KS3 & KS4 Discrete Provision

Medium-Term Plan: Sex Education and Sensitive Content

Content delivered through discrete lessons rather than the integrated curriculum mapping, in line with the school's trauma-informed approach

More Than Ed

Academic Year 2026/27

About this document

This is the **medium-term plan (MTP)** for KS3 and KS4 sex education and sensitive RSHE content delivered through discrete lessons rather than through the integrated curriculum mapping. It complements the **KS3 & KS4 PSHE Curriculum Mapping**, the **Everyday Practice → RSHE 2026** audit, and the **KS3 & KS4 RSHE 2026 Verification Items** document. Together with those documents, it enables the school to demonstrate **full coverage of the statutory RSHE 2026 framework** (DfE July 2025; effective September 2026) at KS3 and KS4.

Scope at KS3/KS4

The discrete provision at KS3 and KS4 covers **two categories of content**:

• **The statutory IS strand** — Intimate and Sexual relationships including sexual health (IS1–IS12 in the DfE 2025 guidance). This is the sex education portion of statutory RSE. **Parents may request withdrawal** from this content until three terms before the pupil's 16th birthday, when the pupil can opt back in independently.

• **Sensitive RSHE content delivered discretely for this cohort** due to the vulnerability and past experiences of pupils: strangulation/suffocation; deepfakes and AI-generated sexual imagery; sextortion and online sexual scams; Gillick competence; virginity testing and hymenoplasty; pre-conception health, pelvic floor health, miscarriage and pregnancy loss; and misogyny, incel sub-culture and harmful online influencers. This content is statutory but **not subject to parental withdrawal** — it is delivered discretely for safeguarding and pedagogical reasons, not because parents may opt out.

All other RSHE content at KS3/KS4 is delivered through the integrated curriculum and the everyday practice of the school, as documented in the other four documents in this set.

Sequencing principles

• **Consent foundation first** — Y7–Y8 establish the transferable language of consent and boundaries before any sexual or abuse-specific content begins.

• **Recognition before response** — Y8 introduces the recognition of unhealthy relationships and abuse before Y9 introduces the legal framework around it.

• **Withdrawable content bounded** — the IS strand begins in Y9 Summer and runs through Y10. Parents can identify the precise blocks from which they may request withdrawal.

• **Trauma-informed pacing** — the in-house psychotherapist reviews readiness for each block per pupil; pupils with relevant lived experience receive content individually via 1:1 work rather than whole-group.

• **Revisit at maturity** — Y11 revisits earlier content at older-teen level so it can be understood with greater context before leaving school.

How to read the table

Each year has its own section with content sequenced by term. The five columns show: term and topic; statutory content covered (with status — statutory non-withdrawable, statutory withdrawable, or sensitive); PSHE/RSHE codes; preparatory work happening through everyday practice; brief delivery notes.

Three special statuses appear in cells: **STATUTORY** (parents cannot withdraw); **WITHDRAWABLE** (IS strand — parents may request withdrawal); **SENSITIVE** or **HIGH-SENSITIVITY** (requires staff CPD and DSL pre-briefing, regardless of withdrawal status).

Medium-term plan by year

Year 7

Y7 is a **bridge year** — consolidating KS2 work, establishing ground rules, and laying the consent and healthy-relationships foundations on which all later content depends. No withdrawable sex education content this year.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
Autumn	*Bridge from KS2. Establish ground rules and consolidate KS2 puberty content.* **1.** Re-confirm anatomical vocabulary from KS2 (penis, vulva, vagina, testicles, scrotum, nipples). **2.** Revisit the physical and emotional changes of puberty for pupils still in this stage. **3.** Recognise that puberty timing varies between individuals (8 to 14) and that this is normal. **4.** Identify trusted adults in the KS3 setting (in school and outside). **5.** Understand the structure of the KS3/4 PSHE/RSHE provision: which content is in lessons, which in 1:1 work, which is discrete. **6.** Understand parents' right to request withdrawal from sex education content (the IS strand at secondary) and the pupil's right to opt back in from three terms before they turn 16. **7.** Agree the ground rules for discrete sessions: respect, no forced disclosure, distancing language, the question box, opt-out with key adult support. **STATUTORY — not withdrawable**	DB1–DB3 (revisit) MW3, MW4 (help-seeking) F1, F2 (relationship types)	Whole-school relational culture and ground rules. 1:1 key adults briefed on transition needs. EHCP review may have flagged individual considerations.	Whole-group orientation. Low intensity. Key adult attendance recommended.
Spring	*Consent foundations — transferable concept, not yet sexual.* **1.** Define consent: freely given, informed, specific to the situation, can be withdrawn at any time. **2.** Recognise consent in everyday contexts: hugs, photos, lending things, sharing personal information. **3.** Distinguish consent from pressure or coercion in age-appropriate scenarios.	BS1, RR3, RR5 R17, R37 (PSHE) H37 (manipulation)	P4C and SEL provide weekly transferable practice with the language of consent and boundaries. Trauma-informed practice models consent in every adult interaction.	Whole-group or small-group. Discussion-led. Distancing language ("someone

