

Girton Glebe Primary School

**Sex and
Relationships
Education (SRE)
Policy**



Sex and Relationships Education (SRE) Policy

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Section 1

The Context of our Sex and Relationships Education Policy

a) Our Shared Beliefs about SRE

In our school we believe:

- SRE is lifelong learning about ourselves including our emotions, self-esteem, relationships, rights and responsibilities, sexual behaviour, sexuality and sexual health. It takes place in many contexts: at home, at school and in the community.
- SRE is an entitlement for all young people. Difference and diversity must be taken into account when delivering SRE. Special educational needs or disability, gender, sexual orientation and age, nationality, religion, cultural and linguistic background, all affect access to SRE.
- SRE is most effective when provided in the wider context of social and emotional development. In schools, successful SRE is firmly rooted in personal, social and health education (PSHE).
- SRE must enable young people to gain information, develop and transfer skills and explore attitudes and values, in order to support informed decision-making.

b) Entitlements

We, together with our community partners, are committed to working towards the implementation and development of the following entitlements.

Children are entitled to:

- Accurate, up-to-date, useful and appropriate information delivered in a way that meets their individual needs
- A well-planned, well-delivered SRE programme, which is flexible to cater for their changing needs over time
- Know where and how to access information, support and local services
- Be informed about issues of confidentiality and how it affects them
- Have their views and ideas received in a respectful and non-judgemental manner
- Be involved in developing and evaluating the content, delivery and timing of their SRE programme.

Adults working with children are entitled to:

- Access to high quality, up-to-date, accurate information, resources and training
- Mutual understanding of roles and responsibilities in relation to the planning and delivery of SRE
- Contribute their views and ideas in support of the development of SRE for children
- Professional guidance and support
- Opportunities to share good practice
- Be informed about issues of confidentiality and procedures to be followed.

Parents, carers and other adults in the community are entitled to:

- Accessible, accurate, up-to-date, information delivered in a way which meets their needs
- A safe and supportive environment for their children
- Information on how and when SRE is taught
- Understand their rights and responsibilities in relation to SRE policy and curriculum
- Be informed about issues of confidentiality and how it affects them and their children
- Have their views and ideas received in a respectful, non-judgemental manner.

c) The Wider Agenda

SRE is part of the wider agenda of promoting positive relationships and sexual health for young people to which many individuals and organisations in our community contribute. Our SRE Policy contributes to meeting local and national priorities as described in strategies such as:

- *Every Child Matters*
- *Healthy School Status*
- *Teenage Pregnancy Strategies*
- *Sexual Health Strategies*
- *Looked After Children*
- *Children and Young People's Plan*
- *HIV and Sexual Health Strategy*
- *National Service Framework for Children, Young People and Maternity Services*
- *Safeguarding and Child Protection*

Section 2

Our Sex and Relationships Education Policy

a) Introduction

Our work in SRE is set in the wider context of our school values and ethos:

- We provide a broad and balanced curriculum for all our pupils, which values their diverse backgrounds and needs.
- We promote pupil's self-esteem and emotional wellbeing and help them to form and maintain worthwhile and satisfying relationships, based on respect for themselves and for others, at home, at school, at work and in the community.

Other school policies are relevant to our provision of SRE: PSHE and Citizenship, Safeguarding and Child Protection, Positive Behaviour, Anti-Bullying, Equality.

This SRE Policy will be made available to staff on the school network.

This policy is consistent with current national legislation (Education Act 1996 and Learning and Skills Act 2000). It is also consistent with current national guidance 'Sex and Relationship Education Guidance' (DfEE 2000) and recent supplementary guidance 'SRE for the 21st Century'. Our Policy reflects the view of SRE contained within the Schools White Paper 'The Importance of Teaching' (Nov 2010), that children need high quality SRE, so they can make wise and informed choices. Our Policy also reflects recommendations from OfSTED and the Sex Education Forum.

We are engaged in the following areas of work, which support this policy and the delivery of effective SRE: continuing work within the Primary Personal Development Programme, developing as a healthy school

Our SRE policy is the responsibility of the governing body and has been developed through discussion with staff and parents and reviewed by staff. It was discussed and ratified by the school governors on 10/6/16.

b) Our Aims for SRE

All adults will work towards achieving these aims for SRE in our school. We seek to enable our children to:

- *develop interpersonal and communication skills*

- *develop positive values and a moral framework that will guide their decisions and behaviour*
- *develop understanding of the value of marriage, stable relationships and family life as a positive environment for bringing up children*
- *respect themselves and others, their views, backgrounds, cultures and experiences*
- *develop loving, caring relationships based on mutual respect*
- *name the private parts of the body confidently and communicate with trusted adults to keep themselves safe*
- *understand the process of human reproduction*
- *understand the reasons for and benefits of delaying sexual activity*
- *be prepared for puberty and the emotional and physical effects of body changes*
- *understand the attitudes and skills needed to maintain their sexual health*
- *recognise and avoid exploitative relationships*
- *have opportunities throughout their schooling to address SRE in an age-appropriate way*
- *value, care for and respect their bodies*
- *access additional advice and support.*

c) Delivering our SRE curriculum

Our Curriculum for SRE (see Appendix A) describes the elements which will be taught. The Curriculum is wholly consistent with the National Curriculum (2014), DfE and OfSTED guidance. It also reflects best practice described by the Sex Education Forum. Some elements of our SRE curriculum are part of the compulsory National Curriculum for Science (e.g. the biological aspects of puberty and reproduction) and some parts are based on non-statutory guidance from the PSHE Association.

We consider SRE to be a continuous process of learning, which begins well before the children enter our school and continues into adulthood. We have planned a progressive curriculum appropriate to each age group. All adults working with children have a part to play in supporting the delivery of SRE.

The objectives of the SRE Curriculum will be taught in:

- PSHE through designated lessons, circle time, focused events, health weeks
- Other Curriculum areas, especially Science, English, RE and PE
- Enrichment activities, especially our assembly programme, visits from the Life Education Centre, social skills groups, involvement in school trips and adventurous activities, activities carried out as part of our development as a healthy school.

Specific Units of Work on SRE are planned into our teaching programme every year. (As described in our PSHE long term plan. Specific content on Puberty will be taught in Year 5 and revisited in Year 6.

We understand that at times children will benefit from varying methods of delivering the SRE curriculum. For example, we may use single-sex groups or small group teaching where this will help us to meet the needs of children more effectively, we will use team teaching where this enables us to best use teacher expertise. We will ensure there are positive educational reasons for each method of delivery.

d) Responsibilities for Curriculum Delivery and Policy Implementation

- We regard it as the shared responsibility of all adults working in the school to respond appropriately to a child's request for information and advice. All staff are encouraged to access support from colleagues where necessary.
- The SRE curriculum will primarily be delivered by class teachers.
- Those delivering SRE will have responsibility for assessing children's needs and selecting appropriate activities and methodologies to meet these needs, supported by the PSHE Co-ordinator.
- The PSHE Co-ordinator is responsible for reviewing and evaluating SRE at our school. The PSHE Co-ordinator will report to the Head Teacher in this task.
- Staff will be assisted in their planning and delivery of the 'Curriculum for SRE' by the PSHE Co-ordinator who will, with support, provide lesson plans and activities for colleagues, collate assessments, liaise with

PSHE advisors, plan INSET to meet staff needs and liaise with visitors who support the SRE curriculum.

