, not only in schools, but at home also. Hearing parents need to be equipped with the in-depth sign language knowledge and deaf awareness from an early stage to support them to communicate with their deaf child about sex and relationships when the topic arises. Likewise, teaching
staff working with deaf pupils need specialist training about how best to teach deaf pupils, including specific information about SRE. In an ideal society, with additional support and suitable resources in place, there ought to be no reason for any deaf YP to be deprived of learning about SRE.

Finally, further UK research into the area of SRE for deaf pupils needs to be studied wider and in more depth to raise awareness on the increasing issues of lack of deaf knowledge on such fundamental facts of life. The USA has made a head start with investigating deaf SRE; it is about time the UK Government and schools follow suit and review their current status of SRE for deaf pupils in order to raise standards and meet future targets.
CHAPTER 3
METHODOLOGY

The overall aim of this dissertation is to investigate the support hearing-impaired pupils receive during Sex and Relationships Education (SRE) within the classroom environment. Via focus groups, the paper will gain the views and experiences of hearing-impaired young people (YP) to acquire an insight of their basic knowledge of SRE and find out if they felt supported by their school during SRE lessons. Similarly, through the use of telephone interviews, the paper will investigate the support schools offer deaf pupils during SRE by attaining their feedback on the support they provide.

The topic of sex and relationships may be deemed a sensitive topic to research within a social context due to the potential ‘intrusive threat’ (Lee, 1993 cited in Cohen et al., 2007) of causing embarrassment or imposing on private experiences of the participants. It is necessary to consider questions that will provoke answers about the YP’s experience during school and their opinion of the support they received during SRE lessons rather than about their own sexual experience. After all, it is how supported the pupil felt during the lesson that will impact on their learning and how easy it was for them to take on board what was being taught to them. This notion falls within the anti-positivist or interpretive paradigm due to the study of human behaviour and investigating participants’ experience (Cohen et al., 2007). Likewise, it is necessary to ask schools direct questions about the support they provide to their deaf pupils during SRE in order to gain a balanced view to make a comparison. Without researching both areas and having consultations from both fields, it would be wrong to make a valid conclusion about schools’ support (Cohen et al., 2007).
Sampling strategies

Due to many hearing-impaired pupils being widely dispersed amongst mainstream schools nowadays (NDCS, 2008), it could be considered difficult for a researcher to access this group of people if not known to the deaf community or organisations that work with deaf YP. Fortunately, in this investigation the researcher has access to this particular group of YP through a work placement at a deaf organisation. Additionally, due to personal contacts, the researcher already has wide involvement within the deaf community and has knowledge and experience of communicating with deaf individuals thus acceptance is not a significant concern (Walford, 2001 cited in Cohen et al., 2007).

The sampling strategy for selecting the hearing-impaired YP was through convenience sampling (McQueen and Knussen, 2002; Cohen et al., 2007) due to the availability of YP on the work placement’s database and thus proved relatively easy to contact individuals directly rather than through schools or other entry routes (McQueen and Knussen, 2002; Cohen et al., 2007). A deaf acquaintance of the researcher in the local area was also invited to take part in the research. This method of sampling leaves the research open to bias results due to the participants being hand-selected in a specific area by the researcher and thus not being representative of the wider deaf population in society (Cohen et al., 2007; McQueen and Knussen, 2002). Similarly, due to one of the participants being an acquaintance of the researcher, they may alter their true answers so not to cause embarrassment or for want of pleasing the researcher (Hitchcock and Hughes, 1989 cited in Cohen et al., 2007); this can also be reversed as the researcher may change their style of presenting due to feeling self-conscious in front of a friend.
The sampling strategy for selecting schools to participate in this study was by purposive sampling (Cohen et al., 2007); targeting known schools in the local area where hearing-impaired pupils attend or where there is a specialised unit for hearing-impairment within the school. In this study, two schools have been identified, one from each sub-category; this is so a comparison of the two environments can also be considered during the analysis chapter. Other methods of sampling such as random sampling would not be appropriate due to the small minority of deaf pupils per school and thus time and resources may be wasted on contacting schools with no known knowledge or experience of teaching deaf pupils (Cohen et al., 2007). This method of sampling of course leaves the research open to bias as it is not a big enough sample to make a representative conclusion of all schools in the UK.

**Ethical Considerations**

It is necessary to consider ethical issues when conducting research, particularly when researching YP under 18 years old and those deemed vulnerable in society (Cohen et al., 2007). A full account of ethical considerations for this research project can be found in appendix A in accordance with the relevant sections of the British Educational Research Association’s (BERA) guidelines. The focal concern is gaining informed voluntary consent and ensuring all participants have full understanding of their involvement (BERA, 2004). This is especially important in regards to YP although they have every right to express their opinions, so long as they have the capability of understanding the research and their participation within it (BERA, 2004; UNCRC, 1991) (see appendix C for YP consent form). Confidentiality and privacy are the participants’ right; it is vital to make them aware of this, allow
them to view their data at any time or withdraw at any time if they so wish (BERA, 2004).

**Research methods**

In this research paradigm, qualitative methods were sought in order to gain in-depth and detailed accounts of individual perceptions of an event (support in SRE lessons). These interpretations of experiences cannot be simply ‘reduced’ from quantitative figures in order to come to a conclusion, as every participant will have had a different and individual experience during their school era which insists on being explored through detailed accounts (Geertz, 1973 cited in Cohen et al., 2007; Cohen et al., 2007).

**Focus groups**

The use of focus groups to interview the hearing-impaired YP was deemed the most appropriate research method due to the sensitive nature of the topic, ease of visual communication and time-saving aspect of collecting copious data at once.

As discussed in the previous chapter, a vast number of hearing-impaired YP have been reported as having lower reading abilities to their hearing peers, thus focus groups encourage the participation of those who find reading written questionnaires a challenge (Cohen et al., 2007). Similarly, for YP who use British Sign Language (BSL) or Sign Supported English (SSE) as a first language, focus groups enable the topic and questions to be discussed in these visual methods and additionally allows for the use of props or prompts to reinforce understanding of the discussion points (Wilkinson, 2004).
Focus groups can yield vast amounts of data in a relatively short amount of time which can be a favourable factor over individual interviews, although some YP may feel embarrassed about speaking in front of others, particularly if they are strangers which could potentially affect the dynamics of the group (Dawson, 2009). Group discussion often encourages everyone to say something about the topic and other people’s answers can spark ideas and additional input which may not have occurred during individual interviews (Dawson, 2009; McQueen and Knussen, 2002; Wilkinson, 2004). Despite the sensitive topic potentially causing embarrassment, the group setting offers a sense of comfort and ‘solidarity’ (Wilkinson, 2004) between like-minded people which may actually enhance honest participation rather than inhibit it (Dawson, 2009; Wilkinson, 2004).

Focus groups can also have their disadvantages; if there are too many people partaking in one group at once, it can be difficult for the researcher to manage the group (Cohen et al., 2007; Wilkinson, 2004) and recording answers proves almost impossible. In some groups, strong personalities can overwhelm those who may not be as confident to speak which may influence and dominate the discussion (Bell, 2005; Wilkinson, 2004; Cohen et al., 2007). A skilful researcher needs to be able to manage this balance of participant input yet also allow for free flow of discussion to limit interviewer bias (McQueen and Knussen, 2002; Dawson, 2009; Cohen et al., 2007).

