



Welcome to Relationship and Sex Education

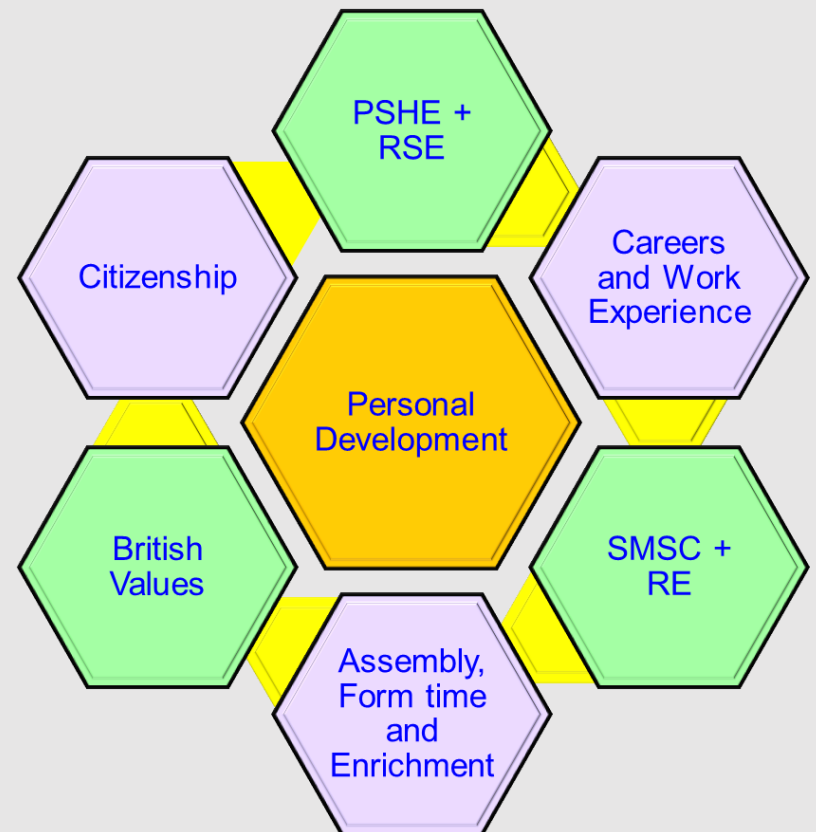
***Personal Development
Thornden School
Safeguarding Curriculum***

Focusing on Personal Development



You may hear the term 'Personal Development' used in quite a few subjects. Personal Development is an umbrella term for how we develop our personal qualities and attributes throughout school.

Remember – school isn't just about improving your academic ability; it is about you becoming a well rounded and responsible young adult. It supports your wellbeing; helps you understand the world around you and prepares you for life after Thornden.



Aims of PD at Thornden



To help you understand:

- how to be responsible, respectful and active citizens who are able to play their part and become actively involved in public life as adults
- fundamental British values (democracy, individual liberty, law, respect and tolerance)
- how to develop confidence, resilience and knowledge so that they can keep themselves mentally healthy
- how to keep physically healthy, eat healthily and maintain an active lifestyle
- the importance of healthy relationships through appropriate relationships and sex education