- Governors hold responsibility for the SRE Policy and will be assisted in monitoring its implementation by *the* PSHE Co-ordinator.

e) Teaching Methodologies

Ground Rules: SRE is taught in a safe, non-judgemental environment where adults and children are confident that they will be respected. Specific ground rules will be established at the beginning of any SRE work, in addition to those already used in the classroom. They will cover the following areas:

- Appropriate use of language
- The asking and answering of personal questions
- Strategies for checking or accessing information.

Answering Questions: We acknowledge that sensitive and potentially difficult issues will arise in SRE as children will naturally share information and ask questions. When spontaneous discussion arises, it will be guided in a way which reflects the stated school aims and curriculum content for SRE. As a first principle we will answer questions relating to the taught planned curriculum for that age group to the whole class. We will answer questions relating to areas beyond the taught planned curriculum for that age group, in a sensitive and age appropriate way only to the child or children who have asked the question. If a member of staff is uncertain about the answer to a question, or indeed whether they wish to answer it they will seek guidance from the PSHE leader, or use the 'Answering Children's Questions Related to Sex and Relationship Education (SRE) in the Primary School' (Appendix B)

When answering questions, we shall ensure that sharing personal information by adults, pupils or their families is discouraged. Where a question or comment from a pupil in the classroom indicates the possibility of abuse, teachers will pass this information to the designated person for child protection in line with school policy.

Distancing Techniques: In order to protect children's privacy, we will employ teaching and learning strategies which enable them to discuss issues without disclosing personal experience. For example, we will use fiction, puppets, case studies, role-play, DVDs, theatre in education to enable

children to share ideas and opinions and to practise their decision-making skills in a safe learning environment.

f) Inclusion

We understand the importance of ensuring that all children in our school receive their entitlement to SRE. We will carefully consider special educational needs or disability, gender, sexual orientation and age, nationality, religion, cultural and linguistic background when planning and delivering SRE.

In relation to nationality, sexual orientation, religion and cultural diversity, we value the different backgrounds of our pupils and, in addressing different views and beliefs, seek to promote tolerance and understanding.

In order to ensure the SRE Curriculum meets the needs of all:

- We will not promote one particular lifestyle over another.
- We will not seek to gain consensus, but will accept and celebrate difference.
- We will encourage respect and discourage abuse and exploitation.
- We will not ask children to represent the views of a particular religious or cultural group to their peers, unless they choose to do so.

In relation to those with special educational needs or disability, we will review our SRE programme to ensure that provision is made for those with additional needs. We will consider:

- their level of vulnerability
- their need to learn and demonstrate appropriate behaviour
- their need to develop self-esteem and positive body image
- the need to involve all staff, including ancillary staff and carers, in policy development, planning and training
- the management of personal care
- clarity about sources of support for pupils.

g) Resources

We will primarily use the Cambridgeshire Primary Personal Development Programme and the resources recommended within it when planning and delivering the SRE Curriculum. We will avoid a 'resource-led' approach to delivering SRE, instead focusing on the needs of the children and our planned learning objectives. We will carefully select

resources which meet these objectives. We will carefully evaluate teacher resources, leaflets and videos, before using them. We will select resources which:

- are consistent with our Curriculum for SRE
- relate to the aims and objectives of this Policy
- are suitable to the age, maturity, needs, linguistic proficiency and ability of the children
- appeal to adults and children
- are up-to-date in factual content
- are produced by a reputable organisation
- do not show unfair bias e.g. towards a commercial product
- avoid racial, gender and sexual stereotyping
- encourage active and participative learning
- conform to the legal requirements for SRE.

h) Use of visitors to support SRE

We believe that SRE is most effectively taught by those who know our pupils well and are aware of their needs. We encourage visitors to our school who may enhance, but never replace, our planned provision. We will work closely with visitors to ensure that the needs of our pupils are met.

We will follow this Code of Practice when working with visitors:

- The care and management of pupils is the responsibility of the school at all times.
- In class teaching situations, visitors will not be asked to work alone with pupils, but will be supported by a member of staff.
- The school will know whether visitors are DBS checked and arrangements will be made to accompany them as appropriate.
- All visitors will be made aware of the content and principles of this Policy, prior to their visit.
- All lessons will be planned in direct liaison with the PSHE Co-ordinator or Class teacher, taking account of the age and needs of the group and the context of the work within the SRE programme.
- Visitors will be reminded that, whilst contributing to SRE in a classroom setting, they must adhere to the same confidentiality code as staff members.

- Any resources which a visitor wishes to use or distribute will be discussed and agreed with the PSHE Co-ordinator beforehand.
- The contributions of visitors will be regularly monitored and evaluated.

i) Confidentiality

In our school we have a clear and explicit Confidentiality Policy, which is shared with staff, pupils and parents/carers. This Policy is communicated to parents/carers in the School brochure/website. The policy states that:

- Staff are unable to offer absolute confidentiality.
- We will reassure children that staff will act in their best interests and that this may involve sharing information if the child is at risk of harm.
- Children will be told if information is to be shared (unless the child is very young or has significant special needs) and will be offered appropriate support.

Professionals, such as school nurses and youth workers, are bound by their professional codes of conduct when offering advice and guidance to individual pupils. This often involves offering a greater level of confidentiality to children than school staff are able to give. However, in a classroom and other teaching situations when they are contributing to our planned SRE programme, they will follow the school's Confidentiality Policy. Health professionals will ensure that children are aware of the boundaries of confidentiality when beginning work with them.

1) Safeguarding and Child Protection

We recognise that because effective SRE may alert children to what is appropriate and inappropriate sexual behaviour, there is an increased possibility that a disclosure relating to abuse may be made. All staff are aware of the Safeguarding and Child Protection procedures and will report the disclosure to the designated person for child protection immediately.

2) Sexually Active Pupils

There are extremely rare occasions when a primary-aged child, who is sexually active or contemplating sexual activity, approaches an adult. If this occurs in our school, it will be viewed as a child protection issue. The designated member of staff will follow Safeguarding and Child Protection Procedures and seek advice from the relevant agency.

j) Staff Training

Teaching SRE can be very rewarding, but we understand that, in order to feel confident, staff need opportunities to develop the knowledge, skills and attitudes. We recognise that all adults have different personal beliefs and attitudes about SRE. We will discuss relevant issues and, where appropriate, arrange training to enable staff members to feel confident in delivering the Curriculum for SRE. We will also encourage the sharing of good practice. Those with special responsibility for the development of SRE will be offered opportunities to consult with advisors.

k) Role of Governors

This Policy describes the governors' views on how SRE will be delivered in addition to requirements of the National Curriculum.

It is the responsibility of the governors to ensure, through consultation, that the SRE Policy reflects the wishes of the parents and the views of our community. It is the responsibility of governors to ensure that the Policy is made available to parents.

In order to facilitate this process, the SRE Policy will appear annually on the agenda of a governors' meeting. The policy will be published on the school website for parents/carers to view.

l) Pupil Participation

We will involve children in the evaluation and development of their SRE in ways appropriate to their age.

