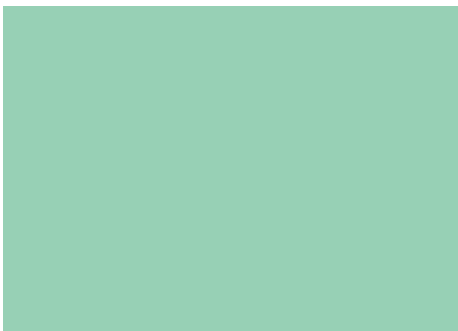


Speakeasy



Facilitator's Handbook



A course for parents to help them talk to their children about sex and relationships

Developed with support from

Useful Speakeasy contacts

Name	Job role	Contact details
	Speakeasy trainer	
	fpa lead moderator	

A CD featuring a printable PDF copy of this *Handbook* is available from **fpa**.

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The information in this book is based on the evidence and medical opinion at the time of publication. Care has been taken to ensure that the information given in this text is accurate and up to date. Medical knowledge and practice are constantly changing as new information and drugs become available, and as such changes in treatment procedures and use of drugs or practice become necessary.

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Introducing Speakeasy

Throughout this *Handbook*, the terms ‘parents’ and ‘learners’ have been used interchangeably as shorthand to include mothers, fathers and other adults with responsibility for a child (including looked-after children) who are attending a Speakeasy course.

The Speakeasy course provides the opportunity for parents to learn together and gain the confidence and skills they need to talk to their children about sex and relationships. It is designed to be fun and provides an atmosphere where parents can learn together from their own experiences in a non-threatening environment.

Backed up by **fpa**'s extensive training resources and expertise, the course offers a flexible and relaxed way to gain greater confidence in an area that can cause embarrassment and awkwardness for parents with children of all ages. Activities are done in groups using creative methods such as collage and artwork, role play and games. Written work exercises are also available. The emphasis is on making the course as accessible as possible.

Background

The Speakeasy model came from an informal parent/**fpa** facilitator discussion group in Northern Ireland in 1995. The group talked about issues around talking to their children about sex, relationships and growing up. The parents chose the name ‘Speakeasy’.

In 2001 **fpa** received funding from the Community Fund to develop the Speakeasy model in three pilot areas – London, Birmingham and Manchester. The model involves a facilitated course run by **fpa** Speakeasy project officers. Parents on the course are offered the option of accreditation from the Open College Network (OCN).

As interest in the scheme grew, Speakeasy training for professionals was developed, increasing the scope of Speakeasy. In January 2005 **fpa** received funding from The Parenting Fund to grow and spread the Speakeasy model. The fund promotes free training and support for people whose work relates to parenting. Additional funding from The Big Lottery allowed **fpa** staff to continue delivering the Speakeasy course in London and Manchester, and also Newcastle and Cardiff. In 2006 funding was secured from the Department for Education and Skills (DfES) to deliver further free training packages to staff across England, and to develop support networks to all areas and staff continuing with the Speakeasy model.

The project continues to grow and develop, with the ultimate goal of making the Speakeasy course available to as many parents as possible across the UK while maintaining the high quality approach which underpins it.

“The findings of this evaluation clearly indicate that professionals have gained significant benefits from their training such as increased confidence, knowledge of sexual health, facilitating skills and so on. Furthermore, benefits of the training have also extended to professionals’ respective workplaces e.g. by helping parents to access appropriate information and resources, assisting the development of structured SRE programmes, and providing staff with the skills and knowledge to refer parents to other service providers where needed.”

TSA (Trust for the Study of Adolescence) May 2006

Welcome to Speakeasy

We have designed this *Handbook* for the Speakeasy facilitator to help them deliver an OCN-accredited Speakeasy course to parents (hereafter called the Speakeasy course). A CD featuring a printable PDF of this *Handbook* is also available (see page 2 for details).

The worksheets, session plans and course materials have been developed to suit the needs of learners with varying levels of competency. They can be adapted to aid the learning of those who may not have English as a first language.

Speakeasy in brief

The main aims of the Speakeasy course are:

- to encourage parents to provide positive sex and relationships education in the home
- to encourage parents to take on the role of sex and relationships educator.

The Speakeasy course objectives are:

- identify parents' needs, fears, concerns and hopes
- provide a safe and comfortable environment for learning
- help parents access relevant information and support in their role as sex and relationships educators
- develop parents' confidence, sensitivity and skills in relation to their children's sex and relationships education.

By the end of the Speakeasy course parents will have:

- an understanding of the physical and emotional changes taking place at puberty
- awareness of what sex and relationships education means in the context of family life
- confidence and skills in identifying and responding to the needs of their own children
- an understanding of social and cultural attitudes towards sex and sexuality as it relates to children
- knowledge of the different kinds of contraception that are available
- information and knowledge on child protection strategies
- information on sex and relationships education in schools.

Speakeasy and Open College Network (OCN) accreditation

Speakeasy is a fun and relaxed course that helps parents to gain the knowledge and confidence they need to talk positively with their children about sex and relationships. The accreditation which this *Handbook* supports provides a further powerful incentive for many parents to take up this course.

The Speakeasy course is accredited through the Open College Network Eastern Region (OCNER). The award equips parents with knowledge and confidence, and encourages them to embark on further learning opportunities and accreditation.

Accreditation is optional. To date, over 90 per cent of learners have received accreditation.

Accreditation information is available to hand out to learners on pages 29–30 of this *Handbook*.

OCNER is a licensed member of the National Open College Network (NOCN). For more information on the National Open College Network and to find details of your local OCN see www.nocn.org.uk.

The Speakeasy course accreditation unit is called:

Parents, carers and sex and relationships education

A credit is awarded by the OCN for each ten hours of learning. As parents receive three credits for the successful completion of the assessed requirement, it is expected that a minimum of 30 hours of notional learning has taken place. On the Speakeasy course this is made up of time spent doing group work (a recommended minimum of 16 hours), plus learning time at home or elsewhere in the community (a maximum of 14 hours). The course normally lasts eight weeks but can be delivered over a longer or shorter period of time.

Speakeasy accreditation is an award that recognises parents' learning rather than a qualification.

Learners have the opportunity to gain accreditation for the above unit at either level one or two (levels defined by NOCN).

The table opposite gives an indication of the difference in the quality and amount of work that needs to be produced to fulfil the requirement and gain accreditation at either level. Assessment requirements at both levels are given in the unit specifications (pages 11–14).

Learning outcomes

Learning outcomes represent the overall aim of each section of an accredited programme. On the Speakeasy course each learning outcome relates to a different subject area of sex, relationships and talking to children.

Assessment criteria

Assessment criteria represent the objectives which need to be achieved and assessed in order to ensure the learning outcomes have been met. On the Speakeasy course the assessment criteria are fulfilled by the successful completion of worksheets and assessed activities found in this *Handbook*. (Alternative methods/tools can be created).

Level	Definition of learning levels (as defined by NOCN)	Learning level broadly equivalent to	Style of work evident in a Speakeasy folder
One	The acquisition of a foundation of competences, knowledge and understanding in a limited range of predictable and structured contexts that prepare the learner to progress to further achievements.	GCSE D–G NVQ 1 GNVQ foundation	Speakeasy worksheets/evidence (or alternative) completed in accordance with instructions and related assessment criteria for level one. The work will be mainly listed in its approach
Two	The acquisition of a broader range of competences, knowledge and understanding, which demonstrate the extension of previous abilities in less predictable and structured contexts and prepare the learner to progress to further achievements.	GCSE A–C NVQ 2 GNVQ intermediate	Speakeasy worksheets/evidence (or alternative) completed in accordance with instructions and related assessment criteria for level two. The work will be mainly descriptive in its approach.

Level one or level two?

Although learners have the option to gain accreditation at level one or level two, the learning outcomes remain the same. The assessment criteria change to meet the difference in the level of work. Instructions on worksheets are given to guide their completion.

Learners achieving accreditation

Folder of evidence

Learners compile a folder of evidence during their course. Much of the assessed work completed by learners will be done in the Speakeasy sessions, however, as the framework of the Speakeasy sessions is based around group discussion, this is not always possible. It may be necessary for learners to complete worksheets at home (or outside the session). Where this is the case, learners should be supported (for example, literacy needs must be catered for). A completed folder will comprise the assessed and non-assessed supporting evidence. Learners may continue worksheets on an additional blank sheet if necessary.

Attendance requirement

Learners need to attend a minimum of 75 per cent of the sessions. This equates to 12 out of 16 hours, or six out of eight two-hour sessions. Attendance is recorded by learners signing the course register for each session they attend. Although learners may have missed sessions, they still need to produce evidence to fulfil all assessment criteria, so any paperwork or assessed activities missed will need to be completed.

Where learners have missed sessions, but still want to achieve accreditation there are two options.

- 1 The facilitator can arrange a time to meet with the learner and support them in the completion of the missing evidence. This should be noted on the attendance register.
- 2 The learner can retain their folder of evidence and join a later course to build up the time missed.

Moderation and the Open College Network

All evidence provided by a learner will need to be assessed to ensure it is complete and meets the OCN assessment criteria.

Facilitator/Assessor

As a Speakeasy facilitator, you are also involved in the process of assessment.

Throughout a Speakeasy course you will support the learner in their work. As you witness the learner's achievement first hand, including their participation in group discussions, you record their achievement on the Outcome checklists (pages 31–34). At the end of the course you will check the learner's folder to ensure there is sufficient evidence to meet the learning outcomes and you will note a final comment on the folder.

Moderator

Once a course is complete and you have one or more folders of evidence to submit for accreditation, you will need to register the learners with the OCN either via **fpa** (always on your first course) or through your local approved centre if this arrangement is in place.

The moderator is responsible for ensuring that all of your learners' work has been assessed to the correct standards and at the correct level. The moderator will choose a sample of learners' folders to verify the learners' achievement and make sure you have marked the folders correctly. If you have any difficulties assessing a learner's work you should first approach your Speakeasy trainer but the moderator can also provide support to enable you to assess the folders in line with OCN requirements.

To submit folders for moderation through **fpa**, see instruction on pages 159–160.

fpa lead moderator

fpa processes learner details for OCN awards several times a year. The lead moderator with overall responsibility for this process at **fpa** will publicise the deadlines by which folders that need to be seen must arrive at the designated **fpa** office.

Folders will be returned to facilitators shortly after the designated moderation date with OCN certificates usually following up to ten weeks later. The lead moderator will ensure that all moderators are working to the same quality standards.

This handbook aims to inform and support you as you both facilitate and assess the work on the Speakeasy course. For any further queries contact your Speakeasy trainer or the **fpa** lead moderator whose names and contact details can be added on page 2.

Important

The section for learning outcome 8 is designed for situations relating to sex and relationships education in England in 2007, where delivery of topics falls within statutory (national curriculum) and non-statutory (personal health and social education).

Adaptations of materials will be made available locally where different guidance is in force.

Speakeasy parents, carers and sex and relationships education unit specification – level one

Unit title: Parents, carers and sex and relationships education
Level: One
Credit value: Three
Unit code: HF11NM003

This unit has eight learning outcomes.

Learning outcomes	Assessment criteria
The learner will:	The learner can:
1 Understand the physical and emotional changes boys and girls undergo at puberty.	1.1 Identify the physical changes taking place for boys and girls at puberty. 1.2 Identify the emotional changes for boys and girls at puberty.
2 Understand what sex and relationships education means in the context of family life.	2.1 Identify the needs of children in relation to sexuality at different stages in their lives.
3 Understand how to respond to the needs of children in relation to sex and relationships education in the context of family life.	3.1 Identify learning opportunities with their children. 3.2 Give two examples of positive responses to children's questions and statements about sex and relationships. 3.3 Identify examples of useful resources for age-appropriate sex and relationships education.
4 Understand social and cultural attitudes towards sex and sexuality as they relate to children.	4.1 Give examples of stereotypes found in the media or elsewhere. 4.2 Identify what is meant by culture in relation to children's understanding of sex and sexuality. 4.3 Outline situations where pressure operates within and outside the home environment.
5 Understand different methods of contraception that are available.	5.1 Identify three methods of contraception and briefly outline how they work.
6 Understand different sexually transmitted infections and methods for safer sex.	6.1 Identify three sexually transmitted infections and methods for safer sex.
7 Understand strategies for keeping children safe from harm.	7.1 List three situations where children may be at risk of harm and give examples of how an adult can help to protect children in those situations. 7.2 Identify three agencies that adults can contact for advice or support if they are concerned about the welfare of a child.
8 Understand sex and relationships education in schools, taking account of statutory and non-statutory guidance in education.	8.1 Identify examples of statutory and non-statutory curriculum content for sex and relationships education for different national curriculum key stages.

Assessment information

Guidance:

This grid gives details of the assessment activities to be used with the unit attached.

Please refer to the *NOCN centre handbook* for definitions of each activity and the expectations for assessment practice and evidence for moderation.

The assessment activities for this unit are indicated in the table below:

Key:

P = **Prescribed** – this assessment method *must* be used to assess the unit.

O = **Optional** – this assessment method *could* be used to assess the unit.

Case study	O	Project	
Written question and answer/test/exam	O	Role play/simulation	O
Essay		Practical demonstration	
Report	O	Group discussion	P
Oral question and answer	P	Performance/exhibition	
Written description		Production of artefact	P
Reflective log/diary		Practice file	

In order for a learner to achieve the above unit they must show evidence of all assessment criteria being met.

Speakeasy parents, carers and sex and relationships education unit specification – level two

Unit title: Parents, carers and sex and relationships education
Level: Two
Credit value: Three
Unit code: HF12NM005

This unit has eight learning outcomes.

Learning outcomes	Assessment criteria
The learner will:	The learner can:
<p>1 Understand the physical and emotional changes boys and girls undergo at puberty.</p>	<p>1.1 Describe the physical changes taking place for boys and girls at puberty.</p> <p>1.2 Describe the emotional changes for boys and girls at puberty.</p>
<p>2 Understand what sex and relationships education means in the context of family life.</p>	<p>2.1 Describe the needs of children in relation to sexuality at different stages in their lives.</p> <p>2.2 Describe why different issues/subjects should be shared with children taking account of the context of family life.</p>
<p>3 Understand how to respond to the needs of children in relation to sex and relationships education in the context of family life.</p>	<p>3.1 Describe learning opportunities with children including those that are children-led.</p> <p>3.2 Give four examples of positive responses to children’s questions and statements about sex and relationships.</p> <p>3.3 Describe examples of useful resources for age-appropriate sex and relationships education.</p>
<p>4 Understand social and cultural attitudes towards sex and sexuality as they relate to children.</p>	<p>4.1 Give examples of stereotypes found in the media or elsewhere and assess their influence on children.</p> <p>4.2 Describe what is meant by culture and how cultural attitudes impact on children’s understanding of sex and sexuality.</p> <p>4.3 Describe situations where pressure operates within and outside the home environment and describe positive and effective strategies for dealing with this pressure.</p>
<p>5 Understand different methods of contraception that are available.</p>	<p>5.1 Describe four methods of contraception and briefly outline how they work.</p> <p>5.2 Describe the pros and cons for each method.</p>
<p>6 Understand different sexually transmitted infections and methods for safer sex.</p>	<p>6.1 Describe four sexually transmitted infections and methods for safer sex.</p> <p>6.2 Describe the signs and symptoms of sexually transmitted infections (STIs), and consequences if left untreated.</p>

(continued)

Learning outcomes	Assessment criteria
The learner will:	The learner can:
7 Understand strategies for keeping children safe from harm.	7.1 Describe three situations where children may be at risk of harm and give examples of how an adult can help to protect children in those situations. 7.2 Describe three agencies that adults can contact for advice or support if they are concerned about the welfare of a child.
8 Understand sex and relationships education in schools taking account of statutory and non-statutory guidance in education.	8.1 Describe examples of statutory and non-statutory curriculum content for sex and relationships education for different national curriculum key stages. 8.2 Read a school sex and relationships education policy and describe whether the policy does or does not include examples of statutory and non-statutory curriculum content.

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Assessment information

Guidance:

This grid gives details of the assessment activities to be used with the unit attached.

Please refer to the *NOCN centre handbook* for definitions of each activity and the expectations for assessment practice and evidence for moderation.

The assessment activities for this unit are indicated in the table below:

Key:

P = **Prescribed** – this assessment method *must* be used to assess the unit.

O = **Optional** – this assessment method *could* be used to assess the unit.

Case study	O	Project	
Written question and answer/test/exam	O	Role play/simulation	O
Essay		Practical demonstration	
Report	O	Group discussion	P
Oral question and answer	P	Performance/exhibition	
Written description		Production of artefact	P
Reflective log/diary		Practice file	

In order for a learner to achieve the above unit they must show evidence of all assessment criteria being met.

Preparing to deliver a Speakeasy course

This *Handbook* includes all assessment materials learners need to complete in order to fulfil assessment requirements. In addition, it also offers facilitators eight step-by-step session plans, each relating to a learning outcome, as well as further course documentation needed to successfully deliver and evaluate an accredited Speakeasy course.

Those delivering their first Speakeasy course as part of the Speakeasy training programme are required to have at least one learner successfully gaining accreditation at level one or two to fulfil the requirements of the training. This requirement remains the same if there are two facilitators.

Course planning and preparation

This *Handbook* is designed to link closely with the accredited Speakeasy training for professionals. Useful websites and reading materials are listed throughout. These will guide further research to support the delivery of the course.

Before delivering your Speakeasy course, set time aside to:

- 1** Become familiar with the Speakeasy programme as a whole, as well as each individual session plan and its attached materials.
- 2** Understand what is meant by accreditation and the role of the facilitator.
- 3** Photocopy relevant materials for each weekly session.

It is good practice to have two facilitators. You should meet and jointly plan the course with your co-facilitator. Be clear about who is facilitating each session and who is taking responsibility for the submission of parents' folders and associated paperwork.

Speakeasy course delivery: common questions answered

● How long is a Speakeasy course?

fpa recommends that a Speakeasy course lasts eight weeks at two hours per week. This structure allows for two hours per learning outcome, with time for discussion and application through a range of structured activities (see the session plans for details).

If this structure is not possible or practical in your group, you can tailor the course to suit your requirements, provided you deliver a minimum of 14 hours of assessed time with your group (for example 5–6 weeks at three hours per session). Due to the length of a recommended Speakeasy course, it is likely that you will need to break for half-term. This is not usually a problem for learners provided the break is not too long.

fpa recommends having only one break in sessions in any one course, ideally half way through. Further breaks in a course may lead to a higher drop out rate.

● How many learners should go on a Speakeasy course?

One of the aims of the Speakeasy course is that parents learn through group-based discussion and activities. With this in mind, **fpa** recommends a minimum group number of six and a maximum of 12 learners. It is possible to deliver a course with fewer than six learners, however drop outs or sickness absence may result in the group not being viable.

● When should I deliver a Speakeasy course?

There is no right or wrong time of the day/week to deliver a Speakeasy course, however, it is best to keep in mind the type of group you intend to work with (for example, learners with children of school age may struggle to get to a course that starts at 9.00am).

● Where should I deliver a Speakeasy course?

Choosing a suitable and accessible venue for your Speakeasy course is important. Recruitment of learners will prove more difficult in venues that are hard to find, or in areas learners are unfamiliar with. Finding a room that is comfortable, welcoming and private will result in a far more engaged and discussion-based group. It is also important to take account of any special needs learners may have relating to access (for example, wheelchair access). Remember to think about fathers as well as mothers.

● How should I recruit learners for a Speakeasy course?

See Recruiting learners for your group on page 21.

● What do I need to provide beyond what is offered in this *Handbook*?

Refreshments and adequate break times are an important part of the course.

Crèche provision is often a key factor for a successful Speakeasy course. The presence of a toddler or older child may result in group members feeling uncomfortable with discussing certain topics. Learners with small children are likely to be more engaged if crèche provision is at the same venue as the course as they will feel more comfortable leaving their children there. Very young babies (particularly breastfed babies) usually stay with their mothers and cause little distraction.

Further group support workers such as a translator or a scribe for an individual or the full group may be necessary.

● **What are the costs?**

Speakeasy groups are usually free to learners. Facilitators attending a free Speakeasy training programme will have some of the costs of delivering their first course covered. Your Speakeasy trainer will be able to provide you with more information.

Costs to consider include:

- photocopying
- venue hire
- crèche provision
- refreshments
- travel
- facilitator's time
- accreditation of learners' folders
- leaflets and booklets
- further resource provision, for example, books
- any end-of-group celebration costs.

Providing group resources

If delivering an accredited course each learner will need:

- a folder for their assessed worksheets/activities and possibly a notebook
- assessed worksheets/activities
- leaflets/booklets supporting parents' learning (for example, **fpa** contraception leaflets)
- information relating to local sexual health services as appropriate
- access to a sex and relationships education policy, ideally from a local school, to support learning around learning outcome 8
- access to magazines and other types of media to support learning around learning outcome 4.

The table below gives a suggestion of group activity resources, suggested books and leaflets. For contact details for organisations listed, see Useful organisations, page 164.

Resources to support course delivery		
Resource	Published/ provided by	Relation to Speakeasy course delivery
Contraceptive display kit and condom demonstrator	fpa	Session relating to learning outcome 5 – contraception
Supplies of condoms for demonstration purposes	Various retailers	Session relating to learning outcome 5 – contraception
Supplies of young peoples magazines and other media	Various retailers	Session relating to learning outcome 4 – stereotypes in the media
Body board display resource and related work packs	Headon	Session relating to learning outcome 1 – puberty, but could also be used for other sessions
<i>A guide for families and friends of lesbians and gays</i> booklet	FFLAG Families and friends of lesbians & gays	Session relating to learning outcomes 1, 2 and 3
<i>ABC of SRE</i> activity pack	fpa	Session relating to learning outcome 8 – sex and relationships education at school
<i>4You, 4Boys, 4Girls</i> and <i>Periods</i> booklets	fpa	Session relating to learning outcome 1 – puberty
<i>Love Sex Relationships</i> booklet	fpa	Session relating to learning outcomes 1, 2 and 3
<i>Talking to your child about sex and relationships</i>	fpa	Session relating to learning outcomes 2 and 3
Contraceptive leaflet series	fpa	Session relating to learning outcome 5 – contraception

(continued)

Resources to support course delivery

Resource	Published/ provided by	Relation to Speakeasy course delivery
Sexually transmitted infections leaflet series	fpa	Session relating to learning outcome 6 – sexually transmitted infections
<i>SRE & Parents</i> leaflet	DfES	Session relating to learning outcome 8 – sex and relationships education at school
<i>Are you worried about the safety of a child?</i>	NSPCC (see page 164)	Session relating to learning outcome 7 – child protection

Suggested books to support learners in talking with their children about sex and relationships

Resource	Published/ provided by	Relation to Speakeasy course delivery
M Stoppard <i>Questions children ask</i>	Dorling Kindersley (via your local bookshop or internet)	Session relating to learning outcome 3 – responding to children's questions and needs
R H Harris, illustrated by M Emberley <i>Let's talk about sex</i>	fpa or Walker Books (via your local bookshop or internet)	Session relating to learning outcome 3 – responding to children's questions and needs
R H Harris, illustrated by M Emberley <i>Let's talk about where babies come from</i>	fpa or Walker Books (via your local bookshop or internet)	Session relating to learning outcome 3 – responding to children's questions and needs
B Cole <i>Hair in funny places</i>	Red Fox (via your local bookshop or internet)	Session relating to learning outcome 3 – responding to children's questions and needs
N Fisher, H Venning <i>Living with a willy</i>	Macmillan Children's Books (via your local bookshop or internet)	Session relating to learning outcome 1 – puberty
K Gravelle et al <i>The period book</i>	Piatkus Books (via your local bookshop or internet)	Session relating to learning outcome 1 – puberty
B Cole <i>Mummy laid an egg</i>	fpa or Red Fox (via your local bookshop or internet)	Session relating to learning outcome 3 – responding to children's questions and needs

Recruiting learners for your group

Recruiting learners is often easier in venues where there are existing parenting programmes taking place. Speakeasy has worked well in many areas as a follow-on course to generic parenting programmes.