**Telephone interviews**

To gain professional perspective on the topic of support during SRE, telephone interviews were chosen to speak directly to the Special Educational Needs Coordinator (SENGO). This method was chosen as it
is more convenient to contact SENCOs between a busy school schedule and heavy workload, plus they can call back when the time is most convenient to them (Cohen et al., 2007).

Interviews in whichever form are beneficial when seeking quantitative data due to the opportunity of asking and probing for in-depth questions and allowing the participant to freely discuss their experience of what has been asked (Dawson, 2009). The advantage of using a telephone interview in this research is that it is quicker and cheaper to contact schools who are widely dispersed amongst the community, particularly when schools with a designated hearing-impaired unit are often a minority amongst other schools in the county. Telephone interviews give participants a sense of anonymity, thus answers may be deemed more honest and reliable (Cohen et al., 2007). Linking this reference to sensitive subjects such as SRE, face-to-face interviews may be seen as more embarrassing or intimidating for both the participant and interviewer, thus telephone interviews seem more appropriate in this research (Cohen et al., 2007).

A disadvantage to telephone interviews is the absence of non-verbal body language and cues which can be just as important as verbal responses when gaining interpretative data (Cohen et al., 2007). Similarly, due to the often short nature of telephone interviews, it can be difficult for the interviewer to build up a rapport with the participant which can in turn affect responses (Cohen et al., 2007; Dawson, 2009). The difficulty of interviewing schools about their support for deaf pupils in SRE is that it can be considered sensitive and may be deemed an attack on the school’s capability. The SENCOs may be rather closed about the topic or skew the truth slightly so not to seem inadequate or lose reputation; this will affect the validity and reliability of the research (Morrison, 2002 cited in Cohen et al., 2007).
Conclusion

In conclusion, the advantage of using this combination of research methods ensures that a range of in-depth data can be collected in a relatively short timescale, which will enable a broad and in-depth discussion of results. Additionally, triangulation from two perspectives will balance the views and experiences from each sample which, as a result, will strengthen the reliability and validity of the research (Campbell and Fiske, 1959 cited in Cohen et al., 2007).

The focus group was carried out in Northamptonshire at a local community centre where a deaf organisation is based. Despite fifty-five letters being sent to deaf YP (between the ages of 13-25 years old) inviting them to partake in the group (see appendix B), only three participants attended aged between 19-21 years old. The two telephone interviews were also undertaken in Northamptonshire (see appendix F for interview questions), one participant from a fully integrated mainstream school with one deaf pupil, the second from a school with a specialised unit for five hearing-impaired pupils.
CHAPTER 4
DATA FINDINGS

This dissertation is investigating the support hearing-impaired pupils receive during Sex and Relationships Education (SRE) within the classroom environment. This chapter displays the results and findings from a focus group held with three hearing-impaired young people (YP) and two semi-structured telephone interviews with schools where hearing-impaired pupils attend.

Focus group

The focus group was held at a community centre on a Friday evening where a known deaf organisation is based. Fifty-five invites (see appendix B) were sent to deaf YP known on the organisation’s database; the target age range was between 13 years and 25 years to gain a wide range of experiences and perspectives. Three YP attended the focus group aged between 19-21 years old, two were male and one was female. Two of the participants have known each other since early childhood and had attended the same secondary school, therefore they were close friends. All three YP used spoken English (Oral) and used Sign Supported English (SSE) when mixing with deaf peers; similarly all three had attended mainstream school although two of the participants’ school had a hearing-impaired unit. The focus group lasted an hour and a half, although much of the time was spent discussing deaf-related topics as a whole and carrying out the seven tasks as set out by the researcher (see appendix D).

During the focus group, the researcher presented the discussion questions in the form of short activities or tasks so as to suit visual
learners, suit different age ranges and provide visual prompts for those who may have missed the instruction the first time it was presented to them. In total, there were seven activities which brought about much discussion with each one (see appendix D for examples of the activity tasks). The researcher used SSE to introduce each activity and so the session carried on using SSE for each discussion. The focus group was not recorded in any way due to the sensitive nature of the topic and it was felt video-recording the visual conversations would jeopardise the confidentiality and anonymity of the participants involved, thus affecting their contributions to the research. A summary of the focus group transcript can be found in appendix E.

**Telephone interviews**

The telephone interviews took place with two secondary schools within the local county; both schools were mainstream, however one had a special provision unit for hearing-impairment and the other a fully integrated school with no support unit. One telephone interview took place with the residing teacher of the deaf (ToD) within the special provision unit, the second interview took place with a learning support assistant (LSA) who works specifically with the deaf pupil at the fully integrated school. Both telephone interviews lasted between 15-20 minutes. Each school was asked the same questions and allowed to speak freely about the support they provide with minimal prompting from the researcher. Due to difficulty of recording a telephone interview, no recording took place, however the researcher took written notes which were later typed up in a summative transcript which can be found in appendix G.

The data collected from these research tools can be discussed within identified themes. Within the next chapter (Discussion) these themes
will be discussed in much further depth and cross referenced with the literature review chapter.

**Knowledge**

The YP showed good knowledge of true and false facts about sexual health during the first two activities although their knowledge around sexually transmitted infections (STI) was less informed. Two of the YP identified that although they got a handful of answers wrong, they felt a deaf friend of the same age who used British Sign Language (BSL) as his first language would likely not have been able to identify many true and false statements correctly due to poor knowledge surrounding the topic of SRE.

When asked whether deaf students’ knowledge uptake was assessed at the end of an SRE lesson, both schools said there were none. The school with the hearing-impaired unit said there is usually a short discussion at the end of the lesson to summarise the information taught, however this was not aimed at deaf pupils specifically, nor an assessment.

The schools specified that the main facilitators of SRE were outside health professionals who visited the school either specifically to teach SRE to a class or during a regular lunchtime drop-in service. The only staff members within the schools said to have been trained in any type of SRE topics were Science teachers, due to the compulsory curriculum of sexual anatomy within Biology. During the focus group discussion, none of the YP specified a preference to be taught by a health professional, nor did they say they had any experience of discussing sexual health issues with a professional.
The YP disclosed their main source of SRE knowledge came from personal encounters with friends and relationships and also from media sources such as television, magazines and the internet. Only one YP felt they learnt SRE from school lessons and none of the YP said they had learnt about SRE from their family.

**In-class support**

Overall, the YP within the focus group felt the communication support they received during school was not to the highest standard that they desired. Two YP recalled that there were five hearing-impaired pupils within their school and only three teaching assistants (TA) divided amongst them; the YP revealed that support was issued out depending on the priority of the subject or lesson. For example English, Maths and Science were given first priority in regards to support over creative and vocational subjects such as art, technology and PSHE. The fully-integrated mainstream school claims support is issued out depending on pupils’ allocation of support hours affirmed within their statement of Special Educational Needs (SEN). In one pupil’s school experience, they are allocated full-time support which indicates all lessons and subjects will be issued with additional support.