- a. We will refer to local/countywide/national data e.g. Health Related Behaviour Survey for our school/district.
- b. We will engage the children in assessment activities to establish their development needs, for example 'Draw and Write' activities
- c. We will encourage children to ask questions as they arise by providing anonymous question boxes.
- d. We will ask children to reflect on their learning and set goals for future learning.
- e. We will consult children (e.g. through School Council) about their perception of the strengths of our SRE programme and the areas to be further developed.

m) Working with Parents/Carers and our School Community

Parents and carers are the key figures in supporting their children through the emotional and physical aspects of growing up. We recognise that many children would prefer to receive information about SRE from their parents and carers.

Therefore we seek to work in partnership with parents and carers when planning and delivering SRE. We will encourage this partnership by:

- a. Informing parents and carers by letter or leaflet of forthcoming SRE topics
- b. Inviting parents to learn more about resources and activities used in SRE
- c. Gathering parents' views on the SRE Policy and taking these into account when it is being reviewed
- d. Informing parents and carers about the SRE programme as their child joins the school through the school brochure/prospectus/website
- e. Providing supportive information about parents' role in SRE
- f. Inviting parents to discuss their views and concerns about SRE on an informal basis.

Parents and carers will be given access to this Policy on request. It will be available on the school website.

Parents and carers have the right to withdraw their children only from all or part of those elements of SRE which are not included in the statutory national curriculum Programmes of Study for Science. They are able to withdraw their children from those elements which fall within the non-statutory guidance for PSHE. The school will make alternative arrangements for children whose parents or carers withdraw them.

Any parent or carer who wishes to withdraw their child should, in the first instance, contact the class teacher or Head Teacher to discuss the matter. Appendix A will be used to guide the discussion to explain clearly which areas of SRE are statutory and which are non-statutory. We will enable parents wishing to withdraw their children from the non-statutory elements of SRE to access the leaflet [8K DFES SRE and Parents](#). Parents or carers will be asked to reconfirm their decision to withdraw each time SRE is planned for their child's class/year group.

n) Monitoring, Evaluating and Reviewing our SRE Policy

Monitoring and evaluation of the Policy is the responsibility of the governing body. Information will be gathered from the Head Teacher, the PSHE Co-ordinator and parents to inform judgements about effectiveness.

We are committed to working towards the delivery of the Entitlements (1b) and the provision of the 'Curriculum for SRE' (4a).

- We will reflect on our contribution to the provision of the Entitlements for SRE and seek to develop this.
- We will continue to work in partnership with parents/carers and members of our community to ensure the delivery of high quality SRE for our children.

The Policy will be formally reviewed every three years. The next review will take place in May 2019.

o) Glossary

Abortion: the expulsion of a foetus from the womb. This may be spontaneous (miscarriage), but is most commonly used to describe a process where expulsion is induced.

AIDS: Acquired Immune Deficiency Syndrome

Community: All people who live, work or in some other way impact on the lives of children in the area in which they live.

Co-ordinator: The lead member of staff in school for a particular area of work.

DfE Department for Education (previously known as DCFS: Department for Children, Families and Schools, DfES: Department for Education and Skills and DfEE Department for Education and Employment)

HIV: Human Immunodeficiency Virus, the virus which causes AIDS

PSHE: Personal, Social and Health Education

School: Any educational establishment

SRE: Sex and Relationships Education

STI: Sexually Transmitted Infection

Visitor: Someone who is not a member of school staff, who contributes to the planned provision of SRE or offers another service, such as giving advice or support. A visitor may be a member of another organisation (e.g. health professional,

youth worker) or an individual (e.g. parent with a new baby).

Section 3 Sensitive Issues

a) Puberty

Primary: We will teach about puberty in Years 5 and 6, in accordance with our Curriculum for SRE. Younger children may be aware of puberty and we will answer their questions appropriately on an individual basis. We recognise the importance of ensuring that both boys and girls have a good understanding of puberty before they reach it. If a Year 4 child appears to have an advanced physical development, we will consider whether they too should be involved in lessons about puberty. This will always be done in consultation with parents. We may use single sex groups to address particular needs, such as girls' practical need for information about managing periods. We may work with groups of Year 5 and Year 6 pupils separately to ensure they receive appropriate information at these age groups.

We will ensure that sensitive arrangements are made for girls who have started menstruating. This includes the provision of sanitary disposal units and the discreet provision of 'emergency' sanitary protection. Staff will respond to such requests discreetly.

b) Contraception

Primary: We recognise that many primary-aged children are aware of some forms of contraception and have begun to understand that adults do not only engage in sexual activity when they wish to reproduce. Children may ask direct questions about contraception, or may reveal knowledge (accurate or inaccurate) about contraception in discussion with adults or their peers. We will refer to guidelines for responding to these questions in '6B Answering Children's SRE Questions in the Primary School'. We will answer children's questions in general terms and will ensure that our answers reflect the responsible choices adults make in deciding when to have children. This will enable pupils to further understand the responsibilities of adult life.

We have also decided to address this issue directly in very broad terms as part of the taught SRE Curriculum at Year 6. The learning will be set in the context of responsible parenting decisions. It will not include details regarding access to or application of contraception.

There are extremely rare occasions when an adult in a primary school may believe that a child's question about contraception derives from a child's own sexual activity or contemplation of sexual activity. In this case, the adult will consult immediately with the designated teacher for child protection, who will make sensitive arrangements, ensuring there has been discussion with the child and explanation of the Confidentiality Policy, to involve the child's parents and, if necessary, other professionals. Sexual activity under 13 is always a matter of Safeguarding and Child Protection.

c) Abortion

Primary: We recognise that some children might be aware of abortion and that they might be developing attitudes towards it. They may also ask questions about it. Adults in schools will acknowledge these questions and respond generally to factual enquiries on an individual basis, rather than in a whole class discussion.

d) Sexually Transmitted Infections (STIs) and HIV/AIDS

Primary: We will not teach directly about STI's, however elements of our SRE and Science Curricula will prepare the ground for this explicit teaching later e.g. by discussing some issues around HIV/AIDS. We will discuss the different ways any disease might be spread and steps a child might take to reduce this. Some children will be aware of STI's or HIV/AIDS and may ask questions about them in relation to SRE or perhaps drug education. Adults in school will acknowledge these questions and respond generally to factual enquiries on an individual basis, rather than in a whole class discussion.

e) Sexual Identity and Sexual Orientation

Primary: We understand our responsibility to ensure that SRE meets the needs of all our pupils. Whatever their developing sexuality, children must feel that SRE is relevant to them and sensitive to their needs. We will not teach directly about sexual orientation, but acknowledge that many children will be aware of both heterosexual and homosexual relationships and may ask questions about these. We will answer these questions factually, in a general way, seeking to challenge prejudice. We will discuss different family arrangements, including same sex partners, when considering relationships. If we encounter examples of homophobic language or attitudes we will challenge these. Incidents of

homophobic bullying will be dealt with according to our Anti-Bullying Policy which explicitly refers to

homophobic bullying.

