Jiwsi

A pick 'n' mix of sex and relationships education activities

Mel Gadd

Jo Hinchliffe







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Throughout this publication there are worksheets for use with young people. You may photocopy the worksheets for teaching purposes.

Published by:

fpa

50 Featherstone Street London EC1Y 8QU

Tel: 020 7608 5240 Fax: 0845 123 2349 www.fpa.org.uk

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Disclaimer

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 is constantly changing, as new information becomes available, and as such changes in treatment procedures and use of drugs or practice become necessary.

Printed by: Jason Print & Design Ltd

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Acknowledgements

The authors would like to thank:

- The six Local Health Boards in North Wales for funding Jiwsi and this resource (as part of the Welsh Assembly Government's Sexual Health Strategy), in particular Mair Dempster-Jones from Denbighshire Local Health Board. Jiwsi is currently funded until March 2008.
- Health Challenge Wales for funding Jiwsi through the voluntary grant scheme.
 Health Challenge Wales is the national focus for action to improve health and wellbeing in Wales, to which Jiwsi makes a significant contribution.
- Jiwsi and fpa staff past and present, in particular Terri Ryland, Morton Stanley and Sarah Andrews.
- The members of the Jiwsi Network for their commitment to sharing good practice.

Glossary and abbreviations

BSL – British Sign Language

GUM - genitourinary medicine

PSE - personal and social education

SRE – sex and relationships education

SRW - sex and relationships work

STI – sexually transmitted infection

Anti-discriminatory practice	How the facilitator works towards ensuring everyone in a group is given equal chance to participate.	
Brainstorm	A group discussion to produce ideas, often written down on flip chart paper.	
Confidentiality	To have set boundaries about communicating private information.	
Disclosure	Sharing private information.	
Distancing techniques	Separating private information and experience from an issue by using examples or scenarios not associated with the participants, for example using soap opera characters.	
Experiential	Learning based on experience, either doing something or reflecting on a similar or past experience.	
Ice-breaker	An activity to prepare participants for group work.	
Jiwsi	A Welsh take on the word juicy. The name was chosen in consultation with a group of young people.	
Key stage	The school curriculum is split into four stages that chart a child/young person's development through education.	
Lifeline	An activity where a period of time, for example a life time, is represented by drawing a line.	
Makaton	A system of communication that uses a vocabulary of key word manual signs and gestures to support speech, as well as graphic symbols to support the written word.	
Process questions	Questions a facilitator asks participants in order to explore the learning gained from an activity and to link it to real life situations.	
Sexuality	How gender, sexual development, sexual desires and sexual identity are experienced.	

Introduction

Jiwsi is an **fpa** community education project delivering sexual health and relationships education to groups of vulnerable young people in community settings throughout North Wales. It has been running since 2002.

Jiwsi works with a wide variety of vulnerable young people, frequently adapting existing exercises and creating new activities to meet their varied needs.

This book collates a selection of sex and relationships education (SRE) exercises based on Jiwsi work.

Who Jiwsi works with and why

Jiwsi works with groups of young people in North Wales under 25 years of age who are identified as being vulnerable in some way and at increased risk of unplanned pregnancy, a sexually transmitted infection or other sexual health problems now and in the future.

They may include: looked after children; physically disabled young people; young people with learning disabilities; autistic spectrum condition young people; young people excluded from school; rurally isolated young people; young offenders; young people from minority ethnic groups; lesbian, gay or bisexual young people; transgender young people; homeless young people; young people who have been or are at risk of being abused; and young people who have or are at risk of abusing others. This list is by no means exhaustive.

Jiwsi network

The Jiwsi network is a practitioner's group for anyone involved in SRE work in North Wales. The network offers an opportunity for those who work with young people to come together to discuss sex and relationships work (SRW) and ensure their practice is up to date. It is also a chance to share information and experience (the network distributes up-to-date SRE information by email) and to access resource ideas.

If you would like to join or find out more about the network please contact the Jiwsi Co-ordinator (see *Jiwsi and fpa contact details* at the end of this book).

Who this resource is for

This resource is intended for workers confident in delivering SRE group work to vulnerable young people aged under 25 years.

These group work skills are taught on **fpa** training courses such as 'Sexual health starts here', 'Delivering sex and relationships education with confidence' and 'Core competencies in sexual health for youth workers'. If you work with young people in North Wales, you may be eligible to access this training free through Jiwsi. For more information contact the Jiwsi Co-ordinator or **fpa**'s training department. **fpa**'s full training programme is available at www.fpa.org.uk.

Many of the activities in this resource tackle challenging and sensitive issues. You will need to choose which activities you feel comfortable and confident about delivering. Although these activities will be of great help to you, no resource book can replace the value of good training and practical experience.

The activities in this resource work best as part of a developmental SRE programme that addresses a group's expressed needs (rather than a set programme that assumes what the young people need to know). It may be that you build a whole programme based on the activities in this resource or that you dip in and out using different activities as the need arises.

Many of the exercises can be used with participants who have learning disabilities and suggestions for adapting the exercises for participants with different needs are made on most of the exercises.

Assumptions

A good SRE programme should be about so much more than preventing the 'bad stuff' such as unplanned pregnancy and sexually transmitted infections. Sex and relationships topics are life skills and are best taught within the context of choice, respect and pleasure. This is why many of the activities in this resource explore feelings and values around sex and relationships, rather than just the most up-to-date piece of clinical information. Young people value the opportunity to explore values and feelings within SRE sessions.

Mixed-gender versus single-gender work

Jiwsi works with both mixed-gender and single-gender groups. In mixed-gender environments young people enjoy sharing their contrasting experiences and challenge each other's assumptions about the opposite gender. However, both single-gender and mixed-gender work are of equal value and both have their place in SRE.

The gender of the facilitator is much less important than the facilitator's skills and male and female facilitators can help break down barriers and assumptions about gender roles and personal issues.

Confidentiality and Fraser Guidelines

Confidentiality

Confidentiality is very important when delivering any kind of SRE work. However, it is often something that is poorly understood.

You should treat the personal life of a young person with the respect and sensitivity that you would want for yourself. Sexuality is a private matter. Any information you have about a young person should not be discussed casually.

Young people's confidentiality should be respected unless you believe someone is at risk of significant harm, or of harming someone else. Follow the child protection referral procedures of your organisation if you have concerns about abuse or exploitation of anyone under 18. If you do not know what these procedures are, ask your line manager.

You should explain to young people that you may not always be able to maintain their confidentiality and that there are certain things that you have to report to your line manager or social services. This would be any information they share with you which makes you think they are at risk or in danger. You should make young people aware of this at the beginning of every session so that they can choose whether to share information with you. Young people should feel safe and confident about asking for support at all times and know that they will be supported through whatever happens next.

The Children Act makes it clear that a partnership with parents should be forged wherever possible. However, you do *not* have to inform parents (or anyone else) if you know about or suspect any sexual activity even if it is under the age of consent (16 in England, Scotland and Wales, 17 in Northern Ireland) as long as there is no abuse or exploitation involved. Different parts of the UK have different child protection policies relating to young people under the age of 13 (under 14 in Northern Ireland). Also individual agencies and organisations may have their own policies that they expect you to follow. Make sure you know what the policy is before you start work.

Fraser Guidelines

You can legally give general information about sexual health to anyone of any age. Jiwsi recommends that you can give one-to-one information to under-16s in confidence, but it is good practice to follow the Fraser Guidelines. These are the same guidelines that doctors and nurses must follow before prescribing or advising about contraception and other treatments to under-16s. You must make sure that **all five** of the following are true:

- 1. The young person can understand the advice.
- 2. S/he cannot be persuaded to tell a parent or carer about the situation.
- 3. S/he is going to go ahead with sexual activity whether or not you give the advice.
- 4. His or her physical or mental health would suffer if you did not give the advice.
- 5. It is generally in his or her best interests to receive confidential advice.

If one or more of these conditions is not met, you cannot give that young person personal confidential advice. However, you may support the young person by encouraging them to access relevant local services and providing information on these. You must still keep their question confidential unless you need to report it on child protection grounds.

Where young people can get advice

Young people are sometimes unsure about where they can get advice about sexual health without the details being reported back to their parents or carers. Concerns about confidentiality are the main reason young people do not access contraceptive services. Make sure you are able to tell your group what confidential help they can expect from different practitioners. To do this, you need to know the organisational policies of local organisations.

Personal disclosure and distancing techniques

As a facilitator, it is important that you set yourself clear personal boundaries about disclosure when working with young people.

It is common for young people to ask personal questions like: How old were you when you first had sex? Do you use condoms? Do you masturbate? What is your sexual orientation?

Before responding, stop and ask yourself why the young person is asking you that question. Is it because:

- They want a role model to give them the answer on what they think is the right thing to do?
- No other adult has talked to them about this subject before?
- You are talking about SRE openly so they assume you will talk about your own experiences openly?

The best response to any such question would be to say something like: "That is a really interesting question, but I don't talk about my private life at work. However, since you've brought up the subject of age/condoms/masturbation/sexuality let's talk about that subject."

This allows you the opportunity to find out where the young person is coming from and offer the right information for that young person. It also encourages the young person to think for themselves and make their own decisions on the subject, rather than following you, and respects the uniqueness of everyone's experience.

It is reasonable to expect your sexual experiences to be a private matter. Distancing techniques such as this help you treat the personal life of a young person with the respect and sensitivity that you would want for yourself.

As well as the impact your openness may have on the young people you work with, you should also consider the impact it may have on your colleagues. You may be happy to disclose details about your relationships and/or sex life – perhaps you have had good experiences and been in a position to make positive decisions for yourself. However, your colleagues may have had experiences that they don't want to discuss with young people. By openly talking about *your* life have you created a culture of openness and disclosure that will prevent colleagues maintaining their privacy when working with young people?

Reasons for sex and relationship workers not disclosing their sexual orientation include:

- Not wanting to raise the expectation that all workers will be open about their sexual orientation (especially if they may have to work with a potentially hostile group, for example homophobic young people).
- Adherence to this non-disclosure, even when asked repeatedly, gives the young people a wide frame of reference and less adherence to traditional social norms as they cannot be confined by their own assumptions and therefore will aid the inclusion of lesbian, gay and bisexual young people.
- The young people they work with have to decide if knowing a facilitator's sexual orientation is important or not. Most decide it is not.

Young people usually don't want their workers to be friends or family – they already have those people in their lives. They want professionals they can trust, who are consistent and who demonstrate their positive regard by their manner and professionalism and not by the 'secrets' that they share.

Other distancing techniques include:

- Setting ground rules or working contracts (we cover these later), which can help you establish boundaries.
- Using fictitious characters or characters from TV/magazines to discuss situations.