The YP’s main preferences for support were TA who could use sign language, communication support workers (CSW) or a BSL/SSE interpreter. Both schools said none of their staff sign due to all the deaf pupils primarily using spoken English; this is also the case for the YP in the focus group, yet despite primarily being oral, they stated they would also appreciate some form of visual signing or gestures too. The TA from the fully-integrated mainstream school says she does accompany spoken words with the occasional gesture or ‘made-up’ sign when the deaf pupil is struggling to grasp a concept.
One YP mentioned he had a TA who could sign to support him within SRE lessons, however this was not constant throughout the years and as the YP recalls, was not present at all of his SRE sessions thus leaving him without support. This level of support is similar to what both schools claim to provide for their deaf pupils; the fully-integrated mainstream school state they provide a TA to sit with the deaf pupil to write up notes and to clarify or ‘lip-speak’ words to the pupil if they were to miss what was said within the class. In addition to this, the lesson presentation slides can be emailed to the pupil at the end of the lesson for their own personal reading to catch up with anything missed throughout the lesson. None of the YP in the focus group stated that lip-speaking would be a preferred communication method that they would use during SRE, despite all three YP relying on lip-reading and using English as their first language.

The ToD said the deaf pupils would most likely feel comfortable visiting the hearing-impaired unit within the school to discuss sensitive topics such as sexual health or to seek advice from herself should they want it.

**Teaching methods and resources**

Both schools mention a visiting health service during lunch break or an on-site nurse whom the deaf pupils could visit when they wish to discuss matters of sexual health and relationships. It is assumed that the pupils would take any concerns to the health professionals and take it upon themselves to gain information in their own time. It was not certain from either school whether the health professionals had any form of training when dealing with individuals with hearing-impairments.
The YP said they would like all videos to have subtitles during SRE lessons and clearly-labelled diagrams and models so they can relate the visual pictures to the topic being discussed. The special provision school said they do try to ensure all videos shown within lessons have subtitles.

Neither school had any specific deaf-related resources to use within SRE lessons however, both mention the use of interactive whiteboards during lessons as an addition to the teacher standing at the front talking. This is an added visual reference for the deaf pupils to look at during SRE lessons. To accompany this, the fully-integrated mainstream school uses a radio-aid system with deaf pupils. The teacher wears a microphone attached to them during lessons when the deaf pupil is present which picks up their voice alone and transmits it to the deaf pupil’s hearing-aid device. None of the YP within the focus group discussed the use of a radio-aid system, nor did they show preference for it.

All three YP said deaf role models or elder peers would be one of their most preferential ways of being taught about SRE due to a shared empathy and understanding between them. Similarly, the YP suggested a preference towards a deaf-friendly website that they could visit with subtitled videos, anecdotal stories by deaf peers and videos in BSL to explain the information presented to them. One of the schools has an interactive-learning space which the pupils can use within school; however there was no mention of it being specifically suited to deaf pupils.

One school replied that health professionals usually bring their own SRE resources to the lessons when they teach about SRE, although they may not be aware that a deaf pupil will be present in the class.
and thus not prepare resources specifically to suit their needs. The same school said they do usually tailor lessons to suit individual needs, however they did not specify whether this was for all lessons or specifically about SRE.

**Deaf awareness**

The YP’s impression of their school’s deaf awareness during SRE was not particularly positive, although one of the YP rated his school above half on the Likert scale (see appendix E) which may indicate that he felt they were fairly deaf-aware.

The school with a residing ToD on-site said she provides teaching and support staff with deaf awareness training and regularly updates them with anything they may need to know about the deaf pupils. Similarly, she also equips new and visiting staff with deaf awareness training of some sort. In the fully-integrated school, the county ToD visits the deaf pupil once a month to check she is managing in lessons and to ensure hearing-aid equipment is working effectively. The TA at the school said she has been on two deaf awareness training sessions; however is not aware if any other staff has been on any similar training.

BSL is not used or taught in either school due to none of the pupils primarily using it as a first language, however the YP questioned in the focus group said in hindsight they would have preferred some form of visual signing to accompany note takers.

Class sizes in both schools are of average size for a mainstream school, between 25-30 pupils in any one class; this is also typical of an
SRE lesson. The deaf pupils are fully integrated within these classes and are not taken out into smaller groups or taught individually.

**Conclusion**

Overall, the schools and YP’s responses complement each other in terms of the YP’s requests within an SRE classroom and what the schools provide. However, there are specific issues and additional support which could be put in place which would enhance deaf pupils’ SRE learning further and assist the uptake of knowledge more effortlessly.

The next chapter, ‘Discussion’ will explore these responses further and correlate them in an analytical discussion with references from the literature review in chapter two.
CHAPTER 5
DISCUSSION

This study is exploring deaf young people’s (YP) experience of receiving Sex and Relationships Education (SRE) within a school environment. These experiences will be made in comparison to schools’ perception of the support they provide to deaf students during SRE lessons.

Three deaf YP were involved in a focus group discussion to gain their feedback on the topic of SRE and the communication support provided by their school. Similarly, two mainstream secondary schools were approached for a telephone interview to discuss the support they provide to deaf pupils during SRE lessons. The findings from these research methods have been organised into four themes within the previous chapter; these themes will now be discussed in further depth with references and comparisons from the research discussed in the earlier literature review chapter.

Knowledge

As evidence suggests from numerous researchers, deaf YP are more likely to gain SRE from their friends and peers than any other sources (Fitz-Gerald and Fitz-Gerald, 1987 cited in Gabriel and Getch, 2001; Gannon, 1998); this is supported by the YP’s response in the focus group as they all confirmed their main source of SRE came about from talking with friends and through their own relationships. As the Department for Children, Schools and Families (DCSF) (2010) points out, this source can be unreliable due to myths and misconceptions
being passed on; it could be thought this was the reason for the YP incorrectly identifying four statements during the focus group tasks.

As the YP revealed, a sign language user friend put himself at risk by having unprotected intercourse with a stranger which may imply his knowledge of SRE was limited and thus he did not understand the danger of the situation he put himself in. This reinforces the professionals’ concerns in literature regarding the vulnerability and risky situations deaf YP can face if they are not educated in a manner suitable to their needs about SRE; thus not having the knowledge to make an informed and safe decision within relationships (Gabriel and Getch, 2001; Getch et al., 2001; OFSTED, 2002; DfES, 2007; Turnbull et al., 2010).

The results from the telephone interviews revealed that the schools did not assess the knowledge of SRE in deaf pupils to ensure understanding and uptake of learning; although the YP are present for SRE lessons, they may not have taken on board the actual knowledge and importance of the subject taught. This could potentially put their well-being at risk due to misunderstanding (Suter et al., 2009).