Year 8 RSE Summer 1 – Knowledge Check

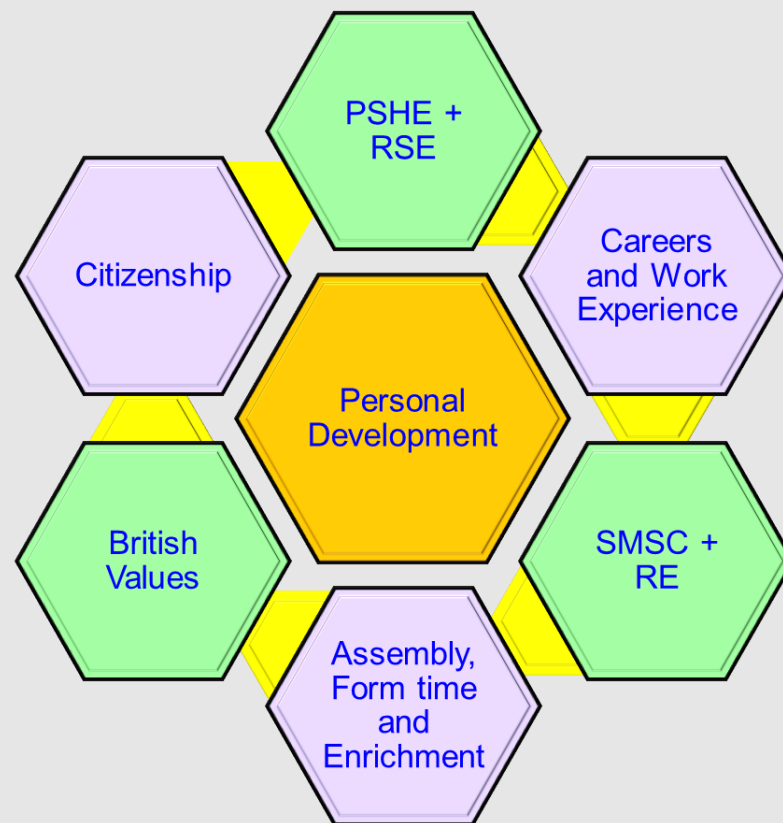
1. On a scale of 1 to 5, how confident do you feel that you can explain what STIs are and how they are transmitted?
2. On a scale of 1 to 5, how confident do you feel that you can describe what contraception is and give examples of different types?
3. On a scale of 1 to 5, how confident do you feel that you can explain why it is important to use protection when having sex?
4. On a scale of 1 to 5, how confident do you feel that you can describe how condoms work and how they prevent STIs and pregnancy?
5. On a scale of 1 to 5, how confident do you feel that you can outline where you can access free contraception like condoms?
6. On a scale of 1 to 5, how confident do you feel that you can explain how to use a condom correctly and safely?
7. On a scale of 1 to 5, how confident do you feel that you can identify symptoms that may suggest someone has an STI?
8. On a scale of 1 to 5, how confident do you feel that you can describe what happens at a sexual health clinic?
9. On a scale of 1 to 5, how confident do you feel that you can evaluate the importance of getting tested for STIs regularly?
10. On a scale of 1 to 5, how confident do you feel that you can explain why responsible communication and trust are important in relationships involving physical intimacy?

**Please
complete
this on
Satchel
this week**

Why Do We Learn Relationship and Sex Education at School?



At Thornden School we teach Relationships and Sex Education (RSE) to help students develop the knowledge, confidence, and values to manage more mature relationships and make informed, responsible choices about their well-being and future. It covers important topics such as healthy relationships, consent, contraception, sexual health, and recognising harmful behaviours, including those online. RSE at this stage prepares students for adult life, supports their emotional and physical safety, and contributes to safeguarding by helping them understand their rights and responsibilities in different situations.



Do Now

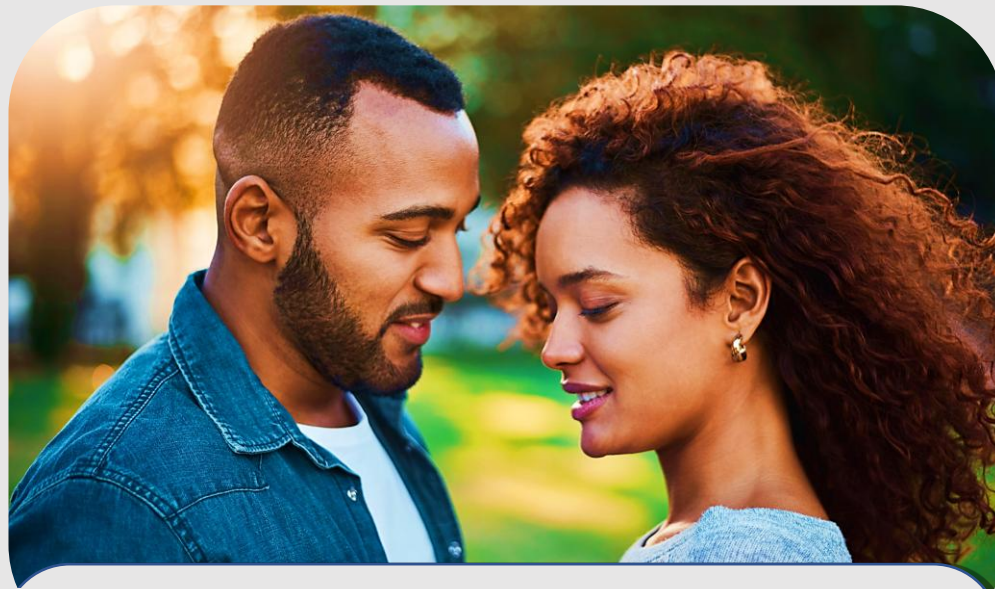
Contraceptives – what are these and how do we use them?