Jiwsi workers often use situations from current soap opera stories as these are a popular reference point for young people. This makes it easier to explore difficult subjects such as abortion, rape, infidelity and domestic violence without anyone in the group having to talk about personal experiences.

What's in a session?

An SRE session should include:

- Introductions (or a welcoming round if the group knows each other): This helps set the scene so that the participants start seeing themselves as a group.
- Health and safety information: If the group are in a new venue, remind participants of where the fire escapes are.
- Ice-breaker: To introduce the participants to group work in a fun way. It also helps
 everyone join in and reduces any fears the participants may have about working with
 other people in the group.
- Information on the session content (aim and learning outcomes) if appropriate.
- (Re)negotiation of ground rules/working contract or a reminder of what was agreed (see Setting ground rules).
- Session activities, which may include: Brainstorms a group discussion to produce ideas, often written down on flip chart paper – quizzes, games, activities and discussion work in large/small groups/pairs/individuals.
- Processing the session: A group discussion to encourage the participants to think about what they have done during the activity and what links they can make back to real life.
- Evaluation: To get feedback on the session to help the facilitator develop their practice. This can be done in a variety of ways.
- Ending/closing activity: An activity designed to help close the session and the group to move on and get on with the rest of their day/evening without feeling that they haven't finished the session properly.

How to use Jiwsi exercises

The exercises in this book are in no set order and we suggest that you read through them and pick out the ones you like and feel would be beneficial to your group. You can then prepare for the session by gathering the resources listed in the information grid for that activity. You will also find a list of *Useful resources* at the end of this book.

Information grid explained

Each of the following activities has an information grid that tells you at a glance some essential information about the activity.

Resources needed Any equipment the facilitator requires to run the activity.

Non-verbal, non-literate The activity is suitable for young people who cannot read

or write, or communicate verbally, or use British Sign Language (BSL), Makaton or pictorial communication aids

such as Board Maker (a pictorial language system).

Verbal, non-literate The activity is suitable for young people who cannot

read or write but can communicate verbally or by BSL

or Makaton.

Reading, non-writing The activity is suitable for young people who can read

and communicate verbally or by BSL or Makaton but

cannot write.

Reading and writingThe activity is suitable for young people who can read and

write and can communicate verbally or by BSL or Makaton.

Key stage suitability This part of the grid tells you which of the Key stages this

activity falls under.

Jiwsi works with young people who use a wide range of communication methods, including:

- talking in various languages
- writing
- drawing
- BSL
- Makaton
- Board Maker
- body language.

Setting ground rules

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed Flip chart paper, pens					
Non-verbal, non-literate					
	✓ ✓ All				

Ground rules are a set of instructions created by facilitators and participants that enable participants to feel safe and comfortable when taking part in the group, thus allowing all people shared ownership of the group work process.

Aims/purpose

- Ensure that everyone in the group has an opportunity to have their say on how the group manages itself.
- Support ownership of the group and engagement with the process.
- Assist the group to think about and discuss elements that help the group process, for example allowing people to have their say.

Explanation

Discuss confidentiality with the group and the difference between maintaining professional confidentiality and keeping secrets, for example the confidentiality rules that facilitators and other staff work to, what happens if confidentiality is broken within the group and the child protection duties of the facilitator(s). See *Confidentiality and Fraser Guidelines* earlier.

Lead a discussion on the issue of personal disclosure; remember – participants usually cannot guarantee confidentiality just because it is written on flip chart paper and may have a variety of reactions to a personal piece of information. Try to create a safe group environment for all by discouraging personal disclosure and encouraging distancing techniques.

Ask the group to think about what they will need in order to feel comfortable enough to get the most from the session, for example seating arrangements, what breaks they need, respect from other group members and no put downs.

Work towards a set of ground rules that everyone is comfortable with.

Write down the ground rules on flip chart paper.

Be prepared to revisit your ground rules at any time to reinforce messages or adapt the rules if they are not working effectively. Do this via negotiation with the group.

Display the ground rules at all times during the session(s).

Remember – facilitators have to stick to the ground rules, too!

Setting the learning agenda

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed				
	Flip chart paper, pens			
				Key stage suitability
✓ ✓ AII				

It is always a good idea to involve participants in planning their own learning. You can use this simple exercise to encourage participants to set their own learning agenda to ensure their needs are met.

Aims/purpose

- Explore the needs of the participants.
- Set a learning agenda.
- Encourage engagement with the learning process through participation in planning.

Explanation

Facilitate a group discussion on what the group would like to learn about in the coming sessions/programme. If participants have completed the *Relationships brainstorm* later in this publication, the facilitator can use this to prompt this discussion.

It is often helpful to break down the agenda setting into easier sections, such as sexual health and relationships or information to learn, skills to practice and feelings to explore.

Inform the group that the agenda can be adapted as the programme develops, if the participants change their minds or become aware of any other topics they want to cover.

Write down what was agreed on flip chart paper. If you are running a series of sessions it is useful to occasionally refer back to any previous sessions and review where you are up to and what the group has learnt.

Remember: The participants may not know enough about sex and relationships to identify topics they want to cover. It is up to you to guide the discussion through a range of topics to identify what the programme needs to include. There may be obvious gaps in their knowledge that you can help identify at this point and in future sessions.

About me

For a full explanation of this grid see How to use Jiwsi exercises at the start of this publication.

Resources needed					
Photocopy of About me worksheet overleaf, pens					
Non-verbal, non-literate	Verbal, non-literate	Reading, non-writing	Reading and writing	Key stage suitability	
V	V V AII				

This is an easy introductory activity.

Aims/purpose

- Gently encourage young people to think about their preferences.
- Encourage participants to begin to express their individual preferences in a group environment.
- Give everyone a chance to speak.

Explanation

Give each young person a copy of the About me worksheet (overleaf).

Ensure everyone has a pen.

Read through the sheet checking that everyone understands the titles.

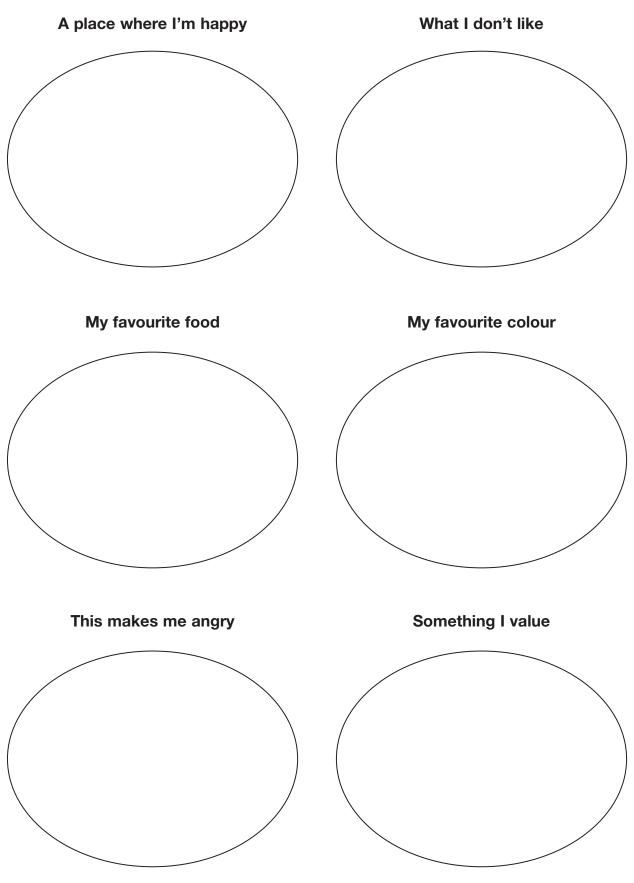
Ask the young people to draw their answers to the titles in the spaces provided. Once everyone has completed the task ask each person to take it in turn to feedback to the group, either by telling the group what they have drawn and why or by simply showing their pictures.

Thank each person for their contribution.

Ask the group if they found the exercise easy or difficult, and why.

About me - Worksheet

Please draw your answer to each title in the spaces below.



Similar and different

For a full explanation of this grid see How to use Jiwsi exercises at the start of this publication.

Resources needed Photocopy of Similar and different worksheet overleaf, pens Non-verbal, non-literate Non-verbal, non-literate Verbal, non-writing Reading, non-writing Reading and writing Key stage suitability All

Similar and different is a simple worksheet that encourages participants to identify and celebrate what they have in common and how each person is unique. It is a very good starting point for discussing other differences such as gender and sexual preference.

Aims/purpose

Identify ways in which the participants are similar and different.

Explanation

Give each young person a copy of the Similar and different worksheet (overleaf).

Ensure everyone has a pen.

Ask the group to pair up.

Ask each pair to discuss the ways in which they are similar and the ways in which they are different, and to note down their observations on their worksheets. When they have finished, bring the participants back to a large group and ask them to read out their differences and similarities.

The facilitator must take care to manage this and celebrate the similarities and differences.

The facilitator can ask:

- What did you notice about your similarities?
- What differences make you unique?
- How did it feel to do that exercise?

Adaptations

* Answers can be drawn by participants who can't write. You can also do this exercise without the worksheet as a discussion activity for participants who can't read or write.

Similar and different - Worksheet

Your name:		
Partner's name:		
We are <i>similar</i> because:		
We are <i>different</i> because:		
vve are amerem because.		

Armadillo game

For a full explanation of this grid see How to use Jiwsi exercises at the start of this publication.

Resources needed

Two random objects, for example pens or items from fpa's Contraceptive display kit

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
	V	V	✓	2–4

This is a game that requires participants to remember some simple rules and to pay attention. It is a good game for focusing the group before giving them a task, or for energising a group.

Aims/purpose

- Focus the young people on group work.
- Show the importance of paying attention.
- Have fun.
- Give everybody the opportunity to speak.

Explanation

The group sits in a circle.

The facilitator hands an object to the participant on their left and says, "This is an armadillo."

The participant on their left asks, "It's a what?"

Facilitator: "It's an armadillo."

The participant on the left then hands the object to their left saying, "This is an armadillo."

This participant asks, "It's a what?' This question is then passed back around the circle to the right to the facilitator who says, "It's an armadillo", which then gets passed back round the circle to the left by each participant.

This continues until the object has travelled all the way round the circle.

To confuse matters even more, when the object is about one-quarter way around the circle the facilitator then takes another object and sends it around the other way saying, "This is a hippopotamus."

Watch for the moment when the two objects cross (if they ever get that far!!).

Adaptations

Use items and their correct names out of **fpa**'s *Contraceptive display kit* to make the game more relevant to your session.

Sex and language

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed Flip chart paper, pens				
Non-verbal, non-literate				
	✓ *	✓ *	V	2–4

This exercise is based on an activity from **fpa**'s *Strides: A practical guide to sex and relationships education with young men* (now out of print).

