



Sex & Relationships Education 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 – 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 youth settings.
- SRE is an entitlement for all young people. Difference and diversity must be taken into account when delivering SRE. Learning needs, family circumstances, race, culture, religion, gender and sexuality all affect access to SRE.
- SRE is most effective when provided in a 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.
- Effective SRE is responsive to the specific needs of young people as individuals.

b) Entitlements

Our children are entitled to:

- Accurate, up-to-date, useful and appropriate information delivered in a way that meets their individual needs
- 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
- A well-planned, well-delivered SRE programme, which is flexible to cater for their changing needs over time

- Education outside the formal curriculum, which is appropriate to their individual needs.

Adults working with young people are entitled to:

- Access to high quality, up-to-date, accurate information and resources
- 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 young people
- Professional guidance and support
- A named person for liaison when working with other organisations
- Opportunities to share good practice
- Access to regular, up-to-date training
- Be informed about issues of confidentiality and how it affects them.

Parent, 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 child
- 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

- *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*
- *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 enshrined in our School Statement of Purpose

- *To provide for all children aged 4-11 years a high quality all-round education within a Christian context so as to develop in each child his or her full potential.*
- *To prepare those children both for their future education and to equip them with the skills for life in society.*

This SRE policy will be made available to staff in the 'Key Policies and Procedures' Folder in the staff room and on the school website.

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*
- *be able to name the parts of the body and 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*
- *value, care for and respect their bodies*
- *access additional advice and support*

c) Delivering our SRE curriculum

Our Curriculum for SRE describes the elements which will be taught. The Curriculum is wholly consistent with the National Curriculum, DFE and OfSTED guidance. Some elements of our SRE curriculum are part of the compulsory National Curriculum for Science (e.g. the biological aspects of , reproduction) and some parts are based on the non-statutory PSHE guidance.

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, visits/visitors, SEAL.*
- Other Curriculum areas, e.g. *Science, English, RE and PE.*
- Enrichment Activities, e.g. *our assembly programme, SEAL programme, involvement in schools trips and adventurous activities.*

Specific Units of Work on SRE are planned into our teaching programme every year in Y1/Y2/Y3/Y4/Y5/Y6 (as indicated in our New Curriculum Map).

We understand that at times children will benefit from varying methods of delivering the SRE curriculum. For example, we will use single-sex groups or small group teaching where this will help us to meet the needs of



young people more effectively, we will use team teaching where this enables us to best use teacher expertise. We will also 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 young people'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 is accountable 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 units of work and supporting resources 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 and Head Teacher.

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. Adults will be supported in deciding on issues which are suitable for whole class discussion and which are best dealt with in smaller groups or referred to parents or other sources of support, such as health professionals.

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, videos, theatre in education to enable young people 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 gender, culture, learning needs, sexual orientation and background when planning and delivering SRE.

In relation to ethnicity, religion and cultural diversity, we value the different backgrounds of our young people and, in acknowledging 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 young people 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, we will review our SRE programme to ensure that provision is made for those with additional needs. When working with young people 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 Channel 4 materials 'Living and Growing' (where still available), and associated resources 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, our planned learning objectives and resources to support these. We will carefully evaluate teacher resources, leaflets and videos, before using them. We will select resources which:

- are consistent with the 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 young people
- 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 young people well and are aware of their needs. As such class teachers will be used to deliver the SRE curriculum. We encourage visitors to our school (such as the School Nurse) who may enhance, but never replace, our planned provision.

i) Confidentiality

All staff working in school, and all visitors who support SRE delivery are bound by the confidentiality protocols which are described in our Child Protection Policy. We recognise that because effective SRE will alert young people to what is appropriate and inappropriate behaviour, there is an increased



possibility that a disclosure relating to abuse may be made. All staff are aware of the Child Protection procedures and will report the disclosure to the Designated Person for child protection immediately.

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

j) Staff Training

Teaching SRE can be very rewarding, but we understand that, in order to feel confident, staff need opportunities to explore how they feel about the issues and to share worries and concerns. 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 the Health and Well Being Committee of the Governing Body'. This will be discussed in Spring. A full review will take place very three years.

l) Young People's Participation

We will involve young people in the evaluation and development of their SRE in ways appropriate to their age. For example we may:

- a. refer to local/countywide/national data e.g. Health-related Behaviour Survey for our school/district.
- b. engage the young people in assessment activities to establish their development needs, for example 'Draw and Write' activities
- c. encourage young people to ask questions as they arise by providing anonymous question boxes.

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 young people 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. This partnership may be encouraged by:

- a. Informing parents and carers by letter of forthcoming SRE topics
- b. Inviting parents to learn more about resources and activities used in SRE
- c. Making the SRE policy available to parents on request. It will also be made available on the school website.
- d. Gathering parents' views on the SRE policy and taking these into account when it is being reviewed



- e. Informing parents and carers about the SRE programme as their child joins the school through the school brochure/prospectus
- f. Providing supportive information about parents' role in SRE
- g. Inviting parents to discuss their views and concerns about SRE on an informal basis.

Parents and carers have the right to withdraw their children from all or part of those elements of SRE which are not included in the statutory national curriculum – currently, the Curriculum Programmes of Study for Science. The school will make alternative arrangements for children whose parents or carers withdraw them. Any parent or carer who wishes to withdraw their child from SRE should, in the first instance, contact the Head Teacher to discuss the matter. 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'.