Jason and Emma have been dating for a few months. After a romantic meal at Jason's, the pair felt particularly close and decided tonight was the night they would sleep together for the first time.

Emma wanted to ask Jason something first though – but felt awkward about it.

Discuss: What do you think Emma wanted to ask Jason? Should she have felt awkward about asking?



How would you define the word 'contraception'?

I would define the word contraception as meaning....

Contraceptives – what are these and how do we use them?



Learning outcomes:

Describe the purpose and mechanisms of different forms of contraception. Explain how and where to access contraception and advice.

Explain how some contraceptives can prevent both pregnancy and STIs.



Contraception - the deliberate use of artificial methods to prevent pregnancy as a consequence of sexual intercourse. Many contraceptives are also used as a way of preventing sexually transmitted diseases (STIs).

Emma and Jason:

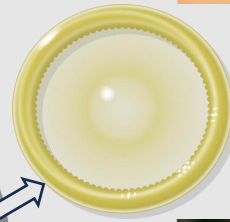
You may have spotted a small picture clue on the starter slide – a condom. This is one of the most common forms of contraception and Emma wanted to ask Jason if he had one, as she wasn't 'on the pill' or using any other type of contraceptive herself.

But what do all these new terms mean, anyway?

That's what we're going to find out about today – but first of all, we'll watch a short clip. Be ready to answer two questions if you're asked:

Why do people use contraception?

Why do many young people choose to use condoms?



My scream is as loud as an ambulance.

<https://www.youtube.com/watch?v=ypbxZQ8wEFY>

As you watch the clips, note down as many ideas as you can on both side of the columns. We'll go through the answers together afterwards.

<https://www.youtube.com/watch?v=Zx8zbTMTncs>



What are the different contraceptive methods?	Briefly state how these prevent pregnancy

**Now as we go through the answers,
Ensure you complete any points which you
missed.**



What are the different contraceptive methods mentioned in the clip?	Briefly state how these prevent pregnancy:
Male and female condoms	These prevent sperm from coming into contact with vaginal space.
Diaphragm, cervical cap and sponge	They barricade the entrance to the uterus (called the barrier method).
Spermicides (foam, cream, jelly, suppositories or thin films)	These immobilise and destroy sperm.
The pill, patch, injection (shot), vaginal ring – there is also an implant too.	These suppress ovulation (the release of eggs, so there's nothing to be fertilised). Hormones can also make mucus which is too sticky for sperm to cross.
IUDs (intrauterine devices) such as the hormone-based coil or the copper coil.	Disable sperm and make egg implantation difficult.

Contraceptives – what are these and how do we use them?



Different contraceptives suit different people – for a variety of reasons. Let's find out why. There are descriptions and images of different contraception methods in your booklet. Use this information to complete the table.

MEGA CHALLENGES
The Coil (or IUD)

MEGA CHALLENGE
The contraceptive implant

CHALLENGE
Natural Contraception

MORE CHALLENGES
The Pill

INSE CHALLENGE
The Injection

Type of contraception	What it looks like (sketch)	How it	Con's (bad things)	Who it might be most suitable for and why.
Condom				
The pill				
The injection				
The implant				
Natural contraception	N/A			
The Coil/IUD				

Type of contraception	What it looks like (sketch)	How it works	Pro's (good things)	Con's (bad things)	Who it might be most suitable for and why.
Condom					
The pill					
The injection					
The implant					
Natural contraception	N/A				
The Coil/IUD					

Natural Contraception.



