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MEDWAY PUBLIC HEALTH DIRECTORATE

Relationships and Sex Education

Lesson plans and resources for Year 11

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This is the first of five lessons for Year 11 students. This lesson develops conflict management strategies to improve relationships within families. These skills can be used more widely to reinforce expectations about the right to positive, healthy relationships.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about the links between emotional wellbeing and relationship conflict, and the implications of this. <input checked="" type="checkbox"/> to further develop the understanding and skills to negotiate relationship conflicts safely and effectively.
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can explain how the outcome of family disagreements is dependent on each person's conduct <input checked="" type="checkbox"/> I can explain the link between emotional wellbeing and the health of family relationships <input checked="" type="checkbox"/> I can describe strategies for preventing and managing family conflict <input checked="" type="checkbox"/> I can identify when support is needed for personal safety and explain how to access appropriate help
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Resource 1: Conflict questions (1 copy of each question) <input checked="" type="checkbox"/> Resource 2: Character response summaries (1 copy per pair) <input checked="" type="checkbox"/> Resource 2a: Character response summaries - teacher notes (1 teacher copy) <input checked="" type="checkbox"/> Resource 3: De-escalation - card sort (1 set of cards per pair) <input checked="" type="checkbox"/> Resource 4: Talking heads - Long-term strategies (1 copy per pair)

Activity	Description	Time
Baseline assessment	Students respond to key questions on relationships and sex, and discuss ways to manage family conflict.	15
Character scenarios	Students suggest likely consequences from the same situation for different characters.	15
De-escalation strategies card sort	Students suggest ways characters can resolve a conflict and evaluate which de-escalation strategies may be most appropriate for each character.	20
Endpoint assessment and signposting	Students read the talking heads on ways to reduce the number and seriousness of relationship conflicts and consider any advice relevant to the earlier characters. Signpost relevant sources of support.	10

Ensure you have read the **Medway Teacher's Guide** to this programme and have considered any sensitivities and prior knowledge about specific students' circumstances.

Remind students to use the question box if there is anything they wish to ask anonymously.

N.B. This lesson could be triggering for students with a family history of violence. Equally, you cannot know exactly who may be personally affected by this lesson, so a warning should be given to all students ahead of the lesson and appropriate arrangements put in place for those who need or wish to leave or miss the lesson.

Avoidance, diffusion, confrontation, negotiation, conflict, conflict management, anger management, controlling impulses, abuse, coercive control

Revisit and reinforce ground rules, emphasising those that are particularly relevant for this lesson, such as the right to pass, no personal stories and no names.

Unit baseline assessment questions

15 mins

Ask students to respond to the quote below (and on PowerPoint slide 3):

"Long-term relationships are great, but take hard work."

Ask students to write down their responses, using the following prompts:

- How might someone show that they are in a committed relationship?
- What options does someone have if they want to become a parent? What might affect their choices?
- What does effective conflict management look like in a relationship?
- Where might someone seek help and support regarding relationships?

Circulate as they are working, so you can gauge students' current understanding, attitudes, and beliefs for the different topics in this unit, as well as what they can remember from their earlier lessons.

Once completed, make sure students have named their responses and collect in, as these will be revisited at the end of lesson 5 to demonstrate progress.

Carousel

Share the objectives and intended learning outcomes and explain that today's lesson focuses on the skills needed to manage conflict. The lesson will consider when further help may be needed to manage escalating conflicts and highlight that people should not put up with, blame themselves for, or try to 'manage' abusive relationships.

Divide the class into five groups and give each group one of the questions from **Resource 1: Conflict questions**. Ask them to write their ideas around the question on their sheet. Then ask them to pass their sheet to the next table and add any additional thoughts to their new question. Repeat this until groups have their original question back.

The five questions are:

1. What does effective conflict management look like in different types of relationships (e.g. family, friends, partners)?
2. Why might someone manage a conflict situation in a less healthy way?
3. How can someone's emotional wellbeing affect their ability to respond safely and effectively to a conflict situation?
4. How can the way people involved in a family conflict respond, affect the outcome?
5. What indicators might there be that the way someone manages relationship conflict has become unsafe and further support is needed?

This will help you gauge students' understanding and attitudes on managing conflict, especially conflict in family relationships. Use these insights to refine the lesson to match students' needs.

Suggestions may include:

1. Effective conflict resolution often involves active listening, with everyone feeling heard and respected, and finding a win-win solution where possible.
2. Time, place, situation, wellbeing issues, misunderstandings, fear of outcome, natural to be imperfect in managing disagreements sometimes.
3. Stress, anxiety, anger, and other mental and emotional wellbeing issues can mean people respond to conflict using confrontation or avoidance strategies, which can affect the short and longer term outcomes of relationship conflicts and therefore the quality of those relationships.
4. The impact of different conflict management styles. Discuss the fact that people respond to conflict differently but can learn to improve how they manage conflict – see PowerPoint slide 5.
5. Violence, threat or violence, fear of consequences, and coercion/manipulation may mean that further support is needed to manage conflicts. Stress that abuse and coercion are unacceptable and illegal in relationships.

You may wish to remind students of the definitions of different conflict management strategies:

- **Avoidance:** might be useful if someone is feeling threatened, but it will not make a problem go away.
- **Diffusion:** staying calm, allowing time to be able to think and to try to resolve the problem.
- **Negotiation:** compromising with each other - nobody gets everything they want, but everyone gets something.
- **Confrontation:** one person might use power over the other person in order to win. This might be physical force, using threats or another type of abuse – some types of confrontation are a criminal offence.

Character scenarios

15 mins

Ask students to read the scenario on **PowerPoint slide 6**:

The character's parent/carer has discovered they lied about where they were the previous evening.

Give each group **Resource 2: Character response summaries** and ask them to read the profiles of five different characters. Ask students to predict the possible outcome if each character were to face the scenario on slide 6.

Take feedback using the first column of **Resource 2a: Character response summaries - teacher notes**. Be sure to challenge assumptions and stereotypes but help students recognise that flashpoints in relationships are often the result of longer-term unresolved issues.

Remind students that any labels used should always refer to the behaviour and not the person. Sometimes someone may use a passive or aggressive response but this does not define who they are, or indicate that they will always use this strategy to resolve conflict. The labels simply help us discuss the consequences of responding in particular ways to challenging experiences.

Support: Select just one character for students to focus on.

Challenge: Ask students to research sources of help for people managing family conflict and share their findings with the class. Provide a range of suitable leaflets and/or device/laptop.

De-escalation strategies - card sort

20 mins

Next, allocate each group a character from the previous activity. Ask the groups to focus on how the characters in their scenario could improve their response to conflict – both in the moment, and through prevention work.

Remind students that:

- learning to be self-aware and to manage conflict does not mean that people should put up with, blame themselves for, or try to 'manage' abuse in relationships.
- some situations cannot be resolved by adapting communication styles, for example, and may need urgent intervention.
- it is okay to feel angry or upset – these feelings are common and tell us when we need to make changes - but that confrontation is often not an appropriate response.

After an initial chance for discussion, pass groups a set of **Resource 3: De-escalation strategies card sort** and ask them to use these suggestions and their initial ideas to identify a number of strategies that might help the characters in their scenario.

Take feedback using the second column of **Resource 2a: Character response summaries - teacher notes**.

It is important that students recognise there are limitations and challenges even where someone tries to communicate more constructively and that sometimes further help is needed.

Core activities

Support: Provide a help structure on the board such as:

- Find one piece of advice for how the character can listen better.
- Find one piece of advice for how the character could talk to the parent.
- Find one piece of advice to help the character improve things after the conversation.

Challenge: Ask students to prioritise the supportive strategies for each character.

Endpoint assessment and signposting support

Talking heads - Long-term strategies

5 mins

As a class, read the talking heads stories in **Resource 4**, sharing ways to reduce the number and seriousness of relationship conflicts. Ask students to pick out any advice relevant to the earlier characters, for example are there ways to seek support which would be helpful for them?

Signposting further support

5 mins

Ensure students are aware of the information and support available on these issues: for example from a, teacher, parent, school nurse, GP.

Highlight local and national services, such as:

- Medway domestic abuse services: www.choicesdbservice.org.uk/mdas
- Brook: www.brook.org.uk/; Contact number: 0808 802 1234
- Childline: www.childline.org.uk; Contact number: 0800 1111

Extension activity

Design a webpage

Students create a webpage that supports someone needing advice about regular arguments at home. Students should make sure the advice is safe, and reminds users about the boundaries between what a person can do themselves, and what they may need additional support to manage.