If a course takes place in an unfamiliar centre/area it is important to seek the support and encouragement of local staff in recruiting the parents known to them.

Hints and tips for recruitment

- One-to-one personal invitation is often the most effective method of recruitment.
- A course introduction/presentation to local staff will help them understand Speakeasy and support them in the recruitment/delivery of the course.
- In areas where Speakeasy is already being delivered, it may be possible to enlist the help of an enthusiastic parent from a previous course to promote the work.
- Check whether publicity about the course can be included in local mail-outs.
- Deliver a taster session to generate interest.

Delivering a taster session

A taster session is recommended before all potential Speakeasy courses. The purpose of the taster is to:

- let parents know what the course is about
- let them know about the option of accreditation and what it involves
- let parents know about practical arrangements (for example, course times and crèche provision details).

How long is a taster session supposed to be?

Taster sessions may vary in length and take different forms, provided they convey the above information. The session could be in an informal setting – either one-to-one or in a small group – or it could be more formal than this and take the form of a two-hour session similar in format to a Speakeasy group session, to allow learners to get a feel for the course content.

When should I deliver my taster session?

Taster sessions can be delivered directly before the beginning of a course or up to a month in advance. As the course is eight weeks long (at two hours per week), the delivery of a taster session the week prior to the course may feel too much for some learners. If you choose to inform learners on a one-to-one basis a formal taster session may not be necessary.

What could I do in my taster session?

As long as you tell learners what the course is about, including the option of accreditation and the practical arrangements, the content of your session is flexible. It can include:

- giving out information
- sampling a group activity from the course
- showing sections from the Speakeasy DVD.

Resources to help you deliver a taster session

- You will find an idea for the taster session on page 24. This is optional and is not assessed if a learner submits their folder for accreditation.
- The Speakeasy DVD covers various aspects of the Speakeasy programme.
- Speakeasy leaflets and posters are available to support the promotion of your course. A poster which can be photocopied to advertise the course is on page 23.
- Information about accreditation for learners can be found on pages 29–30. The information has been formatted to allow you to photocopy the pages and fold them into a booklet. It is important that learners are fully aware of the commitment needed in order to achieve accreditation.

Good luck with your course.

Promoting Speakeasy

The following words may be used in advertising/promoting Speakeasy.

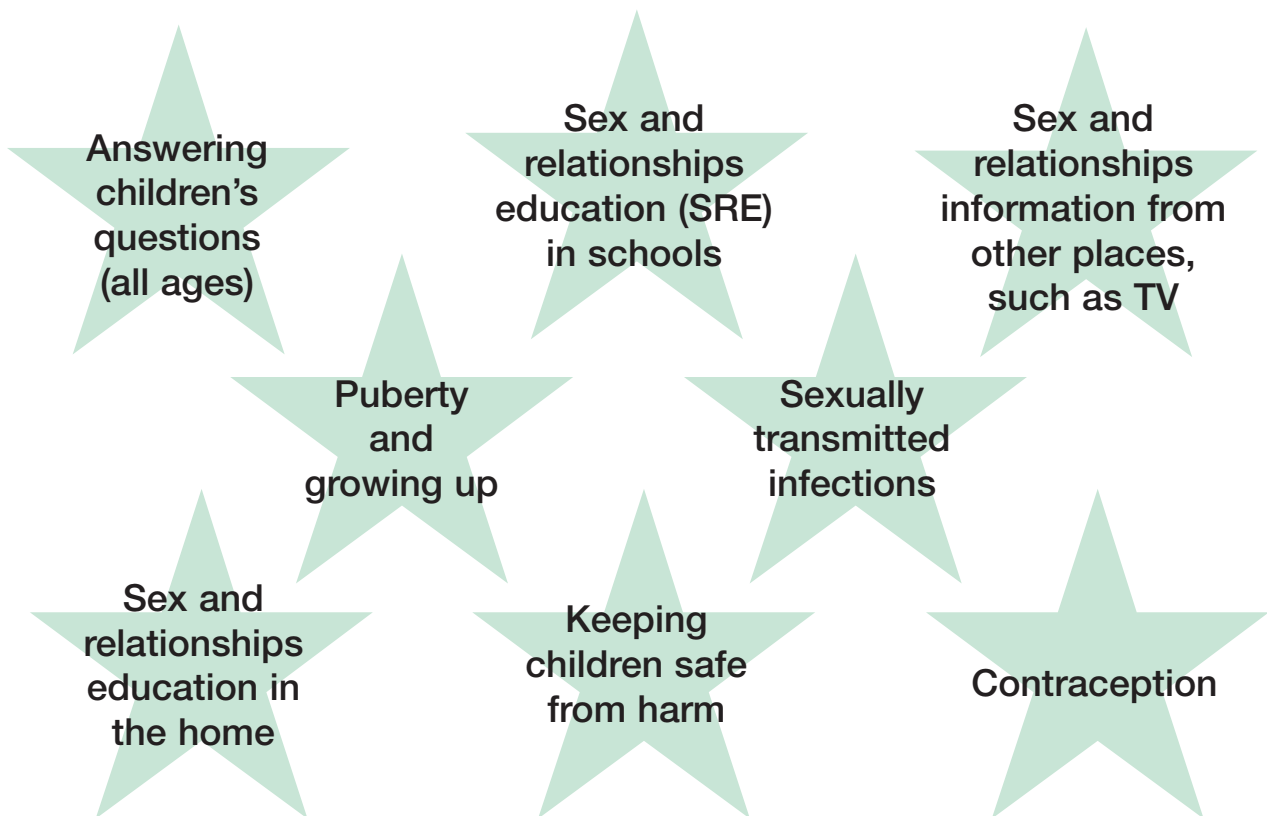
The Speakeasy work delivered in [write in your area here] is based on the course developed and co-ordinated by **fpa**. Speakeasy gives parents the skills and confidence to talk to their children about all aspects of sex and relationships. **fpa** also trains professionals to run courses for parents in their area.

Does the thought of talking to your children about sex and relationships worry or confuse you?

If so, let me introduce you to SPEAKEASY, a course designed just for you!

Fun • Relaxed atmosphere • Informative
Useful for parents/carers with children of all ages

On the course we look at:



Come along to find out more.



Sex and relationships education and growing up

How happy were you with the sex and relationships education you got when you were growing up?

What information did you get:

From your parents?

From school lessons?

From your friends?

From magazines or elsewhere?

What did you think about that, then and now?





Ice-breaker ideas

Circle game (with a ball)

The group members stand in a circle and throw the ball to each other. Each member says their name and a bit about themselves.

Bag of goodies

A bag goes around the group. In turn, each member picks out an item and explains why they have chosen it.

Personal items game (show and tell)

The group members choose an item that they have brought with them and explain why they have chosen it.

The wrong post

An activity where members of the group are given envelopes to deliver but they do not know who is who. This can be used to help group members get to know and remember each others' names.

While you are on the Speakeasy training programme you may pick up ice-breaker ideas from your trainer or from other group members. Use the space to write your ideas below:



Delivering a Speakeasy course: facilitator documents

This section contains all the documents you will need as a facilitator throughout the delivery of your Speakeasy course.

- **Speakeasy attendance register**

This needs to be completed each week by all of your learners. Please ensure that learners sign rather than tick the register and that you date each session. Your register will be used as part of your course paperwork at the end of your course, and will need to be handed in to **fpa** along with other paperwork for training and accreditation purposes.

- **Speakeasy accreditation flyer**

All learners on your course *must* receive a copy of the relevant accreditation information. It is important that you understand what is meant by accreditation and what is required of your learners. Your learners must also understand what is meant by accreditation and assessment.

- **Learning outcome checklist sheets**

There are two learning outcome checklist sheets, one each for level one and level two. Each learner will need their own learning outcome checklist sheet relating to the level they are working towards. There is space for both the facilitator and the learner to comment. The facilitator should ensure this is placed at the front of a learner's folder when it is submitted for accreditation.

- **Learner registration form**

This form needs to be completed in full by all learners who are on each course, whether or not they are submitting their folder for accreditation. All learner registration forms must be submitted to **fpa** on completion of each course, along with other paperwork.

- **Speakeasy start/end evaluation forms**

Both evaluation forms need to be completed by learners. The 'start' evaluation form should be filled in at the first session, and the 'end' evaluation form at the final session. All evaluation forms must be submitted to **fpa** on completion of each course, along with other paperwork.

- **Speakeasy end of course attendance certificate**

This certificate can be photocopied and handed out to all learners on each course, whether or not they have opted to gain accreditation. You may create your own certificate as long as you acknowledge that the learner has completed an **fpa** Speakeasy course.

- **Group registration form**

This form is to be completed by you at the end of your course and acts as a tracking form for all the learners on your course (whether or not they are being submitted for accreditation). Follow the instructions on pages 159–160 in order to effectively complete the group registration form.

Example:

Learning outcome The learner will:	Assessment criteria The learner can:	Evidence in folder: (Completed in response to assessment criteria)
1 Understand the physical and emotional changes boys and girls undergo at puberty.	1.1 Identify the physical changes taking place for boys and girls at puberty. 1.2 Identify the emotional changes for boys and girls at puberty.	1 Physical and emotional changes girls undergo during puberty 2 Physical and emotional changes boys undergo during puberty

Speakeasy accreditation flyer

Speakeasy and accreditation

Speakeasy is a fun and relaxed course that will help you to gain the knowledge and confidence you need to talk positively with your children about sex, relationships and growing up.

Speakeasy also offers you the opportunity to gain accreditation with the Open College Network (OCN). Accreditation is optional. You are under no obligation to complete a folder of evidence if you do not wish to do so.

Your Speakeasy course accreditation unit is called **Parents, carers and sex and relationships education**.

What you will learn about and discuss:

- the physical and emotional changes taking place for boys and girls during puberty
- what sex and relationships education means in the context of family life and your role as sex educator for your child
- skills in identifying and responding to the needs of your own children
- social and cultural attitudes towards sex and sexuality as it relates to children
- different kinds of contraception that are available
- sexually transmitted infections and safer sex
- protecting children from child abuse
- sex and relationships education in schools.

Learn at the level that suits you

You have the opportunity to gain accreditation with Speakeasy at either level one or two (levels defined by NOCN). The table overleaf gives you an indication of the difference in the quality and amount of work that needs to be produced to fulfil the requirement and gain accreditation at either level.

Attendance requirement

You need to attend a minimum of 75 per cent of the Speakeasy course. Your attendance will be recorded by signing the course register at each session.

Even if you miss sessions, you still need to produce evidence to fulfil all assessment criteria. Make sure you ask for any paperwork/assessed activities you have missed so you can catch up.

If you want to gain accreditation but have not attended enough of the course, keep hold of your folder because you can join a later course to build up the time you have missed.

Speakeasy accreditation is an award that recognises your learning rather than a qualification of any sort.

Level	Definition of learning levels (as defined by NOCN)	Learning level broadly equivalent to	Style of work evident in a Speakeasy folder
One	The acquisition of a foundation of competences, knowledge and understanding in a limited range of predictable and structured contexts that prepare the learner to progress to further achievements.	GCSE D-G NVQ 1 GNVQ foundation	Speakeasy worksheets/ evidence (or alternative) completed in accordance with instructions and related assessment criteria for level one. The work will be mainly listed in its approach.
Two	The acquisition of a broader range of competences, knowledge and understanding, which demonstrate the extension of previous abilities in less predictable and structured contexts and prepare the learner to progress to further achievements.	GCSE A-C NVQ 2 GNVQ intermediate	Speakeasy worksheets/ evidence (or alternative) completed in accordance with instructions and related assessment criteria for level two. The work will be mainly descriptive in its approach.

In order to gain further understanding of the assessment requirement at both levels please speak to your course facilitator.

How will I gain accreditation?

OCN accreditation is gained through assessment of your input to group discussions, and evidence you produce relating to the learning outcomes and assessment criteria for this course.

The OCN awards a credit for each ten hours of learning. The Speakeasy course offers three credits for the successful completion of the assessed requirement. A minimum of 30 hours of notional learning is expected. On the Speakeasy course this is made up of time spent doing group work and learning time at home or elsewhere in the community.

If you choose to gain accreditation, your course facilitator will offer support, by letting you know what you need to do.

Learning outcomes

Learning outcomes represent the overall aim of each section of learning you work towards on an accredited programme. On the Speakeasy course each learning outcome relates to a different subject area of sex, relationships and talking to children.

Assessment criteria

Assessment criteria represent the objectives which need to be achieved and assessed in order to ensure the learning outcomes have been met. On the Speakeasy course the assessment criteria are the successful completion of worksheets and assessed group activities. (See *example overleaf*.)

If you want to gain accreditation at either level one or two you will receive a learning outcome checklist sheet. This will clearly show you the learning outcomes and assessment criteria you are working towards.

All Speakeasy worksheets/activities give you clear instructions on how to complete them at either level. It is important you choose which level you are working towards as all the work in your folder needs to relate to the level you have chosen.

Folder of evidence

During your course you will need to compile a folder of evidence. Much of your assessed work will be completed in your Speakeasy session; however, you will also be set home tasks, or may find you need to complete worksheets at home.

Your completed folder will comprise the assessment evidence for the level you are working towards.

Speakeasy (parents, carers and sex and relationships education) Learning outcome checklist sheet – level one

(To be placed at the front of the learner's folder)

Name of learner:	Learner code:
Name of course venue:	Name of course facilitators:

(entered by fpa unless accredited locally)

Credit level: one • Credit value: three

Learning outcome The learner will:	Assessment criteria The learner can:	Evidence in folder: (Completed in response to assessment criteria.) Only the worksheets listed below are required for level one. <i>Please write where evidence differs from text below</i>	Facilitator: tick when complete
1 Understand the physical and emotional changes boys and girls undergo at puberty.	1.1 Identify the physical changes taking place for boys and girls at puberty. 1.2 Identify the emotional changes for boys and girls at puberty.	1 Physical and emotional changes girls undergo during puberty 2 Physical and emotional changes boys undergo during puberty	
2 Understand what sex and relationships education means in the context of family life.	2.1 Identify the needs of children in relation to sexuality at different stages in their lives.	3 Needs of children in relation to sex and relationships education 4 What my child needs to know at different ages	
3 Understand how to respond to the needs of children in relation to sex and relationships education in the context of family life.	3.1 Identify learning opportunities with their children. 3.2 Give two examples of positive responses to children's questions and statements about sex and relationships. 3.3 Identify examples of useful resources for age-appropriate sex and relationships education.	5 Learning opportunities 6 Responding to children's questions and statements 7 Useful resources	
4 Understand social and cultural attitudes towards sex and sexuality as they relate to children.	4.1 Give examples of stereotypes found in the media or elsewhere. 4.2 Identify what is meant by culture in relation to children's understanding of sex and sexuality. 4.3 Outline situations where pressure operates within and outside the home environment.	Collage 9 What is culture? 11 Influences from inside and outside the home	

(continued)

(continued)

Learning outcome The learner will:	Assessment criteria The learner can:	Evidence in folder: (Completed in response to assessment criteria.)	Facilitator: tick when complete
5 Understand different methods of contraception that are available.	5.1 Identify three methods of contraception and briefly outline how they work.	13 Contraception	
6 Understand different sexually transmitted infections and methods for safer sex.	6.1 Identify three sexually transmitted infections and methods for safer sex.	14 Sexually transmitted infections	
7 Understand strategies for keeping children safe from harm.	7.1 List three situations where children may be at risk of harm and give examples of how an adult can help to protect children in those situations. 7.2 Identify three agencies that adults can contact for advice or support if they are concerned about the welfare of a child.	15 Risk from harm 16 Agencies to contact for advice or support	
8 Understand sex and relationships education in schools taking account of statutory and non-statutory guidance in education.	8.1 Identify examples of statutory and non-statutory curriculum content for sex and relationships education for different national curriculum key stages.	Facilitator declaration and supporting evidence 17 Sex and relationships education policy worksheet A copy of the sex and relationships education policy used	
Learner's comments in relation to the completion of their portfolio: (Optional)		Unit complete and evident in portfolio: Y / N	
Facilitator's comments on portfolio:		Checked by (name of facilitator): Signed: Moderator's comments on portfolio (where seen):	

Speakeasy (parents, carers and sex and relationships education) Learning outcome checklist sheet – level two

(To be placed at the front of the learner's folder)

Name of learner:	Learner code:
Name of course venue:	Name of course facilitators:

(entered by fpa unless accredited locally)

Credit level: two • Credit value: three

Learning outcome The learner will:	Assessment criteria The learner can:	Evidence in folder: (Completed in response to assessment criteria.) <i>Please write where evidence differs from text below</i>	Facilitator: tick when complete
1 Understand the physical and emotional changes boys and girls undergo at puberty.	1.1 Describe the physical changes taking place for boys and girls at puberty. 1.2 Describe the emotional changes for boys and girls at puberty.	1 Physical and emotional changes girls undergo during puberty	
2 Understand what sex and relationships education means in the context of family life.	2.1 Describe the needs of children in relation to sexuality at different stages in their lives. 2.2 Describe why different issues/subjects should be shared with children taking account of the context of family life.	2 Physical and emotional changes boys undergo during puberty	
3 Understand how to respond to the needs of children in relation to sex and relationships education in the context of family life.	3.1 Describe learning opportunities with children including those that are children-led. 3.2 Give four examples of positive responses to children's questions and statements about sex and relationships. 3.3 Describe examples of useful resources for age-appropriate sex and relationships education.	3 Needs of children in relation to sex and relationships education 4 What my child needs to know at different ages	
4 Understand social and cultural attitudes towards sex and sexuality as they relate to children.	4.1 Give examples of stereotypes found in the media or elsewhere and assess their influence on children. 4.2 Describe what is meant by culture and how cultural attitudes impact on children's understanding of sex and sexuality. 4.3 Describe situations where pressure operates within and outside the home environment and describe positive and effective strategies for dealing with this pressure.	5 Learning opportunities 6 Responding to children's questions and statements 7 Useful resources Collage 8 Collage explanation 9 What is culture? 10 Culture and its effects of children's understanding 11 Influences from inside and outside the home 12 Strategies for dealing with pressure	

(continued)

(continued)

Learning outcome The learner will:	Assessment criteria The learner can:	Evidence in folder: (Completed in response to assessment criteria.)	Facilitator: tick when complete
5 Understand different methods of contraception that are available.	5.1 Describe four methods of contraception and briefly outline how they work. 5.2 Describe the pros and cons for each method.	13 Contraception	
6 Understand different sexually transmitted infections and methods for safer sex.	6.1 Describe four sexually transmitted infections and safer sex. 6.2 Describe the signs and symptoms of sexually transmitted infections, and consequences if left untreated.	14 Sexually transmitted infections	
7 Understand strategies for keeping children safe from harm.	7.1 Describe three situations where children may be at risk of harm and give examples of how an adult can help to protect children in those situations. 7.2 Describe three agencies that adults can contact for advice or support if they are concerned about the welfare of a child.	15 Risk from harm 16 Agencies to contact for advice or support	
8. Understand sex and relationships education in schools taking account of statutory and non-statutory guidance in education.	8.1 Describe examples of statutory and non-statutory curriculum content for sex and relationships education for different national curriculum key stages. 8.2 Read a school sex and relationships education policy and describe whether the policy does or does not include examples of statutory and non-statutory curriculum content.	Facilitator declaration and supporting evidence 17 Sex and relationships education policy worksheet A copy of the sex and relationships education policy used	
Learner's comments in relation to the completion of their portfolio: (Optional)		Unit complete and evident in portfolio: Y / N Checked by (name of facilitator): Signed:	
Facilitator's comments on portfolio:		Moderator's comments on portfolio (where seen):	

Learner registration form

Registration for this course requires that the details on this form be held on a database. This will be held at **fpa**. With your permission, the information will also be shared with one of our partner organisations TSA (Trust for the Study of Adolescence). They will compile the final report on Speakeasy and will telephone a small sample of parents to help their research.

I agree to my details being held on a database at **fpa** Yes No

I agree to these details being made available to TSA Yes No

I agree to being contacted by phone at some point in the future if selected as part of the research sample Yes No
(Those interviewed will receive a gift voucher.)

Signed..... Date

Part one (to be filled in by all learners)

Please make sure that all details are fully completed and accurate. Your certificate(s) will contain your name as written below.

Personal details

Name.....

Male/Female/Do not wish to state

Address

..... Postcode.....

Date of birth.....

Tel..... Mobile.....

Email.....

Ethnic background

Bangladeshi

Indian

Pakistani

Any other Asian background

Please state

African

Caribbean

Any other Black background

Please state

Chinese

Mixed – White and Asian

Mixed – White and Black African

Mixed – White and Black Caribbean

Any other mixed background

Please state

White – British

White – Irish

Any other White background

Please state

Any other Ethnic group

Please state

Do not wish to state

(continued)

Details of children in your family including step-children and foster children

Sex	Age	Sex	Age	Sex	Age	Sex	Age	Sex	Age
Male/ Female		Male/ Female		Male/ Female		Male/ Female		Male/ Female	
Male/ Female		Male/ Female		Male/ Female		Male/ Female		Male/ Female	

Part two (to be filled in by all learners registering for accreditation with the Open College Network (OCN))

Please tick if you have registered previously with the OCN

Registration number, if known.....

In each of the following sections please tick one box that best fits the way you would describe yourself.

I am

- Registered as unemployed (seeking work)
- Unwaged (not seeking work, including retired)
- Employed part-time (including self-employed)
- Employed full-time (including self-employed)
- Full-time student
- I do not wish to state

- I consider myself to have a learning difficulty and/or disability
- I do not consider myself to have a learning difficulty and/or disability
- I do not wish to state

I wish to register for OCN accreditation.

Signed..... Date

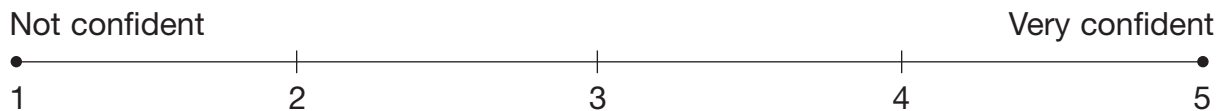
Office use: Centre name

Speakeasy learner's evaluation form (start)

Names are not required on evaluation forms.

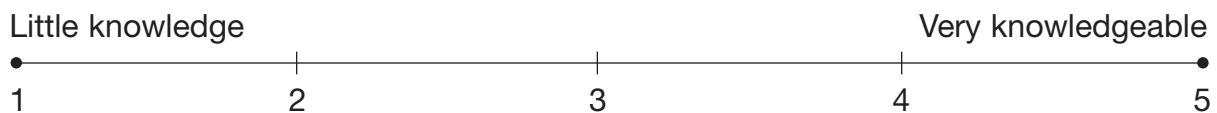
(Please circle a number in response to each question.)