This relies on women precisely knowing the days in the month they are fertile. They can monitor this through fertility devices or keeping track of when they have their periods and ovulate on a calendar. All it takes is for you to forget the date or get your calculations wrong and you could very easily get pregnant.

The pull-out method relies on a man to ‘pull out’ of a woman just before he is about to release his sperm. This is NOT a good method of contraception. There are many reasons why this is a bad method. Firstly, a man might be enjoying himself so much that he may not be able to pull out in time, meaning he will still release his sperm and possibly get the woman pregnant.

Secondly, this method does NOT protect you against STIs, so if you have sex with someone and they have an STI, you have a good likelihood of catching it.

This is not suitable for anyone who is trying to prevent pregnancy or prevent catching STIs. This is how a lot of accidental pregnancies end up happening.

The Condom



A condom works by covering a man's penis with a very thin sheet of latex. This means the man can still feel everything going on but his sperm can't get inside the woman. If a man's penis isn't actually touching the woman because it is covered, then this also means that either person can't catch a STI off the other one. So, if used properly, condoms are very safe methods of contraception suitable for any couple who wants to prevent pregnancy, or any straight or gay couple who want to prevent STIs.

Condoms are also available at all chemists or your local family planning center (for free). The only real con is that they can be fiddly to put on and it is possible for them to slide off or tear. Used with care, condoms can be up to 98% effective against pregnancy.



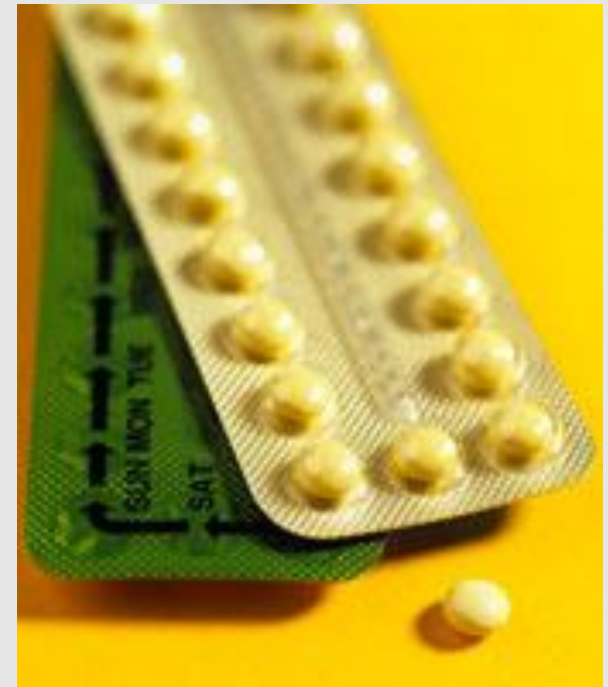
The Pill.

There are different types of pill, such as the progestogen only pill or the combined pill, but they all basically do the same thing; stop a woman from getting pregnant. Many work by stopping her releasing an egg, but some work by creating a thick fluid in the neck of the woman's womb, so she cannot conceive.

A woman has to remember to take the pill every day, otherwise it can stop working and some women end up getting pregnant by mistake because they've missed their pill. A caring boyfriend might remind them to take it, and you can actually subscribe to a text message service from the NHS which reminds you every day. Taken at the correct time each day, the pill can be up to 99% effective at preventing pregnancy.

However, the pill DOES NOT protect you against STIs and so is best used in a long-term relationship with a partner you trust and know has no STIs (you can be tested to be sure of this). It can be used with a condom at the same time though, which then would protect against STIs. The pill is available from your doctor or local family planning clinic.

There is also such thing as a 'morning after' pill which is available from doctors or chemists. This is an emergency pill which people take the day after sex if they didn't protect themselves properly or had an accident. It does not protect against STIs.



The Injection.

The injection can be useful for women in long-term relationships who are worried they may forget to take the pill every day. The injection lasts for eight weeks or 12 weeks (depending on the type), so you don't have to think about contraception every day or every time you have sex.

The contraceptive injection works in the same way as the implant. It steadily releases the hormone progestogen into your bloodstream. Progestogen is similar to the natural hormone progesterone, which is released by a woman's ovaries during her period.