This is the second of five lessons for Year 11 students. This lesson focuses on committed relationships, marriage, and families, and considers the nature of commitment.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about different types of commitment and why many people value commitment in relationships
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can describe the options available to people who wish to make a long-term commitment <input checked="" type="checkbox"/> I can explain how a long-term relationship can become legally binding <input checked="" type="checkbox"/> I can recognise the unacceptability of forced marriage and identify support for someone who may be at risk <input checked="" type="checkbox"/> I can explain what commitment means and why this may be important in long-term relationships
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Resource 1: Baseline assessment (1 per pair) <input checked="" type="checkbox"/> Resource 1a: Teacher answers and notes (1 teacher copy) <input checked="" type="checkbox"/> Resource 2: Scenario cards (1 copy per 2-3 students) <input checked="" type="checkbox"/> Resource 2a: Scenario cards - answers (1 teacher copy) <input checked="" type="checkbox"/> Resource 2b: Support (optional support) <input checked="" type="checkbox"/> Resource 3: Commitment (1 copy per 2-3 students) <input checked="" type="checkbox"/> Resource 3a: Images (optional support)

Activity	Description	Time
Baseline assessment	Students answer a series of questions about marriage and civil partnerships, focusing on the process of getting married/forming a civil partnership.	10
Scenario cards	In groups, students read a series of scenario cards and identify which ones show a legal marriage or an illegal/void marriage.	15
What is commitment?	Students discuss what 'commitment' means and why people might make commitments.	10
Long term commitments	Students brainstorm what commitment means to different people.	15
Endpoint assessment and signposting	Students list five characteristics of a healthy, stable relationship.	5
	Remind students how to access further advice, guidance and support related to marriage/civil partnerships, particularly highlighting support for anyone concerned about forced marriage.	5

Ensure you have read the **Medway Teacher's Guide** to this programme and have considered any sensitivities and prior knowledge about specific students' circumstances.

Remind students to use the question box if there is anything they wish to ask anonymously.

Marriage, civil partnership, cohabitation, forced marriage, void/illegal, legal, ceremony

Introduction

Negotiate or revisit ground rules for the lesson. Introduce the learning objective and outcomes and explain that today's lesson will explore long-term commitment and the different forms it may take.

Baseline assessment

10 mins

In pairs, ask students to answer the questions about the process of getting married in **Resource 1: Baseline assessment**. Take feedback, using the supporting information in **Resource 1a: Teacher answers and notes** to help you guide discussions. Use this to gauge students' prior understanding, beliefs and attitudes and adapt teaching as necessary.

Scenario cards

15 mins

In groups, ask students to read **Resource 2: Scenario cards** and decide whether each shows a legal marriage or an illegal/void marriage. Ask students to feedback, explaining why they have selected their answer. Reveal the correct answers and supporting information, using **Resource 2a: Scenario cards - answers**.

Key learning:

- There are several reasons why people cannot legally get married: if they are already married or in a civil partnership, if they are under 18, or if they are closely related.
- The Forced Marriage Unit states, 'A forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.' Pressure might be physical or emotional and psychological. A young person might feel an inner pressure too, in which they worry that if they do not marry, they will disrespect their family or cause them shame.
- If a young person is concerned that they, a family member, or a friend may be at risk of forced marriage, they should contact the Forced Marriage Unit.
- They can apply for a forced marriage protection order, which is designed to protect an individual according to their specific needs (e.g. it might order someone to hand over an individual's passport so that they cannot be taken out of the country).
- If a young person is concerned that someone they know has been taken abroad to be forced into marriage, they should contact the Forced Marriage Unit who can then contact the relevant embassy, or visit www.freedomcharity.org.uk/what-we-do/forced-marriage, for advice and support from Freedom Charity. They have a helpline (0845 607 0133) or young people can text them for help (text the words 4freedom to 88802) if they or someone they know might be at risk.

Support: Give students **Resource 2b: Support** - a checklist against which they can assess each scenario.

Challenge: For scenarios they think are illegal, ask students to discuss which part of the scenario is illegal.

What is commitment?

10 mins

Ask students what they think 'commitment' means and what commitments young people around their age might make. Take some suggestions from the class.

Students may suggest: commitment is an agreement or promise to do something. Examples of commitment for young people might include dating, relationships, GCSE subjects, extra-curricular classes, team sports etc.

Then explain that, as people transition to adulthood, they make further choices to commit, for example getting married, having children, getting a mortgage, working in a longer-term job/career. Ask students to briefly think-pair-share why people might choose to make these kinds of commitments and take some feedback.

Discuss how emotional investment can bring about rewards and narrowing options can be positive. There may be greater security in committing to something/someone (e.g. in a relationship, 'keeping options open' or deciding not to 'label' a relationship may make someone feel insecure).

Long term commitments

15 mins

Working in groups and using the characters' opinions in **Resource 3: Commitment** to help them, ask students to mind-map reasons people choose marriage/civil partnership. Ask for feedback and create a class list or mind-map.

Reasons might include: love, religion, to have a wedding, emotional security, to make a lifelong commitment, to publicly express their love for one another, to have sex, societal expectations, family expectations, believe it is important for parenthood etc.

Next, ask students to mind-map reasons people choose not to marry/form a civil partnership. Ask students to feedback and create another whole class list next to the first list.

Reasons might include: divorce rates, independence, don't think it is necessary, prefer to have less commitment, religious connotations, potential cost, think it's outdated, focusing on other life goals etc.

Key learning:

- There are a variety of reasons why people choose to enter a marriage/civil partnership – everyone will have different reasons and these are no more or less important than other people's reasons.
- Marriage is something that should be entered into freely.
- Forced marriage is a criminal offence.
- Some couples choose not to marry, but this does not mean they do not love each other or are not in a stable, committed relationship.

Support: Give students the image prompts from **Resource 3a: Images** to help them come up with key points for each list.

Challenge: Ask students to consider how the most important reasons might vary depending on an individual's family, location, religion etc. What do they think are the biggest reasons for differing opinions?

Endpoint assessment and signposting support

Endpoint assessment

5 mins

Based on today's learning and in preparation for the next lesson, ask students to come up with a list of five characteristics of a healthy, stable marriage or civil partnership. Feedback as a class.

Signposting support

5 mins

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP. Remind students that they can report a crime by calling 999 (for an emergency or as a crime is taking place) or 111 (to make a non-urgent report).

Highlight local and national services, such as:

- A Better Medway: www.abettermedway.co.uk/
- Brook: www.brook.org.uk; 0808 802 1234
- Childline: www.childline.org.uk

For specific support on forced marriage, students can contact:

- The Forced Marriage Unit (FMU) fmu@fco.gov.uk 020 7008 0151
- Freedom Charity www.freedomcharity.org.uk; 0845 607 0133

Extension activity

Awareness campaign

Ask students to imagine they are creating an awareness campaign for younger students about the support available for those concerned about forced marriage. They should outline what forced marriage is and offer advice about where and how to seek additional support, e.g. Childline, Freedom Charity, the FMU. They could use the information on the Childline website as a starting point: www.childline.org.uk/info-advice/bullying-abuse-safety/crime-law/forced-marriage.

Lesson 3: Sexual health, fertility and routes to parenthood **KS4 Year 11**

This is the third of five lessons for Year 11 students. This lesson recaps learning on sexual health from Year 9 and introduces new learning about fertility and pregnancy choices. It is important that prior learning on sexual health has been completed – see the year 9 lesson pack for details.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about ways to promote sexual health and prevent unplanned pregnancy <input checked="" type="checkbox"/> about how fertility changes over time and the different routes to becoming a parent
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can identify different types of contraceptives <input checked="" type="checkbox"/> I can explain how fertility changes over a person's lifetime and some of the factors affecting this <input checked="" type="checkbox"/> I can explain ways to maintain a healthy pregnancy <input checked="" type="checkbox"/> I can describe different routes to parenthood
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Flip chart paper and pens <input checked="" type="checkbox"/> Resource 1: Scenarios (1 copy per 2-3 students) <input checked="" type="checkbox"/> Resource 1a: Teacher notes (1 teacher copy) <input checked="" type="checkbox"/> Resource 2: Routes to parenthood (1 copy per pair) <input checked="" type="checkbox"/> Resource 3: Options (1 copy per pair) <input checked="" type="checkbox"/> Resource 3a: Additional notes (1 teacher copy)

Activity	Description	Time
Baseline assessment	Students add ideas about sexual health, fertility, and parenthood to graffiti walls.	5
Contraception and sexual health	Using scenarios, students advise on the best contraceptive method in different circumstances.	15
What affects fertility?	Students identify factors that affect someone's fertility.	10
Healthy pregnancy	Students discuss how to maintain a healthy pregnancy.	5
Routes to parenthood	In groups, students analyse what routes to parenthood different characters might take and consider the support available to them.	15
Endpoint assessment and signposting	Students return to the graffiti walls and add key learning from the lesson. Revisit signposting.	10