1. At the moment, how confident do you feel when talking to your children about sex and relationships?

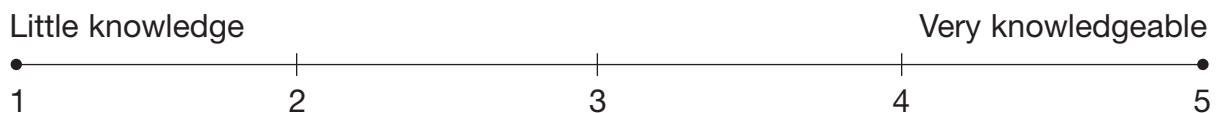


2. At the moment, how much knowledge do you feel you have when talking to your children about the following aspects of sex and relationships?

Changes during puberty



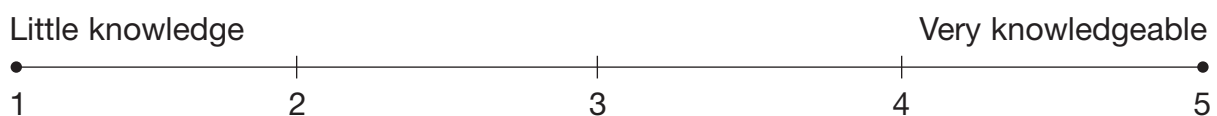
Sexually transmitted infections



Contraception



Keeping safe



(continued)

Speakeasy learner's evaluation form (end)

Names are not required on evaluation forms.

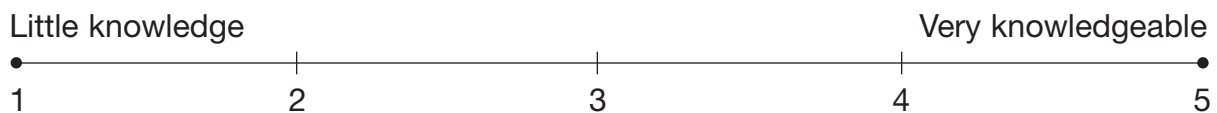
(Please circle a number in response to each question.)

1. At the moment, how confident do you feel when talking to your children about sex and relationships?

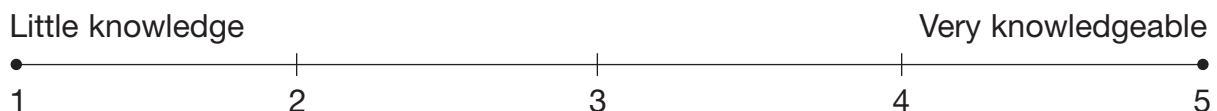


2. At the moment, how much knowledge do you feel you have when talking to your children about the following aspects of sex and relationships?

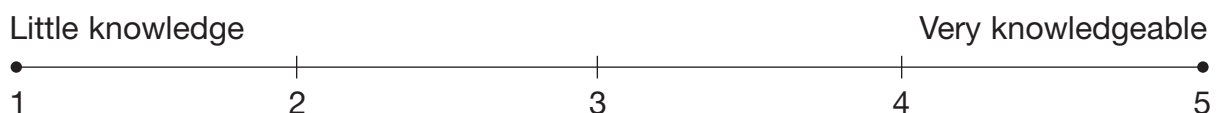
Changes during puberty



Sexually transmitted infections



Contraception



Keeping safe



(continued)

8. What two things about the course did you really enjoy?

9. Was there anything about the course you didn't enjoy?

10. Now that you have completed a Speakeasy course, how are you intending to use the credit you have gained?



Speakeasy Achievement Award

This certificate recognises that

.....

has attended an **fpa** Speakeasy course

Signed: Date:

Delivering a Speakeasy course: session information, session plans, assessed worksheets and extras

Each Speakeasy course session is covered in the following section. Each two-hour session is based on a learning outcome. There are eight learning outcomes and eight sessions in total.

The learning outcomes/sessions have been devised and ordered in the sequence that has been found to be most effective for learners.

Provided all sessions/learning outcomes are covered, it is possible to reorder the sequence of the course to suit the needs of the group.

Information and documentation takes the following order for each session:

Learning outcome/session information

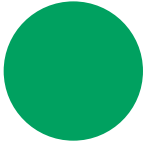
This gives an overview of the learning outcome/session and related materials that can be used.

Session plan (two hours)

The course can be re-configured over fewer weeks with longer sessions. The total learning time should still be a minimum of 14 hours in the group, with the remainder completed to make the 30-hour total. Make sure any alterations made to the session plans do not jeopardise learners' opportunity to gain accreditation.

Assessed worksheets


All 17 assessed worksheets have the same top bar which looks like this:

Speakeasy	ASSESSED WORKSHEET 1	Learning outcome	
Title of worksheet		Assessment criteria	
Name		Date	

The top bar of an assessed worksheet contains all the relevant information for both the learning outcome and assessment criteria it relates to. There is space for the learner's name, and the date the worksheet was completed. All assessed worksheets that relate to the level a learner is working towards need to be included in a folder that is going forward for accreditation.

Assessed facilitator declaration

An assessed facilitator declaration needs to be completed for learning outcome eight; it has a similar top bar to the assessed worksheets.

Speakeasy	ASSESSED DECLARATION	Learning outcome 8	
Sex and relationships education at school		Assessment criteria 8.1	
Name		Date	

The assessed facilitator declaration requires a written paragraph showing how the learner has met the assessment criteria during the assessed activity. Wherever possible, further evidence should be attached to support the declaration (for example, a photograph or typed up flip-chart notes).

An optional learner's section on the declaration allows the learner to write what they have learned in the discussion.

Course information handouts

All 12 course information handouts have been designed to support the information shared during a session. They all have the same top bar, which looks like this:

Speakeasy	COURSE HANDOUT H1	
Title of handout		

If you give other handouts to learners, make sure they contain up-to-date and accurate information (see website list on page 78).

Facilitator ideas/resources

All 14 facilitator ideas/resources have been included as suggested ways to support the delivery of particular subjects/activities. They all have the same top bar which looks like this:

Speakeasy	FACILITATOR IDEA/RESOURCE	
Title of facilitator idea/ resource		

Supporting learners who may find completing worksheets/activities difficult

Speakeasy facilitators often have one or more learners in the group who need support to complete their folder of work. Supported learners' folders should contain their own work and all items relating to assessment criteria for the level they are working towards.

Learners should be reassured that their completed folder will be marked on the basis of relevance in what they have written rather than their presentation or spelling.

Supporting a learner by use of a scribe and/or translator

Where learners have worked together as a group and the resulting evidence is submitted in their folders as joint work, all names of the group should be listed. The name of the person who scribed or typed-up the evidence should also be given. If a learner's folder is mostly or wholly scribed by another person or persons, the facilitator will need to create a further declaration (statement) at the front of the folder explaining this.

Supporting a learner using photographic evidence

Photographic evidence is often useful as supportive, rather than sole evidence. This is because photographs only demonstrate limited information. A photograph of a completed activity does not show that a learner has taken part in it. A photograph of a learner taking part in an activity is also of limited value. Both photographs together however are far stronger evidence, especially when supported by a declaration (statement) by the facilitator explaining:

- which learning outcome/assessment criteria the photographs relate to;
- what is happening in the photograph/s; and
- which learner the evidence relates to.

Using group-based evidence in place of individual evidence

Speakeasy is a course where learners can work together and support one another through the course. Accreditation however relies on evidence of learning and achievement from the individual. This does not mean learners cannot work together to complete tasks, it simply means that evidence of an individual's work and input needs to be present in their folder. Where learners have worked together as a group and their resulting evidence is submitted in their folders as joint work, all names of the group should be listed. The person who scribed or typed up the evidence should also be listed. Unless a learner requires full support to complete their folder, the individual learner is expected to complete the majority of their assessed worksheets/tasks.

Audio or video evidence in place of a written folder of work

This type of evidence is welcome and limits or removes the need for written evidence by the learner. For either type of evidence to be effective, you must make sure that there is clear coverage of all learning outcomes/assessment criteria in the learner's audio or visual evidence.

Other ways to support learners who find the completion of assessed worksheets/tasks difficult

Often the most useful support to any learner is time. It may be helpful for you to offer one-to-one support at the beginning or end of your sessions. You might also add a folder building week to the end of your course.

Splitting the group into smaller groups to complete tasks together is fine, even if learners are individually filling out worksheets.

For some tasks, such as the contraception and sexually transmitted infections worksheets, a lot of writing is required. Some learners may find this task difficult. One way to support learners is by cutting out and sticking in responses from contraception/sexually transmitted infections leaflets. Learners with no identified need for support should however write or type rather than use this method.

Learners may choose to type up their written work. To authenticate this work, make sure learners write and sign their name on each typed sheet they have created.

If you are unsure about anything, or have created your own assessment tool to replace a worksheet/activity, please contact either your Speakeasy trainer or the **fpa** lead moderator.

Creating a group agreement

A good group agreement should mean that learners can feel safe. Everyone should know what the rules of the group are. Everyone, including the facilitator, should agree to stick to them. Due to the nature and topics of the Speakeasy course, and the fact that you may be discussing sensitive issues, an effective group agreement is essential.

To create a group agreement, ask the learners what points they think they want to include. Try to make sure that all group rules are worded positively so the group knows what to do, rather than what not to do. Tell the group that good ground rules are always worded positively. For example, if someone suggests a rule of 'don't interrupt', suggest 'take turns to talk' as a way of re-phrasing this.

The group agreement should be written up briefly on flip chart paper so that everyone can see it. It should be brought out each week when the group meets and adhered to at all times. Alternatively, it may be typed up and given to learners for inclusion in their folders.

Try to ensure that all the following ideas are included in the group agreement, no matter what words you use.

Confidentiality

Explain that personal information which people share in the group must stay in the group and must never be discussed anywhere else. Tell the learners it is good for them to share the new factual information and strategies learned, and that they can share what they have learned about themselves.

Make sure that the learners understand that the facilitator cannot keep confidentiality if someone says that a child or other vulnerable person has been harmed or is at risk of harm. Tell the learners that if you need to break confidentiality you will let them know first wherever possible.

Only share what you want to share	Explain that it is okay to discuss situations that relate to helping children understand about sex and sexuality. The learners should only share as much or as little as they feel comfortable sharing. If they start to feel uncomfortable while they are talking then they can just say, “I want to stop there” even if they were in the middle of saying something.
Own your opinions	Explain to learners that they should try to use ‘I’ as much as possible when they are talking, so that everyone knows that they are stating their own opinion. For example, saying, “Condoms are no good; they often split” gives the impression that everyone thinks this. It is better to say, “I think that condoms are no good because I find that they often split.” The learner can then prepare to be challenged.
Accept and respect others	<p>Learners will all be different and will have a wide range of experiences and opinions. The learners may find that there are people in the group whose lifestyle is different to theirs (for example, people in same sex relationships or people with a strong religious viewpoint). Let them know that ‘different’ doesn’t mean ‘wrong’. Learners need to be able to accept and respect a person, even when they do not agree with their opinion.</p> <p>Explain to learners that it is normal to feel uncomfortable sometimes when discussing topics concerning sex and sexuality.</p>
It’s okay to disagree	All the learners will be different. They are bound to disagree sometimes. Explain to the learners that it is okay to say that they have a different opinion. Learners should be helped to say “I disagree with what you have just said because...” rather than “You’re wrong.”
Listen to each other	Encourage the learners to take turns to talk one at a time.
There is no such thing as a silly question	Remind the learners that we all have different levels of knowledge and experience and that we can learn from each other.

Learning outcome 1:

Understand the physical and emotional changes boys and girls undergo at puberty

Session information

Assessment criteria:

Level one:

- 1.1 Identify the physical changes taking place for boys and girls at puberty.
- 1.2 Identify the emotional changes for boys and girls at puberty.

Level two:

- 1.1 Describe the physical changes taking place for boys and girls at puberty.
- 1.2 Describe the emotional changes for boys and girls at puberty.

Guidelines for delivering the learning outcome 1 session

- Group discussion considering the following questions:
When does puberty start? What is puberty? What hormones are involved?
How was puberty for you? What can parents do to assist transition?
- Feedback on flip chart (which may be used as evidence to support learners who need it).
- Ask learners to create a boy and girl at puberty using the Headon Body board or by drawing a human figure outline on a flip chart.
- Ask learners to complete the assessed worksheets in which they either have to identify or describe the changes that take place at puberty for both genders.
- Ask learners to complete any unfinished worksheets as part of their homework tasks.

Suggested resources:

fpa *4Boys* booklet (designed for ages 12 and above)

fpa *4Girls* booklet (designed for ages 12 and above)

fpa *4You* booklet (designed for ages 9 and above)

fpa *Periods* booklet (designed for ages 9 and above)

fpa *Love Sex Relationships* booklet (designed for ages 12 and above)

See **fpa** in Useful organisations on page 164. Also see booklist on page 20.

The Body board resource can be obtained from:
Headon Ltd (see Useful organisations on page 164).

Websites

www.bbc.co.uk

www.avert.org

www.lifebytes.gov.uk

www.likeitis.org

Session plan

Session aim – learning outcome 1

- Understand the physical and emotional changes boys and girls undergo at puberty

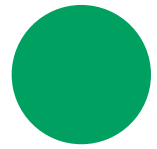
Session objectives – assessment criteria

- Identify/Describe the physical changes taking place for boys and girls at puberty
- Identify/Describe the emotional changes taking place for boys and girls at puberty

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
20 minutes	20 minutes	Welcome to Speakeasy and group set up (including ice-breaker activity)	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Introduction to Speakeasy ● Accreditation ● Setting a group agreement Learners to complete: <ul style="list-style-type: none"> ● Start evaluation form ● Learner registration form ● Group register Ice-breaker activity: To be provided by facilitator	Information for learners about Speakeasy and accreditation Pages 29–30 Learning outcome checklist sheets for learners' folders Pages 31–34 Flip chart to create group agreement Start evaluation form Pages 37–38 Learner registration form Pages 35–36 Group register Pages 161–162
55 minutes	35 minutes	Introduction to puberty	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● What is puberty? ● When does puberty begin? ● What hormones are involved? ● What happens at puberty? 	Leaflets and booklets that could be used to aid discussion: <ul style="list-style-type: none"> ● <i>fpa 4Boys</i>, <i>fpa 4Girls</i>, <i>fpa 4You</i> ● <i>fpa Periods</i> Books that could be used to aid discussion: <ul style="list-style-type: none"> ● <i>Growing up</i> (S Meredith) ● <i>Hair in funny places</i> (B Cole)
1 hour and 5 minutes	10 minutes	— Break —		
1 hour and 35 minutes	30 minutes	Physical and emotional changes for boys and girls during puberty	Small group work completing assessed worksheets: <ul style="list-style-type: none"> ● Physical and emotional changes girls undergo during puberty ● Physical and emotional changes boys undergo during puberty Whole group feedback	Assessed Worksheets: 1 – Physical and emotional changes girls undergo during puberty 2 – Physical and emotional changes boys undergo during puberty Flip chart to note group feedback Useful to support learners who find completing assessed tasks difficult

(continued)

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
1 hour and 55 minutes	20 minutes	Physical and emotional changes for boys and girls during puberty	Small group work – ‘create a boy/girl at puberty’ activity: Using outline of person on flip chart or a Headon Body board ask learners to create a boy/girl going through puberty to consolidate learning from the session	Handouts: H1 – Changes at puberty – girls H2 – Changes at puberty – boys
2 hours	5 minutes	Close session	Reminder to learners to complete unfinished assessed worksheets if they want to gain accreditation	



Physical and emotional changes girls undergo during puberty

Name

Date

Completing this assessed worksheet at level one

Identify the physical and emotional changes taking place for girls during puberty.
For example: *'body hair'*.

Completing this assessed worksheet at level two

Describe the physical and emotional changes taking place for girls during puberty.
For example: *'Hair grows thicker and fuller on arms and legs'*.

Physical changes that take place for girls during puberty

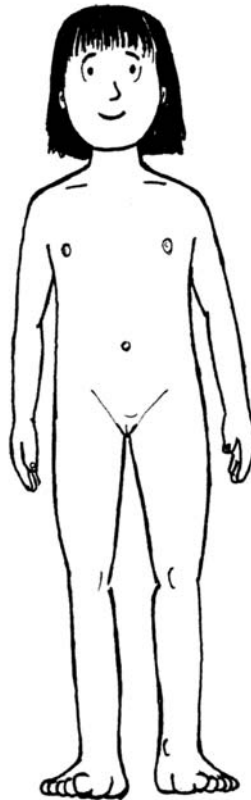
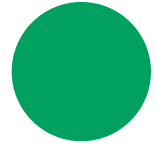


Illustration from *Talking together ... about growing up*. fpa 1999. © Nic Watts.
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Emotional changes that take place for girls during puberty



Physical and emotional changes boys undergo during puberty

Name

Date

Completing this assessed worksheet at level one

Identify the physical and emotional changes taking place for boys during puberty. For example: *'body hair'*.

Completing this assessed worksheet at level two

Describe the physical and emotional changes taking place for boys during puberty. For example: *'hair grows on chest and back (for some), also legs and arms become more hairy'*.

Physical changes that take place for boys during puberty

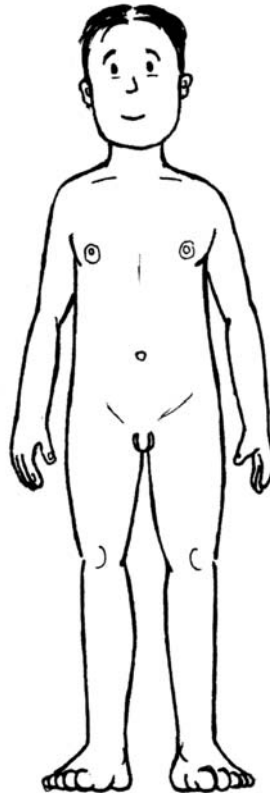


Illustration from *Talking together ... about growing up*. fpa 1999. © Nic Watts. Reproduced with permission.

Emotional changes that take place for boys during puberty



Changes at puberty – girls

The female body produces the hormones progesterone and estrogen, which start the changes of puberty. Sexual development can start anywhere between the ages of 8–14.

The changes a girl's body goes through during puberty

- Breasts grow.
- Nipples become larger and fuller and they may become darker in colour.
- Face shape changes and becomes less childlike.
- Voice becomes slightly deeper, although not as noticeable as with boys.
- Body shape changes as hips widen.
- Growth spurt which includes lengthening of arms and legs.
- Weight gain.
- Hands and feet grow bigger.
- Hair grows under arms and on legs.
- Hair on arms and legs may become darker.
- Pubic hair grows on vulva.
- Vagina discharges a clear or slightly milky discharge – this is normal and helps to keep the vagina healthy.
- Ovaries release an egg which, if not fertilised by sperm, is broken down and shed with the lining of the womb. (This is known as menstruation or a period.)
- Hormonal changes can lead to girls' mood swings including irritability, tearfulness, overwhelming happiness and confusion.
- May feel intense emotions of love, low self-esteem, frustration and apathy.
- They may become argumentative and bad tempered, and challenge authority.
- May be physically attracted to others (male or female).
- Begin to want more independence from parents.

Text adapted from *Let's Talk About Sex* written by R H Harris, illustrated by M Emberley
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Changes at puberty – boys

The male body produces the hormone testosterone, which starts off the changes of puberty.

Sexual development can happen at any time between ten and 18, but usually happens around 13 or 14.

The changes a boy's body goes through during puberty

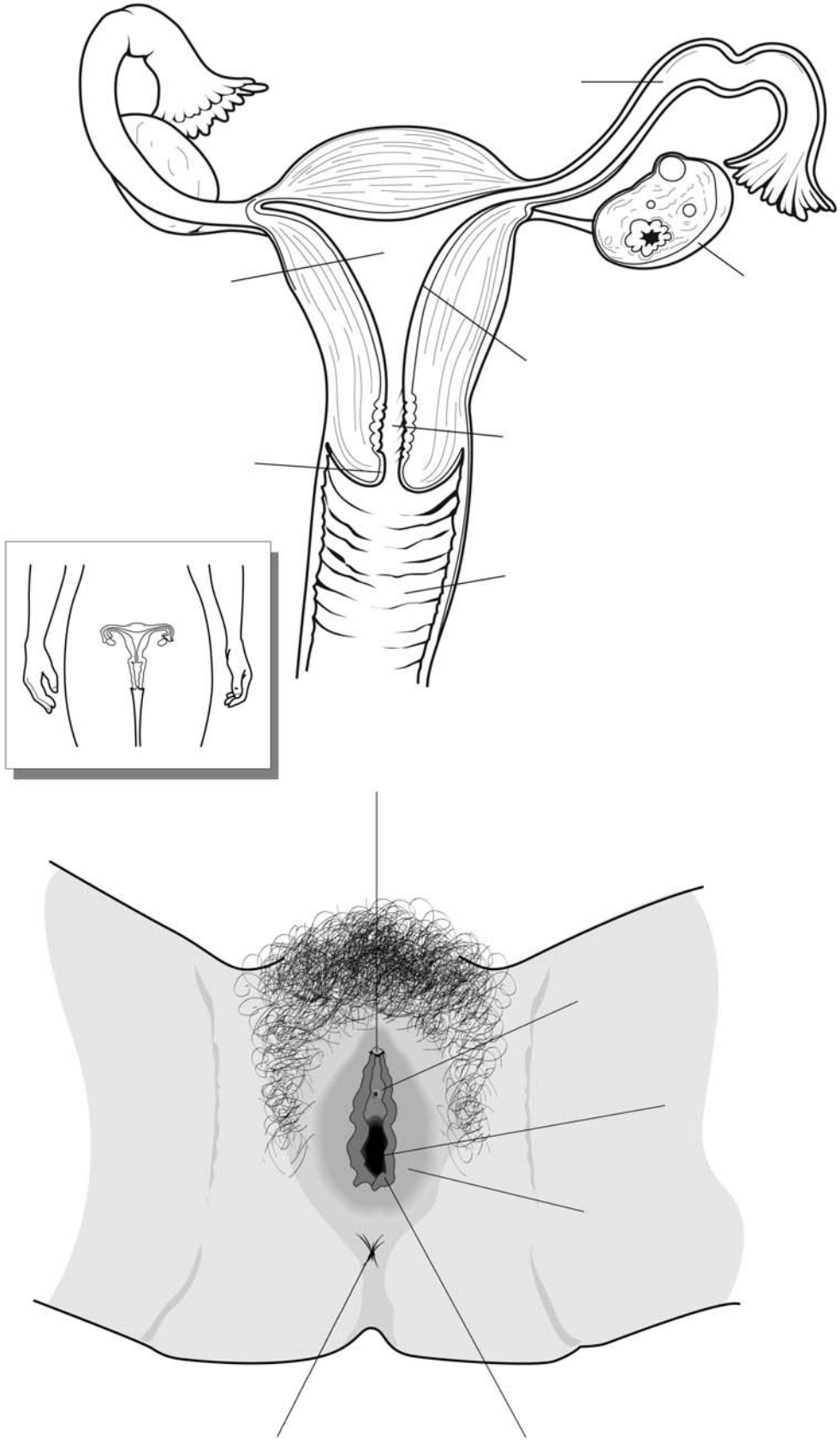
- Testicles grow larger and fuller.
- Penis grows longer and wider.
- Pubic hair grows around the base of the penis.
- Testicles start to produce sperm which mixes with fluid to make semen which boys ejaculate.
- Spontaneous erections and wet dreams begin.
- Scrotum sac becomes darker in colour.
- More hair grows on the body which may become darker on the arms and legs.
- Growth spurt including arms, legs and feet.
- Body shape changes as boys develop broader shoulders and chest and become more muscular.
- Face shape changes and becomes less childlike.
- Voice box grows which makes the Adam's apple look bigger, and the voice breaks and becomes deeper.
- Hair and skin become more oily, which may lead to spots and acne.
- Body sweats more.
- Growth of facial hair.
- Hormonal changes can lead to mood swings including irritability, tearfulness, overwhelming happiness and confusion.
- May become argumentative and bad tempered, and challenge authority.
- May be physically attracted to others (male or female).
- Begin to want more independence from parents.
- May feel intense emotions of love, low self-esteem, frustration and apathy.