Section 4 Appendix A The Curriculum for Sex and Relationships Education

Foundation Stage (Age 4 - 5)

Early Learning Goals (2012)	<p>Health and self-care: children know the importance for good health of physical exercise, and a healthy diet, and talk about ways to keep healthy and safe. They manage their own basic hygiene and personal needs successfully, including dressing and going to the toilet independently.</p> <p>Managing feelings and behaviour: children talk about how they and others show feelings, talk about their own and others' behaviour, and its consequences, and know that some behaviour is unacceptable. They work as part of a group or class, and understand and follow the rules. They adjust their behaviour to different situations, and take changes of routine in their stride.</p> <p>Making relationships: children play co-operatively, taking turns with others. They take account of one another's ideas about how to organise their activity. They show sensitivity to others' needs and feelings, and form positive relationships with adults and other children.</p> <p>People and communities: children talk about past and present events in their own lives and in the lives of family members. They know that other children don't always enjoy the same things, and are sensitive to this. They know about similarities and differences between themselves and others, and among families, communities and traditions.</p> <p>The world: children know about similarities and differences in relation to places, objects, materials and living things. They talk about the features of their own immediate environment and how environments might vary from one another. They make observations of animals and plants and explain why some things occur, and talk about changes.</p>
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The following section gives the questions our children will engage with as part of our planned SRE provision. These areas will be covered using the Cambridgeshire Primary Personal Development Programme (CPPDP) Unit My Body and Growing Up BG F.

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> What does my body look like? How has my body changed as it has grown? Who are the members of my family and trusted people who look after me? 	<ul style="list-style-type: none"> What differences and similarities are there between our bodies? How can I look after my body and keep it clean? 	<ul style="list-style-type: none"> What can my body do? How am I learning to take care of myself and what do I still need help with? How do I feel about growing up?

The following section gives the Learning Objectives included in the Cambridgeshire Primary Personal Development Programme Unit My Body and Growing Up BG F.

<ul style="list-style-type: none"> To describe their own appearance and name external body parts including using agreed names for the sexual parts. To understand ways in which their body has changed since they were a baby. To understand how members of their family and other trusted people care for and look after them. 	<ul style="list-style-type: none"> To recognise similarities and differences between the bodies of girls and boys. To understand ways of looking after their body and keeping it clean. 	<ul style="list-style-type: none"> To understand and value what their bodies can do. To understand ways in which they can take responsibility for looking after themselves and recognise situations where they still need to be supported by others. To recognise how growing up makes them feel.
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Below are questions children will engage with as part of our wider Wellbeing programme and in other taught areas of PSHE

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> Who is my family and how do we care for each other? Who are the different people who make up a family? How do I know if something is safe or unsafe? 	<ul style="list-style-type: none"> How can I be a good friend? Can I recognise and show my emotions? Can I recognise emotions in other people and say how they are feeling? Can I say 'No' if I feel unsure about something and it does not feel safe or good? 	<ul style="list-style-type: none"> What things are especially important to my family and me? What do I think I have to keep safe from?

Key Stage 1 (Year 1/2)

Statutory Science Curriculum	<ul style="list-style-type: none"> • Y1 identify, name, draw and label the basic parts of the human body and say which part of the body is associated with each sense. • Y2 notice that animals, including humans, have offspring which grow into adults • Y2 find out about and describe the basic needs of animals, including humans, for survival (water, food and air) • Y2 describe the importance for humans of exercise, eating the right amounts of different types of food, and hygiene. 	
Non-statutory PSHE Curriculum most relevant to SRE (PSHE Assoc 2013)	<ul style="list-style-type: none"> • about the process of growing from young to old and how people's needs change • about growing and changing and new opportunities and responsibilities that increasing independence may bring • the names for the main parts of the body (including external genitalia) the similarities and differences between boys and girls 	<ul style="list-style-type: none"> • about good and not so good feelings, a vocabulary to describe their feelings to others and simple strategies for managing feelings • the importance of and how to maintain personal hygiene • how some diseases are spread and can be controlled and the responsibilities they have for their own health and that of others

The following section gives the questions our children will engage with as part of our planned SRE provision. These are taken from the Cambridgeshire Primary Personal Development Programme (CPPDP) Framework for Year 1/2. These areas will be covered using the CPPDP Units Sex and Relationships SR1 and SR2. Those in bold text are directly linked to the statutory elements of the National Curriculum for Science.

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> • What are the names of the main parts of the body? • How can I keep my body clean? • How can I stop common illnesses and diseases spreading? • How do babies change and grow? • What do babies and children need? 	<ul style="list-style-type: none"> • What can my body do? • How have I changed since I was a baby? • What are my responsibilities now I'm older? 	<ul style="list-style-type: none"> • Do I understand how amazing my body is? • When am I in charge of my actions and my body?

This section shows the Learning Objectives which will be covered using Cambridgeshire Primary Personal Development Programme Units SR1 and SR2

<ul style="list-style-type: none"> • To recognise the main external parts of the bodies of humans, including agreed names for sexual parts. • To know how to keep themselves clean. • To understand the importance of basic hygiene practices, e.g. washing hands, using a tissue, and how these prevent the spread of disease. • To know that humans produce babies that grow into children and then into adults. • To understand the needs of babies and young children. 	<ul style="list-style-type: none"> • To describe what their bodies can do. • To consider the ways they have changed physically since they were born. • To consider their responsibilities now and compare these with when they were younger. 	<ul style="list-style-type: none"> • To understand that they have responsibility for their body's actions and that their body belongs to them. • To appreciate how amazing their body is.
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Below are questions children will engage with as part of our wider Wellbeing programme and in other taught areas of PSHE

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> • What are risky situations and how can I keep myself safer? • What healthy choices can I make? • What are some of the similarities and differences between me and others? • Who looks after me and what are their responsibilities? • Do I understand what good and bad secrets might be? 	<ul style="list-style-type: none"> • Can I name some different feelings? • How can I stand up for myself? • How can I negotiate to sort out disagreements? • Can I describe what a friend is and does? • How do I cope when friendships change? 	<ul style="list-style-type: none"> • How do my feelings and my actions affect others? • Who is in my family and how do we care for each other? • Can I recognise and describe 'yes' and 'no' and 'I'm not sure' feelings?

Key Stage 2 (Year 3/4)

Statutory Science Curriculum	<ul style="list-style-type: none"> • Y1 identify, name, draw and label the basic parts of the human body and say which part of the body is associated with each sense. • Y2 notice that animals, including humans, have offspring which grow into adults • Y2 find out about and describe the basic needs of animals, including humans, for survival (water, food and air) • Y2 describe the importance for humans of exercise, eating the right amounts of different types of food, and hygiene. 	
Non-statutory PSHE Curriculum most relevant to SRE (PSHE Assoc 2013)	<ul style="list-style-type: none"> • to deepen their understanding of good and not so good feelings, to extend their vocabulary to enable them to explain both the range and intensity of their feelings to others • to recognise their increasing independence brings increased responsibility to keep themselves and others safe • that bacteria and viruses can affect health and that following simple routines can reduce their spread 	<ul style="list-style-type: none"> • that pressure to behave in an unacceptable, unhealthy or risky way can come from a variety of sources, including people they know and the media • how their body will change as they approach and move through puberty • to recognise how images in the media do not always reflect reality and can affect how people feel about themselves • about human reproduction

The following section gives the questions our children will engage with as part of our planned SRE provision. These are taken from the Cambridgeshire Primary Personal Development Programme (CPPDP) Framework for Year 3/4. These areas will be covered using the CPPDP Units Sex and Relationships SR3 and SR4. Those in bold text are directly linked to the statutory elements of the National Curriculum for Science.