Climate for learning	<p>Ensure you have read the Medway Teacher’s Guide to this programme and have considered any sensitivities and prior knowledge about specific students’ circumstances.</p> <p>Remind students to use the question box if there is anything they wish to ask anonymously.</p> <p>NB: Remember to keep in mind that students will come from a variety of family backgrounds, which may include those who have been adopted or fostered, and who may find some discussions particularly sensitive.</p>
Key words	<p>Fertility, pregnancy, conceive, infertility, In vitro fertilisation (IVF), Intrauterine insemination (IUI) surrogacy, donor, fostering, adoption</p>
Baseline assessment	<p>Negotiate or revisit ground rules for the lesson and introduce the learning objectives and outcomes. Explain that although students might not be thinking about fertility and parenthood yet, it is important for them to have the knowledge to make an informed decision about when, if and how to start a family in the future.</p> <hr/> <p>Baseline assessment activity 5 mins</p> <p>Using flipchart paper, create three graffiti walls around the room with one of the following questions on each as headings: ‘What types of contraception are available?’, ‘How can someone maintain their sexual health?’, ‘What are the different routes to starting a family?’ Ask students to go around the room responding to these questions, adding what they currently know, think or believe, as well as what they can remember from previous lessons. Briefly review these to gauge students’ current understanding and attitudes. These graffiti walls will be revisited at the end of the lesson.</p>
Core activities	<p>Contraception and sexual health 15 mins</p> <p>Share the following video with students as a recap of the key methods of contraception, their efficacy, and making decisions about which forms of contraception to use:</p> <p>www.youtube.com/watch?v=Zx8zbTMTncs</p> <p>Then, hand out Resource 1: Scenarios to small groups, or display them on slide 4. In their groups, ask students to decide, in each case, which method(s) of contraception they think would be most effective and why.</p> <p>Use Resource 1a: Teacher notes to guide the feedback. This is an opportunity to assess what students can remember from their Year 8 and 9 lessons on contraception and sexual health. If students show substantial gaps in their understanding, it is recommended that you revisit the Year 9 lessons on contraception and condom use.</p> <p>If time allows, you may also wish to share this LGBTQ+ safe sex video from the NSPCC, particularly if students have comments or further questions after reading Sonia and Daisy’s scenario: www.youtube.com/watch?v=Cg6q51ueihw.</p>

What affects fertility?

10 mins

Following on from Rosie and Keith's scenario in the previous activity, explain that fertility relates to a person or couple's ability to conceive a child.

Divide the class into small groups and give each some flipchart paper and pens. Give them 30 seconds to write down everything they can think of that might affect someone's fertility. After 30 seconds has passed, read the following list (without the notes in brackets). Tell them that they get a point for every factor listed. Once they have added up their points, briefly explain how each factor affects fertility¹ :

- **Age** – [fertility declines with age. Male fertility declines, but this is not to the same extent as female fertility. Female fertility gradually declines in the 30s, particularly after the age of 35 years old. After menopause (when menstruation stops) they are no longer able to conceive]
- **Sexually Transmitted Infections (STIs)** – [left unchecked and untreated, some STIs can have a lasting impact on fertility, particularly chlamydia and gonorrhoea]
- **Smoking** – [affects someone's chances of conceiving and can reduce semen quality]
- **Alcohol** – [excess or binge drinking can affect sperm and egg production, making it harder to conceive]
- **Anabolic steroids** – [long-term misuse of anabolic steroids can reduce sperm count and sperm mobility]
- **Other drugs or medicines** – [medicines, such as those used in chemotherapy, can sometimes severely reduce sperm production. Illegal drugs, such as cannabis and cocaine, can seriously affect fertility and make ovulation more difficult]
- **Weight** – [being overweight or obese reduces fertility; in females, being either overweight or severely underweight can affect ovulation. A healthy diet and exercise regime can contribute towards maintaining a healthy weight]
- **Environmental factors** – [exposure to certain pesticides, solvents and metals has been shown to affect fertility, particularly in males]
- **Stress** – [in severe cases, stress may affect ovulation and sperm production]

Although students may suggest caffeine consumption as a factor, there is no evidence to suggest caffeinated drinks are associated with fertility problems². Similarly, men also sometimes try wearing loose fitting underwear to help fertility because higher temperatures in the scrotum can reduce semen quality. However, it is not clear whether wearing loose fitting underwear improves fertility³. Some studies suggest that sperm quality is affected by mobile phones carried in trouser pockets, however, the evidence for this is inconclusive.

Additionally, female fertility problems may be due to conditions such as endometriosis, or because the ovaries do not produce eggs regularly, or because the fallopian tubes are damaged or blocked and the sperm cannot reach the eggs⁴. Medical or surgical interventions may be required in such circumstances.

1. www.nhs.uk/conditions/infertility
2. www.nhs.uk/conditions/infertility
3. www.nice.org.uk/guidance/cg156/ifp/chapter/Trying-for-a-baby
4. www.nice.org.uk/guidance/cg156/ifp/chapter/Fertility-problems

Healthy pregnancy

5 mins

Ask students to think-pair-share which of these factors might also affect the healthy development of a pregnancy and take some feedback. Can they think of anything else that can support the healthy development of a pregnancy?

Then explain that there are various things that can help ensure a healthy pregnancy, for example, not smoking, or avoiding taking certain medicines and other drugs. Explain that drinking alcohol during pregnancy can risk causing harm to the baby, and sometimes this can result in mental and physical problems in the baby, called foetal alcohol syndrome. It is therefore very important that alcohol is avoided throughout the pregnancy.

Regular, low impact exercise and a healthy diet can also support a healthy pregnancy. Some STIs can affect the health of the developing foetus, so it is also recommended to have an STI check. For further information, visit: www.nhs.uk/conditions/pregnancy-and-baby/health-things-you-should-know-pregnant/.

Routes to parenthood

15 mins

In pairs, give students **Resource 2: Routes to parenthood** and **Resource 3: Options**. Ask them to use the information about the different options people have for starting a family, listed in Resource 3, to note down what route each character/couple in Resource 1 might take. Explain that there might be multiple options for each scenario in the table.

Ask students for feedback, using the information below and **Resource 3a: Additional notes** to help you guide the discussions and respond to questions.

Key learning:

- Rachel and Steven might consider IUI, IVF, adoption, fostering, decide not to have a child.
- Oliver and Zane might consider adoption, fostering, surrogacy, co-parenting.
- Graham might consider adoption, fostering, surrogacy.
- Asha and Chidi might consider natural conception, decide not to have a child.
- Lian might decide not to have a child, or might consider co-parenting, IUI, or freezing her eggs.
- Mariam and Zara might consider IUI, IVF, adoption, fostering, co-parenting.

It is important that students understand that there is no 'right' way to start a family and that there is no guarantee that any of the routes to parenthood will always successfully lead to parenthood (see **Resource 3a: Additional notes**). The route that individuals or couples take is entirely up to them and dependent on personal circumstances and preferences.

Deciding not to have a child is also just as valid a choice as choosing to become a parent. Sharing the statistics in **Resource 3a: Additional notes** will help to highlight this. Individuals and couples need to think about if, or when, they would like to have a family and take their fertility into account when they plan for the future.

Other factors to consider when making choices in relation to fertility and when to start a family might include: impact on lifestyle; financial considerations; career aspirations; family or other support networks; religious or cultural beliefs; other life goals, such as travel; that it may take a long time to conceive a baby, even before fertility starts to decline (therefore if someone wants a large family, they may need to start trying to have a baby earlier on in their life).

If a woman (or trans man) wants to conceive a baby naturally, they have an increased chance of doing so before they reach their mid-30s. A trans man can become pregnant if he did not transition physically (i.e. he transitioned socially but did not have surgery), or he transitioned physically but retained his ovaries and uterus when he had surgery .

Finally, ask each pair to list at least five sources of support: who or where might the people in the scenarios go to, to find out more information or to seek help, guidance and support?

Examples might include family, friends, support groups, online resources (e.g. NHS website), GP, fertility clinics, local council (e.g. regarding fostering), adoption services, etc.

Support: Ask students to focus on scenarios 1, 2 and 5 – these will ensure a range of routes to parenthood are explored.

Challenge: Ask students to consider what they think the biggest factor in influencing the decision in each scenario might be (e.g. lifestyle, desire to be a biological parent, age of couple).

Endpoint assessment

10 mins

Return to the graffiti walls from the start of the lesson. Using different coloured pens, ask students to reflect on any ideas that might have changed from the beginning of the lesson to now, and to add anything they have learnt about issues relating to sexual health, fertility, or routes to parenthood. This is an opportunity for you to gather evidence of the learning that has taken place and to inform your planning for subsequent learning.

Signposting support

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP. Remind students that they can visit their GP or local sexual health clinic for support around sexual health.

Highlight local and national services, such as:

- A Better Medway: www.abettermedway.co.uk
- Brook: www.brook.org.uk; 0808 802 1234
- Childline: www.childline.org.uk

For further information about fertility, students can visit www.nhs.uk/conditions/infertility

Contraception leaflet

Students could create a leaflet with further detail on different types of contraception and their relative efficacy.

Character options

Ask students to choose two of the 'routes to parenthood' and explain why they feel the characters should choose or not choose any of the options available to them. Alternatively, ask students to choose one of the characters above and advise them what they think would be their best option and why.