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
	4. Use assertive language: “no”, “I don’t want to”, “stop”, “I need to think about it”. **5.** Distinguish assertiveness from aggression. **6.** Recognise the signs that someone has not given consent (silence, body language, hesitation). **7.** Identify trusted adults to talk to if pressured. **STATUTORY — not withdrawable**			might think…”).
Summer	*Healthy and unhealthy relationships — introduction.* **1.** Identify the characteristics of healthy relationships: mutual respect, trust, kindness, honesty, equality, shared interests. **2.** Identify early warning signs of unhealthy relationship patterns: controlling behaviour, jealousy framed as love, isolation from friends/family, put-downs, monitoring. **3.** Recognise that unhealthy patterns can appear in any relationship type (friendships, family, romantic). **4.** Recognise that being treated badly is never the person’s fault. **5.** Identify reliable sources of advice and support for relationship concerns (trusted adults, ChildLine, YoungMinds). **6.** Describe how to end a friendship or relationship respectfully when needed. **STATUTORY — not withdrawable**	RR1–RR4 R1, R2, R8 (PSHE) BS3 (judging trustworthiness)	SEL, P4C and 1:1 key-worker time provide a year-round running thread of relationship reflection. Pupils with disclosed relationship-abuse history have individually-sequenced 1:1 input.	Whole-group. Disclosures more likely from this point on — DSL pre-briefed.

Year 8

Y8 introduces the **sensitive content delivered discretely** — misogyny and online influence (Autumn), recognising abuse and exploitation (Spring), and the online sexual content strand including sextortion and sexual deepfakes (Summer). No withdrawable IS strand content yet.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
Autumn	*Online life and influence — sensitive content delivered discretely due to cohort vulnerability and the need for careful framing.* **1.** Recognise that social media algorithms amplify extreme or attention-grabbing content. **2.** Define misogyny and recognise common ways it shows up online (e.g. body-rating culture, dismissive comments about women, “alpha male” discourse). **3.** Define the term “incel” as a sub-culture, and explain why its narrative is harmful both to women and to the young men who absorb it. **4.** Recognise the role of online influencers in shaping attitudes — critically evaluate who they follow and why. **5.** Identify pornography’s misleading presentation of relationships and bodies (light touch — fuller content at Y10). **6.** Articulate that respect and consent are non-negotiable, regardless of online content seen. **7.** Identify where to get support if disturbed by online content (trusted adult, key adult, in-house psychotherapist). **SENSITIVE — STATUTORY, not withdrawable**	RR9, RR11, RR12 (misogyny, incel, pornography influence) L15, L19 (media bias, role models) WO5 (misinformation)	P4C explicitly addresses contested content with detachment language. 1:1 key adults follow up activating material same-day. The in-house psychotherapist works with pupils for whom this is personally activating.	SENSITIVE — staff CPD before delivery. DSL and psychotherapist pre-briefed. Frame positively per DfE guidance — avoid stigmatising boys. Use BBC Bitesize and DfE Tackling Misogyny materials.
Spring	*Recognising abuse and exploitation — foundation level. Disclosures likely.* **1.** Identify the main types of abuse: emotional, physical, sexual, financial, neglect. **2.** Define coercive control and recognise its early signs. **3.** Recognise that abuse can happen to anyone, regardless of gender, age or background. **4.** Recognise abuse in different relationship types: family, friendships, intimate relationships. **5.** Articulate that being a victim is never the person’s fault. **6.** Recognise the warning signs of grooming (someone giving gifts, asking to keep secrets, isolating the young person from others).	BS5, BS6, BS9, BS11 R13, R16, R25 (PSHE) F9 (judging unsafe relationships)	1:1 key-worker time and in-house psychotherapy are the primary vehicles for processing this content; the lesson itself names the concepts. Safeguarding response protocols already in place.	SENSITIVE — DSL pre-briefed. Disclosures handled per safeguarding policy. Distancing techniques throughout.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
	7. Light-touch introduction to sexual exploitation: recognise that older people who pressure young people for sexual contact are committing a crime (fuller content in Y9). **8.** Identify how to report abuse and seek support: trusted adult, DSL, ChildLine, NSPCC. **SENSITIVE — STATUTORY, not withdrawable**			
Summer	*Online safety and sexual content — sensitive content delivered discretely.* **1.** Explain the law on sharing indecent images of under-18s: illegal even if the image is of yourself, of someone who consented, or AI-generated. **2.** Identify the potential consequences of sharing intimate images: criminal charges, severe penalties including imprisonment. **3.** Describe how to seek support if an intimate image of themselves has been shared: trusted adult, school, IWF's "Report Remove", NCA-CEOP, "Take It Down" service. **4.** Understand that asking for help is the right thing to do and the young person will not be in trouble. **5.** Define sextortion: someone gets a sexual image (through deception or AI), then threatens to share it for money or more images. **6.** Recognise that sextortion disproportionately targets teenage boys. **7.** Recognise that perpetrators are usually organised criminals overseas, not romantic interests. **8.** Describe what to do if sextorted: stop responding, screenshot for evidence, don't pay, tell a trusted adult, report to police and IWF. **9.** Light-touch introduction to sexual deepfakes: AI can create fake images of someone; creating, sharing or holding sexual deepfakes of under-18s is illegal. **SENSITIVE — STATUTORY, not withdrawable**	OS4, OS5, OS7, OS14 (online safety — nudes, sextortion, deepfakes) BS6, R28, R29 (PSHE)	1:1 key-worker time used to follow up any pupil whose context makes this activating. ICT subject vehicle reinforces online safety year-round.	SENSITIVE — staff CPD. DSL pre-briefed. Strong emphasis: it is never the victim's fault; reporting is the right thing to do. Use NCA-CEOP and IWF resources.