Text adapted from *Let's Talk About Sex* written by R H Harris, illustrated by M Emberley
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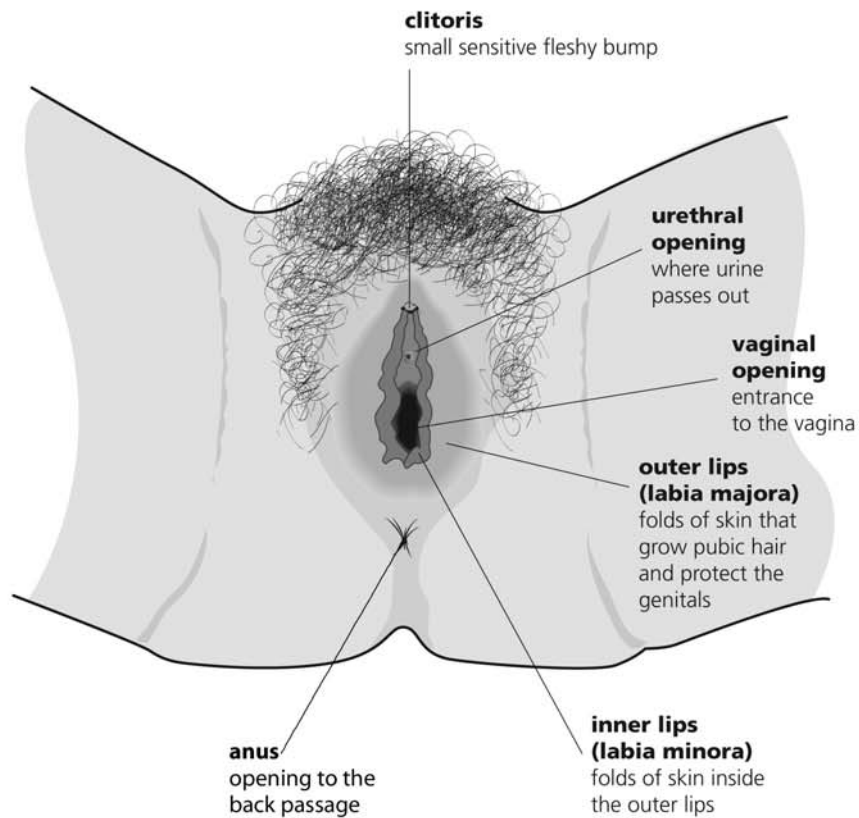
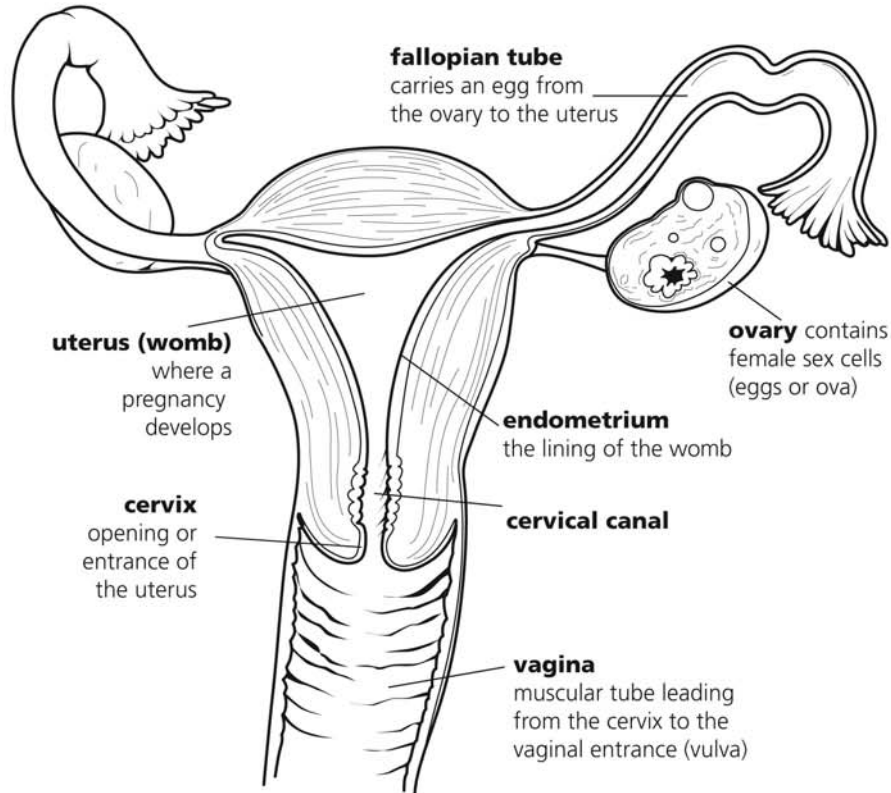


Female body parts



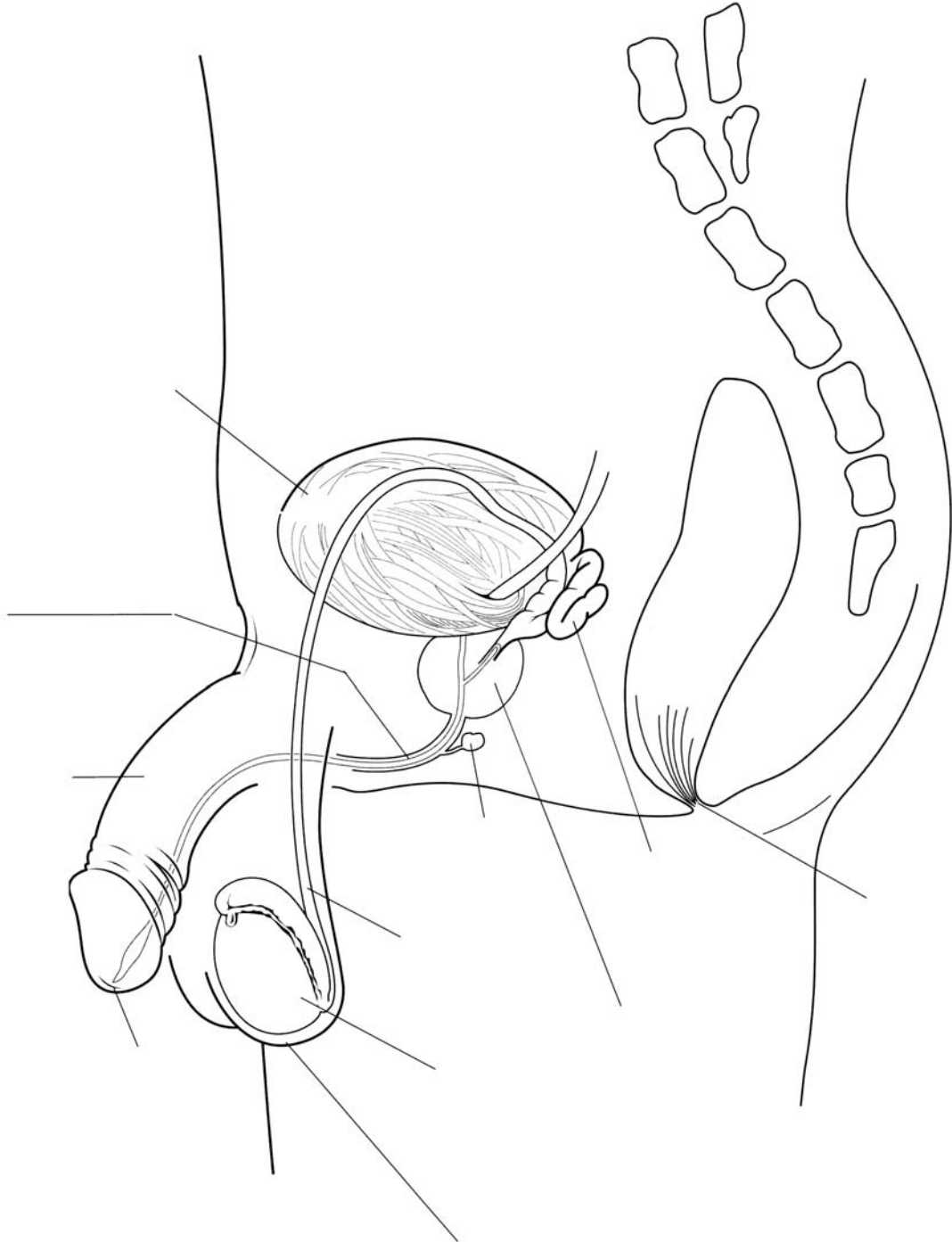


Female body parts



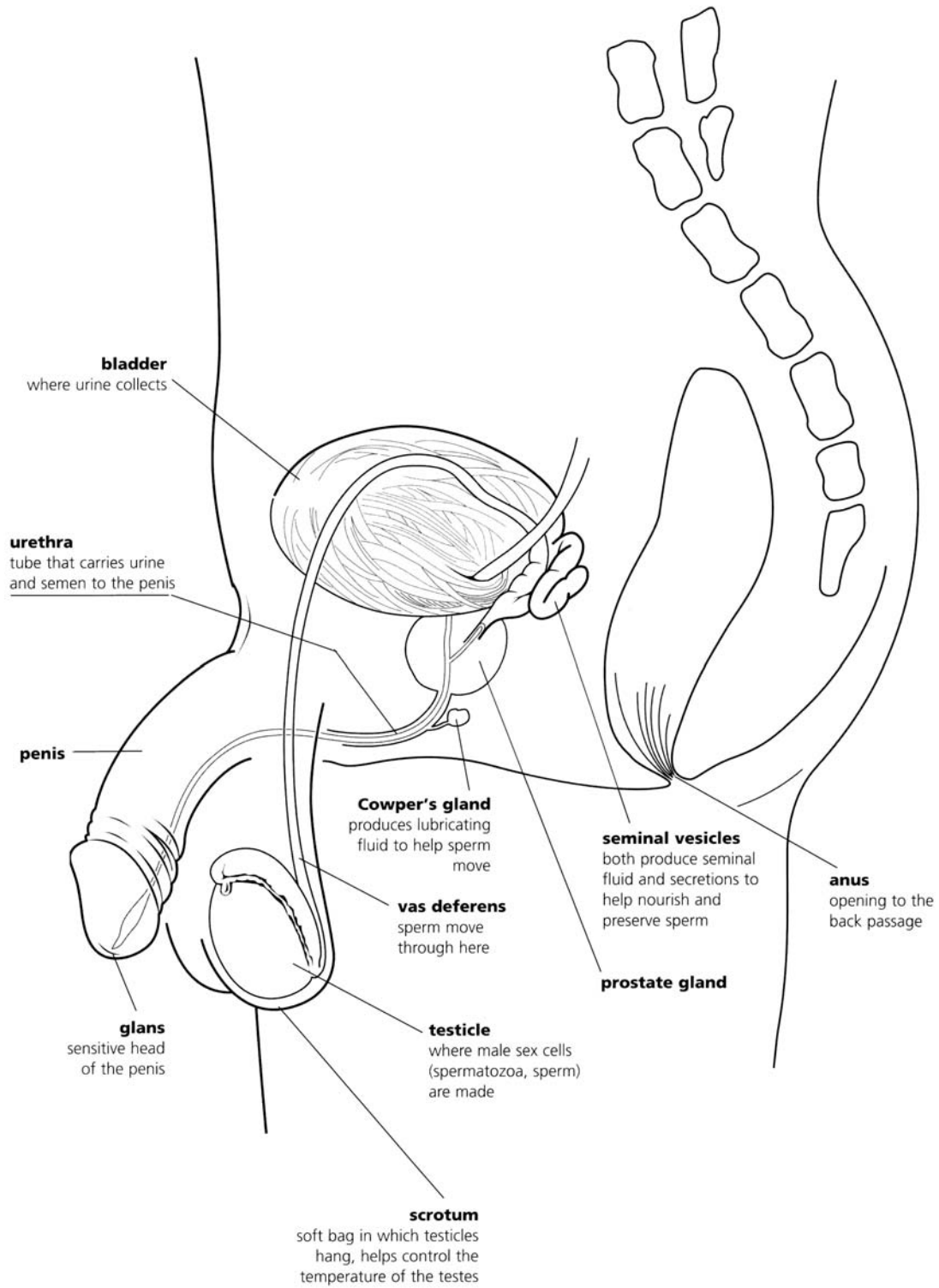


Male body parts





Male body parts



Learning outcome 2:

Understand what sex and relationships education means in the context of family life

Session information

Assessment criteria:

Level one:

2.1 Identify the needs of children in relation to sexuality at different stages in their lives.

Level two:

2.1 Describe the needs of children in relation to sexuality at different stages in their lives.

2.2 Describe why different issues/subjects should be shared with children taking into account the context of family life.

Guidelines for delivering the learning outcome 2 session

- Group discussion – timeline activity (see page 70 for instructions). Ask learners to discuss when they consider it appropriate to talk to children about the subjects and issues on the list provided.
- Use a timeline to chart learners' decisions. Learners may be split into small groups if main group is large enough.
- Ask learners to describe why they think different issues/subjects should be shared with children at different stages in development.
- Ask learners to think about how they might answer questions in relation to the issues/subjects discussed, in preparation for next week's session (relating to learning outcome 3).
- Ask learners to complete any unfinished worksheets as part of their homework tasks.

Points to be aware of when delivering this session

As the timeline activity asks learners to think about a variety of subjects and how/when they would discuss these issues with their children, it is likely that some of your group members will have differences of opinion. Remember to refer back to the group agreement if conflict or heated discussion arises. Remind all group members that everybody is entitled to their opinion.

Cultural and religious backgrounds have a major effect on this exercise. Sensitivity and respect will be required and there may be a case for leaving out certain words from the exercise if you think these will be too difficult for the group.

Suggested resources:

fpa *Talking to your child about sex and relationships*

fpa *Love Sex Relationships*

Questions Children Ask by M Stoppard

(Published by Dorling Kindersley)

See **fpa** in Useful organisations on page 164.

Session plan

Session aim – learning outcome 2

- Understand what sex and relationships education means in the context of family life

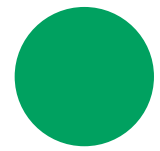
Session objectives – assessment criteria

- Identify/describe the needs of children in relation to sexuality at different stages in their lives
- Describe why different issues/subjects should be shared with children taking account of the context of family life

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
15 minutes	15 minutes	Welcome back (including ice-breaker activity)	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Review of the group agreement ● Review of last week's session Learners to complete: <ul style="list-style-type: none"> ● Group register Also: <ul style="list-style-type: none"> ● Start evaluation form ● Learner registration form (if not already done) Ice-breaker activity resources (To be provided by facilitator)	Group agreement Group register Start evaluation form Pages 37–38 Learner registration form Pages 35–36
45 minutes	30 minutes	Timeline activity	Small/large group activity Completing the timeline activity, considering when children should be told about a variety of issues or subjects relating to sex, relationships and growing up	Timeline Timeline issue/subject cards
1 hour	15 minutes	Timeline feedback	Then whole group feedback to discuss responses to activity	Flip chart to note group feedback Useful to support learners who find completing assessed tasks difficult
1 hour and 10 minutes	10 minutes	— Break —		
1 hour and 25 minutes	15 minutes	Needs of children in relation to sex and relationships education	Whole group discussion, and completing assessed worksheet: <ul style="list-style-type: none"> ● Needs of children in relation to sex and relationships education 	Assessed worksheet: 3 – Needs of children in relation to sex and relationships education Flip chart (optional) Useful to support learners who find completing assessed tasks difficult

(continued)

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
1 hour and 55 minutes	30 minutes	What my child needs to know at different ages	Small group discussion, and completing assessed worksheet: <ul style="list-style-type: none"> What my child needs to know at different ages (Using timeline items of factual knowledge cards) 	Assessed worksheet: 4 – What my child needs to know at different ages Handouts: <ul style="list-style-type: none"> H3 – Timeline items of factual knowledge H4 – Glossary of timeline words
2 hours	5 minutes	Close session	Reminder to learners to complete unfinished assessed worksheets if they want to gain accreditation	



Needs of children in relation to sex and relationships education

Name

Date

Completing this assessed worksheet at level one

Write down your responses to all of the questions below.

Completing this assessed worksheet at level two

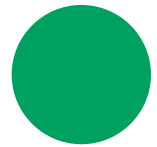
Write down your responses to all of the questions below making sure you describe fully your views.

Who should be involved in giving sex and relationships education/information to children and young people?

Why should these people be involved?

What would a person need to be able to successfully talk to children/young people about sex, relationships and growing up? (for example, resources and knowledge)

Does the age of a child/young person affect the way you discuss sex and relationships issues with them? If so, how?



What my child needs to know at different ages

Name

Date

Completing this assessed worksheet at level one

Think about the timeline game and have a look at the words on handout **H3**. Decide at what age you think your child needs to know about them. (Fill in first column only.)

Completing this assessed worksheet at level two

Think about the timeline game and have a look at the items of factual knowledge (subjects) on handout **H3**. Decide at what age you think your child needs to know about them and why at that age. (Fill in both columns.)

Age	Subject Levels one and two	Why at this age? Level two only
0–5 years		
5–10 years		
10–15 years		
15 years and over		

If there are some subjects you would never discuss, please use the back of the sheet or a separate sheet of paper to explain why.



Timeline items of factual knowledge

Use the words below to complete the attached worksheet, considering at what age you feel your child needs to know about each subject and why.

Periods

Vagina

Penis

Foreplay

Oral sex

Civil partnership

Sexual intercourse

Anal sex

Where babies come from

Marriage

Masturbation

Contraception

Gay relationships

Clitoris

Sexually transmitted infections

Pubic hair

Abortion

Wet dreams

Puberty

Sanitary products

Erections

Orgasms

Foreskin

Sexual abuse

Pregnancy

Personal hygiene

Keeping safe from harm

HIV and AIDS





Glossary of words used during the timeline activity

Abortion	Ending (terminating) a pregnancy. May happen naturally (spontaneous abortion or miscarriage), or through medical treatment (induced abortion).
Anal sex	Sex in which penis goes into the anus. You can be gay, straight or bisexual to have anal sex. May be risky because the skin inside is delicate and tears easily, letting sexually transmitted infections through. Some people enjoy it – others don't.
Body changes	The changes that happen to boys and girls when they reach puberty.
Bras	Special underwear worn by girls and women to support their breasts.
Civil partnership	A way that same sex couples can have their relationship legally recognised, allowing them the same rights as a married couple.
Clitoris	Organ in the front of a woman's genitals that can be very pleasurable to touch. Becomes swollen and erect when a woman is sexually aroused.
Contraception	Word covering all methods of preventing pregnancy. A contraception clinic, practice nurse or doctor can help you decide which is best for you.
Erection	When the penis gets harder and bigger.
Friendship	A relationship where two people have a bond of affection for each other.
Foreplay	Sexual activity such as kissing, stroking and touching, that may or may not lead to sexual intercourse.
Gay/lesbian	When a man or woman is mainly sexually attracted to people of the same sex.
HIV	Human immunodeficiency virus – virus that causes AIDS. Can be transmitted through sex, as well as through blood and blood products. When the virus gets in to the bloodstream it begins to destroy the body's defence systems against disease. Even without treatment, people may look and feel healthy for many years after infection, but they can still spread the virus to others.
Keeping safe from harm	Providing children, young people and vulnerable people with information that enables them to protect themselves from harm.
Marriage	When a man and a woman have their relationship legally recognised.
Masturbation	Touching, rubbing or stroking your own or another sexual person's organs for pleasure. When two people do it together or to each other it's called mutual masturbation. Masturbation is safe, won't cause pregnancy (there is a small risk during mutual masturbation if the boy ejaculates very close to the girl's vagina) or transmit infection.
Oral sex	Arousal of the sexual organs of a partner using the mouth. Cannot lead to pregnancy but may carry infection risks if either partner is infected.

(continued)



Orgasm	Sexual climax, also known as coming or cumming. In both men and women, orgasm is a series of intense muscular spasms in the genital area followed by muscular relaxation. In men, usually involves ejaculation.
Penis	Male sexual organ.
Period	Bleeding from the womb (uterus) out through the vagina if conception has not occurred. Most women have periods every 28 days or so, but some women have cycles that are longer or shorter, and this is normal.
Personal hygiene	Keeping your body and clothes clean.
Pregnancy	This means being pregnant, which is when an egg is fertilised by a sperm, and implants in the womb lining.
Puberty	Time of rapid physical and emotional change, usually between the ages of eight and 18. Advances at different rates in different people. Girls grow breasts and begin menstruation. In boys, the testicles enlarge and the voice deepens. In both sexes, pubic hair develops around the genitals and hair grows under the arms. Spots may appear.
Sanitary products	Tampons or sanitary towels used by girls and women to absorb blood during a period.
Sexual abuse	When a person does something sexual to someone who has not given, or is not able to give, consent to sexual activity. This includes sexual touching, being forced or coerced into having sex, or being made to look at sexual pictures or videos.
Sexual intercourse	Usually refers to entry of the penis into the vagina or anus.
Sexually transmitted infection	Infections that can be passed from one person to another during sexual or intimate contact.
Vagina	The part of a woman's sexual organs that connects the uterus to the external genitals. Where the penis goes during sexual intercourse between a man and a woman.
Wet dreams	Ejaculation when boys or men are asleep.
Where babies come from	This is a term often used to refer to the process of sexual reproduction and pregnancy, especially in the context of explaining reproduction to young children.

Where to get help on sexual health issues – you can go to:

- general practices
- specialist contraceptive clinics
- sexually transmitted infection testing clinics (genitourinary medicine (GUM) clinics)
- pharmacies.

Young people can go to a young people's clinic, such as Brook (these will have an upper age limit).



Timeline activity

The timeline activity offers learners the opportunity to consider at what age they would discuss certain words with their children and why.

Creating your timeline

For very small groups, create a timeline on A4 paper. For larger groups, use A3 paper or a flip chart. If you want to be more creative, use a washing line spanning one side of the room to the other and use clothes pegs to attach the issues/subjects.

0 years

5 years

10 years

15 years +

Creating your word cards

Use the course handout on page 67 to create timeline word cards for your group. If the group is large, split the learners into small groups to work together.

The timeline activity in your groups

Remember that the aim of the activity is for learners to identify/describe the needs of children in relation to sexuality at different stages in their lives. Learners need to consider how their children grow and develop sexually, and what words they will need to know about.

Use the questions below to guide your groups in their activity in relation to each word or topic raised.

- At what age might you discuss the topic with your child?
- Why at this age?
- Why might you need to discuss this topic earlier/later?

Note down your responses to the questions on your timeline.

In order to support the assessed timeline activity worksheet, a photograph or photocopy of the group timeline may be added to each learner's folder.



Learning outcome 3:

Understand how to respond to the needs of children in relation to sex and relationships education in the context of family life

Session information

Assessment criteria:

Level one:

- 3.1 Identify learning opportunities with their children.
- 3.2 Give two examples of positive responses to children's questions and statements about sex and relationships.
- 3.3 Identify examples of useful resources for age-appropriate sex and relationships education.

Level two:

- 3.1 Describe learning opportunities with children including those that are child-led.
- 3.2 Give four examples of positive responses to children's questions and statements about sex and relationships.
- 3.3 Describe examples of useful resources for age-appropriate sex and relationships education.