This is the fourth of five lessons for Year 11 students. This lesson focuses on fertility and pregnancy choices, teaching students about the possible outcomes in the event of an unplanned pregnancy and how to access advice and support.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about the possible outcomes in the event of an unplanned pregnancy
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can identify the range of options available in the event of an unplanned pregnancy <input checked="" type="checkbox"/> I can describe the range of emotions someone might feel in the event of an unplanned or unwanted pregnancy <input checked="" type="checkbox"/> I can evaluate the different influences that might affect decisions about pregnancy <input checked="" type="checkbox"/> I can recognise that miscarriage can occur <input checked="" type="checkbox"/> I can describe where and how to access reliable, impartial advice and support in relation to pregnancy or miscarriage
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Post-it notes <input checked="" type="checkbox"/> Resource 1: Pregnancy test (1 copy each) <input checked="" type="checkbox"/> Resource 2: Scenarios (1 copy of each scenario)

Activity	Description	Time
Baseline assessment	Students analyse their knowledge, understanding and beliefs about unplanned pregnancy by reviewing a scenario about a young couple facing an unplanned pregnancy.	10
Options	Students list factors that might influence the decisions made about an unplanned pregnancy.	10
Scenarios	In groups, students evaluate the influences present in different scenarios.	10
Next steps	Students analyse what the next steps might be for the characters in the scenarios.	10
Miscarriage, advice and support	Teacher explains what a miscarriage is and where to seek advice and support.	5
Endpoint assessment and signposting	Students return to the baseline scenario and advise the characters about their next steps. Signpost students to relevant support and how to access sexual health services.	15

Climate for learning	<p>Ensure you have read the Medway Teacher’s Guide to this programme and have considered any sensitivities and prior knowledge about specific students’ circumstances.</p> <p>Remind students to use the question box if there is anything they wish to ask anonymously.</p> <p>NB: Remember to keep in mind that students will come from a variety of family backgrounds, which may include those who have been adopted or fostered, and who may find some discussions particularly sensitive. It is also possible that a student has had a personal experience with an unplanned pregnancy or miscarriage.</p>
Key words	<p>Pregnancy, adoption, abortion, miscarriage, influence</p>
Baseline assessment	<p>Negotiate or revisit ground rules for the lesson. Introduce the learning objective and outcomes and explain that today’s lesson explores the possible outcomes of an unplanned pregnancy.</p> <hr/> <p>Baseline assessment activity 10 mins</p> <p>Give students Resource 1: Pregnancy test which describes the moment two young people Amalie and Dan, find out that Amalie is pregnant. Independently, ask students to respond to the four prompt questions surrounding the scenario:</p> <ul style="list-style-type: none"> • How might Amalie be feeling? • How might Dan be feeling? • What options do they have? <p style="padding-left: 40px;">What might their next steps be?</p> <p>Take some class feedback, as this will give you an indication of students’ current understanding, beliefs and attitudes relating to the topic. Use this to prioritise and adapt discussions in the lesson.</p>
Core activities	<p>Options 10 mins</p> <p>Explain that in the case of an unplanned pregnancy, there are three possible options:</p> <ul style="list-style-type: none"> • Become a parent – continue the pregnancy and raise the child, either as a single parent or a couple. • Have an abortion (also known as a ‘termination’) - the pregnancy is ended either by taking medication or having a surgical procedure. • Relinquish the child for adoption – once an adoption order is made, the adopters become the child’s legal parents and the birth parents no longer have any legal rights in relation to the child. This is now the least common choice for people to make when pregnant. <p>In pairs, ask students to try to come up with ten different factors that might influence the decisions someone makes about an unplanned pregnancy. Then take some feedback, creating a whole class list.</p>

Factors might include: *their own attitude towards and feelings about having a baby, their partner's attitude towards and feelings about having a baby, their relationship status, the opinions of their family and friends, community attitudes, financial considerations, their religion, their culture, their plans for the future, career/personal goals or aspirations, worries about their education or employment, physical or mental health.*

Support: Ask students to come up with five factors that might influence the decision someone makes about an unplanned pregnancy.

Challenge: Ask students to discuss which factors are internal influences (own thoughts and feelings) and which are external (coming from others). What do they think might have the greatest impact: external or internal influence?

Scenarios

10 mins

Divide the class into six groups and assign each group a scenario from **Resource 2: Scenarios**. Explain that each character has just discovered they are (or their partner is) pregnant – the pregnancy in each case was not planned. Ask each group to discuss and write down:

1. What might their character's initial reaction to the pregnancy be?
2. What might influence their character's decision going forward?
3. Which influence might their character prioritise above all others?

Ask each group to feedback on their scenario. Explain that someone might feel a range of emotions upon discovering they are/their partner is pregnant and what is important is that they have someone to talk to and that they get the support they need.

Students may suggest the following influences for each character:

- **Zarah** – influences might include: her own education/career aspirations, the future of their relationship, their finances
- **Louie** – influences might include: his girlfriend's decision, their finances, his parents
- **Klaudia** – influences might include: her support networks, her religion, community and family attitudes towards her
- **Jana** – influences might include: her impression that a baby might 'fix' the relationship with Darren, her mum
- **Dalia** - influences might include: her partner, their finances, personal and professional aspirations of them both
- **Frankie** - influences might include: family and peer attitudes, support networks, personal goals

Different people will have different influences and different reasons for coming to the decisions they do – personal circumstances, age, support networks, aspirations, finances and so on may all play a role. There may be considerable differences in students' opinions regarding which influence someone might prioritise above others, for example parental support may be identified as a very strong influence for some, but not for others. However, while other people, such as the partner, may express their views, it is important to emphasise that the final decision rests with the individual who is pregnant and that nobody should be pressured into doing something they do not want to do.

Challenge: Ask students to script the opening of a conversation between one of the characters and their parent/carer/trusted adult. How might they begin the conversation? What words would they use?

Next steps

10 mins

Then, ask students to discuss and write down a three-point action plan of next steps that their character might take. This could include who the character might speak to, who they might turn to for emotional support, what conversations they might need to have, or where they might go for further help and advice.

Ask each group to feedback their three-point plans and create a whole class mind map of ideas.

Next steps might include:

- Discussing options with their partner
- Getting moral support from a friend
- Researching their options in greater depth
- Speaking to a parent, carer, teacher, or other trusted adult
- Contacting their GP or another medical professional
- Visiting a sexual health clinic
- Seeking support and further guidance online, e.g. via Childline, the NHS website, Brook etc.

Support: Encourage students to identify sources of support from the images on slide 7.

Miscarriage, advice and support

5 mins

Explain to students that should someone decide to continue with a pregnancy, in some cases a miscarriage can occur. Miscarriage is the spontaneous loss of a pregnancy before the foetus is mature enough to survive outside the uterus. Miscarriage is estimated to affect between 1 in 5¹ and 1 in 8 pregnancies², the majority of which occur in the first trimester (0-12 weeks). Miscarriage is not the fault of the woman (or trans man) who has miscarried - there are many reasons why a miscarriage may happen, such as a chromosomal abnormality, although the cause is often not identified. People who have experienced a miscarriage may go through a variety of emotions, including grief, loss, and bereavement. It can have a profound emotional effect not only on the person who had the miscarriage but also on their partner and other family members. For further advice and support in relation to miscarriage, visit:

- www.nhs.uk/conditions/miscarriage
- www.miscarriageassociation.org.uk

1. <https://www.brook.org.uk/your-life/miscarriage/>
2. <https://www.nhs.uk/conditions/miscarriage/>

Endpoint assessment

15 mins

Endpoint assessment and signposting support

Ask students to return to **Resource 1: Pregnancy test**. At the bottom of the page, ask them to write a paragraph of advice to Amalie and Dan explaining what they could do next and where they could go to access further help and support. Ask them to share their ideas in small groups, and then ask each group to decide what they think is the single most important piece of advice they could give someone in Amalie and Dan's position.

Ask each group to write this on a post-it and stick it on the board. Briefly summarise these for the class.

This is an opportunity to gather evidence of the students' learning and to inform your planning for subsequent teaching.

Signposting further support

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP. Remind students they can get support regarding a potential unplanned pregnancy from their GP surgery or local sexual health clinic.

Highlight local and national services, such as:

- A Better Medway: www.abettermedway.co.uk
- Brook: www.brook.org.uk; 0800 802 1234
- Childline: www.childline.org.uk; 0800 1111

Extension activities / Home learning

Support services fact-file

Select some local support services and give students links to them. Ask students to research and create a short fact-file about one of the services, ensuring the following are included:

- Name of service and location
- Contact details and opening times
- Services they provide

These could form part of a 'support services' display.