The continuous release of progestogen:

- 1) stops a woman releasing an egg every month (ovulation)
- 2) thickens the mucus from the cervix (neck of the womb), making it difficult for sperm to pass through to the womb and reach an unfertilised egg.
- 3) makes the lining of the womb thinner so that it is unable to support a fertilised egg.

However, the injection DOES NOT protect you against STIs and so is best used in a long-term relationship with a partner you trust and know has no STIs. It can be used with a condom at the same time though, which then would protect against STIs. The injection is available from your doctor or local family planning clinic



The Coil (or IUD)

An IUD (or coil) is a small T-shaped plastic and copper device that's inserted into your womb (uterus) by a specially trained doctor or nurse.

The IUD works by stopping the sperm and egg from surviving in the womb or fallopian tubes. It may also prevent a fertilised egg from implanting in the womb.

The IUD is a long-acting reversible contraceptive (LARC) method. This means that once it's in place you don't have to think about it each day or each time you have sex. There are several types and sizes of IUD.

There are different types of IUD, some with more copper than others. IUDs with more copper are more than 99% effective. This means that fewer than one in 100 women who use an IUD will get pregnant in one year. IUDs with less copper will be less effective.

An IUD works as soon as it's put in, and lasts for five to 10 years, depending on the type, however, having the IUD put in can be uncomfortable.

However, the IUD/coil DOES NOT protect you against STIs and so is best used in a long term relationship with a partner you trust and know has no STIs. It can be used with a condom at the same time though, which then would protect against STIs. The coil is available from your doctor.



The Contraceptive Implant

The contraceptive implant is a small flexible tube about 40mm long that's inserted under the skin of your upper arm. It's inserted by a trained professional, such as a doctor, and lasts for three years.

The implant stops the release of an egg from the ovary by slowly releasing progestogen into your body. Progestogen thickens the cervical mucus and thins the womb lining. This makes it harder for sperm to move through your cervix, and less likely for your womb to accept a fertilised egg.

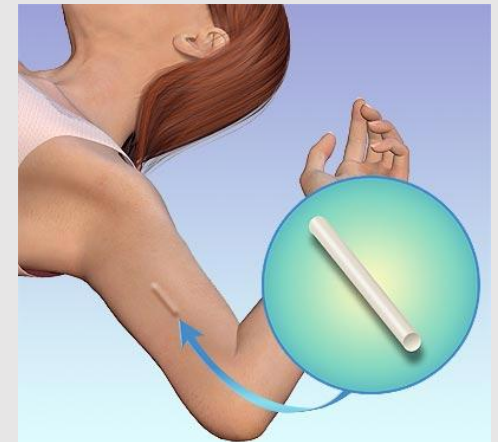
If implanted correctly, it's more than 99% effective. Fewer than one woman in 1,000 who use the implant as contraception will get pregnant in one year.

It's very useful for women who know they don't want to get pregnant for a while. Once the implant is in place, you don't have to think about contraception for three years. A common side effect of the implant is that your periods stop (amenorrhoea). It's not harmful, but you may want to consider this before deciding to have an implant.

The continuous release of progestogen:

- 1) Stops a woman releasing an egg every month (ovulation)
- 2) Thickens the mucus from the cervix (neck of the womb), making it difficult for sperm to pass through to the womb and reach an unfertilised egg.
- 3) Makes the lining of the womb thinner so that it is unable to support a fertilised egg.

However, the implant DOES NOT protect you against STIs and so is best used in a long-term relationship with a partner you trust and know has no STIs. It can be used with a condom at the same time though, which then would protect against STIs. The implant is available from your doctor.



Contraceptive conundrum 1:

Mike and Alan don't know if each other has STIs or not. In the long-term they will need to be tested, but for now, as pregnancy isn't a risk – their best option is a condom.

Contraceptive conundrum 2:

Clara and Richard don't have STIs. As Clara is squeamish about the coil, the injection, the pill or IUD may be good options for them.