Guidelines for delivering the learning outcome 3 session

- Group discussion with learners identifying (level one) or describing (level two) learning opportunities to bring up the topic of sex and relationships with their children.
- Group discussion allowing learners to view different books and leaflets. Ask learners to identify (level one) or describe (level two) examples of useful resources which could be used to help them talk to their children about sex and relationships.
- Using the set of questions provided in this *Handbook* (or equivalent) get learners into small groups or pairs to discuss and note down responses to different questions/statements.

Suggested resources:

fpa *Talking to your child about sex and relationships booklet*

fpa *Love Sex Relationships booklet*

See **fpa** in Useful organisations on page 164.

Questions Children Ask by M Stoppard
(Published by Dorling Kindersley)

Session plan

Session aim – learning outcome 3

- Understand how to respond to the needs of children in relation to sex and relationships education in the context of family life

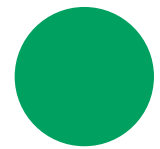
Session objectives – assessment criteria

- Identify/describe learning opportunities with their children.
- Give examples of positive responses to children’s questions and statements.
- Identify/describe examples of useful resources for age-appropriate sex and relationships education.

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
15 minutes	15 minutes	Welcome back	<p>Facilitator-led discussion covering the following:</p> <ul style="list-style-type: none"> ● Review of the group agreement ● Review of last week’s session <p>Learners to complete group register</p>	<p>Group agreement</p> <p>Group register</p>
55 minutes	40 minutes	Responding to children’s questions and statements	<p>Whole group discussion leading to assessed activity in small groups/pairs: Considering how to talk to children about sex and relationships, and reviewing age appropriate resources that can be used.</p> <p>Completion of assessed activity in pairs:</p> <ul style="list-style-type: none"> ● Responding to children’s questions activity ● Allowing learners to consider how to respond to various questions/statements verbally and using the resources provided. <p>Feedback and general group discussion of questions covered.</p>	<p>Assessed worksheet:</p> <p>6 – Responding to children’s questions and statements</p> <p>7 – Useful resources</p> <p>Question cards:</p> <ul style="list-style-type: none"> ● Facilitator idea/resource <p>Variety of books, leaflets and other resources for learners to review and use to respond to questions</p> <p>Handouts and leaflets:</p> <ul style="list-style-type: none"> ● H5 – Useful websites. ● H6 – Useful books. ● fpa <i>Talking to your child about sex and relationships.</i>
1 hour and 5 minutes	10 minutes	— Break —		
1 hour and 35 minutes	30 minutes	Responding to children’s questions and statements continued	Continued from above	Continued from above

(continued)

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
1 hour and 55 minutes	20 minutes	Learning opportunities with my child	<p>Small group work, considering: how different opportunities can be used to initiate conversations in relation to sex and relationships</p> <p>Completion of assessed worksheet:</p> <ul style="list-style-type: none"> ● Learning opportunities with my child <p>Feedback and general group discussion of learning opportunities identified</p>	<p>Assessed Worksheet: 5 – Learning opportunities</p> <p>Flip chart (optional) Useful to support learners who find completing assessed tasks difficult</p>
2 hours	5 minutes	Close session	<p>Home task:</p> <ul style="list-style-type: none"> ● Complete useful resources assessed worksheet. ● Learners to collect any magazines they or their children have to use in next week's session (learning outcome 4). <p>Reminder to learners to complete unfinished assessed worksheets if they want to gain accreditation</p>	Assessed worksheets



Learning opportunities

Name		Date
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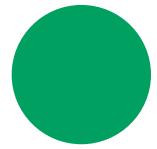
Completing this assessed worksheet at level one

Think about two situations you may have experienced, or could find yourself in, that you could use to talk to your child about sex and relationships. There is an example below to start you off. (Fill in first column only.)

Completing this assessed worksheet at level two

Think about two situations you may have experienced, or could find yourself in that you could use to talk to your child about sex and relationships. Then consider what you might be able to talk about. There is an example below to start you off. (Fill in both columns.)

Situation Levels one and two	What might we be able to talk about? Level two only
<p>You see a pregnant woman in the street while walking to the shops.</p>	<ul style="list-style-type: none"> ● Where babies come from including childbirth. ● Love and different types of relationships. ● Contraception. ● Breast feeding. ● Teenage pregnancy.



Responding to children's questions and statements

Name

Date

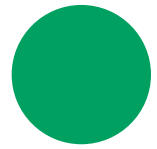
Completing this assessed worksheet at level one

Give two examples of questions children may ask or statements children may make in relation to sex and relationships. Once you have done this, note down what you would say in response to the question/statement including any resources you might use. There is an example below to start you off.

Completing this assessed worksheet at level two

Give four examples of questions children may ask or statements children may make in relation to sex and relationships. Once you have done this, note down what you would say in response to the question/statement including any resources you might use. There is an example below to start you off.

Question or statement	What would you say? (Include any resources you might use)
'Where's your willy?' (Four-year-old boy to his mum)	I don't have a willy, only boys and men have willies. Women and girls have vaginas. You could look at the book <i>Let's talk about sex</i> to show him the difference too.



Useful resources

Name	Date
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Completing this assessed worksheet at level one

Think of three different resources (such as a leaflet, a television programme or a book) that can help you when talking to your child about sex and relationships. There is an example below to start you off. (Fill in first column only.)

Completing this assessed worksheet at level two

Think of three different resources (such as a leaflet, a television programme or a book) that can be used to help you when talking to your child about sex and relationships. Note down why you like the resource and how it can help you when talking to your child. There is an example below to start you off. (Fill in both columns.)

Useful resource Levels one and two	Why it is a good resource and how it will help me when talking to my child Level two only
<i>Mummy laid an egg.</i>	The story and pictures are great fun and would help me not to feel embarrassed. It would be fun and suitable for me to read with my two young children who are aged five and seven.



Useful websites relating to issues discussed on the Speakeasy course

Here are some websites which you may find useful when you look for further information for the Speakeasy course. Some of the websites are for young people and may be something you could view together.

Always check a website or resource yourself before you share it with your child to make sure you feel it is appropriate for them.

Websites for general use	Websites targeted at young people
<p>www.fpa.org.uk Information about contraception, sex and relationships, abortion, sexual health, sexually transmitted infections and the work done by fpa.</p> <p>www.avert.org.uk Information about contraception, sex and relationships, abortion, sexual health and sexually transmitted infections.</p> <p>www.bbc.co.uk Useful information on puberty and child protection.</p> <p>www.dfes.gov.uk Information about the DfES (Department for Education and Skills) sex and relationships education at school, including a downloadable leaflet for parents.</p> <p>www.fflag.org.uk Offers help for parents and families to understand, accept and support their lesbian, gay and bisexual family members.</p> <p>www.kidscape.org.uk Information about child safety and protection from abuse.</p> <p>www.nspcc.org.uk Information, statistics, help and advice in relation to the prevention of cruelty to children.</p> <p>www.parentlineplus.org.uk A charity for families which offers practical help and information on a number of different issues, including sex and relationships.</p>	<p>www.brook.org.uk Sex and relationships information for young people up to the age of 25.</p> <p>www.childline.org.uk Offers information and advice for children and adults about child abuse and child safety.</p> <p>www.lifebytes.gov.uk Educational site for 11–14-year-olds covering various teen health issues including sex, relationships, drugs, health, and diet.</p> <p>www.likeitis.org.uk A guide for teenagers on topics such as contraception, pregnancy and ‘love bugs’.</p> <p>www.playingsafely.co.uk A fun approach to sexually transmitted infections, offering you the chance to play the sex lottery... if you dare.</p> <p>www.ruthinking.co.uk Aimed at young people. It gives information about sex, relationships and sexual health.</p> <p>www.there4me.com This is a web-based service run by the NSPCC for teenagers. Young people can have online chats with NSPCC staff and post their problems to a message board.</p>





Useful books relating to issues discussed on the Speakeasy course

Listed below are some books which you may find useful when talking to your children about sex and relationships. Some of the books/leaflets are aimed at children and young people and may be something you could view together.

Always check a book/leaflet yourself before you share it with your child to make sure you feel it is appropriate for them.

Book	Description
<i>Growing up</i> S Meredith Available from Usborne/Facts of life	This book is packed full of information about puberty and growing up. There are lots of useful pictures and diagrams to support the simple format.
<i>Hair in funny places</i> B Cole Available from Red Fox	A child-friendly look at puberty and the growth of 'hair in funny places'. This is a children's storybook looking at the lives of Mr and Mrs Hormone and the journey that is puberty.
<i>How are babies made?</i> A Smith Available from Usborne Flip-Flaps	This is a book aimed at the very young, with simple language and flaps to open. The book describes very simply how babies are made.
<i>Let's talk about sex</i> R H Harris, illustrated by M Emberley Available from fpa or Walker Books	A well illustrated book covering growing up, changing bodies, sex and sexual health. This book is great for children, young people and adults.
<i>Let's talk about where babies come from</i> R H Harris, illustrated by M Emberley Available from fpa or Walker Books	A well illustrated book taking you on a journey from conception to birth. Other related topics are covered. This book is great for children, young people and adults.
<i>Living with a willy</i> N Fisher Available from Macmillan Children's Books	A book about what it's really like to be a willy owner. Lots of real-life questions and answers.
<i>Mummy laid an egg</i> B Cole Available from Red Fox	A child-friendly look at where babies come from, where two children correct their parents and let them know how babies are made.
<i>The period book</i> K Gravelle, D Palen et al Available from Piatkus Books	A reassuring read for every girl who is about to have her period, and for every parent who wishes to prepare a daughter for this important milestone.
<i>Questions children ask</i> M Stoppard Available from Dorling Kindersley	This book provides a guide to answering many difficult questions children ask. It says how to respond to children of different ages and levels of understanding.



Questions cards for Responding to children's questions and statements activity

These questions are suggestions only. You may choose to ask your group to recall questions they have been asked, or questions they dread, so you can discuss them within the group.

<p>Three-year-old girl asks... What are those things in the bathroom? (tampons)</p>	<p>11-year-old-boy asks... What does having a wank mean?</p>
<p>Three-year-old boy asks... Where's your willy? (to mum)</p>	<p>Five-year-old boy asks... Why can't I play with my willy?</p>
<p>Seven-year-old girl asks... How do babies get in their mummies' tummies?</p>	<p>14-year-old girl asks... What is safer sex?</p>
<p>Eight-year-old girl asks... What are periods?</p>	<p>Nine-year-old boy asks... How do you get AIDS?</p>
<p>Ten-year-old boy asks... What is a wet dream?</p>	<p>Five-year-old boy asks... Where do babies come from? (to dad)</p>
<p>11-year-old boy... Tells you he saw a pornographic DVD at his friends house.</p>	<p>Six-year-old boy asks... What does gay mean?</p>
<p>15-year-old girl says... Mum, I think I'm pregnant.</p>	<p>13-year-old girl asks... Will that box of 12 tampons last me a year?</p>

Learning outcome 4:

Understand social and cultural attitudes towards sex and sexuality as they relate to children

Session information

Assessment criteria:

Level one:

- 4.1 Give examples of stereotypes found in the media or elsewhere.
- 4.2 Identify what is meant by culture in relation to children's understanding of sex and sexuality.
- 4.3 Outline situations where pressure operates within and outside the home environment.

Level two:

- 4.1 Give examples of stereotypes found in the media or elsewhere and assess their influence on children.
- 4.2 Describe what is meant by culture and how cultural attitudes impact on children's understanding of sex and sexuality.
- 4.3 Describe situations where pressure operates within and outside the home environment and describe positive and effective strategies for dealing with this pressure.

Guidelines for delivering the learning outcome 4 session

- Ask learners to identify the types of pressure, inside and outside the home, that children experience at different stages of their lives and how parents might support them.
- Using the worksheets provided, ask learners to identify/describe what is meant by culture.
- Group discussion – ask learners to describe the way in which they think cultural attitudes influence a child's understanding of sex and sexuality.

Split learners into small groups if the main group is large enough.

- Ask learners to look through magazines and cut out examples of stereotypes and other images that send out a message. Invite learners to create a collage with them.

The collage exercise can be done as a whole group discussion or in smaller groups.

- Using the worksheet, ask learners to assess how they think the stereotypes on their collages influence the way children view sex and sexuality.
- Ask learners to complete any unfinished worksheets as part of their homework tasks.

Points to be aware of when delivering this session

- Use examples which could promote discussion in relation to culture.
- Try to ensure a good mix of imagery including gender and ethnicity. Collages are likely to reflect these elements:

Adverts – Celebrity – Behaviour – Fashion – Image

Stereotype is defined in the *Oxford Dictionary of English (Revised Edition 2005)* as:
(1) 'A widely held but fixed and oversimplified image or idea of a particular type of person or thing.' (2) 'A person or thing that conforms to such an image.'

Suggested resources:

- Variety of magazines (children, adolescent and general).
- Music lyrics.
- Newspapers.

Session plan

Session aim – learning outcome 4

- Understand social and cultural attitudes towards sex and sexuality as they relate to children

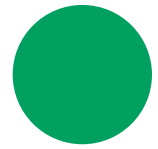
Session objectives – assessment criteria

- Give examples of stereotypes found in the media or elsewhere and assess their influence on children.
- Identify what is meant by culture and how cultural attitudes impact on children’s understanding of sex and sexuality.
- Outline situations where pressure operates within and outside the home environment.

Running time	Timing of activity	Item/ subject to cover	Method	Resources needed
15 minutes	15 minutes	Welcome back	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Review of the group agreement. ● Review of last week’s session. Learners to complete group register	Group agreement Group register
45 minutes	30 minutes	Influences from inside and outside the home and strategies for dealing with pressure	Whole group discussion, completing assessed worksheet/s: <ul style="list-style-type: none"> ● Influences from inside and outside the home. ● Strategies for dealing with pressure (level two only). 	Assessed worksheets: 11 – Influences from inside and outside the home 12 – Strategies for dealing with pressure (level two only) Flip chart (optional) Useful to support learners who find completing assessed tasks difficult.
55 minutes	10 minutes	— Break —		
1 hour and 20 minutes	25 minutes	What is culture?	Whole group discussion and completion of assessed worksheet/s: <ul style="list-style-type: none"> ● What is culture? ● Culture and its effects on children’s understanding of sex and sexuality (level two only). 	Assessed worksheets: 9 – What is culture? 10 – Culture and its effects on children’s understanding of sex and sexuality Flip chart (optional) Useful to support learners who find completing assessed tasks difficult.

(continued)

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
1 hour and 45 minutes	25 minutes	Poster/collage activity	<p>Small group/individual assessed activity: Create a poster/collage to demonstrate stereotypes found in the media or elsewhere that may influence children's understanding of sex and sexuality.</p> <p>Please note: One-to-one sessions between learner and facilitator to see how learner is getting on with the completion of assessed worksheets could take place parallel to the learning outcome activity.</p>	<p>Assessed activity: Keep collage to add to learners' folders of work for assessment evidence.</p> <p>Digital photographs of the collage can be used to capture the evidence for each learner's folder.</p> <p>Collage materials Paper, pens, glue, scissors and magazines.</p>
1 hour 55 minutes	10 minutes	Evaluate poster/collage images	<p>Small group/individual work, completing assessed worksheet:</p> <ul style="list-style-type: none"> ● Collage explanation (level two only). 	<p>Assessed worksheets: 8 – Collage explanation (level two only).</p> <p>Flip chart (optional) Useful to support learners who find completing assessed tasks difficult.</p>
2 hours	5 minutes	Close session	Reminder to learners to complete unfinished assessed worksheets if they want to gain accreditation.	



Collage explanation

Name	Date
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Completing this assessed task and worksheet at level one

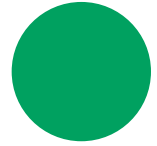
You do not need to complete this worksheet if you are working towards level one.

For level one you need to create a collage/poster showing stereotypes of people and situations found in the media (magazines or elsewhere) that may have a positive or negative effect on the sexual development of children and young people.

Completing this assessed task and worksheet at level two

For level two you need to create a collage/poster showing stereotypes of people and situations found in the media (magazines or elsewhere) that may have a positive or negative effect on the sexual development of children and young people. Once you have done that, explain why you chose the images in the space below.

What stereotypes and other messages have you included on your collage/poster, and how do you think these might influence children/young people?



What is culture?

Name

Date

Completing this assessed task and worksheet at level one

Circle the words or phrases below which you think particularly affect children's understanding of sex and sexuality. When you have done that, think about your own culture and write below any more words or phrases that you think affect children's understanding of sex and sexuality.

Completing this assessed task and worksheet at level two

Circle the words or phrases below which you think affect children's understanding of sex and sexuality. When you have done that, think about your own culture and write below any more words or phrases that you think affect children's understanding of sex and sexuality.

Values and traditions

Religion

Skin colour

Attitudes to authority

Language and words

Belonging to a group

Where you live

Social class

Sexual orientation

Different family structures

Disability

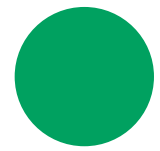
Age

Education

Gender

Body image

Please consider your own culture and add any more words/phrases that may affect children's understanding of sex and sexuality.



Culture and its effects on children's understanding of sex and sexuality

Name

Date

Completing this assessed task and worksheet at level one

You do not need to complete this worksheet if you are working towards level one.

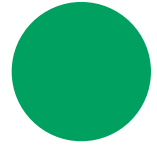
Completing this assessed task and worksheet at level two

Describe how two aspects of culture (for example, images on television, religious upbringing or fashion) affect children's understanding of sex and sexuality. There is an example below to start you off.

Media and music culture

The lyrics and actions in music can sometimes be violent. This makes it seem acceptable to young people to use words that are offensive or abusive. The performer's behaviour or actions can be very sexualised, and young people may copy these to fit in.

The *Oxford Dictionary of English (Revised Edition 2005)* describes culture as 'the ideas, customs, and social behaviour of a particular people or society'.



Influences from inside and outside the home

Name	Date
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Completing this assessed worksheet at level one and level two

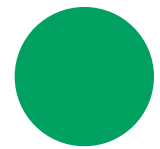
Think about situations both inside and outside the home that may put pressure on children and young people, and may influence their sexual development and attitudes. Write, draw or stick your answers below. There is an example below to start you off.

Influences from inside the home (internal influences)

Parents who are unable or unwilling to talk about sex and relationships with their child.

Influences from outside the home (external influences)

Peer pressure to get a boyfriend/girlfriend before the young person is ready.



Strategies for dealing with pressure

Name	Date
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Completing this assessed worksheet at level one

You do not need to complete this worksheet if you are working towards level one.

Completing this assessed task and worksheet at level two

Think about two situations that may put pressure on children and young people, and may influence their sexual development and attitudes. Once you have done this discuss how you would support your child and deal with that pressure. There is an example below to start you off.

Situation that may put pressure on a child/young person	How I would deal with this to support my child
<p>Clothes and fashion – eight-year-old daughter keeps asking for thongs and bras as her friend at school wears them.</p>	<ul style="list-style-type: none"> ● Just because her friend has them, it doesn't mean she should have them too. ● Thongs may look good but might be very uncomfortable. ● She can have a bra when she gets older, at the moment she doesn't need one. ● It doesn't matter what you wear, just be yourself.



What is culture? – facilitator notes

Guidance notes to complete culture element of this session

Write 'What is culture?' on a piece of flip chart paper. Ask learners to call out what they think culture is. This is meant to be a quick activity and should not take longer than five minutes.

Then give the learners the What is culture worksheet and read out the *Oxford Dictionary of English* definition to them. Explain that this definition is a narrow view of the word culture and that culture can include all of the words that they have used on their own flip chart, as well as the ones on the worksheet.

Discuss the level two task with the whole group. Read through the example given to show how music lyrics can affect children's understanding of sex and sexuality.

Ask learners to share briefly any examples that they have of how culture can affect children's understanding of sex and sexuality.

Point out that the examples that they have just shared can be included on their assessed worksheet.

Before you lead the collage activity, check that learners understand the meaning of the word 'stereotype' and read out the *Oxford Dictionary of English* definition to them.



Learning outcome 5:

Understand different methods of contraception that are available

Session information

Assessment criteria:

Level one:

5.1 Identify three methods of contraception and briefly outline how they work.

Level two:

5.1 Describe four methods of contraception and briefly outline how they work.

5.2 Describe the pros and cons for each method.

Guidelines for delivering the learning outcome 5 session

- As a whole group discussion, or in small groups, ask learners to identify as many types of contraception as they can.
- Use the *Contraceptive display kit* to show different methods available.
- Use the activity in which learners have to choose one method of contraception and find out as much about it as they can then present findings to the rest of the group.
- Demonstrate how to use a male condom.
- Play the contraception quiz (see page 101).
- Ask learners to complete any unfinished worksheets as part of their homework task.

Points to be aware of when delivering this session

It is important that learners have the opportunity to find out about all methods of contraception that are available. As a facilitator you may need to answer questions relating to the different methods. Remember that in your role as facilitator you do not need to have all the answers, you are there to give your group an overview.

If learners have any contraception questions for themselves, advise them to visit a general practice, a contraception (family planning) clinic, a young people's service or a sexual health or genitourinary medicine clinic.

Suggested resources:

fpa contraceptive leaflets

fpa *Contraceptive display kit*

See fpa in Useful organisations on page 164.

Websites

www.fpa.org.uk

www.avert.org.uk

www.brook.org.uk

Session plan

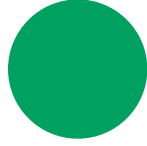
Session aim – learning outcome 5

- Understand different methods of contraception that are available

Session objectives – assessment criteria

- Identify/describe seven methods of contraception and explain briefly how they work.
- Describe the pros and cons for each method.

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
15 minutes	15 minutes	Welcome back	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Review of the group agreement. ● Review of last week's session. Learners to complete group register	Group agreement Group register
45 minutes	30 minutes	How many methods of contraception can you name?	Whole group discussion covering the following: <ul style="list-style-type: none"> ● How many methods of contraception can you name? ● Which methods work/don't work? ● Which methods help protect from sexually transmitted infections? ● Which methods do you think young people will use? 	Flip chart to note discussion
55 minutes	10 minutes	— Break —		
1 hour and 10 minutes	15 minutes	Review contraceptive methods available	Small group activity: Choose one method of contraception. Find out how it works and the pros and cons of using it.	Assessed worksheet: 13 – Contraception Leaflets: fpa contraception series fpa <i>Contraceptive display kit</i>
1 hour and 25 minutes	15 minutes	Feedback from above activity	Small group presentation of findings: Poster explanation (level two only).	Flip chart (optional) Useful to support learners who find completing assessed tasks difficult.
1 hour and 55 minutes	30 minutes	Facilitator re-cap of contraceptive methods	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Re-cap of different methods of contraception available. ● Cover any points missed on the contraception handout. ● Demonstrate how to use a male condom. 	Handout: <ul style="list-style-type: none"> ● H7 – Contraception information Condom demonstrator Supply of condoms Wet wipes to wipe hands after demonstration
2 hours	5 minutes	Close session	Reminder to learners to complete unfinished assessed worksheets if they want to gain accreditation.	



Contraception





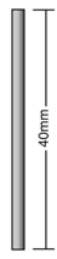
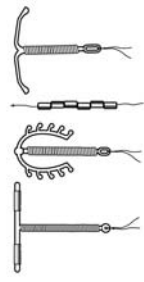

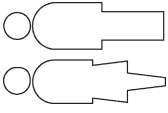


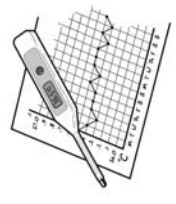


Name _____ Date _____

Completing this assessed worksheet at level one

Identify three methods of contraception and briefly outline how they work (filling in the first two columns only). Use your contraceptive leaflets to help you.