The way in which we communicate about sex and relationships is very important on many levels. Activities exploring language have many benefits, including:

- gauging the level of the group's knowledge and understanding
- introducing medical words
- coming to an agreement on what words you will use during your work
- clarifying what words mean to you and to the young people
- skill development encouraging young people to ask for explanations for words they don't understand.

Aims/purpose

- Explore the participants' level of knowledge about sex and language.
- Explore the participants' level of knowledge about parts of the body.
- Place all the words out in the open so that the participants can see you are not shocked and are there to deal with issues not 'bad language'.
- Gauge the level of explicitness of the group.
- Have a laugh!

Explanation

Don't use this exercise as an ice-breaker. Young people will need to feel comfortable before they engage fully with a group.

Ask participants to get into three groups and give each group a piece of flip chart paper with the headings 'Male sexual parts', 'Female sexual parts' and 'Sexual activities' on them.

Ask participants, in their groups, to brainstorm all the words for sexual parts/activities they can think of. It is a good idea not to make any suggestions to the participants about words they can include – this ensures that the work is the participants' own.

(continued)

After a few minutes rotate the sheets until all three groups have some words under each heading.

When they have finished bring the participants back to a large group and ask them to read out their lists.

Clarify words that participants don't know and discuss meanings.

The facilitator can ask:

- How are cultural, social and sexual attitudes revealed in language?
- How did you feel about doing the activity?
- What do you notice about each list?
- What kinds of words are there?
- How could you group or classify them?
- What does the use of language show us about our attitudes to sex?
- What differences are there between words for males and females? Would males and females use different words? If so, why?
- Are any of the words insulting? Which ones?
- Are any of the words more aggressive than others?
- Has anyone put down words such as skin, brain or lips for sexual parts and/or kissing and cuddling for sexual activities?

Adaptations

* It is suitable for non-literate groups as a discussion activity or for non-writing groups if the facilitator does the writing.

If you are running a session on anatomy you can just use the male/female sexual parts sheets to help jog the participants' memories about body parts.

If you are working with a younger or less streetwise group you can use the titles 'Boys' bits', 'Girls' bits' and 'Things people do' as alternative titles.

Body bits graffiti

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

Flip chart paper, sticky tape, pens (must be washable, non-permanent), **fpa**'s 4Girls and 4Boys leaflets

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
	✓	V	V	1–2* 3–4

A fun activity that encourages everyone to get involved in learning about sexual and reproductive body parts.

Aims/purpose

- Explore what the participants already know about sexual and reproductive body parts.
- Give accurate information about sexual and reproductive body parts.

Explanation

Before the session make two large sheets of paper by taping two or three pieces of flip chart paper together. This should be large enough for one of the participants to lie on.

Label the top of one sheet 'Female' and the other sheet 'Male'.

Split the participants into two groups. If the group is large make more large sheets and have lots of small groups.

Ask the groups to carefully draw around the outline of one participant – a female and a male – being careful not to draw on clothes (this always happens anyway hence the importance of washable pens or felt tips!). Ask the participant who is being used as a stencil to first sit on the paper and draw the section between their legs.

Once the outline is complete ask the participants to create an imaginary identity for their outline and give them facial features – participants can use famous people such as TV or film stars. The imaginary identity distances the outline from the person used as the stencil.

Ask the female outline group to draw the *external* sexual and reproductive parts of the female body on the outline and label them using the words the participants know. Ask the male outline group to draw the external sexual and reproductive parts of the male body on the outline and label them using the words the participants know.

Once this is done, bring everyone back to a large group to feedback (and giggle). After feedback, ask the group as a whole if the pictures are correct and make any necessary changes.

(continued)

Ask everyone to get back in their groups. Swap the outlines around so the group that had the female body now has the male and vice versa. Ask the participants to add the *internal* sexual and reproductive parts of the body. If the participants are struggling at this stage, it can be helpful to hand out **fpa**'s *4Boys* and *4Girls* leaflets to help the participants complete their pictures.

Bring the young people and drawings back to a large group and ask everyone to feed back.

Handout extra 4Boys and 4Girls leaflets so that each participant has a copy.

The facilitator can ask:

- How easy or difficult was that to do?
- Did you learn anything new?
- What would you like to know more about?

Adaptations

Can also be done with Headon Productions' *Body Board* and *Sex Education* pack, see *Useful resources* later.

Works well as a collage using lots of different materials.

For Key stage 1 participants you can limit the exercise to external parts of the body.

* 4Boys and 4Girls leaflets are only suitable for Key stage 3–4.

For Key stage 2 participants use the 4You leaflet rather than the 4Boys and 4Girls leaflets.

Word meanings: What do we mean by ...?

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

Photocopy and cut out words on What do we mean by ...? Worksheet overleaf

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
	✓ *	✓	✓	3–4

This is a sexual health jargon buster activity for young people – run it before you start SRE sessions. It is also a good exercise to run with colleagues – remember to ask them how they feel about certain words.

Aims/purpose

- Explore participants' understanding of different words.
- Create a group understanding of words to be used during SRE sessions.

Explanation

Participants read out a word in turn from the worksheet overleaf and explain what they think the word means.

Other group members discuss the meaning of the word and their understanding of it.

The participants then agree on a common understanding of what is meant by the different words.

We've included answers to help but the facilitator should only intervene if the participants are way off track.

Adaptations

* If participants can't read, then the facilitator can read the words out.

Jiwsi has run this with Key stage 2 groups using appropriate words for that age group.

What do we mean by...? - Worksheet

Straight	Heterosexual	STI	Partner
Gay	Celibate	Lesbian	Transvestite
Bisexual	Snogging	Homophobia	Tomboy
Homosexual	Masturbation	Gender	Orgasm
Sex	Rape	Feminine	Anal sex
Oral sex	Contraception	Masculine	Safer sex
Man	Woman	Воу	Girl
Kissing	Cuddle	Love	Puberty
Friend	Transgender	Sexual	Sexist
Vaginal sex	Abortion	Consent	Confidentiality

What do we mean by ...? Answers

Straight	Common word for heterosexual.		
Heterosexual	A person who is mainly sexually attracted to people of the opposite sex.		
STI	Sexually transmitted infection. Infections passed from person to person mainly through sex.		
Partner	Person you are having a close relationship with (often, but not always, sexual).		
Gay	Man who is mainly sexually attracted to men. Also known as homosexua		
Celibate	Person who chooses not to have sex.		
Lesbian	Woman who is mainly sexually attracted to other women.		
Transvestite	Person who likes to dress in clothing usually worn by the opposite sex.		
Bisexual	A person who is sexually attracted to both men and women.		
Snogging	Another word for kissing.		
Homophobia	Hating, abusing or bullying people because they are gay or lesbian.		
Tomboy	Girl who enjoys activities traditionally associated with boys.		
Homosexual	Person mainly sexually attracted to people of the same sex.		
Masturbation	Touching rubbing or stroking your own or another person's sexual organs for pleasure.		
Gender	Whether you are male or female.		
Orgasm	Sexual climax. In both men and women, a series of muscular spasms followed by relaxation. In men, usually involves ejaculation.		
Sex	Be aware that you may need to be quite specific when talking about sex. If it is important to the message you are getting across you may need to clarify if you are talking about oral sex, anal sex, vaginal sex, penetrative sex, non-penetrative sex, touching each other's genitals, using sex toys, masturbation, and gay, lesbian, straight and bisexual sex.		
Rape	When a man has sex with someone without their consent. This is against the law and convicted rapists are imprisoned, possibly for life. In England and Wales rape includes vaginal, oral or anal sex with either a man or a woman. In Scotland rape is defined as vaginal sex with a woman. In Northern Ireland rape can be vaginal or anal sex with either a man or a woman.		
Feminine	Having qualities or an appearance traditionally associated with women.		
Anal sex	Sex in which the penis goes into the anus.		
Oral sex	Arousal of a partner's sexual organs using the mouth and tongue.		
Contraception	All methods of preventing pregnancy.		

(continued)

Masculine	Having qualities or an appearance traditionally associated with men.
Safer sex	Ways of having sex that lower the risk of catching an STI or getting pregnant.
Man	Adult human male.
Woman	Adult human female.
Boy	Male child.
Girl	Female child.
Kissing	Touching or caressing with the lips as a sign of love, sexual desire or greeting.
Cuddle	Hold someone closely as a way of showing love or affection.
Love	Strong feeling of affection.
Puberty	Time of rapid physical and emotional change, usually between the ages of eight and 18.
Friend	Someone you have a bond of mutual affection with.
Transgender	Someone who identifies themselves as one gender, but is seen by other people to be another. Transgender people do not always have surgery to change their bodies.
Sexual	Feelings and body changes connected to physical attraction or contact between two people.
Sexist	Someone who is prejudiced against someone else because of their gender.
Vaginal sex	Sex involving the penis entering the vagina.
Abortion	Ending a pregnancy.
Consent	It is against the law for anyone to have sex with a young person under the age of 16 (under 17 in Northern Ireland). This is the same for young men and women and for heterosexual and homosexual sex. This is known as the age of consent.
Confidentiality	See Confidentiality and Fraser Guidelines at the beginning of this publication.

How easy is it to talk to someone about ...?

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

Photocopy and cut out discussion subjects and easy/difficult cards on How easy is it to talk to someone about...? worksheet overleaf

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
	✓	V	V	3 and 4

An activity designed to stimulate discussion about what participants may find difficult to talk about, and why. It also identifies people who participants may find it awkward to talk to.

Aims/purpose

- Explore what subjects are difficult to communicate about, and why.
- Identify ways in which communication could be made easier.

Explanation

This activity can be done as one large group or as several small groups.

Before the session, photocopy and cut out the easy/difficult cards and discussion subjects overleaf.

Place the easy/difficult cards at opposite ends of the table/room. Ask the participants to sit or stand in a circle(s). Explain that the space between the cards represents the range (continuum) of difficulty from easy to talk about to difficult to talk about.

Place the discussion subjects face down in the centre of the group. Ask each participant in turn to pick up and read out a discussion subject. The participant then places it on the continuum explaining why they have put it there.

The rest of the group can then discuss where they would place it and why.

Ask the group to suggest ways to make the subject easier to discuss. After this discussion ask the group if they feel they could move the discussion subject closer to the easy card.

The facilitator can ask:

Did you all agree on where the discussion subjects would be on the continuum?
 If not, why?

Adaptations

Read out the statements asking the participants to stand between the easy and difficult cards depending on their answer.