This is the last of five lessons for Year 11 students. This lesson teaches students about the laws related to abortion, addresses myths and misconceptions and explores options for help and support.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about the laws related to abortion and support available
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can identify key legal considerations in relation to abortion <input checked="" type="checkbox"/> I can explain why there are strongly held views on abortion <input checked="" type="checkbox"/> I can explain where and how to access related medical services and emotional support
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Resource 1: Forum post (1 copy each) <input checked="" type="checkbox"/> Resource 2: Facts about abortion (1 copy per pair) <input checked="" type="checkbox"/> Resource 2a: Facts about abortion-support (optional support) <input checked="" type="checkbox"/> Resource 3: Help and support (1 copy per pair) <input checked="" type="checkbox"/> Resource 3a: Support options (optional support) <input checked="" type="checkbox"/> Students' unit baseline assessments from lesson 1

Activity	Description	Time
Baseline assessment	Students respond independently to a forum post by a young couple who want to have an abortion.	10
Facts about abortion	In pairs, students decide which facts would be most beneficial for young people to know.	15
Abortion influences	Brief explanation by teacher about the debates surrounding abortion.	5
Help and support	Students review sources of help and support in relation to abortion.	10
Reflection and advice	Students return to forum post from the start of the lesson and provide advice based on their learning.	5
Endpoint assessment and signposting	<p>Students return to the baseline assessment from lesson 1 and add ideas based on learning from this series of lessons.</p> <p>Reinforce the options available for sources of support.</p>	15

Climate for learning	<p>Ensure you have read the Medway Teacher’s Guide to this programme and have considered any sensitivities and prior knowledge about specific students’ circumstances.</p> <p>Remind students to use the anonymous question box if there is anything they wish to ask anonymously.</p> <p>NB: Remember to keep in mind that students will come from a variety of family backgrounds, which may include those who have been adopted or fostered, and who may find some discussions particularly sensitive. It is also possible that a student has had a personal experience with an unplanned pregnancy, miscarriage or abortion.</p>
Key words	<p>Abortion, termination, pro-life, pro-choice</p>
Baseline assessment	<p>Negotiate or revisit ground rules for the lesson, particularly ground rules about respecting others’ views and commenting on what was said, not the person who said it.</p> <p>Introduce the learning objective and outcomes and explain that today’s lesson will explore the facts and laws relating to abortion (which is also known as termination) and the help and support available.</p> <hr/> <p>Baseline assessment activity 10 mins</p> <p>Ask students to read the post made by a young couple seeking an abortion in Resource 1: Forum post. Ask them to complete the sentences in the response boxes underneath, writing down everything they think or believe in relation to abortion. As this is a baseline assessment, they should work on their own, without any prompting or examples.</p> <p>Circulate the room while students are completing the activity. This will allow you to gauge their current understanding and any common ideas or misconceptions, some of which will be addressed in the next activity. Once completed, make sure students have added their names and put these to one side, as these will be revisited at the end of the lesson.</p>
Core activities	<p>Facts about abortion 15 mins</p> <p>In pairs, ask students to read Resource 2: Facts about abortion and decide which three facts they think would be most beneficial for the young people from the forum post to know. Take feedback, asking students to explain their decisions. Students may have a range of opinions about which may be most helpful for a young person to know.</p> <p>Support: Ask students to use Resource 2a: Facts about abortion – support to help them decide on the most helpful facts for the couple to know.</p> <p>Challenge: Ask students to discuss which facts might be most helpful for a friend or family member of the couple to know.</p>

Abortion influences

5 mins

Ask students to list what they think might influence someone's views about abortion and take some feedback.

Opinions on abortion might be influenced by: *someone's family, friends, or peers; their personal values; their culture; their religion; the strength and/or nature of their relationship with their partner; their plans for the future; the legal status of abortion; the media.*

Explain to students that some people support the practice of abortion and others oppose it. Often this is because both sides of the debate are representing competing beliefs (sometimes, but not always, linked to religious belief); about the rights of the foetus (often referred to as "pro-life"), e.g. the right to life; and the rights of the pregnant woman (or trans man) (often referred to as "pro-choice") e.g. the right to choose what happens to their body. While it is a controversial and contentious issue, both sides believe they are supporting very important and valuable rights on either side. It is important to emphasise that everyone is entitled to their own opinions about these rights and should be allowed to make the decision that they feel is best for them.

Help and support

10 mins

In pairs, ask students to complete the table in **Resource 3: Help and support**, identifying possible people, groups, or organisations who may be able to provide the type of help and support stated. Explain that the same person/group may be added more than once in different places.

Take feedback, highlighting the following sources of support:

- Parents, family members or friends can provide listening and empathy and may be able to provide emotional support strategies
- Someone's partner can provide listening and empathy and may be able to provide emotional support strategies
- Teachers or other trusted adults can provide listening and empathy, take steps to safeguard the person if they are at risk, and may be able to provide emotional support strategies
- GPs and other medical professionals can provide medical advice, conduct a medical assessment, provide accurate, reliable, non-biased information, take steps to safeguard the young person if they are at risk, refer someone for an abortion
- Counsellors can provide listening and empathy, and therapeutic support
- Advice lines, charities, specialist organisations can provide listening and empathy, emotional support strategies and, depending on the organisation, may provide reliable, non-biased information

Support: Provide students with the sources of support suggestions in **Resource 3a: Support options** to help them complete the table.

Challenge: Ask students to identify who they think the top three sources of support most beneficial to young people are and to explain their choices.

Reflection and advice

5 mins

Working on their own, ask students to return to the forum post from the start of the lesson. Ask them to create a new reply, giving advice to the couple based on what they have learnt this lesson.

Endpoint assessment

15 mins

Ask students to return to the baseline activity from lesson 1 and add their key learning from the last five lessons in another colour. They should then write an overall comment summarising what they have learnt.

This is an opportunity for you to gather evidence of students' progress over the series of lessons and to inform your planning for subsequent learning.

Ensure that all questions in the anonymous question box have been addressed and allow time to take any final questions/comments from students.

Signposting support

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP, sexual health clinic.

Highlight local and national services, such as:

- A Better Medway: www.abettermedway.co.uk
- Brook: www.brook.org.uk; 0808 802 1234
- Childline: www.childline.org.uk; 0800 1111

To check recall of signposting options, students could complete 'sources of support bingo'. Ask students to create a 3x3 grid in their books or on paper and select from all the sources of help they can think of.

1. What does effective conflict management look like in different types of relationships (e.g. family, friends, partners)?

2. Why might someone manage a conflict situation in a less healthy way?

3. How can someone's emotional wellbeing affect their ability to respond safely and effectively to a conflict situation?

4. How can the way people involved in a family conflict respond, affect the outcome?

5. What indicators might there be that the way someone manages relationship conflict has become unsafe and further support is needed?



Billy's dad has been depressed since his divorce. Billy has not wanted to speak up about things that were bothering him to avoid upsetting his dad.

Artem's parents have always been very protective. Now he's older, Artem's rebelled by making some poor decisions which have affected his wellbeing and school attainment.

His mum had an accident at work so is currently at home more, so Artem feels under increased scrutiny.

Sofia had a few issues with friendships and family conflicts when she was younger but her adoptive family found her some support. She now has mostly positive and settled relationships plus a supportive keyworker at school.

The family have agreed how they will handle disagreements. However, financial problems at home have led to more rows than usual about things like money for clothes and school trips.

Since Kamila's parents split up, she feels she never gets what she wants, as her mum and stepdad prioritise her new stepsisters. Her mum says she was simply used to being an only child and will adjust.

She spends a lot of time with friends who are quite aggressive in the way they deal with issues – sometimes using violence if people 'disrespect' them. This has started to affect her behaviour and there have been lots of arguments at home.

In David's home, the family often have vocal arguments that clear the air and then everyone gets on well afterwards. But when the family fostered Maisie, these arguments really upset her – she would cry a lot if she felt she was being yelled at and would hide if she heard others argue.

Potential responses	Advice
<p>Billy’s dad is likely to find such a situation challenging as he’s already carrying a heavy emotional load.</p> <p>He may snap or jump to conclusions when talking to Billy.</p> <p>Billy may apologise and try to smooth things over without discussing things further, or may snap himself after so long not discussing things which are important to him.</p>	<p>To change the dynamics of this situation, Billy could discuss with his dad how things are affecting him, with external support such as a teacher or other trusted adult.</p> <p>Billy could use some of the tips from the card sort such as using positive self-talk and choosing appropriate times for important conversations with his dad.</p> <p>Both he and his dad would probably benefit from professional support for their emotional wellbeing.</p>
<p>We don’t know from the scenario whether Artem’s parents are simply being protective or whether they are using controlling behaviour.</p> <p>It is natural that as someone matures into adulthood, they will want to be more independent and it can be difficult for all concerned to negotiate this.</p> <p>Artem’s parents could be quite angry and punish him in this situation – something Artem is likely to rebel against, using a similarly aggressive response. This is likely to lead to the relationship becoming even more fraught.</p>	<p>To change the dynamics of the relationship, Artem could try speaking to his parents, if he felt safe to do so.</p> <p>It is important he asks his parents to explain why they act in ways he feels are overprotective, and that he listens carefully to their response.</p> <p>Getting advice from a neutral third party could help Artem manage this conversation more positively and with clear and fair expectations.</p> <p>Artem’s parents may benefit from parent support workshops.</p> <p>If Artem is worried, he should speak to a trusted adult such as a teacher or extended family member.</p> <p>Helplines (e.g. those listed later in the lesson) may also provide support.</p>
<p>Sofia’s family have set up ground rules for approaching conflict so will probably deal with this in a more positive way.</p> <p>However, it is natural for young people to need practice with managing conflict successfully, and financial changes will have an impact on everyone’s wellbeing, so there may still be initial tension.</p> <p>Given Sofia’s past difficulties and their own financial pressures, her parents may be particularly worried by their discovery and could react in a less constructive way than usual.</p> <p>Hopefully the ground rules the family have put in place will help ensure the discussion is constructive.</p>	<p>The tips on managing conflict cards may be helpful for Sofia when learning to handle such flashpoints.</p> <p>Sofia may need to talk to friends and/or her keyworker afterwards to allow her to process the discussion.</p> <p>Sofia’s parents may also have suitable people they can discuss any issues with, particularly around financial support.</p>