The YP recall using media sources as a main path to learning SRE; although a legitimate teaching method in most instances, as discussed by OFSTED (2002) some of the images and messages portrayed may be inappropriate or misleading to naïve YP and misunderstood by deaf individuals who may incorrectly perceive the visual images displayed (Job, 2004).
In-class support

The telephone interview results show that teachers and support staff are often not trained specially in SRE (with the exception of science teachers); literature indicates that teachers were concerned about the lack of SRE training during their initial teacher-training and even more so about the lack of advice about teaching deaf pupils SRE (Annetts and Law, 2006 cited in Suter et al., 2009; DfES, 2007). One of the schools use health professionals to specifically teach SRE to the pupils however, they do not usually have deaf awareness training unless briefly equipped on arrival by the Teacher of the Deaf (ToD). This supports recommendations for using educators trained and comfortable to teach SRE (United Nations, 2008), however, their lack of deaf awareness training may mean their resources and teaching methods do not match the deaf pupils’ needs, thus inhibiting their learning (Getch et al., 2001; BSLBT, 2010; Gannon, 1998). The idealistic concept of using special support staff with every deaf pupil during SRE is not always implemented as recalled by the YP in the focus group. The NDCS (2008) have noted this shortage and suggested support staff need more training in challenging subject areas and training to support deaf pupils.

The results from the focus group revealed that two of the YP had to share three support staff between five students of different year groups and thus SRE was often not considered a priority subject in relation to others. With deaf pupils representing 2 in every 1000 pupils in English schools (Garner, 2009; NDCS, 2008), of which 85% are in mainstream schools (Lynas et al., 1997 cited in Jarvis, 2003), the shortage of support staff is a concern for professionals (NDCS, 2008). The results from the focus group indicate that the YP all favoured the use of one-to-one support in various forms such as TA, CSW and note-
takers, the interviewed schools both supported this notion by providing one-to-one support for each deaf pupil during SRE.

**Teaching methods and resources**

The results from the telephone interviews affirm that the schools use various methods to teach SRE to their pupils although it is debatable whether these resources are best suitable for the deaf pupils. PowerPoint presentations and interactive whiteboards could be viewed as visual resources although written content should be used with caution and be ‘accessible for all reading abilities’ (Gannon, 1998; Getch *et al.*, 2001; Fitz-Gerald and Fitz-Gerald, 1980 cited in Suter *et al.*, 2009; James, 2010). The focus group results demonstrate that YP would prefer to have more visual diagrams and models incorporated within SRE lessons, which verifies professionals’ recommendations for the use of tactile and anatomical models as appropriate resources (Ingraham, 2000; Gannon, 1998).

The focus group revealed that deaf YP would endorse the use of videos within SRE, although they confirmed these resources are only beneficial to their learning when subtitles are incorporated, thus supporting professionals’ advice (Gannon, 1998). The interviewed schools correspond with this identified need and endeavour to use subtitled videos wherever it is possible.

Using interpreters is often suggested as a resourceful method to support deaf pupils in SRE, however, as demonstrated by both the focus group sample and interviews, a vast majority of deaf pupils consider themselves ‘oral’ and may only use minimal sign language,
thus an interpreter may not always be appropriate in the SRE classroom. This affirms Hauser et al. (2010) and Gannon’s (1998) suggestion of finding alternative teaching methods to sign language interpreters and is demonstrated by one of the schools through the use of a hearing loop and radio aid to the pupils’ hearing-aids. Despite these suggestions, the focus group said they would still appreciate some form of visually signed language to accompany the oral teaching of SRE to reinforce understanding and explain difficult concepts in a visual way. Moreover, some deaf pupils do not use hearing aid equipment or have equipment that would suit a radio aid within the classroom.

As suggested within the focus group, the YP advocate the use of deaf teaching staff and role models to deliver the SRE to them which supports many professionals’ views and recommendations within their studies (Getch et al., 2001; Gannon, 1998; McKinnon, 1999 cited in Hauser et al., 2010; BSLBT, 2010). Similarly, heterogeneous groups should also be distributed within teaching and resources, for example homosexual deaf people and deaf individuals from various ethnic minorities (Getch, et al., 2001; Job, 2004; Douglas-Scott, 2004). The results from the interviews show that the schools do not use this method of teaching SRE to deaf pupils and perhaps would not be appropriate within a mainstream class with hearing peers present. There could, however, be an increase in deaf role models within videos and deaf-related anecdotes within the resources used to teach in a mainstream SRE lesson with deaf pupils (Getch et al., 2001; Gannon, 1998).

The interviewed schools disclosed that neither of them have specific SRE resources to teach deaf pupils, although both said they took deaf pupils’ individual needs into account when delivering SRE lessons; this manner is consistent with written law (Convention on the Rights of the
Disabled Person, 2008; Equality Act, 2010) and is in agreement with researchers’ findings in regards to the curriculum matching specific needs (Getch et al., 2001; Gannon, 1998; Turnbull et al., 2010).

**Deaf awareness**

The schools involved in this study revealed some deaf awareness training had taken place via the ToD, although admittedly the fully-integrated mainstream school only provided the pupil’s teaching assistant with the necessary training. This contradicts Suter et al.’s study in 2009 in which 93% of teaching staff had not received any formal training about teaching deaf pupils during SRE. The YP involved in this study had mixed opinions about their schools’ approach to deaf awareness in SRE though there were criticisms about the schools’ communication support during these lessons; these comments support the NDCS’s (2008) proposal of needing an increase in support staff specifically trained to assist deaf pupils, particularly in challenging subjects like SRE.

The schools were questioned about their class sizes during SRE lessons, both responded by stating the deaf pupils were taught amongst an average class size of approximately 25-30 pupils which does not support Fraser (1996) and NDCS’s (2008) suggestion of teaching deaf pupils in small and intimate class groups. Fraser (1996) indicates that busy classroom environments and poor acoustics can make concentrating on listening situations difficult for deaf pupils. It could be assumed that one of the reasons for the YP’s negative responses to their schools’ deaf awareness was due to the large class sizes that they faced in mainstream school, although without further discussion from the YP it cannot be presumed.
Evaluation and reflection

As with most small-scale studies, this research has strengths and limitations within it which ought to be explored before concluding the evidence and discussion.

This study has relatively small samples in a concentrated area of society which makes generalisations difficult to conclude; this is due to the participants being selected via convenience and purposive sampling and thus not being representative of the larger population. In future research into this area, numerous focus groups with larger groups of deaf YP from across society would make this research more representative of the wider deaf population. These would include deaf pupils of assorted ages that attend special and mainstream schools and have a mixture of British Sign Language users and those who consider themselves to be ‘oral’. Similarly, interviewing a larger sample of schools from various settings across society would give a wider insight into the support deaf YP receive during SRE and allow for greater generalisation about the current situation.

Using two methods of data collection allowed for triangulation and strengthened the validity of the end results and discussion. Furthermore, gaining an insight from both YP and the educational establishments balanced the possibility of one-sided bias which may have occurred had only one perspective have been sought. In future studies, comparing deaf pupils’ experiences with hearing pupils’ may provide a further perspective on the SRE situation and broaden the current outlook in the way deaf pupils are taught SRE.
This study provides an initial starting point for further investigations into the topic of SRE for deaf pupils and strengthens the existing studies as there is currently minimal written research into this area. Moreover, the study raises awareness of the issues faced by deaf young pupil in relation to SRE and presents recommendations for further implementation and support.

**Conclusion**

To conclude, there are many similarities between the YP’s opinions and suggestions within SRE lessons and the recommendations within literature and research into the area of SRE. The schools have implemented some of the Government guidance and literature into practice, however often it is an interpretation of the guidance and thus not always ideal. The schools appear to be quite efficient with providing support for its deaf pupils in SRE which supports the YP’s responses in the focus group; however their resources and set curriculum seem to be very general for all pupils of various abilities and nothing specific or tailored for deaf pupils alone.