How easy is it to talk to someone about ...? – Worksheet

Easy

Difficult



.,
I don't want to use condoms
Tell me about your previous girlfriends/boyfriends
l love you
I fancy you
Talking about relationships with your parents/carers
I want to talk about our sex life
I want to have children
l'm pregnant

© fpa 2007 (continued)

My period is late	I want to have an abortion
I don't want you to have an abortion	What I want to do in the future
What I think about your family	What I think about your friends
Our differences (for example disability, race, religion)	Have you ever had a sexually transmitted infection?
Will you go to a genitourinary (GUM)/sexual health clinic with me?	Will you be faithful to me?
Do you want an open relationship?	I haven't had sex before

Personal hygiene in the bag

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

Hygiene products, such as soap, shampoo, toothbrush, toothpaste, deodorant, tampons, sanitary towels, razors (in sealed packaging/containers), shaving cream and laundry detergent. Bags (paper or plastic), *What's in the bag? worksheet* overleaf, pens

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
	✓ *	✓ *	V	2–4

A simple personal hygiene activity based on the 'What's in the bag?' exercise from **fpa**'s Contraceptive display kit user's manual.

Aims/purpose

- Identify what different personal hygiene products are for and how they are used.
- Have a general discussion about how to keep clean and healthy.

Explanation

Divide the group into pairs or small groups.

Give each group a bag containing an example of a personal hygiene product and a copy of the What's in the bag? Personal hygiene worksheet (overleaf).

Ask each pair or small group to work together to answer the questions on the worksheet.

Bring everyone back to a large group to take it in turns to feedback about their product (you could do this in the same way as the Contraception: Jiwsi doctors exercise later in the book).

The facilitator can ask:

- What happens if we don't maintain good personal hygiene?
- Where can you get products from?
- What other products (not shown in this session) do people use and why?

Adaptations

* Use the worksheets to prompt group discussion if the group can't write.

What's in the bag? Personal hygiene – Worksheet

What is in your bag?
What is it for?
How does it work?
Is it for young men or young women?
How often do you think it should be used?
What could happen if you don't use this?
Name one thing you like about it
Name one thing you don't like about it
What could you use instead of this?

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Masturbation brainstorm

For a full explanation of this grid see How to use Jiwsi exercises at the start of this publication.

Resources needed Flip chart paper, pens				
Non-verbal, non-literate	Verbal, non-literate	Reading, non-writing	Reading and writing	Key stage suitability
	✓ *	✓ *	V	3 and 4

Masturbation is often seen as a taboo subject, something that is assumed that everyone does but no-one talks about. Often young people feel that there is something wrong with them if they masturbate. This exercise is to prompt discussion about this subject.

Aims/purpose

- Explore what we mean by masturbation and different words to describe masturbation.
- Clarify meanings of words associated with masturbation.
- Explore any difference in language when referring to men and women masturbating.

Explanation

Important! Remind the participants of the personal disclosure boundary in your ground rules before you start.

Before the exercise prepare two pieces of flip chart paper with the headings 'Male masturbation' and 'Female masturbation'.

Split the group into two smaller groups. Give each small group one of the prepared flip chart sheets and ask them to list all the terms they know for male masturbation and female masturbation.

Once finished ask them to come back together as a large group and a representative from each small group reads out their answers.

Discuss the meanings as a whole group and clarify any terms that have not been understood.

The facilitator can ask:

- Were there any differences between male and female terms? If so, what?
- Was it difficult or easy to do this activity?

Adaptations

* For a non-literate group run a discussion without using the flip chart paper.

Masturbation myths and taboos

For a full explanation of this grid see How to use Jiwsi exercises at the start of this publication.

Resources needed

Photocopy and cut out the Masturbation myths and taboos cards overleaf

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
	✓	V	V	3 and 4

As discussed in the 'Masturbation brainstorm' exercise (see previous exercise) masturbation is often seen as a taboo subject. This exercise is to prompt discussion around masturbation enabling an exploration of the myths and taboos surrounding the topic.

Aims/purpose

Discuss values and feelings about masturbation in an environment that is distanced from the participants' personal lives.

Explanation

Important! Remind the participants of the personal disclosure boundary in your ground rules before you start.

The group sits in a circle.

Place the 'Agree' and 'Disagree' title cards at opposite sides of the room or at each end of a table.

Place the discussion cards face down in the middle of the participants. Ask them, one at a time, to pick up a card, read out the statement and place it at some point between the two cards that reflects how strongly they agree or disagree with the statement.

They then state their reasons why they placed it at this point.

Once the participant has had the opportunity to give their reasons, the rest of the group can discuss and move the card if agreed.

The facilitator can ask:

- How easy or difficult is it to talk about masturbation?
- Where would it be appropriate and inappropriate to masturbate? (see Public and private later in this publication).

Masturbation myths and taboos - Worksheet

Agree

Disagree



Masturbation can stop you having babies in the future	Masturbation can make you go blind
Masturbation is harmless	Masturbation makes the palms of your hands go hairy
You can't catch sexually transmitted infections if you masturbate on your own	Only teenage boys masturbate
It is okay to masturbate in front of your sexual partner	It is embarrassing to talk about masturbating with your partner
Everybody masturbates	Masturbation is normal
Masturbation can help you learn about your body	Most people are happy to talk about masturbation
Not masturbating is normal	Masturbation is a private activity
People only masturbate when they haven't got a sexual partner	Women don't masturbate

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The following cards would definitely go at the 'Agree' end of the continuum

Masturbation can help you learn about your body

Before even thinking about having sex with another person it can help to have a good understanding of how your own body works, what feels good and what turns you on.

Masturbation is normal

Masturbation is completely normal and okay for anyone to do – despite what some people might tell you.

Not masturbating is normal

It's okay not to masturbate at any time in your life.

The following cards would definitely go at the 'Disagree' end of the continuum

People only masturbate when they haven't got a sexual partner

People masturbate for lots of different reasons – when they're in a relationship, on their own and with their partner – even when the sex they are having is totally satisfying.

Women don't masturbate

It is normal for men and women to masturbate.

Everybody masturbates

People make different choices about masturbation and it is normal to masturbate and normal not to masturbate.

Only teenage boys masturbate

Men and women of all ages masturbate.

You can't catch sexually transmitted infections if you masturbate on your own

If you masturbate with someone else (touching each other's genitals), there may be a risk of getting or passing on a sexually transmitted infection if you, or they, already have an infection. This is because infections can be spread by transferring infected semen or vaginal fluid on the fingers or genital area even if vaginal, anal or oral sex doesn't take place.

Masturbation can stop you having babies in the future

Masturbating doesn't make you infertile.

Masturbation can make you go blind

This is a myth. Masturbating doesn't make you go blind.

Masturbation makes the palms of your hands go hairy

This is a myth. Masturbating doesn't make the palms of your hands go hairy.

The following cards wouldn't necessarily go at the 'Agree' or 'Disagree' end of the continuum and should instead generate discussion

Masturbation is a private activity

People masturbate on their own or with a partner (mutual masturbation).

Most people are happy to talk about masturbation

This will depend on how open you are and who you're talking with. People have different boundaries with different people, for example your partner or your parents. Some people are uncomfortable about talking about sexual activities with anyone.

It is okay to masturbate in front of your sexual partner

This will depend on what you both consent to doing together.

It is embarrassing to talk about masturbating with your partner

This will depend on both your partner and yourself.

Masturbation is harmless

If you masturbate with someone else (touching each other's genitals), there may be a risk of getting or passing on a sexually transmitted infection, if you, or they, have an infection. This is because infections can be spread by transferring infected semen or vaginal fluid on the fingers or genital area even if vaginal, anal or oral sex doesn't take place.

Public and private

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

A collection of photographs of public and private places including, a bedroom with one bed, a bedroom with two beds, a bathroom and a toilet. A collection of drawings of people taking part in different activities including, people chatting, people hugging, male and female in underwear, male and female naked, male masturbating, female masturbating. The number of pictures used can vary according to the needs and abilities of the group – 15 place pictures and ten activity pictures should be adequate for most groups.

These pictures are readily available in resources such as *Picture Yourself* (see *Useful resources* at the end of this publication). Facilitators can also collect their own images. Photocopy and cut out the public and private cards from the worksheet overleaf.

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
~	✓	V	V	3-4

This activity has been developed primarily for people with moderate to severe learning disabilities and is a topic frequently highlighted through needs assessments or specifically requested by organisations Jiwsi works with. Although we have used the term 'discussion', when working with largely non-verbal groups these discussions are more likely to mean an explanation by the facilitator using whatever communication methods are necessary, for example Makaton, Board Maker or other visual aids.

Aims/purpose

- Identify and distinguish between pictures of public places and pictures of private places.
- Decide which activities would be appropriate or inappropriate in a public or private place.

Explanation

Discuss with the participants the terms 'public' and 'private'.

- Public places are places where more than one person can be at any time and we
 have less control over how many people can be there.
- Private places are places where one person, or more than one person, can go to
 where they will not be disturbed by others and where they have more control of how
 many people can be there.

Lay out the two 'Public' and 'Private' cards at opposite ends of the workspace (this could be a table or the floor but should be within the reach of the participants). Explain that each

participant will be given a photograph of a place and that in turn they have to show their photograph to the group, communicate what they think the photograph is, decide whether it is a public place or a private place and then place it near the correct card.

You should go first to provide an example. The group can then discuss the picture and may wish to change where it lies between public and private. This may result in pictures being placed in the middle of the cards, as some places can be both public and private at different times. It is usual that by the end of this section there are a lot more pictures identified as public than private.

Next, show the participants the drawings one at a time, describing the activity taking place. It may be useful to explain what is on each card before showing it to the group, particularly for the more sexual images. If you choose to show pictures of people masturbating or having sex, then you must decide whether the group will need to do some work to understand these areas prior to this exercise.

As you describe and show each activity card, the participants have to decide whether the activity would be acceptable in a public or a private space. Use prompts, for example when holding up a picture of somebody naked, ask, "Would this be okay in the supermarket?" (and hold the card over a photo of the supermarket). Hopefully, the answer will be "No". Eventually each activity card should be placed next to or over a photo of where the activity would be acceptable.

As activities are assigned to private places, discuss with participants how private places can be made even more private. For example, participants may decide that masturbating is something that could be done in a bedroom. You can then explore this area by asking the group how they could make a bedroom more private, for example by shutting the door, masturbating while covered by the bedclothes and shutting curtains.

You should also point out activities that would be illegal in public places and explain that this may lead to getting into trouble with the police.

Adaptations

For less verbal groups you could use pictures of green ticks and red crosses for participants to indicate if something is acceptable or unacceptable.

Public and private – Worksheet

Public	Private	10
		O

Personal space

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

Large room with space for all participants to move freely within, paper plates (two each for all participants and facilitators plus spares), felt tip pens.

Photocopy the Matt and Jess image on the worksheet overleaf.