Completing this assessed worksheet at level two

Identify four methods of contraception, briefly outline how they work, and consider some of the pros and cons of each method (completing the full worksheet). Use your contraceptive leaflets to help you.

<p>Combined pill</p> 	<p>Contraceptive patch</p> 	<p>Hormonal emergency contraception</p> 	<p>Progestogen-only pill</p> 
<p>Implant</p> 	<p>IUD</p> 	<p>Female condom</p> 	<p>Male and female sterilisation</p> 
<p>Contraceptive injection</p> 	<p>IUS</p> 	<p>Natural family planning</p> 	<p>Diaphragm or cap with spermicide</p> 
		<p>Male condom</p> 	

Method of contraception Levels one and two	How does it work? Levels one and two	What are some advantages of using this method? Level two only	What are some disadvantages of using this method? Level two only
Method 1:			
Method 2:			
Method 3:			
Method 4:			



Contraception information

Contraception information

Contraception is the use of methods or techniques to prevent pregnancy. There are many different contraceptive methods available, and different methods suit people at different times of their lives.

Hormonal methods are:

- the combined pill
- the progestogen-only pill
- the intrauterine system (IUS)
- the contraceptive injection
- the contraceptive implant
- the contraceptive patch.

These methods prevent the release of an egg (ovulation) and/or thicken the cervical mucus to prevent sperm meeting an egg or keep the lining of the womb thin to stop an egg implanting.

Barrier methods are:

- male and female condoms
- diaphragms and caps which are used with spermicide.

These stop sperm entering the womb and fallopian tubes so that they do not meet an egg.

Non-hormonal, non-barrier methods are:

- the copper intrauterine device (IUD), which prevents sperm from surviving in the cervix, womb or fallopian tubes
- natural family planning, which involves a woman monitoring the changes in her menstrual cycle to find out her fertile and infertile times, so that sexual intercourse can be avoided.

Male and female sterilisation works by stopping the egg and sperm meeting. This is done by cutting, sealing or blocking the fallopian tubes (which carry the egg from the ovary to the womb) in women, and the vas deferens (the tube that carries sperm from the testicles to the penis) in men.

Emergency contraception can be used to prevent pregnancy after unprotected sex, or if contraception has failed. There are two types of emergency contraception:

- Hormonal emergency contraception (known as the emergency contraceptive pill), which must be used within 72 hours after unprotected sex. It is more effective, the earlier is it used.

(continued)





- The IUD, can be used within five days of unprotected sex at any time in the menstrual cycle, provided this is the only unprotected sex that has occurred since the last period. If there have been more episodes of unprotected sex, then it can be fitted up to five days after the earliest time a woman would have ovulated.

Methods with user failure

These are methods of contraception that must be used or thought about regularly, or for every act of sexual intercourse. For these methods to be effective, they must be used according to the instructions given. Methods with user failure are:

- the contraceptive patch
- the combined pill
- the progestogen-only pill
- male and female condoms
- diaphragms and caps
- natural family planning.

Methods without user failure

These do not depend on the user remembering to take or use contraception. Methods with no user failure are:

- the contraceptive injection
- the contraceptive implant
- the IUS
- the IUD
- male and female sterilisation.

These are long-acting methods of contraception. All are reversible except male and female sterilisation, which are meant to be permanent. There are reversal operations for sterilisation but they aren't always successful, and are rarely available on the National Health Service (NHS).

Contraception services

Women and men can get information and advice about all methods of contraception from **sexual health direct**, run by **fpa**, on 0845 122 8690 or at www.fpa.org.uk.

Most contraceptives need to be prescribed. Health professionals can talk to people about contraception and help them choose the method that is right for them. Not all services supply all methods, but they should be able to give you information about where you can go.

(continued)





Free contraception can be obtained from:

- a general practice, unless they say they don't provide contraception services
- a contraception (family planning) clinic
- a young people's service, such as Brook (there will be an upper age limit)
- some sexual health or genitourinary (GUM) clinics.

Some pharmacists are able to provide contraception. Women aged 16 and over can buy the emergency pill from most pharmacies. Pharmacies also sell condoms, diaphragms, caps and spermicides.

Some facts about avoiding pregnancy

There are lots of myths about how to avoid pregnancy. These are the facts.

A woman can still get pregnant:

- if it is the first time she has sex
- if she does not have an orgasm
- if a man pulls out of her vagina before he ejaculates (comes)
- if she has sex when she has a period
- if full penetration doesn't happen
- if she douches (squirts fluid into the vagina after sexual intercourse).
This can be harmful to women
- whatever position the couple has sex in.

Choosing and using contraception in accordance with the instructions is the most effective way for a sexually active couple to prevent pregnancy.

Final points

Most contraceptive methods are safe to use when breastfeeding.

All contraceptive services discussed here are confidential. Young people under 16 years old have the same right to confidentiality as anyone else.

Health professionals may need to involve other services if they believe a young person, or another person, to be at significant risk of harm (such as physical or sexual abuse). They will discuss this with the young person.





Contraception quiz

Circle the correct answer.

1 What is the pill containing estrogen and progestogen called?

- a) the combined pill
 - b) the male pill
 - c) the progestogen-only pill.
-

2 What is the pill containing only progestogen called?

- a) the combined pill
 - b) the female pill
 - c) the progestogen-only pill.
-

3 At what stage should you put the male condom on?

- a) before the penis is erect, before intercourse
 - b) when the penis is erect, before any genital contact and intercourse
 - c) after penetration.
-

4 When do you need to take the progestogen-only pill?

- a) at approximately the same time every day
 - b) any time
 - c) before sex.
-

5 The diaphragm and cap are placed where in the body?

- a) inside the womb
 - b) inside the vagina to cover the cervix
 - c) inside the mouth.
-

6 What is natural family planning?

- a) having sex without a condom
 - b) having sex at any time
 - c) identifying the fertile and infertile times of a woman's menstrual cycle.
-

7 How does the contraceptive injection work?

- a) it stops an egg being released (ovulation)
 - b) it thickens the cervical mucus and makes the womb lining thinner
 - c) all of the above.
-

(continued)



8 What do we call the contraceptive method that involves a small progestogen-releasing tube being inserted under the skin of the upper arm?

- a) the IUS
- b) the contraceptive implant
- c) the contraceptive injection.

9 How does the IUS work?

- a) it thickens cervical mucus, making it difficult for sperm to meet an egg
- b) it makes the womb lining thinner so it is less likely to accept a fertilised egg
- c) both of the above.

10 Which of these methods of contraception can be used as emergency contraception?

- a) the copper IUD
- b) the male condom
- c) the contraceptive implant.

11 What is involved in female sterilisation?

- a) the fallopian tubes are cut or blocked
- b) the womb is blocked off
- c) the ovaries are removed.

12 What is involved in male sterilisation?

- a) the tubes carrying the sperm from the testicles to the penis are cut
- b) the testicles are cut off
- c) all sperm are removed from the body.

13 How does a female condom work?

- a) it stops sperm entering the vagina
 - b) it stops an egg implanting
 - c) it makes semen very sticky so that sperm are unable to swim.
-

Contraception quiz – answers

Circle the correct answer.

1 What is the pill containing estrogen and progesterone called?

- a) the combined pill
- b) the male pill
- c) the progesterone-only pill.

Answer: a

2 What is the pill containing only progesterone called?

- a) the combined pill
- b) the female pill
- c) the progesterone-only pill.

Answer: c

3 At what stage should you put the male condom on?

- a) before the penis is erect, before intercourse
- b) when the penis is erect, before any genital contact and intercourse
- c) after penetration.

Answer: b

4 When do you need to take the progesterone-only pill?

- a) at approximately the same time every day
- b) any time
- c) before sex.

Answer: a

5 The diaphragm and cap are placed where in the body?

- a) inside the womb
- b) inside the vagina to cover the cervix
- c) inside the mouth.

Answer: b

6 What is natural family planning?

- a) having sex without a condom
- b) having sex at any time
- c) identifying the fertile and infertile times of a woman's menstrual cycle.

Answer: c

7 How does the contraceptive injection work?

- a) it stops an egg being released (ovulation)
- b) it thickens the cervical mucus and makes the womb lining thinner
- c) all of the above.

Answer: c

(continued)

8 What do we call the contraceptive method that involves a small progestogen-releasing tube being inserted under the skin of the upper arm?

- a) the IUS
- b) the contraceptive implant
- c) the contraceptive injection.

Answer: b

9 How does the IUS work?

- a) it thickens cervical mucus, making it difficult for sperm to meet an egg
- b) it makes the womb lining thinner so it is less likely to accept a fertilised egg
- c) both of the above.

Answer: c

10 Which of these methods of contraception can be used as emergency contraception?

- a) the copper IUD
- b) the male condom
- c) the contraceptive implant.

Answer: a

11 What is involved in female sterilisation?

- a) the fallopian tubes are cut or blocked
- b) the womb is blocked off
- c) the ovaries are removed.

Answer: a

12 What is involved in male sterilisation?

- a) the tubes carrying the sperm from the testicles to the penis are cut
- b) the testicles are cut off
- c) all sperm are removed from the body.

Answer: a

13 How does a female condom work?

- a) it stops sperm entering the vagina
- b) it stops an egg implanting
- c) it makes semen very sticky so that sperm are unable to swim.

Answer: a

Learning outcome 6:

Understand different sexually transmitted infections and methods for safer sex

Session information

Assessment criteria:

Level one:

6.1 Identify three sexually transmitted infections and methods for safer sex.

Level two:

6.1 Describe four sexually transmitted infections and methods for safer sex.

6.2 Describe the signs and symptoms of sexually transmitted infections and consequences if left untreated.

Guidelines for delivering the learning outcome 6 session

- Use sexually transmitted infection jigsaws as a way for learners to find out information about the different types of sexually transmitted infections in a more interesting and interactive way (see page 113).
- Use the sexually transmitted infection quiz – this can be used at end of the session to assess what knowledge has been gained (see page 125).
- (Optional) The sexually transmitted infection milk game (see page 129).
- Use pictures of sexually transmitted infections, but be sure your group are happy with this as some images can be distressing to look at.
- Ask learners to complete any unfinished worksheets as part of their homework tasks.

Points to consider when delivering this session

There are a lot of resources and practical approaches to help deliver this session (as noted above). Please remember that to gain accreditation learners will need to complete the assessed worksheet (or equivalent) at the level they are working towards.

Suggested resources:

fpa sexually transmitted infection leaflets

See **fpa** in Useful organisations on page 164.

Websites

www.fpa.org.uk

www.avert.org.uk

www.brook.org.uk

www.bbc.co.uk

Session plan

Session aim – learning outcome 6

- Understand different sexually transmitted infections and safer sex

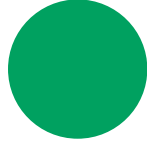
Session objectives – assessment criteria

- Identify/describe four sexually transmitted infections and safer sex
- Describe the signs and symptoms of sexually transmitted infections and the consequences if left untreated

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
15 minutes	15 minutes	Welcome back	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Review of the group agreement. ● Review of last week’s session. Learners to complete group register	Group agreement Group register
40 minutes	25 minutes	Introduction to sexually transmitted infections	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Follow the points noted on the Sexually transmitted infections handout giving an overview of sexually transmitted infections. ● Deliver the Sexually transmitted infections milk game to emphasise the spread of a sexually transmitted infection from person to person. 	Leaflets and handouts: H8 – Sexually transmitted infections fpa sexually transmitted infections series Milk game (optional) – See milk game facilitator idea/resource sheet for more details (see your Speakeasy accreditation training pack).
1 hour	20 minutes	Sexually transmitted infections jigsaws activity	Whole/small group activity: Complete the sexually transmitted infections jigsaws taking note of the signs and symptoms of sexually transmitted infections including their cause and treatment and the effects if left untreated.	Sexually transmitted infections jigsaws: See Sexually transmitted infections facilitator idea/resource sheets to create jigsaws. Blow the A4 sheets up to A3 to create larger jigsaws.
1 hour and 10 minutes	10 minutes	— Break —		
1 hour and 40 minutes	30 minutes	Sexually transmitted infections in more depth	Small group/individual activity, complete assessed worksheets: Using the jigsaws and sexually transmitted infections leaflets complete the Sexually transmitted infections worksheet. Look at four sexually transmitted infections in depth.	Assessed worksheet: 14 – Sexually transmitted infections Leaflets: fpa sexually transmitted infections leaflets

(continued)

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
1 hour and 55 minutes	15 minutes	Sexually transmitted infections quiz	Small/whole group activity: Sexually transmitted infections quiz to consolidate learning taken place during session.	Sexually transmitted infections quiz and answer sheets: See Sexually transmitted infections quiz facilitator idea/resource sheets.
2 hours	5 minutes	Close session	<p>Home task:</p> <ul style="list-style-type: none"> ● Ask learners to try and get hold of a sex and relationships policy from their child's school or a local school in preparation for session eight (learning outcome 8). <p>Reminder to learners to complete unfinished assessed worksheets if they want to gain accreditation.</p>	



Sexually transmitted infections

Name

Date

Completing this assessed worksheet at level one

Choose three sexually transmitted infections and note down how a person can help protect themselves from catching them. (Fill in the first two columns only.) Use sexually transmitted infections (STIs) leaflets to help you.

Completing this assessed worksheet at level two

Choose four sexually transmitted infections and note down how a person can help protect themselves from catching them. Also note down their symptoms and what can happen if left untreated. (Complete the full worksheet.) Use the sexually transmitted infections (STIs) leaflets to help you.

Name of sexually transmitted infection Levels one and two	How do you help protect yourself? Levels one and two	What are the symptoms of this infection? Level two only	What are the long-term consequences if left untreated? Level two only
Sexually transmitted infection 1:			

(continued)

Name of sexually transmitted infection Levels one and two	How do you help protect yourself? Levels one and two	What are the symptoms of this infection? Level two only	What are the long-term consequences if left untreated? Level two only
Sexually transmitted infection 2:			
Sexually transmitted infection 3:			
Sexually transmitted infection 4:			



Sexually transmitted infections (STIs)

What is a sexually transmitted infection?

Some infections can pass to another person through unprotected vaginal, anal or oral sex and through sharing sex toys. Infections spread in this way are known as sexually transmitted infections. Safer sex involves using condoms correctly every time you have sex. If you don't use a condom, you are more at risk of getting a sexually transmitted infection. You don't need lots of sexual partners to get an infection.

You may have heard the terms STD (sexually transmitted disease) or VD (venereal disease); these are both old terms and are no longer used.

There are over 25 sexually transmitted infections; the ones you will find out about on the Speakeasy course are some of the most common. They are:

- chlamydia
- genital herpes
- genital warts
- gonorrhoea
- HIV
- pubic lice
- scabies
- syphilis
- thrush
- *Trichomonas vaginalis*.

Sexually transmitted infections can be caused by viruses, bacteria or parasites.

Can sexually transmitted infections be treated?

Most sexually transmitted infections can be easily treated and it is usually best if treatment is started as soon as diagnosed. Some viral infections, such as HIV, never leave the body but there are drugs available that can reduce the symptoms and help prevent or delay the development of complications. If left untreated, many sexually transmitted infections can be painful or uncomfortable, can permanently damage your health and fertility, and can be passed on to someone else.

How would you know if you had a sexually transmitted infection?

Not everyone who has a sexually transmitted infection has signs/and or symptoms. Sometimes they don't appear for weeks, months or longer. Sometimes they go away, but you can still have the infection and pass it on to someone else. If you experience any of the following you should seek advice:

(continued)



- unusual discharge from the vagina
- discharge from the penis
- pain or burning when you pass urine
- itches, rashes, lumps or blisters around the genitals or anus
- pain and/or bleeding during sex
- bleeding between periods (including women who are using hormonal contraception)
- bleeding after sex
- pain in the testicles or lower abdomen.

Even if you don't have any signs and/or symptoms you may wish to seek advice or have a check-up, particularly if:

- you have had unprotected sex with a new partner recently (that is, you've changed your partner in the last six months, or have had more than one partner)
- you or your sexual partner have sex with other people without using a condom
- your sexual partner has any symptoms
- you are planning a pregnancy and may have been at risk of infection.

Where can I go if I'm worried I might have an infection?

You can get all tests and treatments at a genitourinary (GUM) clinic or sexual health clinic (sexual health clinics provide contraception services and sexually transmitted infection services). General practices, contraception clinics, young people's services and some pharmacies may also provide testing for some infections. If they can't provide what you need, they will be able to give you details of the nearest service that can.

All advice, information and tests are free, but if you go to a general practice you may have to pay a prescription charge for any treatment.

Did you know?

- You don't have to have lots of sexual partners to get an infection.
- Anybody who is sexually active can get a sexually transmitted infection.
- You can get a sexually transmitted infection through sharing sex toys.
- Condoms help protect against some, but not all, sexually transmitted infections.
- Sexually transmitted infections can affect the unborn child and may be passed on during childbirth.
- You can catch a sexually transmitted infection the first time you have sex.





Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Chlamydia

Symptoms:
About 70–80 per cent of men and women will not have any obvious signs or symptoms. If there are symptoms, they might include:

Women

- unusual vaginal discharge
- pain when passing urine (peeing)
- heavier periods and/or bleeding between periods
- lower abdominal pain
- pain and/or bleeding when having sex.

Men

- white/cloudy or watery discharge from penis
- pain when passing urine (peeing)
- painful swelling of testicles.

Caused by:
Bacteria

Treatment:
It's easy to treat with antibiotics. Someone receiving treatment is advised not to have sex again until they or their partner have both finished the treatment – to make sure the infection has cleared up.

Effect on health/ complications

- If left untreated chlamydia can cause pelvic inflammatory disease (PID) and infertility in women.
- In men, it can lead to a painful infection in the testicles and prostate gland and possibly reduce fertility.


Facilitator idea / resource

Jigsaw designs are based on the teacher's resource *Protect Yourself!*, published by Brook.
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Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.



Genital herpes

Symptoms

Many people will not have any visible signs or symptoms. If you do get them, you may have all, or some of the following:

- sometimes general flu-like symptoms such as headache, backache or a temperature
- stinging, tingling or itching on or around the genital or anal area
- fluid-filled small blisters which can be very painful when they burst
- burning sensation when passing urine (peeing).

Caused by:


The virus Herpes simplex (HSV). There are two types – HSV I and HSV II.

Effect on health/complications

Genital herpes will clear up by itself. However, prompt treatment can help with the symptoms and the healing process, and can reduce the time the outbreak lasts.

Treatment

Treatment aims to relieve pain and prevent the virus from multiplying. It involves taking antiviral tablets.





Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Genital warts

Symptoms:
 Many people do not develop visible warts. If they do appear this can happen from two weeks to several months or longer after coming into contact with the virus. You might notice small, fleshy growths, bumps or skin changes which may appear anywhere in the genital or anal area.

Caused by:
 A virus know as the human papilloma virus (HPV).

Effect on health/complications:
 It is not usually harmful if warts are not treated but people may find them uncomfortable and may not like the way they look. Treating the warts may reduce the risk of passing them on to someone else. Sometimes they go away without treatment.

Treatment:
 Warts can be treated by cream or liquid, by freezing, heat, or by surgical removal or laser treatment under local anaesthetic. Treatment may need to be repeated.



Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

HIV

(Human immunodeficiency virus)

Symptoms:
Many people with HIV have no signs or symptoms at all. Someone is diagnosed as having AIDS (acquired immune deficiency syndrome) only when tests show their immune system has been badly damaged and they develop particular illnesses.

Effect on health/complications:
Someone infected with HIV will remain infected for the rest of their life and will be able to pass it on to someone else. If HIV is not monitored carefully and treatment given when necessary it will cause long-term damage and will develop into AIDS (which can cause death).

Treatment
At the moment there is no cure for HIV or AIDS, but there are drugs that reduce the level of HIV in the blood and prevent or delay the development of AIDS.

Caused by:
Human immunodeficiency virus.



Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Non-specific urethritis



Effect on health/ complications:

If non-specific urethritis is detected and treated early there are no complications. If left untreated, some causes of non-specific urethritis can have long term consequences although these are uncommon. They can include:

- painful infection in the testicles
- possible reduced fertility
- inflammation of the joints
- pelvic inflammatory disease (if caused by chlamydia or some other STIs).

Symptoms

This information only discusses non-specific urethritis in men. Not all men who have inflammation will show any signs or symptoms but they might include:

- a white or cloudy discharge from the tip of the penis
- difficulty, pain or a burning sensation when passing urine
- feeling the need to pass urine frequently
- itching or irritation at the end of the urethra.

Caused by:

There are many different causes. Some, but not all, are passed on through having sex. Urethritis is inflammation (pain, swelling, redness) of the urethra (the tube where urine comes out). Non-specific means that the cause may be unknown.

Treatment:

Antibiotics. The treatment is 95 per cent effective.





Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Pubic lice

Effect on health/ complications

Pubic lice will not go away without treatment and if treatment is delayed there is a risk of passing the condition on to someone else.

Symptoms:

Some people will not have any symptoms, or may not notice the lice or eggs. Signs and symptoms are the same for both men and women and include:

- itching in the affected areas
- black powdery droppings from the lice in underwear
- brown eggs on pubic or other body hair
- irritation and inflammation in the affected area, sometimes caused by scratching
- sky-blue spots or very tiny specks of blood on the skin.

Caused by:

Pubic lice are tiny parasitic insects that live in coarse body hair, such as pubic hair. They are yellow-grey and about 2mm long.

Treatment:


Treatment for pubic lice is simple and involves using a special cream, lotion or shampoo.

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Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.



Scabies

Symptoms:

Some people will not have any visible signs or symptoms at all but they might include:

- intense itching in the affected areas which may only be noticed at night, or which becomes worse in bed at night or after a hot bath or shower
- an itchy red rash or tiny spots
- inflammation or raw, broken skin in the affected areas – usually caused by scratching.

Scabies mites are very tiny and impossible to see with the naked eye. Fine silvery lines are sometimes visible in the skin where mites have burrowed.

Caused by:


Scabies is caused by tiny parasitic mites. They are smaller than a pinhead and burrow into the skin and lay eggs.

Treatment:

Treatment for scabies is simple and involves using a special cream or lotion.

Effect on health/ complications:

Scabies will not go away without treatment and if treatment is delayed there is a risk of passing the condition on to someone else.



Facilitator idea / resource

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Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Syphilis

Caused by:
A bacteria known as *Treponema pallidum*.

Symptoms:
The signs and symptoms are the same in both men and women. They can be difficult to recognise and people may not notice them. Syphilis can develop in three stages. Symptoms are different at each stage and may involve sores anywhere on the body, a painless rash all over the body or in patches, flat, warty-looking growths on the vulva in women and around the anus in both men and women, a flu-like illness, white patches on the tongue or roof of the mouth and patchy hair loss.

Treatment:
First and second stage syphilis is treated using a single antibiotic injection or a course of injections or by taking antibiotic tablets or capsules.

Effect on health/complications:
When syphilis remains untreated it goes into third stage. Untreated syphilis may, after many years, start to cause very serious damage to the heart, brain, eyes, other internal organs, bones and nervous system. At this stage syphilis can lead to death.

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Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Trichomonas vaginalis (TV)

Symptoms:

Up to half of infected men and women will not have any signs or symptoms at all. People might notice:

Women

- soreness, inflammation and itching in and around the vagina
- a change in vaginal discharge
- a musty or fishy smell that may be unpleasant
- pain when passing urine.