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> • How are males and females different and what are the different parts called? • What are the main stages of the human life cycle? • How do different illnesses and diseases spread and what can I do to prevent this? 	<ul style="list-style-type: none"> • Why is it important to keep clean? • What am I responsible for now and how will this change? • What can I do for myself to stay clean and how will this change in the future? 	<ul style="list-style-type: none"> • What can my body do and how is it special? • How do parents and carers care for babies? • What does it mean to be 'grown up'?

This section shows the Learning Objectives which will be covered using Cambridgeshire Primary Personal Development Programme Units SR3 and SR4

<ul style="list-style-type: none"> • To understand the physical differences between males and females. • To recognise the main external parts of the bodies of humans, including scientific names for sexual parts. • To understand the main stages of the human lifecycle: birth, baby, child, adolescent, adult, middle age, old age, death. • To understand a range of ways illness and disease, e.g. colds, chickenpox, head lice, might be spread and how they are able to reduce this. 	<ul style="list-style-type: none"> • To understand the benefits of carrying regular personal hygiene routines. • To consider their responsibilities and how these have changed and how they will change in the future. • To consider who is responsible for their personal hygiene now, and how this will change the future. 	<ul style="list-style-type: none"> • To value their own body and recognise its uniqueness. • To consider the responsibilities that parents and carers have for babies and children. • To investigate perceptions of being 'grown up'.
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Below are questions children will engage with as part of our wider Wellbeing programme and in other taught areas of PSHE

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> • What risks are there to my safety, my friendships and my feelings? • What are some of the different lifestyles and beliefs people have? • When might I need to break a promise or tell a secret? • What changes have I already experienced and might I experience in the future? 	<ul style="list-style-type: none"> • How can I communicate my emotions? • How can I cope with difficult emotions? • How do I cope when relationships change? 	<ul style="list-style-type: none"> • How can I have a healthy lifestyle? • How am I changing as I grow up?

Key Stage 2 (Year 5/6)

<p>Statutory Science Curriculum</p>	<ul style="list-style-type: none"> • Y1 identify, name, draw and label the basic parts of the human body and say which part of the body is associated with each sense. • Y2 notice that animals, including humans, have offspring which grow into adults • Y2 find out about and describe the basic needs of animals, including humans, for survival (water, food and air) 	<ul style="list-style-type: none"> • Y2 describe the importance for humans of exercise, eating the right amounts of different types of food, and hygiene. • Y5 describe the life process of reproduction in some plants and animals. • Y5 describe the changes as humans develop to old age.
<p>Non-statutory PSHE Curriculum most relevant to SRE (PSHE Assoc 2013)</p>	<ul style="list-style-type: none"> • to deepen their understanding of good and not so good feelings, to extend their vocabulary to enable them to explain both the range and intensity of their feelings to others • to recognise their increasing independence brings increased responsibility to keep themselves and others safe • that bacteria and viruses can affect health and that following simple routines can reduce their spread 	<ul style="list-style-type: none"> • that pressure to behave in an unacceptable, unhealthy or risky way can come from a variety of sources, including people they know and the media • how their body will change as they approach and move through puberty • to recognise how images in the media do not always reflect reality and can affect how people feel about themselves • about human reproduction

The following section gives the questions our children will engage with as part of our planned SRE provision. These are taken from the Cambridgeshire Primary Personal Development Programme (CPPDP) Framework for Year 5/6. These areas will be covered using the CPPDP Units Sex and Relationships SR5 and SR6. Those in bold text are directly linked to the statutory elements of the National Curriculum for Science.

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> • What are male and female sexual parts called and what do they do? • What happens to the bodies of boys and girls when they reach puberty? • How can the spread of viruses and bacteria be stopped? • What is HIV? (ref 'Sex and Relationships' OfSTED 2002 (HMI 433)) • How are babies made? 	<ul style="list-style-type: none"> • How can I keep my growing and changing body clean? • How can I express my feeling positively as I grow up? • What should adults think about before they have a baby? 	<ul style="list-style-type: none"> • What influences my view of my body? • What are families like? • When am I responsible for how others feel?

This section shows the Learning Objectives which will be covered using Cambridgeshire Primary Personal Development Programme Units SR5 and SR6

<ul style="list-style-type: none"> • To identify male and female sexual parts and describe their functions. • To know appropriate terminology for use in different situations. • To know and understand about the physical changes that take place at puberty, why they happen and how to manage them. • To understand that physical change happens at different rates for different people. • To know and understand that safe routines can stop the spread of viruses (including HIV) and bacteria. • To know about the facts of the human lifecycle, including sexual intercourse. 	<ul style="list-style-type: none"> • To know about new aspects of personal hygiene relevant to puberty. • To be able to recognise their changing emotions with friends and family and be able to express their feelings and concerns positively. • To have a basic awareness of responsible parenting choices. 	<ul style="list-style-type: none"> • To understand how the media, families and friends can influence attitudes to their bodies. • To consider how they have some responsibility for the feelings and well-being of others. • To consider the need for trust and love in marriage and established relationships. • To understand and respect a wide range of family arrangements e.g. second marriages, fostering, same sex partners, extended families.
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Below are questions children will engage with as part of our wider Wellbeing programme and in other taught areas of PSHE

Knowledge (PSHE)	Skills (PSHE)	Attitudes (PSHE)
<ul style="list-style-type: none"> • What are the different consequences for taking physical, social and emotional risks? • What does being healthy mean and what are the benefits? • What different kinds of families are there? • How are my friendships and relationships changing? 	<ul style="list-style-type: none"> • How do I manage strong emotions? • How do I recognise how other people feel and respond to them? • How can I share my views effectively and negotiate with other's to reach agreement? 	<ul style="list-style-type: none"> • How can I show respect for different views, lifestyles and beliefs? • What can I do when I realise I'm in a bad mood? • When am I responsible for my personal safety?

Appendix B: Answering Children's Questions Related to Sex and Relationship Education (SRE) in the Primary School

Answering Children's Questions Related to Sex and Relationships Education (SRE) in the Primary School

This document intends to make those working with children aged 3-11 aware of some of the questions children might ask regarding sex and relationships. It provides some possible responses, which may then form the basis of a discussion on what is appropriate in your school. It is important to involve staff, governors and parent/carer representatives in this discussion.

Each school should consider their policy for answering children's questions relating to SRE to ensure that all staff members feel confident and supported in this area of work. When spontaneous discussion arises, it should be guided in a way which reflects the stated school aims and curriculum content for SRE. As a first principle questions relating to the taught planned curriculum for that age group will be answered to the whole class. Questions relating to areas beyond or outside the taught planned curriculum for that age group should be answered in a sensitive and age appropriate way only to the child or children who have asked the question. If a member of staff is uncertain about the answer to a question, or indeed whether they wish to answer it they should seek guidance from the PSHE leader.

When answering questions, sharing personal information by adults, pupils or their families should be discouraged. Where a question or comment from a pupil in the classroom indicates the possibility of abuse, teachers must pass this information to the designated person for child protection in line with school policy.

Throughout their school life, we encourage children to ask questions. We hope that children will develop enquiring minds in all areas of the curriculum. However, some people are concerned about suitable answers to the SRE-related questions children ask. They may be worried about what is acceptable and what is not. We recognise that every adult may have different views on appropriate

answers to children's questions, depending on their personal views and experiences.