<p>Kamila's time with friends who handle conflict using confrontation, and her underlying feelings about the new family dynamics, may mean that she acts defensively and aggressively when approached about the issue.</p> <p>Her parents will have their own feelings about the family dynamics and Kamila's recent behaviour which could affect their response.</p>	<p>Kamila's family may benefit from support to strengthen relationships and help Kamila's mental wellbeing following her parents' divorce.</p> <p>The card sort provides strategies for managing anger when in conflict situations which may be helpful e.g. counting to ten, taking a break to get a soft drink, having conversations when people are calmer.</p> <p>Kamila may also consider whether her friendship group are supportive of her overall wellbeing. Spending time in confrontational environments has been shown to negatively influence behaviour and there may be other health, legal and social risks in spending time with violent groups.</p>
<p>Different families use different conflict resolution styles and it is healthy for family members to argue from time to time, as long as things are resolved well and each person continues to feel loved and respected.</p> <p>In this situation, David's parents are likely to argue vocally with David before finding a resolution.</p> <p>This is likely to make Maisie feel uncomfortable and potentially scared.</p>	<p>Maisie may have experienced a range of things in her family before being fostered. So it is important for her foster family to acknowledge her feelings, reassure her about how the family dynamics have worked in the past, and use this as an opportunity to explore other ways of resolving issues so Maisie feels safe.</p> <p>They may try to have these kinds of discussions when Maisie is out of the house or safely occupied elsewhere.</p> <p>Maisie's care worker may be able to support her and the family.</p> <p>Tips in the card sort around body language and using humour may also be helpful for the family to learn.</p>

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Let the person talk without interrupting.	Listen without judgment to what the other person is saying and how they are feeling.
Respect personal space and keep body language open.	If someone is not being respectful, the other person should explain they will walk away if this continues.
Allow time for silent reflection in the conversation and afterwards.	Focus on points of agreement and things that would improve the situation.
Reflect what was said back to the person to show they are being heard, e.g. "What you're saying is you don't feel respected".	Try to remain calm using techniques such as counting to ten or deep breathing.
Have important conversations when everyone is feeling calmer.	Using humour can help to lighten the mood (so long as this is not directed at an individual).
Walk away if needed – getting a cold drink can provide time out.	Positive self-talk can help a person feel confident about resolving a situation.
Speak quietly and calmly, using "I" statements, (e.g. "I feel scared when you shout" rather than "You always shout...").	Notice signs of an escalation of anger and step away if needed.
Avoid finger-pointing which can seem accusatory, and shoulder shrugs which can seem uncaring.	Focus on the situation and the behaviour rather than making statements about the person
Get help in the moment, before, or after a conflict situation.	Agree ground rules for handling disagreements in the future.

As I got older and started to express myself more, I kept saying the wrong thing and upsetting everyone. But with practice, I got better at standing up for myself without being mean. I started small – when my sister wanted pizza but I wanted fried chicken, we found an app that would deliver both instead of falling out over it. Now it's easier to find solutions that work for everyone, and I'm finding ways to say things that show I respect someone even if we want different things or have different views.

I used to get angry really easily - I didn't feel I could stop myself and the tips we'd been given at school hadn't worked. So, I spoke with my head of year, who invited in a specialist to help me learn to process things better. They used art to help me let out my feelings over some family issues – it didn't matter that I wasn't much of an artist, it just made a big difference to the way I was feeling. Then a youth worker got me involved in a gym where I could train and let my frustrations out. I loved it so much I'm going to train as an instructor.

Recently my dad started gambling, which caused a lot of problems at home. I remembered there were people who could help so I flicked through the PSHE intranet page to find the helpline details in the library at lunchtime. There was a chat support I could use, and they gave me the help and reassurance I needed. They encouraged me to speak to someone at school, who arranged for a social worker to help too.

1. I'm under 18; can I get married?

2. I recently split up with my fiancée; can I keep the ring?

3. I want to get married, but I'm not religious. What are my options?

4. I've been living with my partner for years; do we have the same rights as married couples?

5. Do I have to have a wedding ceremony to get married?

6. I want to get married in a ceremony outdoors; is that allowed?

7. Can someone force me to get married?

Question	Answer
1. I'm under 18; can I get married?	A person can get married or form a civil partnership in England or Wales if they are 18 or over.
2. I recently split up with my fiancée; can I keep the ring?	Yes, but if at the time they were given it the person proposing specifically said that it should be returned if the engagement were broken, then it has to be returned.
3. I want to get married, but I'm not religious. What are my options?	A person can marry in a religious or civil ceremony. In both cases, the marriage must be conducted by a person, or in the presence of a person, authorised to register marriages in the district and the marriage must be entered in the marriage register and signed by both parties, two witnesses, the person who conducted the ceremony and, if that person is not authorised to register marriages, the person who is registering the marriage.
4. I've been living with my partner for years; do we have the same rights as married couples?	Although the terms common-law wife or husband are frequently used to describe a couple who live together, these relationships do not have legal recognition, nor the same rights as married couples.
5. Do I have to have a wedding ceremony to get married?	While a marriage requires an exchange of spoken words, for a civil partnership all that is needed is for the relevant documents to be signed. If a person chooses to have a ceremony when entering into a civil partnership, the ceremony cannot be religious. The Register Office must be given 28 days' notice before the marriage or civil partnership can be registered. If someone has strong grounds for objecting to the union, they can object during the 28 days (but making a false statement is a criminal offence).
6. I want to get married in a ceremony outdoors; is that allowed?	Civil wedding and partnership ceremonies are allowed to be performed outdoors in England and Wales. Although previously the legal wedding or civil partnership ceremony had to take place in an approved room or permanent structure, the law changed in 2021, allowing couples to have the whole ceremony outside.
7. Can someone force me to get married?	Forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. Everybody has the right to choose their partner, but both must be 18 or over, not already married/in a civil partnership and not closely related (i.e. a parent, child, brother, sister, niece, nephew, aunt, uncle, grandparent, grandchild).

To support feedback, these key term definitions and related facts may be useful:

Marriage	A legal union between a man and a woman or between a same-sex couple (in England, Wales and Scotland and, from January 2020, in Northern Ireland).
Civil partnership	A relationship which can be registered by two people of the same sex (extended to opposite-sex couples in 2020).
Cohabitation	Living together as a couple without being married/civil partners.
Forced marriage	A marriage where one or both people do not consent to the marriage and pressure or abuse is used.
Arranged marriage	A marriage planned and agreed by the families or guardians of the couple concerned, to which both individuals consent.
Illegal/void	marriage A marriage that is invalid from its inception and cannot be made valid.
Ceremony	A formal religious or public occasion, especially one celebrating a particular event, achievement, or anniversary

Scenario 1

Sam and Alex are getting married. Sam was in a civil partnership for several years but the relationship ended 5 years ago. As Sam is now getting married, not forming another civil partnership, he never legally dissolved his civil partnership.

Q: Will their marriage be legally recognised in the UK?

Scenario 2

Dev and Kiara are excited about getting married. Both of them are very close to their families and were confident in their parents' match-making skills when they were first introduced to each other. They know their wedding day will be a happy event.

Q: Will their marriage be legally recognised in the UK?

Scenario 3

Adeel and Roxanna had a Nikah (a traditional Islamic wedding ceremony). Shortly afterwards, they had a civil marriage ceremony in a register office too.

Q: Is their marriage legally recognised in the UK?

Scenario 4

Jas and her brother went away with their family, for what they thought was a family holiday. When they arrived, Jas was told she was getting married. She was not happy about this but was worried about what her family would do if she tried to say no.

Q: Is their marriage legally recognised in the UK?

Scenario 5

Ella and Tilly were married last week. They had a small civil ceremony at a local hotel, followed by a big party with all their families and friends.

Q: Is their marriage legally recognised in the UK?

Scenario 6

Tom is 17. Li is 18. They really want to get married and although Tom's parents think he's too young they have agreed.

Q: Will their marriage be legally recognised in the UK?

Scenario 1

Sam and Alex are getting married. Sam was in a civil partnership for several years but the relationship ended 5 years ago. As Sam is now getting married, not forming another civil partnership, he never legally dissolved his civil partnership.

Q: Will their marriage be legally recognised in the UK?

No. The marriage is only legal if the civil partnership is dissolved first.

Scenario 2

Dev and Kiara are excited about getting married. Both of them are very close to their families and were confident in their parents' match-making skills when they were first introduced to each other. They know their wedding day will be a happy event.

Q: Will their marriage be legally recognised in the UK?

Yes. This is an example of an arranged marriage.

Scenario 3

Adeel and Roxanna had a Nikah (a traditional Islamic wedding ceremony). Shortly afterwards, they had a civil marriage ceremony in a register office too.

Q: Is their marriage legally recognised in the UK?