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
~	~	~	~	All

This activity has been developed primarily for people with moderate to severe learning disabilities and is a topic frequently highlighted through needs assessments or specifically requested by organisations Jiwsi works with. Although we have used the term 'discussion', when working with largely non-verbal groups these discussions are more likely to mean an explanation by the facilitator using whatever communication methods are necessary, for example Makaton, Board Maker or other visual aids.

This activity works well in the middle of a programme when participants are used to working with each other, ground rules have been established and the participants have a level of respect for each other.

Aims/purpose

- Identify when someone is physically close to another person and explore how that person may feel.
- Practise techniques for communicating with someone who is physically close.
- Identify what to do if someone is too close and this is frightening.

Explanation

Give each participant two paper plates and ask them to draw a happy face on one and a sad face on the other using the felt tip pens. You may wish to help them by preparing some plates as a dot-to-dot drawing to join up. It is important that the paper plates are recognisable as a happy and a sad face. Another method may be to have a set of faces drawn that the group can copy.

Look at the Matt and Jess picture overleaf. Explain that Matt and Jess had to agree to hug and be that close to each other. Discuss what may happen if we hug someone who doesn't want to be hugged.

Ask the participants to find a space in the room and gently move their arms around to see how big their personal space is. You may wish to follow this by getting them to waggle their legs to see what area they cover! You need to keep a close watch and only get the group to move their arms about when they have found a place with enough room so that they don't connect with each other or the walls, windows or furniture!

Bring the group back to the sitting area and explain that the area they reached with their arms (and maybe legs) is their own personal space and that we all control what happens within that space, in particular how far into that space we allow other people.

Next, two facilitators show how people can control how close somebody comes to us by using the paper plates. The two facilitators stand facing each other about ten paces apart. One facilitator walks slowly towards the other who remains still. The still facilitator controls how close the other facilitator comes to them by showing the happy face plate if they are happy for them to come closer or the sad face if they are too close. The facilitators should end up at the edge of each other's personal space.

Then ask participants to pair up and try this. You should help the pairs decide who is walking and who is controlling and make sure that everyone has an opportunity to play both the walking and the controlling role.

The facilitator can ask:

In real life would people have paper plates with them? Leading on to: How can we control our personal space in real life and how can we be aware of others'? Discuss with the group:

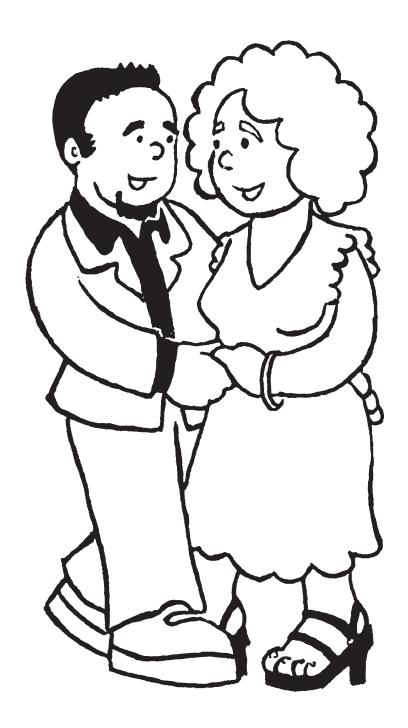
- How might people feel if we stand too close to them and how might we recognise this feeling via their facial expressions?
- If someone is moving into our own personal space and we are feeling uncomfortable what can we say to them to make them stop or move back?
- Are there any other ways we can protect our personal space?

Participants then try the walking towards each other activity (as above) but without the paper plates. This time the participants try using the different techniques arising from the last discussion. For example, the participants may practise using and observing facial expressions to control how close they get to other people, or hand gestures to tell the walking participant to stop. They may also use sentences and phrases.

As a final discussion, you should discuss with the participants what they could do if someone kept coming close to them and none of the techniques practised worked. Brainstorm who participants could go to for help should this be necessary.

To sum up the activity, recap what the group has learnt in this session. Ask the participants questions about the quality of the session, telling them to answer by holding up the relevant happy/sad plate, for example "Has this session been fun?"

Matt and Jess image



© Nic Watts. Taken from **fpa**'s *Talking together ... about sex and relationships*.

Relationships brainstorm

For a full explanation of this grid see How to use Jiwsi exercises at the start of this publication.

Resources needed				
Non-verbal, Verbal, Reading, Reading Key stage non-literate non-writing and writing suitability				

Relationships can often seem a bit of a mystery to young people. This simple exercise gives participants the opportunity to identify what makes a good or bad relationship. This exercise also reinforces that relationships are not just about sexual activity.

Aims/purpose

- Explore the qualities of good and bad relationships.
- Explore whether we need to be in sexual relationships to meet our relationship needs.

Explanation

Any exercise that explores relationships has to be handled very carefully as it can bring up lots of different feelings. It is a good idea for the group to go over their ground rules. Tell participants that they can opt out of the activity at any time.

Before the session prepare two pieces of flip chart paper with the titles 'Good relationships' and 'Bad relationships'.

As a group, brainstorm all the qualities relationships have and write them down under the two headings. It sometimes helps to think of these qualities as ingredients for a good relationship cake.

The facilitator can ask:

- Which qualities (ingredients) do you get from different relationships, for example partner, parent, family, friend or pet?
- Do sexual relationships have the same ingredients?
- Which of the 'Good relationships' list do you think you are good at providing?

What a baby needs

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed Post-it notes or pieces of paper, pens					
Non-verbal, non-literate					
	If answers are drawn	~	~	All	

This is a good introductory activity to exploring parenthood.

Aims/purpose

- Explore what a baby needs to survive and thrive.
- Identify what skills a parent needs.

Explanation

Ask the participants to work in pairs or small groups.

Hand out a number of Post-it notes or pieces of paper to each participant.

Ask the participants to brainstorm all the things that babies need. Participants then feedback to the large group and collect similar answers together.

Ask the large group to prioritise three things from the answers given (these usually, but not always, end up being food, warmth, love).

Ask the large group to brainstorm the skills a parent needs to be able to help their baby thrive.

The facilitator can ask:

- What have you learnt about babies?
- What have you learnt about parenthood?
- What needs to be in place before we plan to become parents?

Parenthood visioning

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed				
Paper, pens				
Non-verbal, Verbal, Reading, Reading Key stage non-literate non-writing and writing suitability				
	V	V	V	3 and 4

This exercise encourages participants to think about how a particular situation, in this case unplanned pregnancy, may affect them.

Aims/purpose

Reflect upon and discuss how an unplanned pregnancy may affect future life plans.

Explanation

Any lifeline or visioning exercise has to be handled very carefully as it can bring up lots of different feelings. It is a good idea for the group to go over their ground rules before this activity. Tell participants that they can opt out of the activity at any time and that they can keep their work private if they wish.

Hand out a piece of paper and a pen to each participant. Ask the participants to find somewhere comfortable to sit, preferably somewhere they can think by themselves without being distracted by anyone else in the group. Ask them to draw a line down the middle of their page until about halfway along. It can be diagonal or vertical, straight or wavy.

Explain to participants that this line represents their life up to now, then ask them to write '0 years old' at one end of the line and their current age at the other.

Ask participants to think back to key events in their life. Ask them to focus on positive events, for example:

- a great night out with friends
- an achievement at school or youth club
- learning a new skill
- a book they read that changed the way they thought
- a family occasion.

Participants note these down on the lifeline marking how old they were at each point. Encourage participants to be as creative as they like in the way they represent these life events on paper.

Next, ask participants to think about the next five years. Ask them to imagine what they want to do, what they want to achieve and where they want to be, for example pass

GCSEs, get a job, go to college, live independently, spend time with friends or family or meet new partner. Ask them to extend their lifeline and add this information to it.

Ask participants to sit for a moment and take time to visualise the good times in their past and their positive future plans and aspirations from their lifeline.

Now ask participants to travel back about two years on their lifeline from their current age and imagine that they had found out that they are about to become a parent (either they or their partner is pregnant).

On a different line, ask them to draw in the alternative past two years and future five years.

Ask participants to consider:

- How does this event alter your lifeline?
- What would you have to do differently now?
- What support and resources would you need?

It is worth reinforcing that unplanned parenthood isn't the end of the world, it can just make life more challenging if people are unprepared. This exercise isn't about putting people off parenthood; it is just a tool to encourage participants to consider the benefits of planned parenthood.

If the group is comfortable enough with each other the participants can either:

- get into pairs and discuss their lifelines with a chosen partner
- come back together as a group and discuss wider implications.

You will need to stress that participants can keep the details of their reflection private and just join in a general discussion on the impact of parenthood.

The facilitator can ask:

- How did the activity feel?
- What did you learn?
- How easy/hard was the activity? Why?

Adaptations

If participants are non-literate they can use drawings or symbols on their lifelines. This is also a good technique to use when noting down private information that participants do not want anyone else to read.

Contraception: Jiwsi doctors

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

Up-to-date and accessible leaflets that include contraceptive information such as **fpa**'s *Is everybody doing it*?, a couple of laboratory/doctors' coats, other medical dressing-up items, clipboards, paper bags, *What's in the bag? Contraception:*Jiwsi doctors worksheet (see overleaf) or equivalent

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
			✓	3–4

This activity is a version of the 'What's in the bag?' exercise from **fpa**'s *Contraceptive display kit user's manual*. It is suited to a group of confident participants who can read and write and are comfortable role playing in front of each other!

Aims/purpose

- Gain an insight into the different contraceptive methods available.
- Identify local services that offer help/advice as well as contraception services.
- Understand young people's entitlement to contraception, even if they are under 16 years old.

Explanation

Introduce the subject of contraceptive methods.

Split the group into small working groups, either pairs or threes, and give each group a paper bag containing a contraceptive method, information leaflets about that method and the sheet containing prompt questions as to what the group needs to find out about the method (see *What's in the bag? Contraception: Jiwsi doctors worksheet*, overleaf). You may have to put more than one method in each bag depending on the number of participants. You should keep one method to use as an example yourself.

Explain that the groups are going to spend some time reading about/researching the contraceptive method they have in their bag. Read through the questions on the *What's in the bag? Contraception: Jiwsi doctors worksheet*. The participants can ask questions to clarify these.

The participants then read the contraception leaflets and discuss the questions before filling in the answers. Allow enough time for all participants to finish this task and keep checking with them to see how they are doing or if they need any assistance.

When all participants have finished, ask the groups to feedback their findings as though they are doctors! Explain that participants will wear the doctors' coats and use the clipboards, all the while putting on their best doctor voices!

While explaining this, put on a white doctor's coat and pick up a clipboard. Then provide an example by explaining how the contraceptive method you have kept as an example works. Another fun thing to include is that every 'doctor' has to introduce themself with a made up doctor's name, for example "Good morning, my name is Doctor ... and I'm going to tell you about a method of contraception called ...".