The following series of questions is not exhaustive, neither are the responses prescriptive. They are intended to give guidance and build confidence and security when answering children's questions. The responses below have been developed to offer a whole school approach to answering such questions and to sit along side the SRE Policy.

It is extremely unlikely that a younger child will ask some of the listed questions, but the answers suggested here presume that the child has sufficient knowledge to have asked the question and therefore deserves a response. When answering the questions of older children, adults should ensure the children have the understanding expressed in the suggested answers for younger children.

Principles for Answering Children's Questions Relating to SRE

When a child asks a question that we might find difficult to answer:

- We will always acknowledge the question and give the message that it is okay to ask. E.g. *'Thanks for asking that question.'* or *'That's an interesting one.'*
- We will check out the context of the child's question before we answer. E.g. *'Tell me a bit about where you heard about that.'* or *'I'm not quite sure what you mean, could you tell me some more?'*
- We don't have to answer straight away. We can 'buy some time', but we'll always make sure we get back to the child. E.g. *'Thanks for asking that question. I'd like to talk about it later when we can talk about it without being interrupted.'*
- As we give our answer we will check that the child understands. E.g. *'Is that the sort of thing you wanted to know?'* or *'Does that make sense?'*

- We can ask for guidance from a colleague.
- We can say we're not sure or we don't know. But we will always make sure that we find out the answer or refer the child to some one who can help them. E.g. 'I'm not sure how to answer that one. Perhaps you could ask someone at home. Who would be a good person to ask?'
- If we feel uncomfortable answering the question we could say 'I'm not the best person to answer that question, let's go and ask.....'

Sample Questions, Notes and Possible Answers

Questions about Making Babies

Question	Possible Context/Notes	Foundation and KS1	KS2
How do babies get there?	This question might be prompted by a child being told that a baby grows inside their mother.	Explain that a baby is made inside and then grows inside their mother, the baby doesn't arrive from outside.	Explain that the baby is made inside their mother. A seed (sperm) from the father and an egg from the mother join together and then a baby starts to grow.
Why do we have babies?	Check whether this is actually a question about the mechanics of sexual intercourse rather than the desire to have children.	Explain that often couples who love each other want a family to look after. You might refer to animals who have babies too.	Explain that babies ensure the continuation of the human race.
Why can't men have babies?	This question probably relates to the fact that the baby grows inside the mother's body, but you might need to point out that males are needed to make a baby and the baby is their responsibility too.	Babies can only grow inside a woman, as men don't have a special place (womb/uterus) for the baby to grow inside their body. But men do have babies, because every baby was begun by a man and woman.	Men and women have some different body parts. Only women have a uterus (womb), where a baby can grow, but both men and women are needed to start the baby. The man's sperm (seed) and the woman's egg must join together for the baby to begin. So both parents are responsible for the baby when it is born.
How can two mummies or two daddies have a baby?	The child might know a family where there are same sex parents. Emphasise that there are lots of different ways of being a family, but that what all families do is love and look after their children.	There are lots of different ways of being a family. Some families have two mummies or daddies. Some have one mummy or one daddy. Some have a mummy and a daddy (mention any other family arrangements the children in your class might have). One thing is the same for all families, that they should love and look after their children and make sure they are safe and well.	There are lots of different ways of being a family (list some). Families are the people who look after, love and care for their children together. Every family is special and can love their children just the same. Even though families can look different, all babies start in the same way, with an egg from a female and a sperm from a male. When two people of the same sex want to have a baby together, they can't make a baby on their own. Sometimes a same-sex couple might adopt a baby. Sometimes they might have had sex with someone of the opposite sex and a baby has been made that way. Sometimes they might choose to use sperm given (donated) by a man, or an egg given by a woman. If the same-sex family is two females, then one might put sperm, given by a male, into her vagina. The sperm will swim up the Fallopian tubes and fertilise the woman's egg. She will then carry the baby, whilst it grows in her uterus. When the baby is born, the two women will be the baby's mothers. If the same-sex family is two males, then they might give sperm to a surrogate mother who will put the sperm in her vagina and then carry the baby as it grows. When the baby is born, she will give it to the two men, who will be the baby's fathers. The sperm and egg can be joined together in different ways, but there always has to be an egg and sperm to make a baby.

Cambridgeshire SRE Toolkit

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6B Answering Children's Questions Related to SRE in the Primary School (reviewed Sept 2013)

How are twins made?	The child may know twins and may be unsure why some twins look the same and some twins don't. They may also think that people who are born on the same day are twins, even if they have different parents.	Twins are two babies who have the same mother and father, who grow inside their mother at the same time and are born at the same time. Some twins look the same as each other: Some twins look different.	Some twins look the same. They are identical and they are always the same sex. Identical twins are made when a sperm joins with an egg and then splits in two whilst it is travelling through the Fallopian tube. When it arrives in the uterus, two babies grow together in one sack, sharing one placenta. If twins don't look the same they are called 'fraternal' twins and they have been made differently. When fraternal twins are made a woman releases two eggs at once from her ovaries. If these eggs are fertilised by two different sperm as they travel through the Fallopian tubes, then both eggs can grow in the uterus, but they have separate sacks and placentas. Very rarely more than two babies are born at the same time. These are called triplets, quadruplets, quintuplets or sextuplets.
Why do some animals lay eggs?	The child might also be wondering whether humans have eggs.	Some creatures lay eggs in order to have their babies. The egg is a safe place with lots of food for the baby bird/frog/fish to grow. The baby starts off very small inside the egg and as it uses up the food it grows bigger until it is ready to be born.	Humans have eggs too, but these are made in the mother's body and need to join with seed (sperm) from the father's body to start a baby. When a human baby starts, it grows inside the mother's body rather than outside, which is where a baby bird/frog/fish grows.
How does the egg meet the sperm?	This might be prompted by children's concerns about a baby being made 'spontaneously'.	The mum and the dad join together in a special way so that a seed (sperm) from the dad can meet the egg from the mum.	The man puts his penis inside the woman's vagina. The sperm travels through the penis and into the Fallopian tubes where the egg and sperm meet and a baby begins.
Are all babies made inside their mother?	This might be prompted by a child hearing about 'test-tube' babies.	No, sometimes a doctor needs to help and the baby is begun outside the mother and then put safely in the womb to grow there.	No, sometimes parents find it difficult to make a baby and a doctor has to help them join the sperm and the egg. Once the egg is fertilised and baby has begun, with the help of a doctor, the growing baby is put safely inside the mother's (uterus) womb where it will grow.
What is the latest age you can have a baby?	Check out what the child has heard about this before answering.		Girls start their periods at different times and women stop having their periods at different times too. This is called the menopause and it usually happens when the woman is around 50 years old. When her periods stop, she stops releasing an egg every month. After this, a woman can't have a baby.