Yes. As long as they have married in a civil ceremony, their marriage is legally recognised in the UK. If they only had a Nikah ceremony, this would not be the case.

Scenario 4

Jas and her brother went away with their family, for what they thought was a family holiday. When they arrived, Jas was told she was getting married. She was not happy about this but was worried about what her family would do if she tried to say no.

Q: Is their marriage legally recognised in the UK?

No. This is an example of a forced marriage and is illegal in the UK.

Scenario 5

Ella and Tilly were married last week. They had a small civil ceremony at a local hotel, followed by a big party with all their families and friends.

Q: Is their marriage legally recognised in the UK?

Yes. Same sex marriage is legal in all parts of the UK and civil marriage ceremonies are allowed to take place in hotels that are registered to do this.

Scenario 6

Tom is 17. Li is 18. They really want to get married and although Tom's parents think he's too young they have agreed.

Q: Will their marriage be legally recognised in the UK?

No. Li is free to marry whoever she chooses, but Tom cannot marry until he is 18.

- A marriage/civil partnership will be illegal/void if:
 - ◇ the couple are closely related (a parent, child, brother, sister, niece, nephew, aunt, uncle, grandparent, grandchild)
 - ◇ either person is already married or in a civil partnership
 - ◇ either person is under 18
- Both mixed sex and same-sex couples can form a civil partnership in the UK
- Same sex marriage is legal in all parts of the UK
- Arranged marriage is legal as long as both people give their consent and take part in the marriage freely
- Forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so.

“We just didn’t feel the need to get married. We’ve built a good life together and we know that we are fully committed to each other – marriage just seemed unnecessary.”

“Marriage was important to us – we wanted to make a lifelong commitment and publicly express that in front of our loved ones. We didn’t want a huge wedding, but it was nice to be able to have a celebration with our family and friends, who were all really excited for us too!”

“Getting married is an important part of our religion. It shows that we are committed to one another and are ready to start a life together.”

“My partner and I are both very independent people. We each have our own aspirations, and hope we will each achieve our goals with the support and love of each other, but marriage just feels a bit constraining right now. We don’t want to marry, only to end up divorcing in a year or two.”

“Marriage is something neither of us is interested in. My partner thinks it’s quite an outdated thing to do, and neither of us is religious, so I think it would feel strange to commit to each other in this way. For us, commitment means more than having our relationship made ‘official’.”

“We love each other and are ready to commit to each other – marriage seems like the logical next step to take in our lives.”

“Some of my friends got married before they had children and felt that this was important, but it’s never really bothered me. My partner and I didn’t want to pay to have a wedding – we were more concerned with saving up to buy a house!”

Year 11 Lesson 2 | Resource 3a: Images

Sort the words and images below into reasons people choose to marry/form a civil partnership and reasons people decide not to marry/form a civil partnership:

Independence

Following other life goals

Think it's outdated

Divorce rates

Family expectations

Don't think it's necessary

Emotional security



	Best contraceptive option and why?
<p>1. Jasmin and David have just started going out and are planning to have sex. Neither has had sex before. Jasmin is very bad at remembering to take any medication.</p>	
<p>2. Sonia used to be in a long-term relationship with a man who was unfaithful to her but is now going out with Daisy.</p>	
<p>3. Nico is single and regularly goes out clubbing where he gets drunk and often has sex with people he just met that night.</p>	
<p>4. Rosie and Keith are in their late 30s and faithful to each other. Rosie cannot take the pill, or have a coil fitted for medical reasons. Neither of them like using condoms and they definitely do not want any more children.</p>	

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1. Jasmin and David:

- They should definitely consider using condoms (a non-hormonal method of contraception) to reduce the risk of pregnancy.
- Although neither has had sex before and they are therefore likely to be free from STIs, it is beneficial to get used to using condoms and there are still potential STI risks if either has shared needles or had intimate contact with others that stopped short of sexual intercourse, for example.
- Condoms can be tricky to use at first (reliability drops from 98% to 85% in first year of use), so Jasmin should consider using an additional method. Since she forgets to take medicine, a contraceptive patch, implant, vaginal ring, or injection may be suitable.
- A coil/cap/diaphragm would not necessarily be recommended. Most young women prefer to wait until after pregnancy for a coil, or at least until they are more sexually experienced, as coils require a specialist to fit which can seem quite daunting for someone new to sex. Coils can sometimes be less comfortable to fit prior to pregnancy. Caps/diaphragms are often quite fiddly to use so are more often recommended for someone who is sexually experienced.
- If Jasmin and David did have unprotected sex, or the condom broke, the emergency contraceptive pill can be taken up to 72 hours (Levonelle) or 5 days (EllaOne) after unprotected sex. Emergency contraception pills use medication to block pregnancy and most use the same hormones that are in regular birth control pills. The emergency contraceptive pill cannot end a pregnancy once it has started.

2. Sonia and Daisy:

- Pregnancy is not a risk in same sex relationships. The risk of STI transmission in female/female sex is low but they should both consider getting tested for STIs due to Sonia's ex.
- They might consider the use of dental dams or finger condoms until they are sure both partners are free of infection.

3. Nico:

- Nico should always use condoms when having sex with other people and have regular checks for STIs.
- This is high risk behaviour and he may wish to think about why he is choosing to have so many different partners.

4. Rosie and Keith:

- Vasectomy is an option for Keith or sterilisation for Rosie.
- Or they could consider using fertility awareness methods where Rosie works out when she is fertile and abstains on those days. However, this method requires strong commitment to abstaining on fertile days and there is still a risk of conception.
- Students may suggest the 'withdrawal method' as a form of contraception. If they do, emphasise that even if the male doesn't ejaculate, sperm can still be present in his pre-ejaculation fluid which could lead to pregnancy. Also, the fluid can transmit sexually transmitted infections. This method requires men to be very controlled with their ejaculation which is not always possible.

	Route(s) to parenthood
<p>Rachel and Steven</p> <p>Rachel and Steven have been together for many years. They spent their 30s focusing on their careers, spending time socialising with friends and family, and travelling. Now they're both 40, they feel ready to start a family. However, they have been trying to conceive for over a year and have not fallen pregnant.</p>	
<p>Oliver and Zane</p> <p>Oliver and Zane spend a lot of time with their nieces, nephews and friends' children; they love kids of all ages and agree that now is the time to start a family of their own. They just aren't sure where to begin!</p>	
<p>Graham</p> <p>Graham has always wanted children of his own and is keen to start a family. He thought he would have a partner by now, but he has not found someone he would like to have a family with. He has decided to raise a child alone instead.</p>	
<p>Asha and Chidi</p> <p>27-year-old Asha and 25-year-old Chidi want a large family and recently bought a family-sized home together. Although their families keep asking when they are going to get pregnant, they are not sure whether they should wait a few years before they start, as they are both doing really well in their respective jobs.</p>	
<p>Lian</p> <p>Most of Lian's friends have children and she feels like she might be missing out. She knows she won't be fertile forever so thinks she should act now. However, she is not in a relationship and isn't sure children are really for her.</p>	
<p>Mariam and Zara</p> <p>Mariam and Zara would like to have children. Zara has always wanted to carry a child herself and Mariam is very supportive of this, but they are not sure if that's a possibility or what their other options might be.</p>	

1. **Decide not to have a child**
2. **Natural conception** – a male and female achieving pregnancy through vaginal sex.
3. **Intrauterine insemination (IUI)** – also known as artificial insemination, this involves inserting sperm into the uterus via a thin plastic tube passed through the cervix. Sperm is collected and the fastest moving sperm are selected.
4. **In vitro fertilisation (IVF)** – fertility medication is taken to encourage the ovaries to produce more eggs than usual. Eggs are then removed from the ovaries and fertilised with sperm in a laboratory. A fertilised egg (embryo) is then returned to the uterus to grow and develop.
5. **Co-parenting** - when two or more people decide to conceive and parent children together. A co-parent will not have sole custody of the child, and there are many details to be worked out, such as what role each parent will take, how financial costs will be split, and the degree of involvement each will have with raising the child.
6. **Adoption** - the legal process by which a child who cannot be brought up within their birth family becomes a full, permanent and legal member of their new family. Adopters become the child's legal parents with the same rights and responsibilities as if the child was born to them.
7. **Fostering** - providing a child with a home while they are unable to live with their own family. Many children in foster care will return home or go to live with family members. A fostered child remains the legal responsibility of the council and/or their birth parents and foster carers receive support from a social worker.
8. **Surrogacy** - when a woman carries a pregnancy for a couple who cannot maintain a pregnancy themselves. In some cases, the eggs of the mother or a donor are used, while in other cases the surrogate's egg is fertilised with the sperm of the father. The baby does not legally become the couple's until a parental order has been issued after the child's birth. Until this order is issued the surrogate has the right to keep the baby.
9. **Egg freezing** – similar to the process of IVF, this involves collecting a female's eggs, freezing them and using them at a later date.

*Whilst many of these routes to parenthood can be successful, they may come with additional challenges. For example, they can be emotionally and/or physically demanding, and costly. They have variable success rates and are not always guaranteed to produce children. So, different routes should be fully researched and explored before a couple or an individual makes their decision.