Men

- a discharge from the penis
- pain, or a burning sensation, when passing urine
- inflammation of the foreskin (this is uncommon).

Effect on health/complications

If trichomonas isn't treated there may be more risk of becoming infected with HIV or passing on HIV. Trichomonas may cause problems with a pregnancy and cause a premature birth or a low birth weight baby, or be passed to the baby during birth.

Caused by:

Trichomonas vaginalis is a tiny parasite.

Treatment:

A course of antibiotics which, if taken according to instructions, is at least 95 per cent effective.



Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Vaginal infections:

Bacterial vaginosis

Symptoms:
Men cannot get bacterial vaginosis. Around half of women with bacterial vaginosis will not have any signs or symptoms at all. Women may notice a change in usual vaginal discharge which develops a strong, unpleasant, fishy smell, especially after sexual intercourse.

Treatment:
Involves taking antibiotic tablets or a cream or gel.

Effect on health/complications:
For many women bacterial vaginosis goes away by itself. However, there is some research to suggest that women with bacterial vaginosis may be at a higher risk of having pelvic inflammatory disease (PID) or getting HIV.

Caused by:
The cause of bacterial vaginosis is not really understood.



Sexually transmitted infections jigsaws

Create your own sexually transmitted infections jigsaw by cutting round the lines below.

Vaginal infections:
Thrush

Caused by:
A yeast fungus. It is not a sexually transmitted infection but can sometimes develop after you have had sex.

Effect on health/ complications:
For many people thrush goes away by itself. However, without treatment it may trigger inflammation of the urethra in a male sexual partner.

Treatment:
Antifungal cream, pessaries, pills or a combination.

Symptoms:
Some people will not have any signs or symptoms at all. People might notice:

Women

- itching, soreness and redness around the vagina, vulva or anus
- unusual, white discharge from the vagina
- pain when passing urine
- pain when having sex

Men

- irritation, burning or itching under the foreskin or on the tip of the penis
- redness, or red patches, under the foreskin or on the tip of the penis
- a thin or thicker discharge under the foreskin
- difficulty in pulling back the foreskin
- discomfort when passing urine.

Facilitator idea / resource

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Sexually transmitted infections quiz



- 1 Sexually transmitted infections affect only young people – true or false?

- 2 Which sexually transmitted infection beginning with the letter ‘C’ is the most commonly transmitted bacterial sexually transmitted infection which, because it often has no symptoms, is sometimes called the ‘silent infection’?

- 3 Which sexually transmitted infection, caused by a virus, may have visible symptoms of smooth, small or larger cauliflower-shaped lumps around the genital and anal areas?

- 4 The contraceptive pill provides good protection from sexually transmitted infections as well as being an effective method of contraception – true or false?

- 5 Which sexually transmitted infection beginning with the letter ‘G’ may be present in the body without any visible symptoms? If there are symptoms present they could include an unusual thin/watery, yellow/green discharge in women or a white/yellow/green discharge in men.

- 6 Close physical contact can pass this infection on – symptoms include itching around infected areas and black powdery droppings left in underwear. Can you name it?

- 7 You can’t get a sexually transmitted infection the first time you have sex – true or false?

(continued)

-
- 8 Can you name the bacterial infection, beginning and ending with the letter 'S', that famous historical leaders King Henry VIII and Napoleon are thought to have had? If left untreated it can cause irreversible damage to major body organs and death.
-
- 9 Which infection (which has also been given a lot of media attention) can be passed on through unprotected vaginal, anal or oral sex – also through sharing contaminated needles, contaminated blood transfusions, childbirth and breastfeeding? (Bonus points if you can give the full name of this infection.)
-
- 10 Name three sexually transmitted infections which can be present without showing symptoms.
-
- 11 Name a common viral infection that can cause sores around the genital or anal areas, spread by skin-to-skin contact. These sores can be caused by the same virus that gives you cold sores around the mouth or nose.
-
- 12 Some sexually transmitted infections can be passed from a pregnant woman to her baby during pregnancy and childbirth – true or false?
-
- 13 What method of contraception helps protect against the spread of HIV and some other sexually transmitted infections when used correctly and consistently? (Bonus point: name three sexually transmitted infections that this contraceptive method can help protect against.)
-
- 14 If you are concerned that you may have a sexually transmitted infection, name three places you could go for help and advice.
-

Sexually transmitted infections quiz – answers

- 1 Sexually transmitted infections affect only young people – true or false?
Answer: False

- 2 Which sexually transmitted infection beginning with the letter ‘C’ is the most commonly transmitted bacterial sexually transmitted infection which, because it often has no symptoms, is sometimes called the ‘silent infection’?
Answer: Chlamydia

- 3 Which sexually transmitted infection, caused by a virus, may have visible symptoms of smooth, small or larger cauliflower-shaped lumps around the genital and anal areas?
Answer: Genital warts

- 4 The contraceptive pill provides good protection from sexually transmitted infections as well as being an effective method of contraception – true or false?
Answer: False

- 5 Which sexually transmitted infection beginning with the letter ‘G’ may be present in the body without any visible symptoms? If there are symptoms present they could include an unusual thin/watery, yellow/green discharge in women or a white/yellow/green discharge in men.
Answer: Gonorrhoea

- 6 Close physical contact can pass this infection on – symptoms include itching around infected areas and black powdery droppings left in underwear. Can you name it?
Answer: Pubic lice

- 7 You can’t get a sexually transmitted infection the first time you have sex – true or false?
Answer: False

- 8 Can you name the bacterial infection, beginning and ending with the letter ‘S’, that famous historical leaders King Henry VIII and Napoleon are thought to have had? If left untreated it can cause irreversible damage to major body organs and death.
Answer: Syphilis

- 9 Which infection (which has also been given a lot of media attention) can be passed on through unprotected vaginal, anal or oral sex – also through sharing contaminated needles, contaminated blood transfusions, childbirth and breastfeeding? (Bonus points if you can give the full name of this infection.)
Answer: HIV (Human Immunodeficiency Virus)

(continued)

-
- 10** Name three sexually transmitted infections which can be present without showing symptoms.
Answer: Chlamydia, gonorrhoea, HIV, Trichomonas vaginalis, syphilis, genital herpes and genital warts – early symptoms may go unrecognised
-
- 11** Name a common viral infection that can cause sores around the genital or anal areas, spread by skin-to-skin contact. These sores can be caused by the same virus that gives you cold sores around the mouth or nose.
Answer: Genital herpes
-
- 12** Some sexually transmitted infections can be passed from a pregnant woman to her baby during pregnancy and childbirth – true or false?
Answer: True
-
- 13** What method of contraception helps protect against the spread of HIV and some other sexually transmitted infections when used correctly and consistently? (Bonus point: name three sexually transmitted infections that this contraceptive method can help protect against.)
Answer: Condoms (HIV, chlamydia, gonorrhoea, Trichomonas vaginalis and syphilis)
-
- 14** If you are concerned that you may have a sexually transmitted infection, name three places you could go for help and advice.
Answer: Genitourinary medicine (GUM) clinic, general practice, family planning (contraception) clinic, sexual health clinic, private clinic/doctor, hospital.
-

Sexually transmitted infections milk game – instructions

Be as creative as you wish when delivering this game to your group. The aim of the game is to highlight how a sexually transmitted infection can be passed from one person to another. Also try to highlight that an infected person may not show any outward symptoms of being infected or indeed know they have a sexually transmitted infection.

In order to play the game you will need:

- clear (plastic) glasses
- milk (ideally UHT semi-skimmed, which can be watered down as required)
- spray starch, which you can get from a supermarket
- iodine (ideally with a pipette to put the iodine in the milk at the end of the game), which you can get from a chemist.

The milk game starts with each group member having a glass containing milk (ideally half full). One of the glasses however has been 'infected' with a sexually transmitted infection (represented by starch). Each group member then moves around the group deciding whether or not to have protected or unprotected sexual contact. You may start this by giving each group member a scenario, or making up a story, and allowing group members to be characters. Instead, you could just let them move around the group making choices as they go.

If a group member chooses to have safer sex

they will clink their glass with their partner's to represent the non-passing of bodily fluids.

If a group member chooses to have unsafe sex

they will pour all the milk out of their glass and into their partner's then take half back again to represent the mixing of bodily fluids.

Once you have completed the game, ensure each group member keeps hold of their glass. Use the iodine to determine whether they have caught a sexually transmitted infection.

A clear cup

When the iodine is dripped into an infection-free cup the iodine will stay a yellow/orange colour.

An infected cup

When the iodine is dripped into an infected cup the iodine will turn a black/blue colour. This is a result of starch (the sexually transmitted infection) being present.

(continued)

Shortly after you have tested the glass, especially if the group member mixes the milk with a spoon, the milk will once again turn white. In an infected cup this clearly represents the fact that without testing or knowledge of being infected a person, or their partner, may not know they have a sexually transmitted infection.

Hints and tips for a successful game

- Practice and understand the activity before you try it with your group.
- Spray starch works best (the more the better) if you spray the starch into a container and allow the foam to settle into a liquid. Once you have done this, pour it into the cup you wish to infect.
- Make sure you know which is the 'infected' cup.
- Always ensure health and safety – the milk is for game purposes only and not to be drunk.

Learning outcome 7:

Understand strategies for keeping children safe from harm

Session information

Assessment criteria:

Level one:

- 7.1 List three situations where children may be at risk of harm and give examples of how an adult can help to protect children in those situations.
- 7.2 Identify three agencies that adults can contact for advice or support if they are concerned about the welfare of a child.

Level two:

- 7.1 Describe three situations where children may be at risk of harm. Give examples of how an adult can help to protect children in those situations.
- 7.2 Describe three agencies that adults can contact for advice or support if they are concerned about the welfare of a child.

Guidelines for delivering the learning outcome 7 session

- It is particularly important to re-visit your group agreement prior to this session (see Creating a group agreement on page 47).
- Begin your session by giving a definition of the different types of abuse.
- Consider risky situations that children may find themselves in (for example, using a public toilet on their own, using the internet, or being under the influence of drugs or alcohol).
- Discuss how to make a risky situation safer for the child. Consider agencies that can offer advice or support to adults if they are concerned about the welfare of a child.
- Remind learners that this is the second-to-last session and that they should have a complete portfolio to hand in next week.
- In case learners have been unable to obtain a sex and relationships policy document, be ready to provide them with one for the learning outcome 8 session.

Please see facilitator idea/resource sheets for further guidance in delivering this session.

Websites

www.nspcc.org.uk
www.childline.org.uk
www.kidscape.org.uk
www.bbc.co.uk

Session plan

Session aim – learning outcome 7

- Understand strategies for keeping children safe from harm

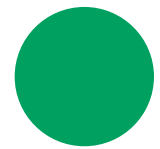
Session objectives – assessment criteria

- List/describe three situations where children may be at risk of harm. Give examples of how an adult can help protect children in those situations.
- List/describe three agencies that adults can contact for advice or support if they are concerned about the welfare of a child.

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
15 minutes	15 minutes	Welcome back	Facilitator-led discussion covering: <ul style="list-style-type: none"> ● Review of the group agreement. ● Review of last week’s session. Learners to complete group register	Group agreement Group register
35 minutes	20 minutes	Protecting children from abuse	Facilitator-led discussion covering: <ul style="list-style-type: none"> ● Different categories of abuse. ● Perpetrators of abuse. ● Protection of children from abuse. 	Leaflets and handouts: <ul style="list-style-type: none"> ● H9 – What is child abuse? ● H10 – Using the internet safely. ● NSPCC leaflet – “Are you worried about the safety of a child?”
1 hour	25 minutes	Risk from harm	Whole/small group activity, completing assessed worksheet: Begin by discussing as a full group risky situations that children/young people might find themselves in. Split off into small groups to complete the assessed worksheet.	Assessed worksheet: 15 – Risk from harm Flip chart: Note down group discussion.
1 hour and 10 minutes	10 minutes	— Break —		
1 hour and 30 minutes	20 minutes	Risk from harm continued	Whole/small group activity, completing assessed worksheet continued from above	Assessed worksheet continued from above
1 hour and 55 minutes	25 minutes	Agencies that can offer support or advice to adults	Agencies that can offer support or advice to adults: Discuss agencies (such as the police) that can help an adult if they are concerned about the welfare of a child. Split off into small groups to complete the assessed worksheet.	Assessed worksheet: 16 – Agencies to contact for support or advice

(continued)

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
2 hours	5 minutes	Close session	<p>Home task:</p> <ul style="list-style-type: none"> ● Learners to try to get a sex and relationships policy document from their child's school or a local school in preparation for next week's session (learning outcome 8). <p>Reminder to learners to complete unfinished assessed worksheets if they want to gain accreditation.</p>	



Risk from harm

Name		Date
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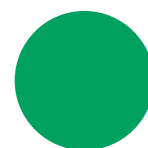
Completing this assessed worksheet at level one

List three situations where children may be at risk of harm. Give examples of how an adult can help to protect children in those situations. (Fill in first and third columns only.) There is an example below to start you off.

Completing this assessed worksheet at level two

Describe three situations where children may be at risk of harm. Give examples of how an adult can help to protect children in those situations. (Fill in all three columns.) There is an example below to start you off.

Risky situation Levels one and two	Why is it risky? Level two only	Examples to help protect children from or in the risky situation Levels one and two
Ten-year-old boy out in the park playing football with his friends without adult supervision.	No adult supervision in case help is needed. There may be no people in the park to help if needed.	If he has a mobile, check he has it with him. Check it is charged and that there is credit. Make sure I know where he is and when he will be back. Talk about dangers of being out without adult supervision. Make sure he does not walk to/from the park on his own.



Agencies to contact for advice or support

Name	Date
------	------

Completing this assessed worksheet at level one

List three agencies that adults can contact for advice or support if they are concerned about the welfare of a child. (Fill in first column only.) There is an example below to start you off.

Completing this assessed worksheet at level two

Describe three agencies that adults can contact for advice or support if they are concerned about the welfare of a child. (Fill in both columns.) There is an example below to start you off.

Agencies that adults can contact for advice or support if they are concerned about the welfare of a child Levels one and two	How they can help? (What they do to advise or support the adult?) Level two only
General practice (GP)	They can offer or arrange for support, or give counselling, advice and information. A doctor has a duty to report any suspected or reported cases of abuse.



What is child abuse? – some definitions

What are abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)

(continued)





- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions from 'Working Together to Safeguard Children', Department for Education and Skills.

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Using the Internet safely

Help your child surf in safety

The Internet has huge educational and social benefits. It is widely used in schools and colleges and your children will be expected to research their homework online.

Most children and young people also go online for entertainment and to socialise. The Internet offers great opportunities but children and young people must understand that the risks to their privacy and safety are real.

What are the dangers?

- Coming across disturbing information or images.
- Unwittingly opening or sharing files that can expose your family to Internet thieves or virus software which damage, delete, or copy your data.
- Children can be the victims of online bullying when other users try to embarrass or intimidate them, spread rumours or images about them.
- Some sexual predators do pose as children in the hope to befriend vulnerable children; some will go as far as trying to persuade children to meet in person.

Talk with your children

It is important that you talk with your children about the possible dangers online. Maintain an ongoing dialogue and have regular conversations; make sure they feel they can talk to you if they are worried or concerned.

Guidelines

It is also a good idea to learn about the technology they use and to follow the guidelines below:

- 1 Place the computer where the whole family can use it** rather than out of sight in a bedroom.
- 2 Use a filtering software** available to screen out some inappropriate sites. Remember that filters aren't foolproof – sites and users can get round them – so do stay involved. **www.getnetwise.org** reviews different filtering tools.
- 3 Talk with your children** and agree what kind of sites are safe. Check regularly to make sure that they stay within these agreed limits. You should always have a good idea of what your children are doing online and who they are talking to. **Keep communication open** and make sure your child knows **it's never too late to tell someone** if something is wrong or makes them feel uncomfortable.

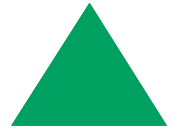
(continued)





- 4 **Tell your child to keep their identity private;** they should not share personal information, including name, address, phone numbers, name of school or messenger id to anyone over the net. **Use of an online nickname** can help here, as long as they don't pretend to be a completely different person. If they send or publish **pictures or videos** of themselves or their families and friends they need to be aware that these can be changed and shared by anyone.
- 5 If your child receives spam/junk email texts, remind them never to believe them, reply to them or use them. It is best to **delete files and attachment from unknown senders** which can contain viruses, or worse – inappropriate images or films. Visit **www.childnet-int.org/sorted** for advice on how to protect yourself online and install various protection software such as anti-virus, anti-spy and pop-up blocker.
- 6 Your children should not accept gifts (electronic or otherwise) from strangers, or arrange meetings with new friends unless you go with them. Help your child to understand that **some people lie online** and that therefore it's better to keep online friends online. **They should never meet up with someone they've met online without first telling you or an adult they trust.**
- 7 Social networking sites are the main way to meet people online and can be lots of fun. But since they can be open to misuse, **make sure your children are as cautious of strangers online as they would be in the world outside.**
- 8 **If they see or receive any obscene, abusive or threatening messages, they shouldn't respond.** They should save the content, let you know and you should consider reporting it – see below.
Some chat rooms are moderated, so messages get screened to some extent, but this is not an absolute guarantee.
- 9 **Your children should know what to do if they come across anything bad.** Teach them and yourself how to block someone online and to report illegal material to the **Internet Watch Foundation**. Report inappropriate or abusive contact to the **Child Exploitation and Online Protection Centre (CEOP)**.
CEOP (Child Exploitation and Online Protection Centre)
33 Vauxhall Bridge Road
London
SW1V 2WG
Tel: 0870 000 3344
Email: enquiries@ceop.gov.uk
www.ceop.gov.uk
- 10 Remember that many mobile phones, some TV's and game consoles now have Internet facilities. It is important that your children understand that **the same safety rules apply** and that they should **not give out their mobile number** and any personal details to strangers and **think carefully before sending on pictures of themselves**. Encourage your children to talk to you if they are worried or receiving unwanted messages.





Safe from harm: people or agencies who can offer advice and support to adults who are concerned about the welfare of a child

GP (Doctor)	Your doctor can offer or arrange support, counselling, advice and information. A doctor has a duty to report any suspected or reported cases of abuse.
Teachers	Teachers have a duty to report any suspected or reported cases of abuse.
Police	Police can offer support, advice and information. They have a duty to establish whether a criminal offence has been committed and by whom.
NSPCC	NSPCC teams and projects have a duty to assess the needs of children to ensure that they are protected from harm. Some teams offer counselling for children and support for parents. They also work with young people under the age of 17 who have abused other children.
NSPCC helpline	This is a confidential, 24-hour helpline for anyone who is worried about the safety or welfare of a child. Call 0808 800 5000.
ChildLine 0800 1111	This is a confidential, 24-hour helpline for children to talk about any issues. If a child talks about an abuse with one of the counsellors then the counsellor can refer the child directly to social services, if that is what the child wants.
there4me.com	This is a web based service (www.there4me.com) run by the NSPCC for teenagers. Young people can have online chats with NSPCC staff and post their problems to a message board.
Social services	Social services have a duty to investigate all reported or suspected cases of child abuse. Social services departments may be known by a variety of names including Safeguarding and social care team or Children and families service. If you ring your local council and ask to be put through to the duty social worker responsible for child protection then you will get the right person.
Community nurses	Health visitors and school nurses can be contacted through your local community health clinic. They can offer support, counselling, advice and information. They have a duty to report any suspected or reported cases of abuse.

If you have any concerns about a child in an organisational setting – for example, school, scout group, family centre – you should contact the organisation’s designated child protection liaison officer as soon as possible. They should be able to give you information about who else to tell and where to go for help.



Safe from harm – facilitator notes



Please make sure you know the local arrangements for reporting any child protection concerns before you lead this session. This will usually mean speaking to the appointed person or child protection officer in your agency.

Due to the sensitive nature of child abuse some of your group may feel uncomfortable and have strong emotions around the topic. Before leading this session, remind learners of your group agreement. Remind everyone that they should only share as much as they feel comfortable with and should just stop talking at any time if they feel uncomfortable. Tell them that talking about child protection issues can bring up uncomfortable feelings and that they should only contribute as much or as little as feels safe for them.

Remind the group that if anybody discloses information that suggests a child is at risk of abuse you have an obligation to pass this on, and you will let them know if you have to do this.

Tell them you want to acknowledge that it is possible that there are people in the group who were harmed when they were children. Explain that if anyone is concerned about their own childhood abuse, they should talk with you after the session and you will signpost the learners to appropriate sources of support.

If you are approached by a learner after the session, you can give them the number for the National Association for People Abused in Childhood tel: 0800 085 3330, www.napac.org.uk. Here they will find information and details of help available in their local area.

Give learners the handout *What is child abuse? – some definitions* and talk through the definitions with them.

- Ask them briefly what they are thinking now that they have heard and seen these definitions.
- Ask them briefly what they are feeling now that they have heard and seen these definitions.
- Acknowledge that people may feel uncomfortable, upset, or numb and that these are all normal reactions.

Explain to learners that it is impossible to describe a typical person who may want to harm a child. Most abusers are known to the child (for example they could be a family member or an out of school activity worker). Child abuse happens in every section of society, and abusers come from any religious, racial, cultural or professional background. State that the majority of people who sexually abuse children are men but some women also sexually abuse children, and some children also abuse other children.



Case studies – facilitator notes

Please note: This activity does not meet the assessment criteria for this learning outcome and is intended for use as an accompaniment to the session/learning outcome. It is not an assessed activity. The case studies can be found directly after these notes.

● Case study one

You are dropping off your two-year-old child at nursery. For the second time this week, the parent of another child, called Anya, has pushed past you. You have noticed that for the past few weeks Anya has arrived in a t-shirt with no coat, despite it being freezing outside. Anya's parent always seems to be in a rush, and often leaves her child in the room without notifying a member of staff, leaving Anya crying by the door. When you go into the room with your child Anya often puts her arms up for your attention. When she does come over to you she often smells of urine.

Facilitator's notes:

There is good reason for the parent to be concerned that Anya is being neglected. She has noticed that she has regularly been coming to the nursery inappropriately dressed, often smelling of urine. She is also concerned about how Anya is being left by the parent, as she is often approached by Anya for a cuddle. The parent does not know what has happened during the past few weeks, but if concerned she should report her concerns to a nursery worker, who is bound by the centre's child protection policy to act on information received. Anybody who is concerned that child abuse is taking place should report their concern to a duty social worker who can investigate the concern. In addition, anybody who is unsure about a situation and whether it is child abuse can ring a helpline such as the NSPCC for advice and support (tel: 0808 800 5000).

● Case study two

You are working in a school and you notice that Ben, aged six, has some cuts on his face. He also has six small bruises on the back of his neck and two small bruises on the front. Ben is normally a very outgoing boy but during the past two months he has been very withdrawn and many of the teachers have commented on this. You know that Ben's mum has a new boyfriend who has been seen fighting in the street when he is drunk. Ben walks towards you and you notice that he is limping. You talk to him and say that you have seen his cuts and bruises. You comment that they look sore, and that you see he is limping. He tells you that he tripped over the cat at the weekend and that he is fine.