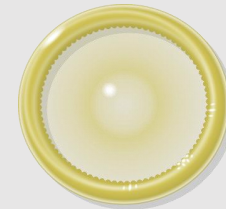
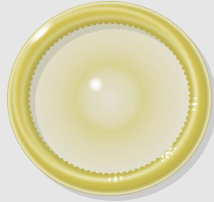


Contraceptive conundrum 3:

The pill is out for forgetful Sarah – although she could use condoms as well if she's worried about forgetting. What's probably best though as she doesn't want regular trips to the doctors, is the coil. These can last for five years.

Contraceptive conundrum 4:

For Clarissa and Ali, the injection, IUD and coil are out of the question. The pill, however, or condoms (or both) would be a solution where they could visit a clinic instead of a trip to the GP.

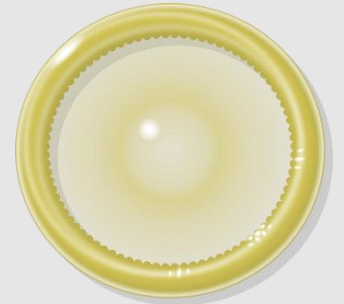


Contraceptive conundrum 5:

Billy and Niamh barely know each other. They should use a condom to avoid both pregnancy and STIs.

Contraceptive conundrum 6:

Rob and Amy do want a baby at some point. They could use the rhythm method (as this could well end up in pregnancy anyway) or just condoms, depending on how soon they want to get pregnant together.



Contraceptive conundrum 7:

Violet is in a precarious situation. She shouldn't really still be sleeping with Sam if this is what she believes, but if she does should certainly use a condom as he may now have STIs.

Contraceptive conundrum 8:

Hamza and Zara have a range of options – but it sounds like the pill isn't best for them. A coil is great in a long-term relationships with no STIs, as is the injection or IUD.





Useful helplines and charities:

Childline. Support for people under 19 in the UK. Call: 0800 11 11

Young Minds. Child and adolescent mental health charity. Call: 0808 802 5544

Teen Line | Teens Support hotline - Connect, talk, get help! Teen Line's highly trained teen listeners provide support, resources and hope to any teen who is struggling.

<https://www.themix.org.uk/sex-and-relationships> Relationships advice for young people

[NEW Young Persons Advice Guide - Let's Talk about It \(letstalkaboutit.nhs.uk\)](https://letstalkaboutit.nhs.uk)

New young persons advice guide from the NHS

<https://www.brook.org.uk/topics/stis/> Further advice, real stories and local services finder

Reporting a Concern at Thornden School

- It is important to us that all of you feel safe, happy and belong at Thornden.
- We also know that sometimes it is not as easy as simply telling a member of staff
- It could be:
 - A friend you are worried about
 - Someone being unkind to you
 - Something you have heard and think we should know

How can you report anything you are worried about?

- Speak to a member of staff or parent / carer
- Visit the Well Being Den or Head of Year area
- On Satchel each week you will be sent a link to a form to share any worries you have
- On our school website homepage there is a 'Report a Concern' link.
- In the Student Bulletin there is a 'Report a Concern' link
- On all school desktops there is a 'Report a Concern' logo to click and report anything

Need Support? You're Not Alone



If anything in today's lesson has affected you, or you want to talk to someone, there is help available.

Mental Health & Low Mood

YoungMinds – <https://www.youngminds.org.uk>

Kooth – <https://www.kooth.com>

Mind – <https://www.mind.org.uk>

Talk to Someone

Your Tutor or Head of Year – We're here to help.

Wellbeing Team and School Nurse

Report a Concern on Satchel

Safeguarding Team with the Purple lanyards

Healthy Lifestyle

NHS Every Mind Matters – <https://www.nhs.uk/every-mind-matters>

Change4Life – <https://www.nhs.uk/change4life>

Apps That Can Help

Calm – For mindfulness and sleep.

Headspace – Meditation and stress relief.

Clear Fear – Manage anxiety (designed for young people).

MeeTwo – Anonymously talk to other teens, moderated by experts.

Eating Concerns

Beat Eating Disorders –

<https://www.beateatingdisorders.org.uk>

NHS Live Well – Eating Disorders –

<https://www.nhs.uk/mental-health/conditions/eating-disorders/>