The next chapter will sum up this whole study in a final conclusion, taking into account the literature gathered to support the research findings and concluding the entire discussion and analysis of the data gathered in this report.
CHAPTER 6
CONCLUSION

This final chapter concludes the results and discussion of this research study and includes recommendations for future practice that could be implemented during the teaching of Sex and Relationships Education (SRE) for deaf pupils.

The main outcome of this study is that deaf pupils require and request additional support in SRE lessons in order to be able to understand the concept of the subject and be able to access the full curriculum of SRE. Despite the interviewed schools contradicting the literature and young people’s (YP) responses, an increase in special communication support is vitally needed in order for every deaf pupil to receive individualised communication support in SRE lessons. Evidently, this is a generalisation of society, however recent literature carried out with a larger sample has shown this to be a persistent issue in deaf pupils’ access to SRE (Suter et al., 2009). Additionally, this increase in special support staff ought to be equipped with some form of SRE training and knowledge on how to implement the teaching and support to deaf pupils. This recommendation is not without complications; lack of local and national Government funding is often the rationale for why there is limited staff numbers and training as they are costly resources to implement.
Another outcome is the need for more deaf role models from various social groups in society within the SRE curriculum to be distributed evenly amongst teaching staff, teaching resources and within anecdotes during SRE lessons. Understandably, it is not always ideal in a mainstream setting, however this could be a constructive implementation in regards to raising awareness of all disabilities and heterogeneous groups when teaching SRE. Furthermore, this study has highlighted the need for more visual and tactile resources and teaching methods when teaching deaf pupils SRE; including the involvement of more sign language. The focus group and one of the schools highlighted the fact that, despite their main communication method being spoken English; deaf pupils still appreciate the use of gestures, incorporated signs to support the oral teaching and explanation in a visual manner. This implementation could also potentially encourage and support the development of a ‘Deaf’ identity within the YP which could promote self-esteem and social well-being.

Although not raised amongst the results of the study, which may indicate the absence of such a requirement, it was highlighted in the literature review about the need for an increase in school-parent liaising when delivering SRE to deaf YP. Parents and schools could potentially work together to support one another in the teaching of SRE. The schools could support the parents to use and adapt the correct anatomical terms and knowledge into sign language or how to approach the subject if the child lip-reads. On the other hand, parents could offer background knowledge to the schools about the deaf pupils’ communication and support needs. The deaf YP’s own voice and wishes must not be overlooked in these circumstances and thus all three parties should discuss and come up with an agreement about how best to meet the deaf YP’s individual needs during SRE.
It could be concluded that deaf pupils in special schools or in mainstream schools with a special provision for hearing-impairment may have an advantage when learning about SRE, due to the specialised support for deaf pupils and increased likelihood for all staff to be trained in deaf awareness. Although this may be ideal; in every situation, deaf pupils’ individual needs should always be the paramount influence on the teaching methods and resources used during SRE. Similar to this study, YP themselves must be consulted to find out their personal preference when learning about SRE and how the schools, educators and parents can best meet their requirements and deliver a sound and comprehensive SRE programme to empower and equip them to make informed and safe decisions in their future relationships.

To end this study, further research is required to gain a full picture of the current situation of SRE for deaf pupils in the UK. With this study only being an undergraduate dissertation, it is inevitably only a very small insight into the current circumstances. Despite its limitations, this study highlights some very valid and important issues which can be explored further and in more depth in future studies.
REFERENCES


When will my child receive sex education in school? [Accessed 25th November 2011].


Appendix A

Ethical Considerations

Table
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<th>Ethical Issues or Concern</th>
<th>Section within BERA Code (2004)</th>
<th>How this ethical dilemma can be overcome.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young person must give voluntary informed consent based on a full understanding of their involvement.</td>
<td>Section 10, Section 11 and Section 12.</td>
<td>Their involvement and concept of the research will be fully explained in participant’s preferred communication style and in a manner appropriate to their understanding. A consent form will be produced for the participant to sign their permission.</td>
</tr>
<tr>
<td>Be aware of dual roles.</td>
<td>Section 11.</td>
<td>The researcher will remain professional at all times even if a participant happens to be a colleague or friend.</td>
</tr>
<tr>
<td>Ensure participant is aware of their right to withdraw.</td>
<td>Section 13.</td>
<td>Within the consent form and before participation goes ahead the participant will be made aware of their right to withdraw at any time.</td>
</tr>
<tr>
<td>Do not cause duress or cohesion to force participation.</td>
<td>Section 10 and Section 13.</td>
<td>No participant will be forced to participate against their will.</td>
</tr>
</tbody>
</table>

*Following the submission of this report, Victoria Eley has since started her working career supporting families with deaf children at a local Northamptonshire deaf charity.*
<table>
<thead>
<tr>
<th>Children have the right to give informed consent and to express their own views, providing their best interests have been considered.</th>
<th>Section 14 and Section 16. Also, Articles 3 and 12 of UNCRC.</th>
<th>Young people under the age of 18 will have as much right to express their views as an adult, providing they have the capacity to understand and consent to their participation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children must understand the concept of the research and participation; this also applies to vulnerable adults.</td>
<td>Section 14, Section 15 and Section 16.</td>
<td>Their involvement and concept of the research will be fully explained in the young person’s preferred communication style and in a manner appropriate to their understanding. A consent form will be produced for the young person to sign their permission.</td>
</tr>
<tr>
<td>Researcher has legal requirement to work with children and vulnerable adults.</td>
<td>Section 17.</td>
<td>The researcher and advocates working on the researcher’s behalf (e.g. BSL interpreter) will have an up-to-date CRB disclosure.</td>
</tr>
<tr>
<td>Sensitive nature of topics may cause embarrassment, distress or discomfort.</td>
<td>Section 18.</td>
<td>The questions and topics introduced to the participants may be of a sensitive nature however the topics will be handled sensitively and personal questions will not be asked.</td>
</tr>
<tr>
<td>Consider other people’s workloads.</td>
<td>Section 19.</td>
<td>The researcher must not continuously request participation and/or communication which may disrupt or disturb other people’s workloads and personal life.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Entitlement to privacy and confidentiality, including data protection and participant’s rights to view their data at any time.</td>
<td>Section 23, Section 25 and Section 26.</td>
<td>All names will remain anonymous within the research and only read by those who are concerned; e.g. supervisor and external marker. Participants will be made aware of their right to view their personal data at any time within the research. All data will be stored confidentially and sensitively during collection and writing.</td>
</tr>
</tbody>
</table>
Disclosure of any illegal or harmful behaviour/activity if it puts the participant or others at risk of harm, providing all considerations have been fully explored.

<table>
<thead>
<tr>
<th>Supervisor’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

The researcher will carefully consider if they feel a harmful disclosure has been made during participation. They may discuss with their supervisor only to seek advice. If all concerns have been considered and a disclosure to necessary authorities is considered best, the participant will be informed of the actions and the disclosure will be handled in a sensitive and need-to-know basis only.

| Section 27, Section 28. |                              |

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Appendix B
Focus Group Invitation Letter
Hello,

What are the most important issues for young deaf people? Would you like your views to go towards a DVD for other young deaf people?