While the 'doctors' are explaining their method of contraception the display object from their bag should be passed around the other participants.

After each small group has fed back as doctors, ask if anyone has any questions about that method. If possible, the participants who explained that method should try and answer first, but you should be on hand to answer more in-depth questions or to correct any errors.

When all contraceptive methods have been explained draw the discussion to a close and move on to a brainstorm of local services which can offer further advice on contraceptive methods.

Remember to compile a service list of your own before the session. Try and ensure that answers given are not just generic names for services, such as contraception clinic or Brook clinic, as although these are good answers it is important to discuss where these services are located within the area.

Quite often, while brainstorming the above, the right of under-16s to access contraception, and confidentiality, comes up. It is important to explain that all people, regardless of age, have the right to access contraceptive methods. It is also important to inform participants of their rights with regard to privacy and confidentiality. See *Confidentiality and Fraser Guidelines* at the beginning of this publication.

What is in your bag? What is it for? How does it work? Is it for young men or young women? How often do you think it should be used? What could happen if you don't use this? Name one thing you like about it Name one thing you don't like about it What could you use instead of this?

What's in the bag? Contraception - Jiwsi doctors worksheet

Self-esteem

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed Flip chart paper, pens				
Non-verbal, Verbal, Reading, Reading Key stag				
	~	V	V	1–4

An activity that introduces participants to exploring self-esteem and results in them designing their own self-esteem logo.

Aims/purpose

Raise awareness of the importance of good self-esteem in relation to positive sexual health.

Explanation

First of all brainstorm self-esteem and ask the participants:

- What does self-esteem mean to you?
- How does your self-esteem at different times of your life relate to your decision making?
- Does it impact on your sexual health?
- How can people's self-esteem be damaged?

Then ask participants to identify people in the media, such as characters from films/soaps/other TV programmes who have good or bad self-esteem or whose self-esteem levels have changed.

Facilitate group discussion on what influences the self-esteem of their chosen characters. Brainstorm the ideas on flip chart paper.

Hand out some blank flip chart paper and pens and ask participants to design a logo/image that represents having a high level of self-esteem; this could include representations of ways self-esteem could be raised or just a period when they felt they had good self-esteem.

Allow the participants time to complete their images. Then ask those who are willing, to share their images/thoughts with the group.

Future visioning

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed				
Flip chart paper, pens, Stepping stones worksheet overleaf				
Non-verbal, Verbal, Reading, Reading Key stage non-literate non-writing and writing suitability				
	V	V	V	4

Future visioning simply means thinking about where you would like your life to be at some stage in the future. This activity is suitable for participants who have undertaken some self-esteem work previously.

Aims/purpose

Build on previous knowledge of self-esteem and explore future life visioning.

Explanation

Lead a recap discussion referring back to the participants' prior self-esteem work (see previous *Self-esteem* exercise for a self-esteem activity/session). As part of this discussion you may wish to use the following prompt questions:

- What is self-esteem?
- What does self-esteem mean to you?
- How can self-esteem relate to decision making?
- Can self-esteem impact on your sexual health?
- How can people's self-esteem be damaged?
- How can people's self-esteem be increased?

On flip chart paper ask the group to draw a fictitious character that is a similar age to themselves. Ensure that this is not based on any real person that the participants know.

Ask the participants to discuss as a group where they would like this character to be in ten years' time. Explain that this is called a future vision. You may wish to use prompt questions within this discussion such as:

- Will the character have a partner and what would they be like?
- Will the character have a job and what would that be?
- What will the character be known for by friends and family?

Add the details of the character's future vision to the flip chart paper as each point is clarified in the participants' discussion.

Next, using an oversized photocopy (A3 is good) of the *Stepping stones worksheet*, copy the future vision statements for the character into the box on the right-hand side.

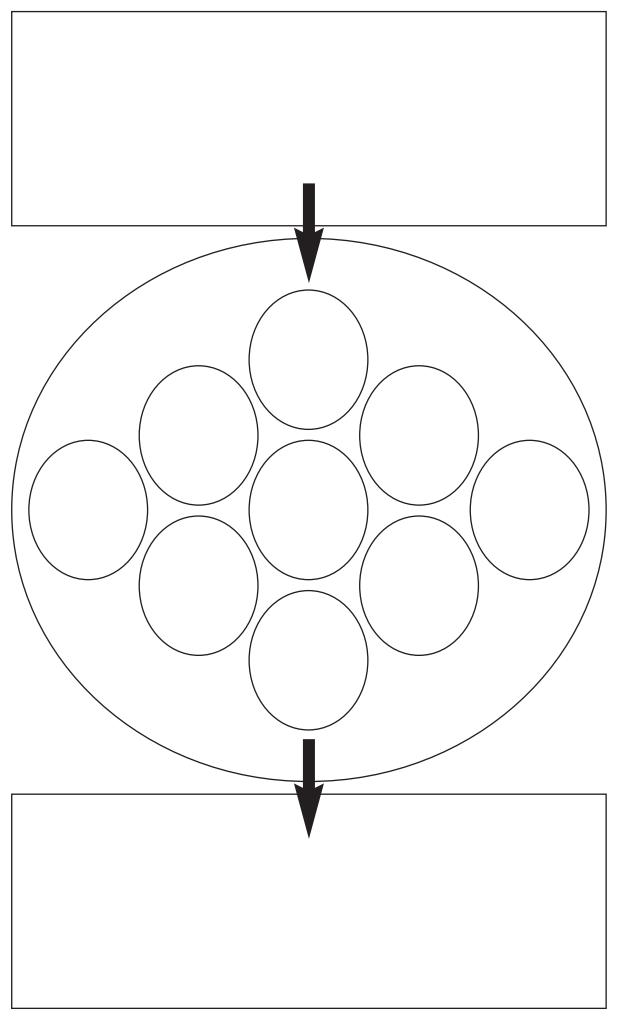
Explain to the group that the small circles are the stepping stones to reach these goals. Ask the group to come up with ideas as to the steps the character would have to take to get from the left-hand box (the left-hand box being the character at the present moment) to their right-hand box of desired outcomes/future vision. Explain that there are numerous routes across and that they should try and make as many routes as they can to maximise the character reaching their goals.

Having completed this, explain that each of the steps could probably be broken down into lots of smaller steps and that the smaller they are the more achievable they become.

Next, give each participant two stepping stone sheets. Explain to the participants that they are each going to work on filling in one of these sheets for themselves and that to start with they should fill in where they are now in the box on the left of the page. Then participants think of their own future vision and fill in the right-hand side of the page and then think of the stepping stones between. You must explain that participants are going to work on their own and that they will not be asked to feedback to the group.

Allow enough time for the participants to have a go at filling in their sheet. Then bring the participants back together. Explain that the participants can keep the spare sheet they have been given as they may find this a useful activity to do in their own time. You should also discuss with participants who they could talk to if they have concerns or need help with anything that may come up in this activity.

In closing the session suggest that the young people have a go at this exercise for themselves. Remind them that they may not need to do this on paper but that the process is worth remembering and using in their head when faced with challenges or when making plans. Allow time for the group to reflect on, process and make any comments about the session.



Sexually transmitted infections continuum

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed Photocopy and cut out the cards from the Sexually transmitted infections continuum overleaf Non-verbal, non-literate Reading, non-writing Reading and writing Key stage suitability 3 and 4

Sexually transmitted infection resources often focus on signs and symptoms rather than values and feelings. This activity encourages participants to explore the issues around sexually transmitted infections.

- Young people need to know that sexually transmitted infections exist.
- If you engage in sexual activity you can catch them.
- If anything looks, feels or smells different or you have any worries about sexually transmitted infections you can get all tests and treatment at a GUM clinic or sexual health clinic. General practices, contraception clinics, young people's services and some pharmacies may also provide testing and treatment for some infections.
- You can help reduce your chances of contacting many sexually transmitted infections by using condoms, correctly and consistently.

Aims/purpose

Explore attitudes to, and knowledge about, sexually transmitted infections.

Explanation

This activity can be done as a large group or as small groups. Before the session photocopy and cut out the *Sexually transmitted infections continuum worksheet* overleaf.

Place the 'Agree' and 'Disagree' cards at opposite ends of the table/room. Explain that the space between the cards is a continuum ranging from agree at one end to disagree at the other.

Ask the group to sit or stand in a circle(s). Place the sexually transmitted infection cards face down in the centre of the group.

Ask each person in turn to pick up and read out a sexually transmitted infection statement. They then place it somewhere on the continuum explaining why they have put it there. The rest of the group can then join in the discussion about where they would place it and why.

You will find the answers at the end of the Sexually transmitted infections continuum.

Adaptations

* You can read out the sexually transmitted infection statements.

Sexually transmitted infections continuum – Worksheet

Agree

Disagree

 You can't catch sexually transmitted infections if you only have oral sex	It is embarrassing to talk about using condoms with the person you want to have sex with/are having sex with
Chlamydia can make it harder to have babies in the future	It's my sexual partner's fault if I catch a sexually transmitted infection
Some sexually transmitted infections can be fatal	People like me don't catch sexually transmitted infections
You can't catch a sexually transmitted infection if you or your girlfriend are using contraception like the contraceptive pill or the contraceptive injection	If my friend told me that they had caught a sexually transmitted infection I would think they were dirty
Sexually transmitted infections are harmless	It is possible to help protect yourself against sexually transmitted infections
I would be happy to ask the person I am about to have sex with if they think they might have a sexually transmitted infection or are at risk of getting one	If I have itchy genitals I've definitely got a sexually transmitted infection
Only people who sleep around catch sexually transmitted infections	You can't catch HIV from toilet seats
You can always tell if you have caught a sexually transmitted infection	If my friend told me they thought they might have a sexually transmitted infection I would know what advice to give them
You can only get HIV if you are gay	Around one in ten sexually active people under the age of 25 probably have chlamydia
Sexually transmitted infections will go away by themselves if you just ignore them	Most sexually transmitted infections are easily treatable at a genitourinary medicine (GUM) clinic

The following cards would definitely go at the 'Agree' end of the continuum.

Chlamydia can make it harder to have babies in the future

- In women, if chlamydia is not treated it can cause pelvic inflammatory disease (PID), which can lead to infertility.
- In men, if chlamydia is not treated it can lead to a painful infection in the testicles and possibly reduced fertility.

Some sexually transmitted infections can be fatal

Most sexually transmitted infections can be treated easily. For some infections, such as HIV, the infection never leaves the body but there are drugs available that can reduce the symptoms and help prevent or delay complications. If HIV isn't treated it will cause long-term damage, and this will develop into AIDS (which can cause death). 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.