Questions about Babies' Development

Why don't the baby and the food get mixed up?	This question might be prompted by a child being told that a baby grows inside their mother's tummy.	Explain that the food the mother eats goes into her stomach (or tummy). The baby grows in a special place called the womb (or uterus), which is separate from the stomach. People just say the baby grows in their mother's tummy as a short way to explain.	
How does the baby stay in?	Children may be confused having seen representations of childbirth.	Explain that the baby grows safely in a special place inside the mother (the womb/uterus) until it is ready to be born. The womb is closed tightly by a ring of muscles (cervix) to keep the baby safe until then. When the baby is ready to be born, the ring of muscles widens and womb/uterus tightens and pushes the baby out.	
How does the baby eat and grow?	Your answer will depend on whether the child has an understanding of how the blood carries energy, oxygen and nutrients around the body.	The baby gets all its food from its mother through a special cord. The baby needs good, healthy food to grow properly.	When the baby starts to grow in the womb, a feeding tube (umbilical cord) also grows. The tube is attached to the placenta which passes the mother's blood to the baby. So the baby gets oxygen, minerals, vitamins and energy from the mother's blood. It needs these things to grow properly. This is why it is so important for the mother to eat and drink healthily when she is pregnant.
Do some babies die?	Children might have heard about stillbirth or neo-natal death from family or friends. Sensitivity and listening to the child's story are the key here.	Yes, sometimes babies die just before they are born or just after they are born. Their families will be very sad if this happens.	Yes, sometimes babies are stillborn, which means they die inside the mother's womb before they are born and sometimes babies die just after they are born. If this happens the parents and their family will be very sad and upset.

Questions about Birth

Does having a baby hurt?	Children may have seen representations of women having babies on the TV or through play.	Explain that giving birth does hurt the mother, but that the pain goes away after the baby is born.	Explain that giving birth does hurt, but that the pain can be controlled in various ways, sometimes using medicines. The pain goes away after the baby is born.
How does the baby come out?	Children may be confused having seen representations of childbirth.	When the baby is ready to be born, the entrance to the womb opens up and then squeezes very hard to push the baby out through the vagina (special tube).	
Are all babies born the same way?	This question might be prompted by a child being aware of caesarean section. Before answering check what the child has heard about.	Most babies are born when the womb pushes the baby out through the mother's vagina (special tube). But some babies can't be born safely this way. They have to be born differently. The doctor does a special operation to lift the baby out.	In a special operation the doctor cuts a slit in the mother's womb and takes the baby out that way. The slit is then stitched up so the mother can get better. This operation is called a caesarean.

Questions about Anatomy

<p>Why do boys have balls?</p>	<p>You should check out what the child means by 'balls' and offer the proper term 'testicles/testes' in your answer, but avoid correcting the child for using the wrong word. They have chosen language they feel comfortable with.</p>	<p>A boy's testes are the place where, when he is older, his seeds (sperm) are made. If these seeds meet a woman's egg then a baby begins.</p>	<p>A boy has testes to make sperm (seeds) which could join with a woman's egg to make a baby. When a boy's body is grown enough to make the seeds, the testes drop down a little bit, so they are further away from the body and can keep cool. The sperm need to be a bit cooler than the rest of the body.</p>
<p>What is circumcision?</p>	<p>Check where a child has heard the word and find out what they know about the term first. They might have heard 'myths' about circumcision which you can correct. They might be frightened about it, in which case you can allay their fears.</p>	<p>It is very unlikely that a young child will ask this question, but you may answer 'It is an operation that a baby boy might have done on his penis.'</p>	<p>It is an operation to remove the fold of skin at the top of a boy's penis. Some boys are circumcised because of their parent's religion (mainly Judaism and Islam) and some for medical reasons. It does hurt a little bit, but because it is usually done when a baby is very small, it doesn't hurt very much. It makes no difference whether a boy's penis is circumcised or not, it still works in the same way.</p>
<p>What is FGM?</p>	<p>Ask the child for the context of the question. They might have heard the term via the media. All staff have a duty to ensure that any girl who is at risk of FGM or who has experienced it is referred to social care.</p>	<p>It is very unlikely that a young child will ask the question in these terms. Children's understanding of their rights over their own bodies and who touches their private parts should be reinforced at every opportunity. If a child asks about FGM in any terms explain that some people think it is right to change a girl's private parts by cutting them. Even though some people think it is right, it is against the law to cut a girl's private parts, as it will cause her harm and upset as she grows older.</p>	<p>An older child might have heard the acronym and need the explanation of Female Genital Mutiliation. Explain each word and check that the child understands them. Reinforce the message that everyone has a right over their own body and who touches their private parts. Explain that even though some people think it is right to cut a girl's genitals that is classed as abuse and it is illegal in our country. Explain that if a girl has been cut then she should seek help. You might ask who a girl might go to for help if she was worried about FGM.</p>

Questions about Contraception

Why do people have sex if they don't want babies?	Children may have heard adult conversations in person or through media where sex is not associated with a desire to reproduce.	Sex is one way that grown ups who love each other can show their love, even if they've chosen not to have a baby.	Sex is one way for a couple who love each other to show their love. Sex involves being very physically close to the other person and feels very nice, so adults who love each other might choose to have sex even if they don't want to have a baby.
Can people stop babies being made?	The general purpose of contraceptives should be discussed without going into specific details. An emphasis will be placed on the choice of parents to have a baby. The loving stable relationship for the rearing of children will be emphasised. Check out if the child knows about any contraceptives.	Yes. Having a baby is such a special thing to do that grown-ups might decide it is not the right time for them to have a baby.	Yes, adults might choose to have sex without wanting to make a baby. There are different ways of stopping a baby being made, some of these ways stop the sperm meeting the egg and some stop the egg from being released into the mother's womb. Because having a baby is such an important decision to make adults should think very carefully before having a baby.

Questions about Infections

What is HIV/AIDS?	The focus here should be on giving factual information and challenging any prejudice the child has shown. HIV and AIDS are not the same thing. Human Immunodeficiency Virus leads to the eventual break down of the body's systems for fighting illnesses. When this happens the person can become seriously ill and is said to have AIDS, Acquired Immune Deficiency Syndrome. Emphasis that HIV/AIDS can affect anyone, (it does disproportionately affect some groups of people, but this changes all the time)	A young child is unlikely to ask this question, but if they do... 'HIV/AIDS is a very serious illness which can't be cured.'	HIV/AIDS is a very serious illness which can't be cured. It is passed by the semen, fluid from the vagina, breast milk and blood of someone who is HIV positive into the bloodstream of someone else. Because HIV is carried in blood, we must be very careful about touching things with other people's blood on them, that's why people wear gloves when they are giving someone else first aid. It's also why you must always find a grown-up if you find something, like a needle, which might have blood on it. You mustn't touch it. Anyone who has sex with someone who is HIV positive could become HIV positive themselves, unless they protect themselves by using a condom.
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Questions about Sexual Orientation

