

Wednesday 11<sup>th</sup> February 2026

Dear Parents/Carers

**Relationships Sex Education (RSE) curriculum coverage update**

As part of our curriculum offer, we follow the statutory RSE guidance set out for schools in England. This is to ensure that we provide our pupils with a well-rounded curriculum that takes into account their wellbeing and their readiness for life outside of school. We believe this curriculum is vital for helping students navigate the challenges of modern life safely and confidently.

**What is RSE?**

RSE is lifelong learning about physical, sexual, moral, and emotional development. It aims to equip pupils with knowledge, skills, and values to build safe, respectful, and healthy relationships.

**Curriculum Coverage**

Our curriculum is mainly delivered through PSHE lessons, which cover the following key areas:

- **Families:** Different types of families, marriage and partnership, myths and the law, roles and responsibilities and positive relationships.
- **Respectful Relationships:** Different relationships (family, friends and romantic), consent, respect, recognizing unhealthy behaviours, stereotypes.
- **Online safety and awareness:** Rights, responsibilities, social media, consent, acceptable/unacceptable behaviours and legalities.
- **Being safe:** consent, boundaries, harassment, abuse and laws that protect their safety
- **Intimate and Sexual Relationships/Sexual Health:** Consent, the law, contraception, healthy choices, STIs and reproduction, myths and misinformation.

Recently we have had 2 focussed sessions to support learning for the needs of our children and their wider lives. The following have been covered;

Year 7, 8 and 9 – Changing bodies, anatomy of male and female bodies, sexual feelings, sexual relationships and contraception.



*Kindness*

*Commitment*

*Resilience*

Year 10 and 11 - Changing bodies, being in sexual relationships, consent, myths about sexual relationships, contraception and STIs.

### **Parents as partners**

Following on from the pupil's recent learning, it would be useful for parents to speak to their children to ensure they have understood the content and provide the children with a safe space to discuss any questions or concerns.

### **Support for parents**

Please see the links to support you with these conversations, and the information below about the different contraception options.

<https://www.yoursexualhealthmatters.org.uk/sexual-health-and-wellbeing/advice-parents-and-carers>

<https://www.startingwell.org.uk/secondary/advice-parents-carers>

<https://family.kentcht.nhs.uk/teen/your-teens-development/relationships-and-sexual-health/>

The local sexual health clinic (4 Clover St, Chatham ME4 4DT) is also a good place to go for support.

If you need further support at school, please make an appointment to speak to your child's form tutor or Ms Jones.

Kind regards



Miss Poonian  
Assistant Principal



Kindness

Commitment

Resilience

**talk choice**

# WHAT ARE MY CONTRACEPTIVE OPTIONS?

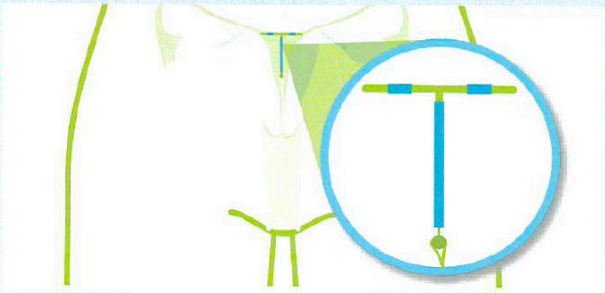
Contraceptive methods suitability will depend on your medical history. Please speak to your doctor or nurse if you want more information.

Don't want to think about contraception everyday/ every time you have sex?

Then why don't you consider Long Acting Reversible Contraceptive methods (LARC)

### IUD or coil (intrauterine device)

Fitted into the womb – lasts for 5 or 10 years depending on the type  
Does not contain hormones so does not interact with other medication



**ADVANTAGES**

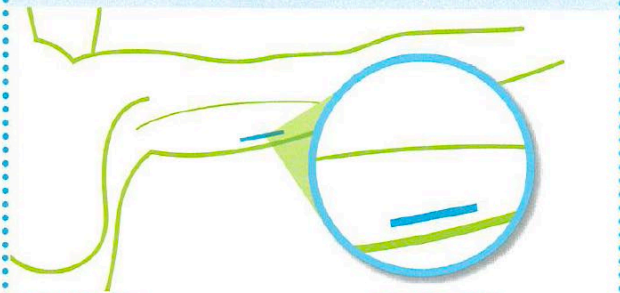
- ✓ Typical and perfect use effectiveness: over 99%\*
- ✓ For women who want longer-term contraception but do not want to take hormones
- ✓ Fertility should return to levels expected for you after removal