If yes, come along to an evening at D*******t on Friday 3rd February 2012 at 7pm to chat with others about your experience of being a deaf young adult. I would love your ideas and support to put together a DVD for young deaf people in Northamptonshire who are moving to independent adult life.

No topics will be too personal; you can choose whether or not to answer any questions or be involved in the discussion topic. Everything discussed will be confidential to the group.

It will be a relaxed evening and everyone is welcome; Refreshments will be provided. If you are unable to attend the group but would still like to give your feedback please email/text me and we can arrange an alternative way of discussing the topics.

Thanks,

Vicky Eley
D*******t: Student Placement
Hello,

Deaf young people independent, important issues what?


Where? New D********t centre, Northampton. When? Friday 3rd February 2012 at 7pm.

Topic – uncomfortable, you feel? You say nothing. Information not shared with others outside group.

Other people interested? Welcome – yes. You interested but busy – yes? Email or text me - arrange different time, we can.

Thanks,

Vicky Eley

D********t: Student placement
Appendix C
Focus Group Consent Form
Sex and Relationships Education – Group Discussion
Consent Form

**English version**

I understand the topic and my involvement within this discussion group on the 3rd February 2012; I therefore give my voluntary consent for Victoria Eley to use my feedback and views within her university work.

I understand that I can pull out at any time during the meeting or after the meeting if I change my mind about offering my views and feedback.

I understand that my information will be kept anonymous and confidential within the report and will not be identifiable to me or my school. I also understand that my information will be stored and used sensitively and will be destroyed after its used purpose.

---

**BSL version**


Information not shared with others outside group. Examiner, read only.

In report – not find me or my school. Information kept safe, yes. Destroyed after use.

Signed………………………………………..

Date…………………………………………
Appendix D

Focus Group Tasks
Activity one: True and false statements

FALSE
You can get pregnant from sitting on a toilet seat.
You must lose your virginity by the time you are 18 years old.
You must have sex with your boyfriend/girlfriend within 1 month of being together.
You cannot get pregnant the first time you have sex.
Only gay men and drug users get HIV and Aids.
If you visit a sexual health clinic all of your family and friends will know or find out.
Sexual health check-ups are painful.
Men prefer women with bigger breasts.
Having plastic surgery will make you look more attractive.
Some sexual positions can prevent pregnancy.

TRUE
Girls can get pregnant during their monthly period.
Sex under the age of 16 is illegal.
You can catch a sexually transmitted infection without having sex.
Contraception is free.
Having feelings towards people of the same sex as you is okay.

Some sexually transmitted infections have no symptoms at all.

You can still become pregnant if you take the morning-after pill.

It is natural to have one breast bigger than the other.

You have the right to an interpreter, lip speaker or note taker at a sexual health clinic.

Condoms are not 100% effective against pregnancy and sexual infections.

A girl can still get pregnant if she has never had a period before.

**Activity two: STI or not an STI?**

<table>
<thead>
<tr>
<th>HIV</th>
<th>Cystitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis</td>
<td>Thrush</td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
</tr>
<tr>
<td>Public Lice/Crabs</td>
<td></td>
</tr>
<tr>
<td>Warts</td>
<td></td>
</tr>
<tr>
<td>Herpes</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td></td>
</tr>
</tbody>
</table>
Activity three

Which support did you receive during Sex Education lessons?

- Lip speaker
- BSL relay interpreter to explain details further
- Subtitles on videos
- Classroom teacher who could sign
- Teaching assistant who could not sign
- Note taker
- No additional support at all
- Teaching assistant who could sign
- Communication Support Worker (CSW)
- BSL interpreter

Activity four

How deaf aware was your school during Sex Education lessons?

Not at all 0 5 10 Very deaf aware
Activity five

Did you feel your communication needs were supported during Sex Education lessons?

Not at all

| 0 | 5 | 10 |

Yes, very supported

Activity six

Which teaching methods would you prefer to support you during Sex Education?

<table>
<thead>
<tr>
<th>BSL or SSE Class Teacher</th>
<th>Communication Support Worker (CSW)</th>
<th>No additional support</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSL Interpreter</td>
<td>Deaf friendly website</td>
<td>Magazines and books</td>
</tr>
<tr>
<td>Health Professional in class</td>
<td>Subtitled videos</td>
<td>BSL relay interpreter</td>
</tr>
<tr>
<td>Deaf peers and role models</td>
<td>Educational games in class</td>
<td>Note Taker</td>
</tr>
<tr>
<td>Teaching Assistant who can sign</td>
<td>Diagrams and Models</td>
<td>Lip Speaker</td>
</tr>
</tbody>
</table>

Following the submission of this report, Victoria Eley has since started her working career supporting families with deaf children at a local Northamptonshire deaf charity.
Activity seven

Where did you learn about Sex and Relationships?

School Lessons
Parents or Family
Health Professional
Friends
Own Experience or Relationship(s)

Where did you learn about Sex and Relationships?

Youth Club
Television
Internet and Websites
No-One Taught Me
Books or Magazines
Appendix E
Summary of Focus Group Transcript
SUMMARY OF FOCUS GROUP TRANSCRIPT

Activity one
The young people (YP) were asked to match a series of statements to the correct columns on an A3 sheet of paper depending on whether they thought them to be true or false, (see table 1. for the results). Nine out of eleven true statements were answered correctly and eight out of ten false statements were answered correctly. There was confusion with one of the true statements as it was worded in a possibly confusing way; thus the female thought the answer to be false. However, after discussion she realised her mistake and said she had known it to be true but was confused with the statement wording. The YP pointed out that two of the statements could have been in either column due to it being a matter of opinion and so they recommended there should have been a ‘maybe’ column also. They put the statements in the true column due to a reflection of their own opinion and experience. All three YP were not aware that a girl could get pregnant if she had never had a period before and thus got the statement wrong. For the rest of the statements the three participants were all in agreement that they were in the correct column.

Table 1.
BOLD = Incorrect

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls can get pregnant during their monthly period.</td>
<td>You can get pregnant from sitting on a toilet seat.</td>
</tr>
<tr>
<td>Sex under the age of 16 is illegal.</td>
<td>You must lose your virginity by the time you are 18 years old.</td>
</tr>
<tr>
<td>You can catch a sexually transmitted infection without having sex.</td>
<td>You must have sex with your boyfriend/girlfriend within 1 month of being together.</td>
</tr>
<tr>
<td>Contraception is free.</td>
<td>You cannot get pregnant the first time you have sex.</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Having feelings towards people of the same sex as you is okay.</td>
<td>Only gay men and drug users get HIV and Aids.</td>
</tr>
<tr>
<td>Some sexually transmitted infections have no symptoms at all.</td>
<td>If you visit a sexual health clinic all of your family and friends will know or find out.</td>
</tr>
<tr>
<td>You can still become pregnant if you take the morning-after pill.</td>
<td>Having plastic surgery will make you look more attractive.</td>
</tr>
<tr>
<td>It is natural to have one breast bigger than the other.</td>
<td>Some sexual positions can prevent pregnancy.</td>
</tr>
<tr>
<td>You have the right to an interpreter, lip speaker or note taker at a sexual health clinic.</td>
<td><strong>Condoms are not 100% effective against pregnancy and sexual infections.</strong></td>
</tr>
<tr>
<td>Sexual health check-ups are painful.</td>
<td>A girl can still get pregnant if she has never had a period before.</td>
</tr>
<tr>
<td>Men prefer women with bigger breasts.</td>
<td></td>
</tr>
</tbody>
</table>