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

The policy will be formally reviewed every three years. The next review will take place in Spring 2018.



p) 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 (also known as SIDA Syndrome d'Immuno-Deficiencie Acquis)

Community: All people who live, work or in some other way impact on the lives of young people 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, including Pupil Referral Unit or College of Further Education

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).

Young People: Children and adolescents 3-19 years



Section 3 – Sensitive Issues

a) Puberty

We will teach about puberty in Years 5 and 6, in accordance with the Curriculum for SRE. Younger children may be aware of puberty and we will answer their questions appropriately, on an individual basis or in a whole class setting. We recognise the importance of ensuring that both boys and girls have a good understanding of puberty before they reach it. We may use single sex groups to address particular needs, such as girls' practical need for information about managing periods.

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 in a helpful way without embarrassment.

b) Contraception

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 have established guidelines for responding to these questions in 'Answering Children's Questions relating to SRE'. 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 Person for child protection, who will make sensitive arrangements, ensuring there has been discussion with the child and explanation of policy affecting confidentiality, to involve the child's parents and, if necessary, other professionals.

In a case where a young person asks for advice about sexual behaviour or contraception, the adult may reinforce information given in SRE lessons (such as where to access contraception). They will also encourage the young person to discuss the matter with their parent/carer and/or seek advice from a relevant, accessible health professional.

c) Abortion

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) STI's and HIV/Aids

We will not teach directly about the full range of 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

We understand our responsibility to ensure that SRE meets the needs of all our pupils. Whatever their developing sexuality, young people must feel that SRE is relevant to them and sensitive to their



needs. We will not teach directly about sexual orientation, but acknowledge that 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 'Positive Behaviour Policy'.



Answering Children's Questions Related to SRE in the Primary School

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 child. Eg 'Thanks for asking that question. I'd like to talk about it later when we have enough time to 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 some one at home.'

Sample Questions, Notes and Possible Answers

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.
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.
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 mums and dads 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 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 shorthand.	
How does the baby stay in?	Children may be confused having seen representations of child birth.	Explain that the baby grows safely in a special place inside the mother (the womb) until it is ready to be born. The womb is closed tightly to keep the baby safe until then.	
How does the baby come out?	Children may be confused having seen representations of child birth.	When the baby is ready to be born, 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.
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 chord. The baby needs the food to grow properly.	When the baby starts to grow in the womb, a feeding tube 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.

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 grows.
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) for the baby to grow inside their body. But men do have babies, because every baby was begun by a mum and dad.	Men and women have some different body parts. Only women have a womb, where a baby can grow, but both men and women are needed to start the baby. The man's seed (sperm) and the woman's egg must join together for the baby to begin. So both parents are equally responsible for the baby when it is born.
Why do boys have balls?	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.	A boy's testes are the place where, when he is older, his seeds are made. If these seeds meet a woman's egg then a baby begins.	A boy has testes to make seeds (sperm) 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 seeds (sperm) need to be a bit cooler than the rest of the body.
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 the sperm and the egg can meet.	The man puts his penis inside the woman's vagina. The sperm travels through the penis and into the womb where the egg and sperm meet and a baby begins.
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 sometimes like to have sex even if they don't want to have a baby.
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. 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'.	It is more likely that a KS2 child will 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. Refer them to their parent/carer for a fuller explanation.

<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 understand 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 if they ask.</p>	<p>A prostitute is a person who has sex because they have been paid to.</p>
<p>What is HIV/Aids</p>	<p>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)</p>	<p>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.'</p>	<p>HIV/AIDS is a very serious illness which can't be cured. It is passed by the semen, vaginal fluids, breast milk and blood of someone who is HIV+ into the bloodstream of someone else. 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 use a condom.</p>
<p>Can people stop babies being made?</p>	<p>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.</p>	<p>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.</p>	<p>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 starting a baby.</p>

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 baby has begun, in a test tube (this is why they're called test tube babies) the baby is put safely inside the mother's womb where it will grow.
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 grown ups and younger people masturbate and there is nothing wrong about it, but it is something that should be done in private.
Why are some people gay?	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.	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.	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 proper word to use is homosexual. We don't know why some people are gay 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.
What is circumcision?	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 or be frightened about it, in which case you can allay their fears.	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.'	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 make no difference whether a boy's penis is circumcised or not, it still works in the same way.
When is it normal 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 'down below'. The woman puts the tampon in her vagina which is the middle hole.	A woman has three holes 'down below'. The front one passes wee (urine). The second one is her vagina and is the opening to her womb (the special place where babies can grow). 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 she has 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. 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 you must not have sex until you are 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
What is the latest age you can have a baby?	Check out what the child has heard about his 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 after a women reaches 50.	
Why did I get called 'gay'/'slag'/'wanker' (or any other term of abuse with a sexual derivation)	Such incidents should be primarily dealt with as behaviour issues, as any other incidence of name calling. There are explicit references to bullying in our Positive Behaviour 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. The 'name caller' might be asked 'How would you feel if someone called you 'gay'?' The 'name caller' will be told that any sort of name calling is wrong.		

<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 out of the womb along time before it is ready to be born. This means that the baby will die. 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>
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