**DRAWBACKS**

- ✗ Women may have changes in menstrual patterns (periods)
- ✗ Insertion and removal must be performed by trained healthcare professionals

### Contraceptive implant

Fitted just under the skin in the upper arm – lasts for up to 3 years  
Contains progestogen



**ADVANTAGES**

- ✓ Typical and perfect use effectiveness: over 99%\*
- ✓ Fertility should return to levels expected for you after removal

**DRAWBACKS**

- ✗ Women may have changes in menstrual patterns (periods)
- ✗ Insertion and removal must be performed by trained healthcare professionals



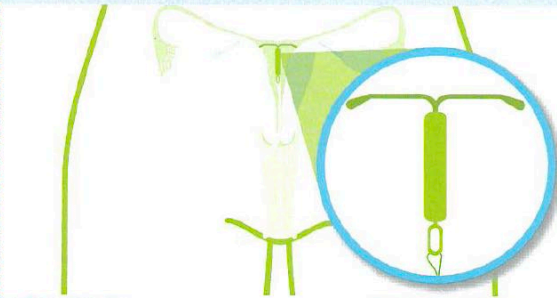
Kindness

Commitment

Resilience

## IUS (intrauterine system)

Fitted into the womb – lasts for 3 or 5 years depending on the type  
Contains progestogen



### ADVANTAGES

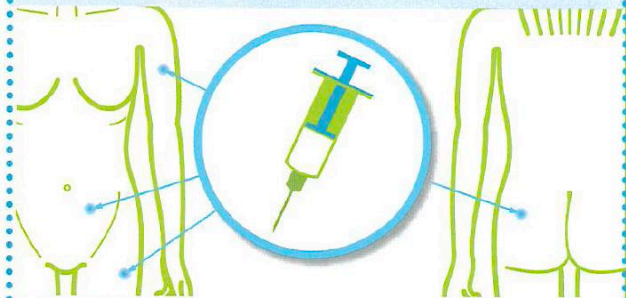
- ✓ Typical and perfect use effectiveness: over 99%\*
- ✓ Fertility should return to levels expected for you after removal

### DRAWBACKS

- ✗ Women may have changes in menstrual patterns (periods)
- ✗ Insertion and removal must be performed by trained healthcare professionals

## Contraceptive injection

Injected into the buttocks, arm, leg or abdomen every 8 to 13 weeks, depending on the type  
Contains progestogen



### ADVANTAGES

- ✓ Typical effectiveness: around 94%; Perfect use effectiveness: over 99%\*
- ✓ Short-term LARC for women and couples awaiting sterilisation or vasectomy

### DRAWBACKS

- ✗ Women may have changes in menstrual patterns (periods)
- ✗ Can take some time for fertility to return to normal

Happy to think more often about your contraception?

Most methods below require consistent correct use to work effectively.

## Combined pills (COC)

Taken orally  
Contains oestrogen and progestogen  
(Many types available containing different combination of oestrogen and progestogen in different dosing schedules)



### ADVANTAGES

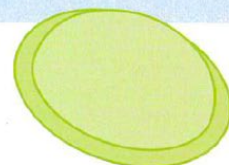
- ✓ Typical effectiveness: 91%; Perfect use effectiveness: 99%\*
- ✓ For women who do not want a long term contraceptive method and are able to comply with the daily medicine schedule
- ✓ Often reduces bleeding and period pain, and may help with premenstrual symptoms

### DRAWBACKS

- ✗ Oestrogen component may not be suitable for some women depending on medical history
- ✗ May not be suitable for women who could forget to take their pill
- ✗ Effectiveness can be affected by vomiting or diarrhoea

## Diaphragms & Caps

Barrier method of contraception, that fits inside the vagina  
Does not contain hormones  
Use is not restricted due to your medical history



### ADVANTAGES

- ✓ Typical effectiveness: 71–88%\*
- ✓ Effective in 92–96% of women when used perfectly and with spermicide
- ✓ For women who do not want a long term contraceptive method but who wish to avoid taking hormones

### DRAWBACKS

- ✗ Can take time to learn how to use it
- ✗ Involves forward planning or interruption of intercourse
- ✗ Can be messy as you need to use spermicide as well