Year 9

Y9 covers the **hardest sensitive content** — domestic abuse including strangulation/suffocation (Autumn), sexual harassment/violence and the FGM/virginity-testing/hymenoplasty cluster (Spring). The IS strand begins (withdrawable) in Summer with the ethical and legal frame.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
Autumn	*Domestic abuse, coercive control and harmful behaviours — highest-sensitivity content of the year.* **1.** Define domestic abuse using the Domestic Abuse Act 2021 framework: controlling and coercive behaviour, emotional, sexual, economic, and physical abuse, violent or threatening behaviour. **2.** Recognise that children who see, hear or experience the effects of domestic abuse are also victims of it (Domestic Abuse Act 2021 part 1 section 3). **3.** Recognise stalking and unwanted obsessive behaviour as criminal offences. **4.** Define strangulation and suffocation as standalone criminal offences (Domestic Abuse Act 2021). **5.** Recognise that any pressure or force applied to the neck — including in a sexual context — is a criminal offence regardless of injury or consent. **6.** Understand that covering the mouth and nose carries the same legal and physical risks. **7.** Recognise that strangulation can cause serious injury or death even when it appears mild. **8.** Recognise that pornography's normalisation of strangulation is misleading and dangerous. **9.** Identify where to seek help: NSPCC, Refuge, Galop, ChildLine, the DSL. **HIGH-SENSITIVITY — STATUTORY, not withdrawable**	BS9, BS14 R13, R25 (PSHE) MW8 (mental wellbeing impact)	1:1 key-worker time and in-house psychotherapy are the primary vehicles for processing. Some pupils will have lived experience and individually-sequenced support already in place. Trauma-informed practice frames every interaction.	HIGH-SENSITIVITY — specialist external CPD before delivery (Domestic Abuse Commissioner / Refuge). DSL and psychotherapist pre-briefed and available same-day. Pupils with disclosed lived experience receive content individually via 1:1. Parents notified of content in advance.
Spring	*Sexual harassment, sexual violence, FGM, virginity testing and hymenoplasty.* **1.** Define sexual harassment, including: unsolicited sexual language or attention, unwanted touching, taking or sharing intimate images without consent,	BS5, BS6, BS7, BS8, BS12, BS13 R11, R17, R18, R20,	1:1 key-worker time and in-house psychotherapy provide the principal vehicle for processing. The Humanities subject	HIGH-SENSITIVITY — staff CPD before delivery. DSL and psychotherapist