**Activity two**

For the second activity, the YP were given ten post-it notes with various genital-related infections on each and asked to put them in the correct column according to whether they believed them to be a sexually transmitted infection (STI) or not (see table 2. for the results). Each YP was given a share of the post-its and asked to partake. As a group, the YP identified 40% of the correct answers and 30% were identified incorrectly. The remaining 30% of the answers were not known to the YP. Individually, one of the males said he had never heard of the three infections in the ‘Don’t know’ column and thus he had put them there, the female however said she had heard of them and would have known which column to put them in had they have been in her pile of post-it notes. Had all three
participants been given exactly the same selection of post-it notes, the results may have varied. The female was aware Gonorrhoea was an STI however pronounced it incorrectly which was corrected by the researcher; the explanation for this was, if she discussed the topic of Gonorrhoea in her future experience and heard the word pronounced correctly in a different context, she may misunderstand or not realise the meaning of the word and thus put herself at risk.

Table 2.

<table>
<thead>
<tr>
<th>STI</th>
<th>Not an STI</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Thrush</td>
<td>Cystitis</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Public</td>
<td>Syphilis</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Lice/Crabs</td>
<td>Gonorrhoea</td>
</tr>
<tr>
<td></td>
<td>Warts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Herpes</td>
<td></td>
</tr>
</tbody>
</table>

Activity three

During this activity the YP were presented with a selection of communication support methods that are typically known to be used by hearing-impaired individuals. The participants were asked to select all that applied to them during SRE lessons at their school, (see table 3. for results). One YP said his support during SRE varied from year to year; one year he had his regular teaching assistant who could sign whereas other years he had no support at all. The two YP who attended the same school said they had no additional support during SRE at all.
Table 3.

<table>
<thead>
<tr>
<th>Which support did you receive during Sex Education lessons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSL relay interpreter to explain details further</td>
</tr>
<tr>
<td>Subtitles on videos</td>
</tr>
<tr>
<td>Teaching assistant who could not sign</td>
</tr>
<tr>
<td>No additional support at all</td>
</tr>
<tr>
<td>BSL interpreter</td>
</tr>
<tr>
<td>Communication Support Worker (CSW)</td>
</tr>
<tr>
<td>Teaching assistant who could sign</td>
</tr>
<tr>
<td>Note taker</td>
</tr>
<tr>
<td>Classroom teacher who could sign</td>
</tr>
<tr>
<td>Lip speaker</td>
</tr>
</tbody>
</table>

**Activity four and five**

The YP were asked to mark on a Likert scale where they felt their school sat in regards to being ‘deaf-aware’ (see figure 1.) and how supported they felt during SRE lessons in regards to communication (see figure 2.). Two of the YP marked their school’s deaf awareness under 5 and the third YP marked it as 6. When asked about why they gave their school a low grade, the YP laughed at the idea of their school being deaf-aware and said they had very little support during SRE thus it clearly shows they do not understand deaf awareness. The third YP said his school was ‘not bad’ when it came to deaf awareness and that his teaching assistant had a deaf son, thus understood the needs of a deaf individual. All three YP marked their school under 5 on the Likert scale in regards to communication support during SRE. When discussed, the YP were all in agreement that support was primarily focused on core-subjects such as English, Maths and Science. The two YP who attended the same school, recalled there
only being three teaching assistants split between five deaf pupils in various year groups; therefore those in core subjects during the same period would gain preferential support over subjects such as SRE. Another YP said that due to not having continuity of support during SRE throughout his education, it varied in regards to how supported he felt due to sometimes support being present and other times not.

**Figure 1.**
‘How deaf-aware was your school during Sex Education lessons?’

![Bar chart](chart1.png)

**Figure 2.**
‘Did you feel your communication needs were supported during Sex Education lessons?’

![Bar chart](chart2.png)

**Activity six**
The YP were presented with a table of different methods of communication support (see table 4.); they were asked to select all that applied to them in regards to the methods they would have preferred to have received during SRE. All three participants said they would have preferred subtitles on
videos due to relying heavily on lip-reading when listening to talking or narration and thus subtitles would act as a suitable substitute for this. All three YP were in agreement that deaf peers or role-models would be beneficial as they can relate to the deaf person and share an understanding and empathy with them. Two YP said they would have liked an interpreter, although one of them made it clear an SSE interpreter would be her preference rather than British Sign Language (BSL).

Similarly, the third YP said he would have been happy with a teaching assistant who could sign as opposed to an interpreter at the front of the class. All three YP were in agreement about having a note taker present due to the likelihood of missing information during the lesson if being orally taught or the inability to make written notes if watching an interpreter for the entire session. A communication support worker is similar to that of a teaching assistant, however has been specially trained to support with communication difficulties thus for one YP they felt this would also have been a useful aid within an SRE lesson. The YP explained that they used the internet regularly and for two of them, they would like to see more deaf friendly websites about SRE. For them, a deaf friendly website meant having deaf role models, videos and text explained in BSL and subtitles on all videos so that they could reference the website at any time if they so wished. Finally, two YP said they would like to see more diagrams and models during SRE lessons to accompany the spoken lesson and to reinforce learning.

Table 4.

<table>
<thead>
<tr>
<th>Which teaching methods would you prefer to support you during Sex Education?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSL or SSE Class Teacher</td>
</tr>
<tr>
<td>BSL Interpreter</td>
</tr>
</tbody>
</table>
| Health Professional in class                            | 2

- 79 -
Deaf peers and role models | 3
Teaching Assistant who can sign | 1
No additional support | |
Magazines and books | |
BSL relay interpreter | |
Note Taker | 3
Lip Speaker | |
Communication Support Worker (CSW) | 1
Deaf friendly website | 2
Subtitled videos | 3
Educational games in class | |
Diagrams and Models | 2

Activity seven
During the final activity the YP were presented with pictures/images of various situations and scenarios; they were asked to select all that applied to them in regards to where they felt they learnt about sex and relationships whilst growing up (see table 5. for results). All three YP disclosed their main source of learning about SRE was from friends and their own experiences during a relationship. Their second source was from media sources such as television, the internet and for two participants, teenage magazines. The female participant said she still reads magazines now, in particular the ‘problem pages’, to read about other people’s experiences and questions as they may give advice about a similar question she may also have. One participant noted that he felt no-one in particular taught him about SRE and that he found out in various secondary resources such as television and internet. All participants said they did not discuss issues with their parents and would only seek advice from a health professional if they felt worried about their sexual health.
Table 5.