1. **Decide not to have a child** – People choose not to have children for many reasons including: no desire to be a parent, impact on lifestyle, cost of raising a child, impact on overpopulation/climate change, responsibility of raising a child, impact on quality of life, mental or physical health concerns. Childlessness at age 30 has increased - nearly half (49%) of women born in 1989 (who turned 30 in 2019) were childless¹.
2. **Natural conception** – Around 1 in 7 couples may have difficulty conceiving naturally. About 84% of couples will conceive naturally within a year if they have regular unprotected sex (every 2 or 3 days).
3. **Intrauterine insemination (IUI)** – This may be performed with a partner's sperm or donor sperm (known as donor insemination), e.g. in the case of people who need donated sperm but have no female fertility problems. It is less invasive than IVF, but its success rate is lower.
4. **In vitro fertilisation (IVF)** – IVF is a more invasive procedure than IUI, but has a higher success rate. There is greater control with IVF as the fertilisation of the egg can be checked and the best embryo(s) can be selected to be put back in the uterus. This can be performed with partner's sperm or donor sperm, own eggs or donor eggs.
5. **Co-parenting** - Co-parenting arrangements can be made between two single people, a single person and a couple, or two couples. If people decide to co-parent, each person may have their own partner, so it is possible that a child has more than two parents or carers. However, in the UK a child can only have two legal parents, even if more adults are involved in their up-bringing. For further information visit www.stonewall.org.uk/help-advice/parenting-rights/%E2%80%8Bco-parenting-0.
6. **Adoption** - People aged 21 or over can adopt (there is no upper age limit) and can be single, married, in a civil partnership, an unmarried couple (same sex and mixed sex), or the partner of the child's parent. There are different rules for private adoptions, adoptions from abroad and adoptions of looked-after children.
7. **Fostering** - To become a foster parent, a person must be: at least 21 years old, a UK resident or have indefinite leave to remain, be able to take care of a child or young person, often on a full-time basis. The length of a foster placement can range from one night to many years, or until the child is an adult.
8. **Surrogacy** - Surrogacy is legal in the UK, but it is illegal to advertise for surrogates. No financial benefit other than reasonable expenses can be paid to the surrogate. Surrogacy can be a route to having a child biologically related to the father.
9. **Egg freezing** – in 2016, just 18% of IVF treatments using someone's own frozen eggs were successful. There are many reasons someone may choose to freeze their eggs, including having medical treatment that may cause infertility (e.g. chemotherapy). For more information please visit: www.hfea.gov.uk/treatments/fertility-preservation/egg-freezing/.

1. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/childbearingforwomenbornindifferentyearsenglandandwales/2019

Year 11 Lesson 4 | Resource 1: Pregnancy test

How might Amalie be feeling?

How might Dan be feeling?

Dan and Amalie are both 16 years old. Amalie missed her last period, so asked Dan to buy a pregnancy test and bring it round when her parents were out.

She has just taken the pregnancy test and the result is positive.



What options do they have?

What might their next steps be?

Zarah is 18 years old. She has been working really hard to get good A-level results and has a place at a great university in another city for next year. She has been with her boyfriend since Year 11 and they have a strong relationship, although he now works full-time so they don't see each other as regularly.

Louie's girlfriend wants to keep the baby, but he doesn't feel ready to be a father and isn't sure how he will afford to financially support a family either. He knows his parents are going to be really angry – his dad even gave him a lecture about safe sex when he first started dating! He's going to be so disappointed.

Klaudia is 15 years old and doesn't know who to contact about her options – she's never even had to make her own GP appointment before! Her family are very religious and she wasn't supposed to have sex before marriage. She thinks they will ask her to leave home if she tells them that she's pregnant.

Jana's mum had her when she was young and raised her alone. She never wanted Jana to do the same thing. Jana and her ex-boyfriend Darren were dating for a year but broke up three months ago after lots of arguments. Jana is hoping the pregnancy might bring them back together.

Dalia is in a new relationship and doesn't know how her partner will react to the news. They both work full time and have been saving money up, but they want to use this to go on holidays and buy a flat together. Dalia thinks that the wrong decision might end the relationship, but she doesn't know what the right decision is.

Frankie finally feels like their life is coming together; they have found a group of really good, supportive friends at college, they are studying subjects they care about and getting on really well with their parents. Frankie thinks this all might go away if they reveal they are pregnant.



My partner and I just found out we've conceived and I'm 6 weeks pregnant... but we don't want to continue the pregnancy. We don't even want anyone to know what's happened, but we're only 16 and aren't sure I can have an abortion unless we tell our parents. What should we do?



I expect you and your partner must be feeling...



The first thing you should do is...



The laws around abortion say that...



To get some more advice, help or support you could...

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Year 11 Lesson 5 | Resource 2: Facts about abortion

1. There are three main ways to get an abortion on the NHS: someone can self-refer by contacting an abortion provider directly, or they can speak to a GP and ask for a referral to an abortion service, or they can contact a sexual health clinic and ask for a referral to an abortion service¹. If a doctor has a 'conscientious objection' to abortion, they must refer the woman to further care and inform them of their right to see another doctor².
2. The vast majority of abortions take place early in pregnancy. The pregnancy should not have exceeded its 24th week (although abortions may be performed after 24 weeks in certain circumstances, for example, if the pregnant woman (or trans man)'s life is at risk or the child would be born with severe disabilities).
3. Although some may choose to pay for private treatment, in England, Scotland and Wales, abortions are available free of charge on the NHS³.
4. A woman (or trans man) can have an abortion or termination of pregnancy if two doctors decide that one or more of the grounds specified in the Abortion Act are met⁴.
5. While many couples will want to discuss their options together, "women do not need their partner's agreement to have an abortion although some will want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have been unsuccessful"⁵.
6. Although someone under 16 may be encouraged to speak to their parents, they have the right to confidentiality and can give their consent to an abortion themselves, as long as they are considered competent (i.e. able to understand a health professional's advice and the risks and benefits of the treatment options⁶). At any age, it is only in exceptional circumstances, where the woman (or trans man), or another person is at risk of serious harm, that information may be disclosed to someone else without the patient's agreement⁷.
7. Abortion is extremely safe in the UK, where it is carried out in a medical facility and by medical professionals. Abortions are safest when carried out as early as possible in pregnancy⁸.
8. It is not compulsory for someone to have counseling before having an abortion. However, all women (or trans men) requesting an abortion can discuss their options with, and receive support from, a trained pregnancy counsellor if they wish⁹.
9. Fertility returns immediately after an abortion and having an abortion does not increase the risk of miscarriage, ectopic pregnancy or a low placenta in future pregnancies¹⁰.
10. Having an abortion is not the same as taking emergency contraception. Pregnancy only starts when a fertilised egg implants in the lining of the uterus. The emergency contraceptive/morning after pill works by delaying the release of an egg so no fertilisation happens¹¹. The two main methods of abortion are taking medication to end the pregnancy, and surgical abortion – a minor procedure to remove the embryo/foetus.

1, 8, 9: <https://www.nhs.uk/conditions/abortion/>

2-7; 10-11: <https://www.fsrh.org/fsrh-rcog-abortion-care-factsheet-rse/>

Year 11 Lesson 5 | Resource 2a: Facts about abortion – support

1. There are three main ways to get an abortion on the NHS: contact an abortion provider directly; speak to a GP and ask for a referral to an abortion service; contact a sexual health clinic and ask for a referral to an abortion service¹.
2. The vast majority of abortions take place early in pregnancy. The pregnancy should not have exceeded its 24th week.
3. In England, Scotland and Wales, abortions are available free of charge on the NHS².
4. A woman (or trans man) can have an abortion or termination of pregnancy if two doctors decide that one or more of the grounds specified in the Abortion Act are met³.
5. While many couples will want to discuss their options together, “women do not need their partner’s agreement to have an abortion”⁴.
6. Although someone under 16 may be encouraged to speak to their parents, they have the right to confidentiality and can give their consent to an abortion themselves, as long as they are considered competent (i.e. able to understand a health professional’s advice and the risks and benefits of the treatment options⁵).
7. Abortion is extremely safe in the UK, where it is carried out in a medical facility and by medical professionals.
8. It is not compulsory for someone to have counselling before having an abortion.
9. Fertility returns immediately after an abortion and having an abortion does not increase the risk of miscarriage, ectopic pregnancy or a low placenta in future pregnancies⁶.
10. The two main methods of abortion are taking medication to end the pregnancy, and surgical abortion – a minor procedure to remove the embryo/foetus.

1: <https://www.nhs.uk/conditions/abortion/>

2-6: <https://www.fsrh.org/fsrh-rcog-abortion-care-factsheet-rse/>

Support available	Who could help?
Provide medical advice	
Can refer someone for an abortion	
Provide listening and empathy	
Provide emotional support strategies	
Can conduct a medical assessment	
Provide therapeutic (psychological) support	
Provide accurate, reliable, non-biased information	
Take steps to safeguard the person if they are at risk	

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Parents

Partner

Other family members

Teachers

Other trusted adults

GP

Counsellor

Nurse

Friends

Advice lines

Charities

Online support services



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