<p>Why are some people gay?</p>	<p>Always check what a child understands by the term 'gay' before answering. Some children may have heard the word in a pejorative context and will need to be told it is not appropriate to use the word in this way.</p>	<p>People are called 'gay' if they love someone of the same sex as them. So a gay man loves another man and a gay woman loves another woman.</p>	<p>People are called 'gay' if they love someone of the same sex as them. So a gay man loves another man and a gay woman (or lesbian) loves another woman. The formal word to use is homosexual. We don't know why some people are homosexual and some people are heterosexual, it's just the way they are. It isn't right to use the word gay/poof/fag to insult someone. Being homosexual is just the way some people are.</p>
<p>Why did I get called 'gay'?</p>	<p>Such incidents should be primarily dealt with as behaviour issues, as any other incidence of name calling. There are explicit references to sexual and homophobic bullying in the Anti-Bullying Policy. An incidence of name calling is not the time to go into the details of the meaning of particular words, but instead to focus on the feelings of the person who is called the name. You might say 'Some people use the word 'gay' to mean 'rubbish'. It is wrong to use the word 'gay' in this way as it hurts people's feelings.' You might then explain how you will follow up with the name caller. The 'name caller' will be told that any sort of name calling is wrong. At a later time you might address the issue that many people call themselves gay and are proud to do so. You might explain that any language or actions which put people down because they are gay is called homophobia. You might add that homophobia, along with racism, is an offence in this country.</p>		

Questions About Menstruation

When is it normal to start a period?	Check out what the child understands by the term. Emphasise that everyone develops at different rates.	Most girls start their periods between 10 and 14 years, but some start earlier or later than that.	Most girls start their periods between 10 and 14 years, but some start earlier or later than that. If a girl's periods have started it means that her body is releasing an egg every month and this means a baby could start if she had sex.
How do you know which hole to put the tampon in?	This question denotes a significant lack of awareness of the female anatomy. Use drawing to illustrate your answer.	A woman has three holes in her 'private parts'. The woman puts the tampon in her vagina which is the middle hole.	A woman has three holes in her 'private parts'. The front one is a tiny hole which passes wee (urine). The second one is her vagina and is the opening to her uterus (womb). The third hole, the one at the back, is her anus which is the one that poo (faeces) comes through. The period blood comes from her womb and so the tampon goes in her vagina, the middle hole.
What could be wrong if you miss a period?	Some girls may be worried about erratic periods, especially if they have started menstruating.	Unlikely to be asked this by a young child.	There are lots of reasons why a woman may miss her period. If she has only just started her periods then her body may not have settled into a regular monthly pattern yet. She may have been ill or not eating enough. She may be pregnant if she has had sex without using contraception to stop a baby being made. If a woman is worried about this she should see a nurse or a doctor.
What age can you start having sex?	Emphasise the difference between being physically able to make a baby, the legal age of consent and the emotional maturity needed to embark on a sexual relationship. Also be aware that a child's question might be prompted by a range of experiences, including sexual abuse.	It is very unlikely a young child will ask this question, but if they do consider the context of the question very carefully. 'The law says you must not have sex until you are 16. Everyone has the right to say no to sex, however old they are.'	The law says it is illegal to have sex with someone under 16. When someone is deciding whether to have sex it is very important to think about their feelings for the other person. Sex is one way two people show that they love each other and is something that should be thought about very carefully. Everyone has the right to say no to sex, however old they are, even if they are in a relationship with the person who wants to have sex with them.

Questions about Sexual Acts

What is a blow job?	You should always check out what a child already knows when they ask an explicit question like this. They may have no idea about its sexual meaning and may be baffled by your response. You should avoid leaving the child with the impression that you are flustered, as this will reduce the likelihood of them asking questions in the future.	It is highly unlikely that a KS1 child will ask this question, let alone have any understanding of its sexual nature. If a child does have some explicit knowledge you might need to enquire sensitively how they came by this and share concerns about inappropriate exposure to media etc with parents/carers. It may be a Child Protection issue. In response to the question you might say 'It is a way that two grown-ups who love each other might show their love'.	A KS2 child may have some understanding of the sexual nature of the phrase. Check out what they think it means first and confirm if they are right. If they have no idea explain that it is a way that two adults who love each other might get very close to each other and show their love. You may refer them to their parents/carers for a fuller explanation.
Why do some people touch their private parts?	A child might use a term like 'wanking'. If so offer the proper term 'masturbation'. The emphasis here should be on destigmatising masturbation and checking out what a child already knows about it.	Some people touch their private parts because it feels nice.	Some people touch their private parts because it feels nice. A boy might touch his penis and a girl might touch her clitoris. Some adults and younger people masturbate and there is nothing wrong about it, but it is something that should be done in private.
Why do some people watch porn?	Exposure, both accidental and sought, to pornographic images is increasing. Teachers and parents need to be open to conversations with children about pornography in order to begin and sustain healthy attitudes into the teenage years.	It is unlikely a young child would ask the question in this way, but they may be exposed to explicit or pornographic imagery. Forcing a child to view such imagery is child abuse. Talk with a child about their feelings associate with seeing an image which upset them. Contact parents if appropriate.	Check a child's understanding of the term 'porn'. Explain that some people like to watch porn as it makes them feel 'sexy'. Explain that porn is not 'real' and that it is not a good source of information about relationships, people's bodies or about sex. Ask the child who they would talk to if they wanted reliable information about these things and who they would talk to if they saw an image which upset them.

Questions about Sensitive Issues

<p>What is a prostitute?</p>	<p>The child may use other words (tart/slag). If you feel there is a behaviour issue i.e. a child has been called a tart/slag/prostitute, respond accordingly. Check out what the child understands the term to mean, before answering.</p>	<p>It is highly unlikely that a child in KS1 will ask this question. Refer them to their parents/carers if they ask.</p>	<p>A prostitute is a person who has sex because they have been paid money to, rather than to show their love for the other person.</p>
<p>What is 'abortion'?</p>	<p>This is not an issue appropriate for whole class discussion in the primary school, neither should an adult give their own personal view on it. It is an issue on which some older children might have begun to develop views. Check out what the child has heard about abortion and ensure they have a factual understanding of the term.</p>	<p>An abortion is when a baby stops growing inside its mother and comes out of her body.</p>	<p>An abortion is when a baby stops growing inside its mother and is pushed or taken out of the womb a long time before it is ready to be born. This means that the baby dies. Sometimes the mother and father choose to have an abortion, because they do not want the baby and a doctor makes the abortion happen. Sometimes an abortion happens of its own accord, even though the mother and father want the baby very much. This is usually called a miscarriage.</p>
<p>What is a paedophile?</p>	<p>This question might be generated by media coverage and should be dealt with sensitively if children are aware of the specifics of a reported case.</p>	<p>A paedophile is a person who is sexually attracted to children. There are sometimes when adults might touch a child's private parts to wash them (like a child's parents) or to check they are healthy (like a doctor or nurse). If an adult touches a child's body or asks a child to touch theirs because they think it feels nice, the child should tell a trusted adult. A paedophile may also make a child look at sexual pictures or DVD's. If a child is worried about any of these things they should speak to a trusted adult or phone Childline.</p>	
<p>What is 'rape'?</p>	<p>This question might be generated by media coverage and should be dealt with sensitively if children are aware of the specifics of a reported case.</p>	<p>It is unlikely that a young child will ask the question, but a general response might be appropriate, such as 'Rape is a very serious way that one person might hurt another person. It hurts their body and makes them feel very upset.'</p>	<p>Explaining rape when the child has no concept of healthy sexual relationships could be very frightening and confusing for a child, so always ask them about their existing knowledge before you answer. If the child has no knowledge of healthy sexual relationships, refer to the KS1 answer. If they understand about loving, consensual sexual relationships you might explain rape as when a person forces another person to have sex with them even though they have not agreed. Explain that rape is a very serious crime. You might follow this up by saying that every person has the right to say when they do and don't want their body to be touched.</p>