It is possible to help protect yourself against sexually transmitted infections

You can help protect yourself against sexually transmitted infections.

- Use a male or female condom every time you have vaginal or anal sex.
- If you have oral sex, cover the penis with a condom or the female genitals or male or female anus with a dam (latex or polyurethane (soft plastic) square).
- Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them.

You can't catch HIV from toilet seats

You cannot get HIV from hugging, kissing, sneezes, coughs, sharing baths or towels, from swimming pools, toilet seats or from sharing cups, plates or cutlery. You cannot get HIV from any animals or insects, including mosquitoes.

Most sexually transmitted infections are easily treated at a genitourinary medicine (GUM) clinic

Most sexually transmitted infections can be treated easily. It is important that any treatment is always completed, even if the symptoms go away.

Around one in ten sexually active people under the age of 25 probably have chlamydia

The National Chlamydia Screening Programme 2004/2005 found that around 10.9 per cent of women and 11.1 per cent of men under 25 had chlamydia.

The following cards would definitely go at the 'Disagree' end of the continuum.

You can't catch sexually transmitted infections if you only have oral sex

It is possible to get or pass on a number of sexually transmitted infections through oral sex, including herpes, gonorrhoea, syphilis, chlamydia, hepatitis A, hepatitis B, hepatitis C, genital warts and pubic lice.

You can't catch a sexually transmitted infection if you or your girlfriend are using contraception like the contraceptive pill or the contraceptive injection

The only form of contraception that can help protect against sexually transmitted infections is male and female condoms. Diaphragms and caps may offer *some* protection.

Sexually transmitted infections are harmless

If left untreated, many sexually transmitted infections can be painful or uncomfortable, and can be passed on to someone else. Some infections permanently damage your health and fertility.

You can always tell if you've caught a sexually transmitted infection

Not everyone who has a sexually transmitted infection has signs and/or symptoms.

Sexually transmitted infections will go away by themselves if you just ignore them

If left untreated, many sexually transmitted infections can be painful or uncomfortable, and can be passed on to someone else. Some infections permanently damage your health and fertility.

You can only get HIV if you are gay

HIV can be passed from one person to another in a number of ways, including through sexual contact. Anyone who is sexually active can get HIV. Both men and women can have HIV, and pass it on. You don't need to have lots of sexual partners to get HIV or to pass it on.

The following cards wouldn't necessarily go at the 'Agree' or 'Disagree' end of the continuum and should instead generate discussion

If I have itchy genitals I've definitely got a sexually transmitted infection

Some sexually transmitted infections will have the symptom of itching. However, so will some other conditions. It is important to get the itching checked out. If left untreated, many sexually transmitted infections can be painful or uncomfortable and can be passed on to someone else. Some infections can permanently damage your health and fertility.

I would be happy to ask the person I am about to have sex with if they think they might have a sexually transmitted infection or are at risk of getting one

Discuss the level of openness someone may have with a sexual partner and whether it is more embarrassing to discuss sexually transmitted infections or to deal with the consequences. Explore the barriers to discussing safer sex and how participants feel that people could overcome those barriers.

People like me don't catch sexually transmitted infections

Discuss whether the participants feel that people like them are ever likely to engage in behaviour that might mean they could catch a sexually transmitted infection. Remember, you only need one sexual contact to get a sexually transmitted infection.

It is embarrassing to talk about using condoms with the person you want to have sex with/are having sex with

Discuss the level of openness someone may have with a sexual partner and whether it is more embarrassing to discuss sexually transmitted infections and/or unplanned pregnancy or to deal with the consequences. Explore the barriers to discussing safer sex and how participants feel that people could overcome those barriers.

It's my sexual partner's fault if I catch a sexually transmitted infection

Discuss whose responsibility it is to protect against sexually transmitted infections and how the participants could protect themselves. Also, explore whether everyone who has a sexually transmitted infection knows they have one. Remember, not all sexually transmitted infections immediately show symptoms.

If my friend told me that they had caught a sexually transmitted infection I would think they were dirty

Discuss society's attitudes towards sexually transmitted infections and whether the participants feel they would keep a sexually transmitted infection secret or talk to friends and/or family.

People who sleep around catch sexually transmitted infections

Discuss whether participants feel that people need many sexual partners or just one sexual partner to catch a sexually transmitted infection. How do the participants define sleeping around? Remember, you only need one sexual contact to get a sexually transmitted infection.

If my friend told me they thought they might have a sexually transmitted infection I would know what advice to give them

Discuss the participants' level of knowledge about the ways to be diagnosed and treated for a sexually transmitted infection. You can get all tests and treatments at a GUM or sexual health clinic. General practices, contraception clinics, young people's services and some pharmacies may also provide testing and advice for some infections.

Who wants to be a sexual health expert?

For a full explanation of this grid see *How to use Jiwsi exercises* at the start of this publication.

Resources needed

Photocopies of Who wants to be a sexual health expert? - Questions overleaf, pens

Non-verbal,	Verbal,	Reading,	Reading	Key stage
non-literate	non-literate	non-writing	and writing	suitability
	If read out to participants	✓	✓	3 and 4

This quiz is designed to test participants' learning and knowledge at the end of an SRE programme.

Aims/purpose

- Check participants' sex and relationships learning so far.
- Stimulate discussion about what has been learnt.
- Review how much has been learnt by the participants on their SRE programme.

Explanation

Work as a large group.

Hand out copies of the quiz, explaining that it is multiple choice and that participants choose one answer.

After completing the guiz go through the answers as a large group.

Who wants to be a sexual health expert? - Questions

1.	What is the most im	portant thing to	check for on a	condom packet?

A	Pretty colours	В	Price label
С	Use-by date	D	Flavour

2. What contraceptive method helps protect you against sexually transmitted infections?

Α	Intrauterine device (IUD)	В	Condoms
С	Pill	D	Diaphragms and caps

3. You can use the emergency hormonal contraceptive pill up to ...

A	14 hours after sex	В	Two weeks after sex
С	24 hours after sex	D	72 hours after sex

4. A woman's visible sexual organs are called the ...

A	Volvo	В	Vulcan
С	Vulva	D	Viagra

5. Men should check their testicles ...

A	Once a year	В	Every six months
С	At least once a month	D	Every five seconds

6. Chlamydia is a ...

A	Sexually transmitted infection	В	Popular song
С	Member of the royal family	D	A night club

7. Masturbation makes you ...

Α	Go blind	В	Feel good
С	Your palms hairy	D	Go mad

8. You can catch HIV from ...

Α	Unprotected sex	В	Hugging
С	Toilet seats	D	Sharing a cup

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Who wants to be a sexual health expert? - Questions

9. You can end an unplanned pregnancy by having a...

A	Panic attack	В	Cup of tea
С	Abortion	D	Holiday

10. The time when your body changes from a child to an adult is called ...

Α	Puberty	В	Growing pains
С	Moody blues	D	Hiccups

11. What lubricant can you use safely with latex condoms?

A	Baby oil	В	Water-based lube
С	Ice-cream	D	Vaseline

12. Where can you go if you think you may have a sexually transmitted infection?

A	Genitourinary medicine (GUM) clinic	В	The dentist
С	The vet	D	Supermarket

13. How soon can you do a pregnancy test?

A	The next morning	В	Three months later
С	The day the next period is due	D	Two days later

14. Boys and men can get erections (boners) because ...

A	They see someone attractive	В	For no noticeable reason at all
С	They are on a bus	D	A, B and C are all correct

15. You can get genital herpes from ...

Α	Mouth ulcers	В	Cold sores
С	Warts	D	Athlete's foot

Who wants to be a sexual health expert? - Answers

1.	What is the most im	portant thing	to check for	on a condom	packet?
		P	,		P

С	Use-by date	

To ensure they are in date. Condoms that are past their use-by date may not be as effective.

2. What contraceptive method helps protect you against sexually transmitted infections?

В	Condoms

Male and female condoms help protect you against both pregnancy and sexually transmitted infections. Diaphragms and caps may help protect against some sexually transmitted infections, as well as pregnancy.

3. You can use the emergency hormonal contraceptive pill up to ...

D	72 hours after sex

Although the quicker you take it after unprotected sex the more effective it will be.

4. A woman's visible sexual organs are called the ...

С	Vulva	

5. Men should check their testicles ...

С	At least once a month	

A thorough check once a month will help you detect any changes in your testicles that could be early signs of testicular cancer. Almost 100 per cent of testicular cancers can be cured if detected early enough. Stand in front of a mirror and look at your balls to check for swelling or change in size. Gently roll each ball between your thumb and forefinger. If you notice any new or unusual lumps or bumps, talk to your doctor.

6. Chlamydia is a ...

Α	Sexually transmitted infection	

Chlamydia is a very common sexually transmitted infection affecting women and men of all ages.

7. Masturbation makes you ...

В	Feel good

Despite what people may tell you masturbation is a normal sexual activity.

8. You can catch HIV from ...

Α	Unprotected sex	

Unprotected sex is sex without a condom. HIV can spread through vaginal, oral or anal sex or by sharing sex toys because infected body fluids (semen, vaginal fluid, blood) can pass from one person to another. Condoms, or using a dam for oral sex, can help prevent infections passing on in this way.

9. You can end an unplanned pregnancy by having a ...

C Abortion	

Abortion is legal in the UK regardless of your age. Around 90 per cent of abortions are carried out before 13 weeks of pregnancy, and most of the rest by 20 weeks. Abortion after 24 weeks is not common but may be carried out in special circumstances such as to save the woman's life.

10. The time when your body changes from a child to an adult it is called ...

Α	Puberty	

In girls, puberty can start anywhere between the ages of eight and 14. In boys, it can start between ten and 18.

11. What lubricant can you use safely with latex condoms?

В	Water-based lube

All the others have oil in them which will rot latex condoms and stop them working effectively. You can use any kind of lubricant with polyurethane (plastic) male and female condoms.

12. Where can you go if you think you may have a sexually transmitted infection?

Α	GUM clinic	

You can also go to your general practice or sexual health service, however they may refer you on to your local GUM service.

13. How soon can you do a pregnancy test?

С	The day the next period is due	

A pregnancy test looks for the pregnancy hormone (human chorionic gonadatrophin (hCG)) in your urine. If you are pregnant this will only show up about two weeks after conception, usually when your period is due. If a test is done before this time the levels of hCG may be too low to show up on the test and you may get a negative result even though you are pregnant. If you don't know when your next period is due, the earliest time to do a test is three weeks (21 days) after unprotected sex.

14. Boys and men can get erections (boners) because ...

D	A, B and C are all correct

Boys and men can get erections for many different reasons. It is very common to get unwanted erections during puberty. This is just the body testing itself out.