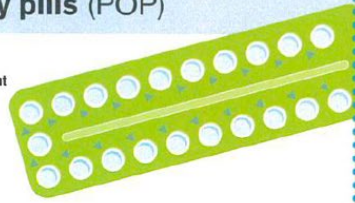
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## Progestogen-only pills (POP)

Taken orally  
Contains only progestogen (Many different types available)



### ADVANTAGES

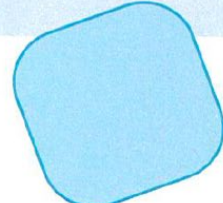
- ✓ Typical effectiveness: 91%; Perfect use effectiveness: 99%\*
- ✓ May be suitable for women who do not want to or cannot take oestrogen e.g. due to medical history

### DRAWBACKS

- ✗ Women may have changes in menstrual pattern (periods)
- ✗ Effectiveness can be affected by vomiting or diarrhoea
- ✗ May not consistently prevent egg release

## Patch

A small patch stuck onto the skin, that releases hormones  
Contains oestrogen and progestogen



### ADVANTAGES

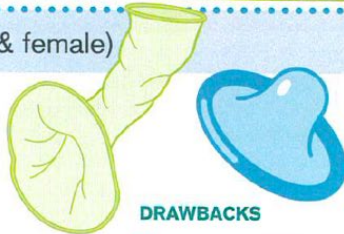
- ✓ Typical effectiveness: 91%; Perfect use effectiveness: 99%\*
- ✓ Applied once a week for 3 weeks each month
- ✓ Not affected by vomiting and diarrhoea

### DRAWBACKS

- ✗ May be seen on the skin
- ✗ Oestrogen component may not be suitable for some women depending on medical history

## Condoms (male & female)

Barrier method that the man or woman can use  
Does not contain any hormones  
Use is not restricted due to your medical history



### ADVANTAGES

- ✓ Typical effectiveness for male condom: around 82%; Perfect use effectiveness: around 98%\*
- ✓ Typical effectiveness for female condom around 79%; Perfect use effectiveness: around 95%\*
- ✓ May be useful for those who wish to avoid taking hormones or, as additional protection
- ✓ The only contraceptive that offers protection against many sexually transmitted infections

### DRAWBACKS

- ✗ Putting them on can involve interruption of intercourse
- ✗ The male condom can split or rupture
- ✗ The female condom could be accidentally pushed aside

## Vaginal ring

Flexible ring which is placed inside the vagina  
Contains oestrogen and progestogen



### ADVANTAGES

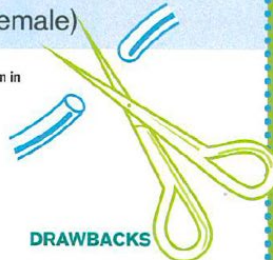
- ✓ Typical effectiveness: 91%; Perfect use effectiveness: 99%\*
- ✓ Only needs to be replaced once a month (one week following removal)
- ✓ Not affected by vomiting and diarrhoea

### DRAWBACKS

- ✗ Need to learn how to insert, a doctor or nurse can show you how to put it in
- ✗ Oestrogen component may not be suitable for some women depending on medical history

## Sterilisation (male and female)

The fallopian tubes in women or the tubes carrying sperm in men (vasdeferens) are cut, sealed or blocked  
Does not involve any hormones



### ADVANTAGES

- ✓ Failure rate is about 1 in 200 or 1 in 500 for females (depending on method) and 1 in 2,000 for males
- ✓ Maybe suitable for those who want a permanent method of contraception that involves no hormones

### DRAWBACKS

- ✗ Cannot be easily reversed
- ✗ Involves an operation/procedure
- ✗ Sterilisation is not effective immediately

## Natural methods

Recognising the fertile and infertile times of your cycle to plan when you should avoid intercourse  
Does not involve hormones

JANUARY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
		23	24	25	26	27
29	30	31				

### ADVANTAGES

- ✓ Typical effectiveness: around 76%\*
- ✓ May be useful for those who wish to avoid devices or hormones
- ✓ Can be used at all stages of reproductive life

### DRAWBACKS

- ✗ Can take up to 6 months to learn effectively
- ✗ Stress or illness can make the method unreliable
- ✗ Need to avoid intercourse at certain times of the month and be highly motivated

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Date of preparation: May 2017