Facilitator's notes:

There is good reason to suspect that Ben may be experiencing physical abuse. His behaviour has become more withdrawn since his home circumstances changed. It is known that a marked change in a child's behaviour can be sign of abuse. The cuts on his face might be consistent with him tripping over the cat but the bruises on his neck would not be. It is possible that the bruises have been made by someone putting both hands around Ben's neck (two bruises from the thumbs at the front of his neck and six bruises from fingers at the back). This should definitely be reported to the appointed person

(continued)

responsible for child protection within the school who may then decide to contact the duty social worker. Anybody who is concerned that child abuse is taking place should report their concern to a duty social worker who can investigate the concern. In addition, anybody who is unsure about a situation and whether it is child abuse can ring a helpline such as the NSPCC for advice and support (tel: 0808 800 5000).

● Case study three

You are volunteering in an after school club and Carly, aged eight, is doing some collage work. She accidentally cuts right through one of her pictures and she starts to cry. You go over to comfort her, telling her that it was just an accident, and she says, “No, I’m a stupid, stupid, clumsy girl who can’t get anything right and I should never have been born.” She tells you that her mum says this to her all the time.

Facilitator’s notes:

There is good reason to be concerned that Carly is experiencing emotional abuse. She has stated that her mum says this to her all the time, which means Carly keeps hearing from her mum how bad she is. This should definitely be reported to a duty social worker. Anybody who is concerned that child abuse is taking place should report their concern to a duty social worker who can investigate the concern. In addition, anybody who is unsure about a situation and whether it is child abuse can ring a helpline such as the NSPCC for advice and support (tel: 0808 800 5000).

● Case study four

Your daughter’s best friend, Sunita, aged 14, comes around to see your daughter who is not in. Sunita seems upset and says that she needs to speak to your daughter urgently. You ask her if she wants to come in and wait and, as you make her a cup of tea, she tells you she thinks she is pregnant as she has missed her period. You listen carefully and then ask her if her boyfriend knows. She tells you that she has not been having sex with her boyfriend but with her tennis coach. She tells you that she did not want to have sex with him but he told her that he wouldn’t coach her unless she did, and he says that he is the best coach in the county.

Facilitator’s notes:

There is good reason to be concerned that Sunita is experiencing sexual abuse. This should definitely be reported to a duty social worker, NSPCC Child Protection Helpline, or the child protection officer at the tennis club. Anybody who is concerned that child abuse is taking place should report their concern to a duty social worker, who can investigate the concern. In addition, anybody who is unsure about a situation and whether it is child abuse can ring a helpline such as the NSPCC for advice and support (tel: 0808 800 5000).

Safe from harm – child protection case study one



Case study one

You are dropping off your two-year-old child at nursery. For the second time this week, the parent of another child called Anya has pushed past you. You have noticed that for the past few weeks Anya has arrived in a t-shirt with no coat, despite it being freezing outside. Anya's parent always seems to be in a rush, and often leaves her child in the room without notifying a member of staff, leaving Anya crying by the door. When you go into the room with your child Anya often puts her arms up for your attention. When she does come over to you she often smells of urine.

Are you concerned about Anya? Yes / No

If you are, what category of abuse do you think she might be experiencing?

What would you do?

Safe from harm – child protection case study two

Case study two

You are working in a school and you notice that Ben, aged six, has some cuts on his face. He also has six small bruises on the back of his neck and two small bruises on the front. Ben is normally a very outgoing boy but during the past two months he has been very withdrawn and many of the teachers have commented on this. You know that Ben's mum has a new boyfriend who has been seen fighting in the street when he is drunk. Ben walks towards you and you notice that he is limping. You talk to him and say that you have seen his cuts and bruises. You comment that they look sore, and that you see he is limping. He tells you that he tripped over the cat at the weekend and that he is fine.

Are you concerned about Ben? Yes / No

If you are, what category of abuse do you think he might be experiencing?

What would you do?

Safe from harm – child protection case study three



Case study three

You are volunteering in an after school club and Carly, aged eight, is doing some collage work. She accidentally cuts right through one of her pictures and she starts to cry. You go over to comfort her, telling her that it was just an accident, and she says, “No, I’m a stupid, stupid, clumsy girl who can’t get anything right and I should never have been born.” She tells you that her mum says this to her all the time.

Are you concerned about Carly? Yes / No

If you are, what category of abuse do you think she might be experiencing?

What would you do?

Safe from harm – child protection case study four

Case study four

Your daughter's best friend, Sunita, aged 14, comes around to see your daughter who is not in. Sunita seems upset and says that she needs to speak to your daughter urgently. You ask her if she wants to come in and wait and, as you make her a cup of tea, she tells you she thinks she is pregnant as she has missed her period. You listen carefully and then ask her if her boyfriend knows. She tells you that she has not been having sex with her boyfriend but with her tennis coach. She tells you that she did not want to have sex with him but he told her that he wouldn't coach her unless she did, and he says that he is the best coach in the county.

Are you concerned about Sunita? Yes / No

If you are, what category of abuse do you think she might be experiencing?

What would you do?

Learning outcome 8:

Understand sex and relationships education in schools taking account of statutory and non-statutory guidance in education

Assessments are written for situations applicable to England at April 2007.
For courses running in other areas, please speak with your Speakeasy trainer.

Session information

Assessment criteria:

Level one:

8.1 Identify examples of statutory and non-statutory curriculum content for sex and relationships education for different national curriculum key stages.

Level two:

8.1 Describe examples of statutory and non-statutory curriculum content for sex and relationships education for different national curriculum key stages.

8.2 Read a school sex and relationships education policy and describe whether the policy includes examples of statutory and non-statutory curriculum content.

Guidelines for delivering the learning outcome 8 session

- Group discussion using **fpa ABC of SRE** activity game.
- Group discussion in relation to the school sex and relationships education policies and complete the assessed worksheet.
- Ensure evidence of discussions are kept and attached to the trainer declaration.
- Include a copy of a local school's sex and relationships education policy that has been looked at in each learner's portfolio. In the event that no policy is available from the schools where the learners' children attend, contact your local Speakeasy co-ordinator for a sample of another school's policy.
- Check through folders to make sure portfolios are complete.

Please note:

An assessed facilitator declaration needs to be completed for learning outcome 8. This requires a written paragraph showing how the learner has met the assessment criteria through their input. It should describe how the learner has met the assessment criteria they worked towards during the assessed activity. Further evidence, wherever possible, should be attached to support the declaration (for example, a photograph or typed-up flip chart notes).

Example declaration:

During the session the learner (use name) took part in the *ABC of SRE* activity where they identified statements of both statutory and non-statutory sex and relationships education. They commented on the fact that there were very few statutory elements identified for key stage two. They thought the non-statutory statement about talking to pupils about puberty and growing should be in key stage two (for children aged seven to 11) and not left until later in their education.

An optional learner's section on the declaration allows the learner to write what they learned in the discussion.

Suggested resources:

fpa *ABC of SRE* game

Websites

www.dfes.gov.uk

Session plan

Session aim – learning outcome 8

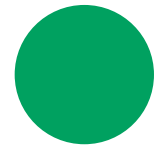
- Understand sex and relationships education in schools taking account of statutory and non-statutory guidance in education

Session objectives – assessment criteria

- Identify/describe examples of statutory and non-statutory curriculum content for different national curriculum key stages.
- Read a school sex and relationships education policy and describe whether the policy includes examples of statutory and non-statutory curriculum content.

Running time	Timing of activity	Item/subject to cover	Method	Resources needed
15 minutes	15 minutes	Welcome back	Facilitator-led discussion covering the following: <ul style="list-style-type: none"> ● Review of the group agreement. ● Review of last week's session. Learners to complete group register	Group agreement Group register
1 hour	45 minutes	ABC of SRE activity	Small/large assessed group discussion using the ABC of SRE game, covering the following: <ul style="list-style-type: none"> ● Different key stages in education. ● Elements of statutory education. ● Elements of non-statutory education. 	Assessed facilitator declaration: <ul style="list-style-type: none"> ● Sex and relationships education at school Handouts: <ul style="list-style-type: none"> ● H12 – Sex and relationships education at school
1 hour and 10 minutes	10 minutes	— Break —		
1 hour and 30 minutes	20 minutes	Sex education policies	Small group activity, completion of assessed worksheet: <ul style="list-style-type: none"> ● Sex and relationships education at school 	Assessed worksheet: 17 – Sex and relationships education policy worksheet Sex and relationships education policy
2 hours	30 minutes	Checking folders re: accreditation and closing down group	Follow learning outcome checklist form to check folders are complete Learners to complete: <ul style="list-style-type: none"> ● End evaluation Hand out end-of-course certificates	Learning outcome checklist sheets for learners' folders (pages 31–34) End evaluation form (pages 39–41) End-of-course certificate (page 43)

(continued)



Sex and relationships education policy worksheet



Name

Date

Completing this assessed worksheet at level one

Look through the sex and relationships education policy you have and respond to the questions below. *Please make sure you attach the sex and relationships education policy to this worksheet.*

Completing this assessed worksheet at level two

Read the sex and relationships education policy you are working with and respond to the questions below. *Please make sure you attach the sex and relationships education policy to this worksheet.*

Key stage one	(5–7 years old)	School year reception–2
Key stage two	(7–11 years old)	School year 3–6
Key stage three	(11–14 years old)	School year 7–9
Key stage four	(14–16 years old)	School year 10–12

What key stages does your sex and relationships education policy cover?

What examples of the statutory curriculum content could you find?

(If not evident in policy say so)

What examples of the non-statutory curriculum could you find?

(If not evident in policy say so)

(continued)



If your policy does not contain examples of statutory and non-statutory subjects what is your view on this?

What is the cultural/religious mix in the school? Does this affect the way sex and relationships education is taught?

What does the policy say about involving parents?

Thinking back to the timeline activity you completed in learning outcome 2, do you have any views on what the school is covering and at what age children cover this (for example, too early, too late, about right)?



Sex and relationships education at school

Under current guidelines (DfES, 2000) sex and relationships education is delivered across the four school key stages within the science section of the national curriculum (statutory/by law) and the non-statutory (optional) personal, health and social education (PHSE/PSE). This handout offers an overview of the statutory sex and relationships education delivered to pupils through the English national curriculum, in addition to some of the non-statutory recommended topics that could be delivered in school to develop children's knowledge, understanding, values, attitudes and personal skills in sex and relationships education.

*These guidelines apply to schools in England. If you are working in schools in Wales, Scotland or Northern Ireland, please contact your **fpa** facilitator before teaching this section.*

Key stage one (5–7 years)

Sex education delivered to pupils through the national curriculum (statutory)	Some of the recommended topics that could be delivered in school to develop children's knowledge, understanding, values, attitudes and personal skills in sex and relationships education (non-statutory)
<p>Pupils will:</p> <p>Know and understand:</p> <ul style="list-style-type: none"> ● that humans and animals can produce offspring, and these grow into adults ● that animals, including humans, grow and reproduce. <p>Be able to:</p> <ul style="list-style-type: none"> ● recognise similarities and differences between themselves and others and treat others with sensitivity ● recognise and compare the main external parts of the bodies of humans. 	<p>Pupils will:</p> <p>Know and understand:</p> <ul style="list-style-type: none"> ● the needs of babies and young people ● about safe places to play, and safe people to be with ● that they have some control over their actions and bodies ● the main external parts of the body, including agreed names for sexual parts ● why families are special for caring and sharing ● the ways in which they are like and different from others. <p>Be able to:</p> <ul style="list-style-type: none"> ● recognise safe and unsafe situations. <p>Have considered:</p> <ul style="list-style-type: none"> ● how their feelings and actions have an impact on others.

Ofsted, Sex and Relationships: A report from the Office of Her Majesty's Chief Inspector of Schools, HMI 433 (Ofsted, 2002)

(continued)





Key stage two (7–11 years)

Sex education delivered to pupils through the national curriculum (statutory)

Some of the recommended topics that could be delivered in school to develop children's knowledge, understanding, values, attitudes and personal skills in sex and relationships education (non-statutory)

Pupils will:

Know and understand:

- about the main stages of the human life cycle
- that the life processes common to humans and other animals include growth and reproduction.

Pupils will:

Know and understand:

- about, and accept, a wide range of different family arrangements, for example second marriages, fostering, extended families and three or more generations living together
- about the physical changes that take place at puberty, why they happen and how to manage them
- that safe routines can stop the spread of viruses, including HIV.

Be able to:

- recognise and challenge stereotypes, for example in relation to gender
- recognise their own worth and identify positive things about themselves
- listen to and support their friends and manage friendship outcomes.

Will have considered:

- the need for trust and love in established relationships
- why being different can provoke bullying and why this is unacceptable.



Ofsted, Sex and Relationships: A report from the Office of Her Majesty's Chief Inspector of Schools, HMI 433 (Ofsted, 2002)

(continued)



Key stage three (11–14 years)

Sex education delivered to pupils through the national curriculum (statutory)

Some of the recommended topics that could be delivered in school to develop children's knowledge, understanding, values, attitudes and personal skills in sex and relationships education (non-statutory)

Pupils will:

Know and understand:

- how the growth and reproduction of bacteria, and the replication of viruses can affect health
- about the human reproductive system, including the menstrual cycle and fertilisation
- that fertilisation in humans is the fusion of a male and female cell
- the physical and emotional changes that take place during adolescence
- how the fetus develops in the womb.

Pupils will:

Know and understand:

- about when and where to get help, such as the genitourinary medicine clinic
- the law relating to sexual behaviour of young people.

Be able to:

- recognise the need for commitment, trust and love in meaningful relationships which may manifest themselves in a variety of forms including marriage
- develop skills of assertiveness in order to resist peer pressure and stereotyping
- develop good interpersonal skills to sustain existing relationships as they grow and change, and to help them make new relationships
- recognise the risk of personal safety in sexual behaviour and be able to make safe decisions.

Will have considered:

- issues such as the costs of early sexual activity
- the benefits of sexual behaviour within a committed relationship.

Ofsted, Sex and Relationships: A report from the Office of Her Majesty's Chief Inspector of Schools, HMI 433 (Ofsted, 2002)

(continued)



**Key stage four (14–16 years)****Sex education delivered to pupils through the national curriculum (statutory)****Some of the recommended topics that could be delivered in school to develop children's knowledge, understanding, values, attitudes and personal skills in sex and relationships education (non-statutory)**

Pupils will:

Know and understand:

- the way in which hormonal control occurs, including the effects of the sex hormones
- about some medical uses of hormones including the control and promotion of fertility
- about the defence mechanisms of the body
- how sex is determined in humans.

Pupils will:

Know and understand:

- the way different forms of relationship including marriage, depend for their success on maturity and commitment
- how HIV and other sexually transmitted infections affect the body
- how the different forms of contraception work and where to get advice
- the qualities of good parenting and its value to family life.

Be able to:

- recognise the influences and pressures around sexual behaviour, and respond appropriately and confidently seek professional health advice
- manage emotions associated with change in relationships with parents and friends
- have the confidence to assert themselves and challenge offending behaviour
- have the determination to stand up for their beliefs and values.



Ofsted, Sex and Relationships: A report from the Office of Her Majesty's Chief Inspector of Schools, HMI 433 (Ofsted, 2002)

Children and young people with specific educational needs:

Whether in mainstream or special education, children and young people with specific educational needs have the same needs and rights to sex and relationships education. Schools may need to make separate arrangements and individual education plans to suit the individual child/young person.

For further information on implementing sex and relationships education in schools, see:

National healthy schools standard: sex and relationship education (SRE), Simon Blake and Claire Jones, National Healthy School Standard Team, Health Development Agency, May 2001 (available at www.wiredforhealth.gov.uk).

Ofsted, Sex and Relationships: A report from the Office of Her Majesty's Chief Inspector of Schools, HMI 433 (Ofsted, 2002).

Well done, you have completed your Speakeasy course. What is next?

Submitting learners' folders for accreditation

All learners wishing to submit folders for accreditation will need to make sure their folders are complete. It is the facilitator's/assessor's responsibility to support them with this. Check folders to make sure learners have:

- completed all worksheets and activities necessary for the level they are working towards
- completed all worksheets and activities appropriately for the level they are working towards
- included all necessary worksheets and documents in their folder.

Use the Learning outcome checklist sheet (page 31 level one, page 33 level two), ticking the boxes for the evidence that is present. Make sure it has been completed appropriately. The checklist should be placed at the front of each learner's folder. Once complete, it indicates that all the required evidence is present for completion of the unit at either level one or two.

If there are any gaps or if work is missing, make sure it is completed before the folder is submitted. If the folder reaches the moderator and is incomplete it will not be assessed until the next moderation cycle subject to completion. An incomplete folder reaching the moderator may result in all of the group's folders being requested so they can be moderated to assess the facilitation of the group.

If the group had a learner who required support to complete their assessed worksheets/activities, make sure their folder is complete and has appropriate explanations to describe the support given (see pages 46–47 for more information, or contact your Speakeasy trainer).

Once folders and all the necessary paperwork are together, complete and ready for submission, please contact the **fpa** lead moderator. They will discuss the group and request a sample of folders to be sent for moderation.

Group documents to submit to fpa

If this is the first course you have done during the Speakeasy training programme, or a further course is being submitted through **fpa**, certain documentation from the group needs to be submitted to **fpa** along with the folders chosen for moderation:

- group register
- learner registration form for *all* learners (whether or not they are wanting to gain accreditation)
- 'start' and 'end' evaluation forms from all learners.

Staple each individual learner's learner registration form, their 'start' and 'end' evaluation forms, and the learner registration form, at the front. The group register should be placed on top. **fpa** will keep all these documents for data and Open College Network (OCN) purposes. If copies are required locally these will need to be made before submission.

A large volume of group documentation and folders is received by **fpa** so it is essential that the group registration form is completed (page 161) and placed at the front of the paperwork noted above. This allows **fpa** to process group information and folders submitted for accreditation accurately. Group paperwork and folders that are submitted without the group registration form cannot be processed until this form is submitted.

Note to staff on the Speakeasy training programme

All the learners' folders from your first learner group should be submitted to your trainer. They will check each folder to ensure you have fully grasped your role as a facilitator/ assessor. Learners' folders can be submitted on or after your third day of training.

If the learner group sessions have been completed in time for your final training day and the folders and paperwork are complete, bring them along. If the learners' folders or paperwork are not complete contact your trainer to discuss the alternatives.

Even though you will submit all of your learners' folders to your trainer, you must still phone the lead moderator to discuss your group. This gives them the chance to request a sample of folders to be moderated. You will be advised of this step on or after your final day of training.

In addition to completing all the paperwork and helping your learners to submit their folders for accreditation, you need to complete your folder of work too. Remember that trainers are not able to achieve their accreditation unless they have successfully completed a Speakeasy course with one complete learner's folder for accreditation (at either level).

		Please tick when done
I confirm that I have listed all of the learners from my group on this form		
I confirm that I have included all of the documents and folders ticked above		
I confirm that I have included all of the documents and folders ticked above		
I confirm that I have included the course register showing the attendance of each learner		
<i>Circle as appropriate</i>	First Course	Follow on course

Facilitator one – contact details:

Name	
Address	
Contact telephone number(s)	
Email	

Facilitator two – contact details:

Name	
Address	
Contact telephone number(s)	
Email	

What next?

A final word

We hope you have enjoyed delivering the Speakeasy course and will continue to deliver more courses in the future. Once you have been accredited as a Speakeasy facilitator there are several ways you can choose to deliver further Speakeasy courses or sessions.

Delivering further accredited courses

When delivering accredited courses you will need to consider the costs, especially if your first course was supported through a free Speakeasy training programme.

Accrediting parents' folders locally (in your area)

As Speakeasy is now widely available, moderation has been set up in many areas. This is linked to the local Open College Network (OCN) region. Please check with your local Speakeasy co-ordinator, your speakeasy trainer or the **fpa** lead moderator to see if this is the case in your area.

Accrediting your parents' folders via the fpa moderation service

If there is no local moderation route for parent learners' folders, you can continue to submit them through **fpa** which is an approved centre with Open College Network Eastern Region (OCNER). A charge per learner will be made. Follow the process on pages 8–10 if you wish to accredit your folders via **fpa**.

Delivering non-accredited Speakeasy courses or sessions

Accreditation is an incentive for many but the Speakeasy course can be delivered without this.

All the resources and activities from this *Handbook* can be used. Learners do not need to complete any of the assessed worksheets/activities if they are not being assessed. Another option is to deliver short courses or one-off sessions using the resources that relate to a number of the learning outcomes.

For more information on all aspects of the Speakeasy programme contact

Speakeasy administration
Tel: 020 7608 5270
Email: speakeasy@fpa.org.uk

Useful organisations

How fpa can help you

sexual health direct is a nationwide service run by **fpa**. It provides:

- confidential information and advice and a wide range of leaflets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception clinics, sexual health clinics and genitourinary medicine (GUM) clinics.

fpa helplines

England and Wales

helpline 0845 122 8690
9am to 6pm Monday to Friday

Northern Ireland

helpline 028 90 325 488
9am to 5pm Monday to Thursday
9am to 4.30pm Friday

or visit **fpa's** website www.fpa.org.uk

To order **fpa** publications contact:

fpa

Tel: 0845 122 8600
Fax: 0845 123 2349
Email: fpadirect@fpa.org.uk
www.fpa.org.uk

DfES

www.dfes.gov

CEOP

(Child Exploitation and Online Protection Centre)
33 Vauxhall Bridge Road
London
SW1V 2WG
Tel: 0870 000 3344
Email: enquiries@ceop.gov.uk
www.ceop.gov.uk

FFLAG (Families and Friends of Lesbians & Gays)

York Court
Wilder Street
Bristol
BS2 8HQ
Tel: 0117 942 9311
Email: info@fflag.org.uk
www.fflag.org.uk

Headon Ltd

PO Box 171
Manchester
M21 7ZP
Tel: 0161 998 8877
Email: sales@headonltd.co.uk
www.headonltd.co.uk

NSPCC

Weston House
42 Curtain Road
London
EC2A 3NH
Tel: 0808 800 5000
(NSPCC Child Protection Helpline)
Tel: 020 7825 7442
(to obtain NSPCC publications)
Email: publications@nspcc.org.uk
(to obtain NSPCC publications)
www.nspcc.org.uk

See also *Safe from harm* handout on page 141 and the *Useful websites relating to issues discussed on the Speakeasy course* handout on page 78.

fpa supporting professionals

fpa membership

Become a member of **fpa** and receive a range of benefits while supporting our vital work. The benefits include:

- a full set of **fpa** factsheets and leaflets
- quarterly mailings, which include subscriptions to *Sex Talk* and *In Brief*
- discounts on **fpa** open training courses
- discounts on **fpa** publications (school and organisation members).

Choose from three membership packages – individual membership at £30 a year, school membership at £50 a year (includes universities, colleges, Connexions, youth organisations and Sure Start) and organisation membership at £90 a year.

Sex Talk is **fpa**'s newsletter, keeping you in touch with **fpa** events, campaigns and our latest publications and resources. *In Brief* provides the latest news and comment on contraception, sexually transmitted infections and reproductive health.

fpa training

fpa provides high quality training in sexual health, sex and relationships, and sexuality. We offer:

- Open training: offered on pre-set dates and open to all.
- On request training: the same content and format as open training but delivered to a specific group or organisation.
- Tailor made training: specifically designed to meet a client's particular needs, and may offer a mix of training and consultation.
- Consultancy: **fpa** has a strong team of experts in all aspects of sexual health who are available to facilitate seminars or briefings, to provide specific advice and to assist with writing a relevant policy or guidelines.

fpa provides accreditation for most of its courses.

fpa publications

fpa offers a complete mail order service for health and education professionals and the public. Our extensive stock includes books, leaflets and resources on sex and relationships education, learning disabilities, contraception, and sexual health.

For more details on membership, training or publications see www.fpa.org.uk or call 020 7608 5240.