<table>
<thead>
<tr>
<th>Where did you learn about sex and relationships?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School Lessons</td>
<td>1</td>
</tr>
<tr>
<td>Health Professional</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>3</td>
</tr>
<tr>
<td>Parents or Family</td>
<td></td>
</tr>
<tr>
<td>Own Experience or relationship(s)</td>
<td>3</td>
</tr>
<tr>
<td>Youth Club</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>3</td>
</tr>
<tr>
<td>Internet and Websites</td>
<td>3</td>
</tr>
<tr>
<td>No-one taught me</td>
<td>1</td>
</tr>
<tr>
<td>Books and Magazines</td>
<td>2</td>
</tr>
</tbody>
</table>

General Discussion
The two friends within the group discussed a sexual issue that had happened to a young, deaf friend whilst he was on holiday; due to his naivety about sexual health he had paid to have sex with a woman but did not use protection. The participants felt that their friend most likely would not have understood the importance of protecting himself from sexual infections and thus was put at a disadvantage and risky situation due to his ignorance and lack of sexual education. Similarly they noted that had the friend have been present at the focus group, he would have got many of the answers incorrect during the first two activities due to poor understanding of sexual health and lack of sex education. They felt this was due to his first language being BSL, thus support was not suitably in place to help him to fully understand about sexual health during education or at home in his preferred first language.
Appendix F
Telephone Interview Questions
Telephone interview questions for schools

1. What support do you currently have in place to support hearing-impaired pupils during Sex and Relationships (SRE) lessons?

2. What resources do you use to teach deaf pupils about SRE?

3. Are your teaching assistants and classroom teachers trained to use British Sign Language?

4. Have your teaching assistants and classroom teachers been provided with deaf awareness training?

5. Are your teaching and support staff specially trained to teach SRE?

6. How do you assess deaf pupils’ knowledge learnt during SRE lessons?

7. How big are your class sizes with hearing-impaired students during SRE?
Appendix G
Telephone Interviews
Transcript Summary
Summary transcript of telephone interviews

Mainstream school with a special provision for hearing-impairment. Telephone interview with the school’s teacher of the deaf (ToD)

1. What support do you currently have in place to support hearing-impaired pupils during Sex and Relationships Education (SRE) lessons?
   - We do not provide anything out of the ordinary for deaf pupils as they all partake in mainstream classes with their hearing peers. We only have 5 deaf pupils and they like to be integrated and mixed with hearing peers; they are not taken out of lessons for separate tuition, this applies to Sex and Relationships Education also.
   - If any of the deaf pupils have any concerns or misunderstanding, they are comfortable to come to me (ToD) and discuss sensitive issues further if needs be.
   - We try to tailor the lessons to individual needs and thus teach accordingly.
   - Each Wednesday we have an advisory health service visit the school during lunch time. The pupils can visit ‘Life-Bites’ whenever needed to see the nurse and get advice and further information should they so wish. The health professionals are given some advice by myself (ToD) in regards to how best to communicate with deaf pupils.

2. What resources do you use to teach deaf pupils about SRE?
   - We use interactive white-boards during lessons usually.
   - When health professionals come in to discuss sexual health, they usually bring their own resources.
   - We ensure subtitles are on all videos in class and the pupils have access to the school's interactive learning website online.
3. Are your teaching assistants and classroom teachers trained to use British Sign Language?
   - No they are not as none of our deaf pupils use BSL and predominantly use spoken English.

4. Have your teaching assistants and classroom teachers been provided with deaf awareness training?
   - As the Teacher of the Deaf at this school, I train and equip all my staff about how best to teach deaf pupils. I also induct and brief new staff and Learning Support Assistants (LSA) when they first enter the school. When necessary or when training is due I update staff with fresh training about deaf awareness and teaching deaf pupils.

5. Are your teaching and support staff specially trained to teach SRE?
   - We usually have health professionals come into the school to teach SRE subjects to pupils. All Science and Biology teachers are trained to teach sex education during mandatory Science lessons.

6. How do you assess deaf pupils’ knowledge learnt during SRE lessons?
   - There is no formal assessment to assess the pupils’ knowledge although there is usually a discussion at the end of the SRE lessons to recall what has been discussed throughout and ensure understanding. This applies to all pupils and not specifically aimed at deaf pupils.
7. How big are your class sizes with hearing-impaired students during SRE?
   - The classes are usually no bigger than 30 pupils; this is about average for a mainstream class. It can depend on who is teaching the class and how confident they are at teaching large class sizes. There are no smaller groups specifically for the deaf pupils as they all integrate together.

Fully integrated mainstream school with no special provision for hearing-impairment.

Telephone interview with a learning support assistant (LSA) who is often a one-to-one with a deaf pupil at the school.

1. What support do you currently have in place to support hearing-impaired pupils during Sex and Relationships Education (SRE) lessons?
   - The deaf pupil usually has a one-to-one teaching assistant for every lesson, depending on the number of hours allocated to the pupil outlined in their statement of Special Educational Needs (SEN).
   - The teaching assistant will write up notes for the deaf pupil during the lesson and clarify misunderstanding throughout when asked. At the end of the lesson the PowerPoint notes may be emailed to the deaf pupil if requested by them.
   - If the deaf pupil is struggling to understand the teacher/staff member due to their back being turned or another reason, the teaching assistant may lip-speak the words to the deaf pupil or attempt to sign/gesture if the sign is known to the teaching assistant.
   - Usually, the classroom teacher has a microphone and a radio aid attached to their clothing which picks up and transmits the teacher’s voice to the pupil’s own radio aid which is connected to their hearing
aid when set to ‘T-Loop’. This is regularly used within a mainstream class as it blocks out background noise and amplifies the teacher’s voice more clearly for the deaf pupil.

2. What resources do you use to teach deaf pupils about SRE?
   - We do not have any specific resources for teaching deaf pupils; all resources are the same for a mainstream class.

3. Are your teaching assistants and classroom teachers trained to use British Sign Language?
   - The pupil present at this school is oral and thus uses spoken English. She lip-reads very well, although lip-reading people with moustaches or unusual lip patterns can be more difficult. I (teaching assistant) gesture to the pupil or ‘make signs up’ when I can if understanding is proving difficult, although I am not formally trained in British Sign Language. I have worked with the deaf pupil at this school since she began here thus she has learnt my lip-patterns over time and gotten used to how I speak.

4. Have your teaching assistants and classroom teachers been provided with deaf awareness training?
   - I personally have been on two deaf awareness training courses and have regular contact with the local teacher of the deaf. The ToD regularly attends the school once a month to visit the pupil to ensure her hearing aids are working correctly and to see how she is getting on during school. I am not sure in regards to the other staff members training in deaf awareness.
5. **Are your teaching and support staff specially trained to teach SRE?**
   - They are not specifically trained in SRE. We do have an SRE resource pack for teaching pupils with Down’s Syndrome however no SRE resources specifically for teaching deaf pupils. The deaf pupil regularly visits the school nurse for other health issues and therefore would most likely discuss any sexual health concerns with them. The nurse would have had sexual health training but it is unlikely that she would have had deaf awareness training.

6. **How do you assess deaf pupils’ knowledge learnt during SRE lessons?**
   - We do not have any formal assessments to find out deaf pupils’ understanding of SRE.

7. **How big are your class sizes with hearing-impaired students during SRE?**
   The class sizes are a standard mainstream class size, approximately twenty-five pupils per class. The deaf pupil is taught amongst this class size