15. You can get genital herpes from ...

В	Cold sores

Cold sores and genital herpes are cause by the herpes simplex virus. Genital herpes can be passed from one person to another during sexual contact. It can be passed on:

- during vaginal or anal sex
- by skin to skin contact during sex (you don't have to have vaginal or anal sex to pass it on)
- if you receive oral sex from someone who has a cold sore or is just about to get one
- by sharing sex toys
- if a person with herpes on the hand or finger touches the vagina, genitals or anal area.

Imaginary gift giving

For a full explanation of this grid see How to use Jiwsi exercises at the start of this publication.

Resources needed Imagination						
Non-verbal, Verbal, Reading, Reading Key stage non-literate non-writing and writing suitability						
✓	✓	V	V	All		

This activity is a closing exercise for a group of participants who are at the end of a large piece/series of group work. It's a friendly activity and allows people to reflect positively on the other participants they have worked with.

Aims/purpose

To bring group work to an end.

Explanation

All participants sit in a circle.

Explain that each participant is going to think about the person to their left and, based on their knowledge and memories of that participant from the group work, decide on an imaginary gift to give to that person. You should explain that these gifts can be as creative as participants would like and do not have to be items that necessarily exist in the real world.

Allow as much time as needed for participants to think of their imaginary gift. Then starting with the person to the left of you each participant, one at a time, tells the person to their left what their imaginary gift to them is. You should allow enough time so that the recipient of an imaginary gift can respond/thank the gift giver.

This continues all the way round the circle of participants.

Key stage information

It is up to the facilitator to decide on the age-appropriateness of the SRE for their participants as young people develop at different rates. Facilitators can do this with a needs assessment or with an exploratory activity such as *Setting the learning agenda* earlier. We have included key stage information for Wales because it provides a benchmark for what age to introduce topics and it can be useful when talking to parents, carers or colleagues.

The following information covers the aspects of the science curriculum and personal and social education (PSE) framework in Wales relating to SRE.

Guidance on the science curriculum is taken from: Qualifications, Curriculum and Assessment Authority for Wales (ACCAC), *Science in the National Curriculum in Wales*, (Wales: Qualifications, Curriculum and Assessment Authority for Wales (ACCAC) on behalf of the National Assembly for Wales, 2000).

Guidance on the PSE framework is taken from: Qualifications, Curriculum and Assessment Authority for Wales (ACCAC), *Personal and Social Education Framework Key Stages 1–4 in Wales* (Wales: Qualifications, Curriculum and Assessment Authority for Wales (ACCAC), 2000).

Key stage 1, years 1 and 2, age range 5-7

National curriculum science Life processes and living things

Pupils should be taught:

- to name the main external parts of the human body
- to recognise similarities and differences between themselves and other pupils
- to compare the external parts of human bodies with those of other animals
- that humans and other animals can produce offspring and that these offspring grow into adults.

PSE framework Knowledge and understanding

Pupils should:

Social aspect

- Know how to be a good friend.
- Understand the variety of roles in families and the contribution made by each member.

Sexual aspect

- Know the names of the parts of the body in order to distinguish between male and female.
- Distinguish between appropriate and inappropriate touching.

Emotional aspect

- Begin to understand the range of feelings and emotions in different situations.
- Be aware of their own feelings.
- Understand that other people have feelings and know what affects them.

Spiritual aspect

- Know that each person is different but understand that all are equal in value.
- Understand that people have different preferences, views and beliefs.

Moral aspect

Know what is fair and unfair and what they believe to be right and wrong.

Key stage 2, years 3, 4, 5 and 6, age range 7-11

National curriculum science Life processes and living things

Pupils should be taught:

- the life processes, including nutrition, movement, growth and reproduction common to animals, including humans
- the main stages of the human life cycle.

PSE framework Knowledge and understanding

Pupils should:

Social aspect

- Recognise and understand the power of peer influence and pressure.
- Understand the benefits of friends and families and the challenges and issues that can arise.
- Understand the nature of bullying, including sexual harassment, and the harm that can result.

Sexual aspect

- Understand the physical and emotional changes which take place at puberty.
- Know how babies are conceived.
- Understand how the baby develops in the uterus and is born.

Emotional aspect

- Know and understand the range of their own and others' feelings and emotions.
- Understand the changes in feelings at times of change and loss.
- Understand the situations which produce conflict.

Spiritual aspect

- Recognise the uniqueness and independence of individuals.
- Understand that people have different beliefs which shape the way they live.
- Acknowledge that there are mysteries in life and death.

Moral aspect

Know that people differ in what they believe is right and wrong.

Key stage 3, years 7, 8 and 9, age range 11-14

National curriculum science Life processes and living things

Pupils should be taught:

- that fertilisation in humans is the fusion of a male and a female cell
- about the physical and emotional changes that take place during adolescence
- the human reproductive system, including the menstrual cycle and fertilisation
- how the fetus develops in the uterus, including the role of the placenta
- that the body's natural defences against bacteria and viruses may be enhanced by immunisation and medicines
- about micro-organisms that are harmful, for example in causing disease.

PSE framework Knowledge and understanding

Pupils should:

Social aspect

- Be aware of changing relationships in school situations and in the family.
- Understand cultural differences and recognise expressions of prejudice and stereotyping.

Sexual aspect

- Know about the different methods of contraception and their effectiveness and how to use safer sex procedures.
- Know the law relating to various aspects of sexual behaviour.

Emotional aspect

- Identify the range of emotions and feelings they experience and understand the 'self-talk' involved.
- Know how to resolve conflict and negotiate agreement.

Spiritual aspect

- Be aware of their character, strengths and weaknesses.
- Have insight into their beliefs and values in the context of those in society and propagated by the media.

Moral aspect

- Recognise moral issues and dilemmas in life situations.
- Know what they believe to be right and wrong actions and understand the issues involved.

Key stage 4, years 10 and 11, age range 14-16

National curriculum science Single science – Life processes and living things

Pupils should be taught:

- the defence mechanisms of the body, including the role of the skin and blood
- the dangers of contracting HIV and hepatitis by the use of intravenous drugs
- how gender is determined in humans.

Double science - Life processes and living things

Pupils should be taught:

- that chemicals called hormones, produced by the glands, control some body functions
- the effects of sex hormones
- some medical uses of hormones including the control and promotion of fertility
- the defence mechanisms of the body, including the role of the skin and blood
- the dangers of contracting HIV and hepatitis by the use of intravenous drugs
- how gender is determined in humans.

PSE framework Knowledge and understanding

Pupils should:

Social aspect

- Know how to form supportive and respectful same sex and opposite sex relationships.
- Understand the effect of loss and change in relationships, for example in divorce and bereavement.
- Know the importance of the parenting role and the features of effective parenthood.
- Recognise and know how to challenge expressions of prejudice and stereotyping.

Sexual aspect

- Understand the risks involved in sexual behaviour which might allow the transmission of sexually transmitted infections including the HIV virus.
- Understand the range of sexual attitudes and behaviours in society.

Emotional aspect

- Know the causes and effects of stress and the ways in which it can be managed.
- Know how to recognise and manage anger, frustration and aggressive feelings.

Spiritual aspect

- Have some understanding of questions and issues involving meaning and purpose in life.
- Know how their beliefs and values affect their identity and lifestyle.

Moral aspect

- Be aware of the factors involved in making moral judgements.
- Identify a set of values and principles by which to live.

Useful resources

fpa resources

fpa has a range of resources to help you deliver SRE.

Our range of leaflets for young people:

- 4You
- Periods: What you need to know
- 4Boys
- 4Girls
- Love Sex Relationships
- Is everybody doing it?
- Love S.T.I.ngs
- Pregnancy: A young person's guide
- Abortion: Just so you know
- Love Sex Life.

4boys, 4girls: Talking with young people about sex and relationships
An activity manual for teachers and youth workers designed to accompany the **fpa** booklet for young people.

Contraceptive display kit

A briefcase style holder containing samples of contraceptives, a condom demonstrator, *A contraceptive display kit user's manual*, and **fpa** leaflets on contraception.

Leaflets on sexually transmitted infections and contraception.

fpa's series of books for people with learning disabilities:

Talking together ... about growing up

Talking together ... about sex and relationships

Talking together ... about contraception.

You can buy these resources from **fpa**. Tel: 0845 122 8600. Email: fpadirect@fpa.org.uk www.fpa.org.uk

Other useful resources

- The Body board and emotions pack. Headon Productions, www.headonltd.co.uk.
 Tel: 0161 998 8877.
- Testicle and breast models. fpsales www.fpsales.co.uk. Tel: 0870 442 4061.
- Picture Yourself. www.me-and-us.co.uk. Tel: 01539 622310.
- A range of publications from Brook. www.brook.org.uk. Tel: 020 7284 6056.

Jiwsi and fpa contact details

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fpa

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Tel: 029 2064 4034 Fax: 029 2064 4306

www.fpa.org.uk

Where to get sexual health information

How fpa can help you

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

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

fpa helplines

UK

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

Scotland

Helpline 0845 122 8691 9am to 5pm Monday to Thursday 9am to 4.30pm Friday

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

Other organisations

www.avert.org

You'll find teen pages on this HIV and AIDS website.

www.brook.org.uk • 0800 0185 023

Confidential sexual health service for under-25s.

www.childline.org.uk • 0800 1111

Free, confidential helpline for any young person with a problem.

www.lifebytes.gov.uk

Information for young people on a range of health issues, including sex and relationships.

www.likeitis.org.uk

Information about all aspects of sex and relationships education and teenage life.

www.mindbodysoul.gov.uk

Health information for young people aged 14–16.

www.playingsafely.co.uk • 0800 567 123

Fun, informative, interactive website.

www.ruthinking.co.uk • 0800 28 29 30

Information on sex, relationships and contraception for under-18s.

www.rapecrisis.org.uk

For girls and women who have been raped or assaulted recently or in the past.

www.survivorsuk.org • 0845 122 1201

For boys and men who have been raped or assaulted.

www.ypsh.net

Information on sexual health, contraception and emergency contraception. Written by young people, for young people

About the authors

Mel Gadd is co-ordinator and project officer in Ynys Môn and Gwynedd for **fpa**'s Jiwsi project. She has been a youth and community worker in the voluntary sector in North Wales for over ten years, developing and delivering needs-led youth work projects.

Jo Hinchliffe is project officer for **fpa**'s Jiwsi project in Conwy and Denbighshire. He has a background in youth work and delivering sexual health education and services in a wide variety of settings. Jo also delivers training to other professionals on sex and relationships education.

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, sexuality, and reproduction. 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 the majority 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 **fpa** membership, training or publications see www.fpa.org.uk or call 020 7608 5240.

fpa

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www.fpa.org.uk

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