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
	public sexual harassment, pressuring others to do sexual things, upskirting. **2.** Define sexual violence including rape and sexual assault. **3.** Articulate that sexual harassment and sexual violence are never the fault of the person experiencing them. **4.** Identify reporting routes and sources of support: trusted adult, DSL, police, The Survivors Trust. **5.** Define forced marriage and "honour"-based violence as criminal offences. **6.** Identify support: Karma Nirvana, Iranian and Kurdish Women's Rights Organisation. **7.** Recognise that FGM (female genital mutilation) is a criminal offence in the UK and abroad. **8.** Recognise that virginity testing and hymenoplasty are criminal offences in the UK (Health and Care Act 2022). **9.** Understand that the "hymen" is not a reliable indicator of virginity and the concept of virginity testing is medically meaningless. **10.** Recognise that FGM, virginity testing and hymenoplasty are often forms of coercive control linked to honour-based abuse. **11.** Identify support and reporting routes: NSPCC FGM helpline, Karma Nirvana, DSL, police. **HIGH-SENSITIVITY — STATUTORY, not withdrawable**	R21, R25 (PSHE)	vehicle has covered some historical context (Y8). For pupils from communities where these practices may be present, family liaison and the DSL coordinate sensitively.	pre-briefed. Pupils with relevant lived experience receive content individually.
Summer	*IS strand introduction — part 1 (ethical and legal frame). Withdrawable from this point onwards.* **1.** Recognise the legal age of consent for sexual activity in the UK is 16. **2.** Understand that capacity to consent can be reduced by alcohol or drugs (R17, R26). **3.** Recognise that consent must be present in every sexual encounter and can be withdrawn at any time, even if previously given.	IS1, IS2, IS3 R4, R5, R17, R26 (PSHE)	1:1 key-worker time and SEL have established the consent vocabulary. P4C has practised the ethical reasoning.	WITHDRAWABLE. Parents notified in advance. Withdrawn pupils receive purposeful alternative provision. Whole-group or small-

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
	4. Articulate that kindness and care for others require more than just consent: ethical behaviour goes beyond legal consent (IS3). **5.** Recognise that sexual attraction and sexuality are diverse and that all sexual orientations are valid. **6.** Distinguish between biological sex, gender identity and sexual orientation as separate concepts. **7.** Recognise that sex — for those who feel ready and are over the age of consent — can be enjoyable and positive (IS1). **8.** Recognise that many young people wait until they are older to have sex, and that this is normal. **9.** Identify reliable sources of information about sex and relationships (Brook, FPA, NHS). **WITHDRAWABLE — IS strand begins**			group as appropriate.

Year 10

Y10 carries the **main body of the IS strand** — sexual readiness and pornography (Autumn), contraception/STIs/pregnancy choices (Spring) — plus the Gillick competence and pelvic floor health content (Summer, statutory non-withdrawable).

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
Autumn	*IS strand — part 2 (relationships and pornography). Withdrawable.* **1.** Recognise that all aspects of health (physical, emotional, mental, sexual, reproductive) can be affected by choices in sex and relationships (IS4). **2.** Identify that some sexual behaviours can be harmful, physically and emotionally (IS5). **3.** Identify the considerations that should inform readiness for sexual activity: the law, faith, family values, emotional readiness, the partner's readiness.	IS4, IS5, IS10, IS12 RR11, BS15 (pornography) H40 (readiness)	In-house psychotherapy supports pupils for whom pornography exposure or sexual experiences before readiness are part of their history. 1:1 key-worker time runs alongside.	WITHDRAWABLE. Sensitive content. Distancing language; ground rules; question box. Staff CPD on pornography content.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
	4. Recognise how alcohol and drugs can lead people to take risks in sexual behaviour and affect capacity to consent (IS10). **5.** Recognise how pornography presents a distorted picture of sex and relationships. **6.** Recognise that pornography can negatively affect how people behave towards sexual partners. **7.** Recognise that pornography's portrayal of women, men, and sexual practices is often misogynistic and unrealistic. **8.** Articulate that activities shown in pornography are not what most people do. **9.** Identify medically accurate sources of information to counter misinformation (NHS, Brook, FPA). **WITHDRAWABLE — IS strand**			
Spring	*IS strand — part 3 (contraception, STIs, pregnancy choices). Withdrawable.* **1.** Identify the range of contraceptive choices available: male and female condoms, the pill, long-acting reversible contraception (implant, coil, injection), emergency contraception. **2.** Compare the efficacy of different contraceptive methods. **3.** Recognise that condoms are the only contraception that also reduces the risk of STIs. **4.** Identify medically accurate sources of information about contraception (Brook, FPA, NHS, sexwise.org.uk). **5.** Identify the main sexually transmitted infections, including chlamydia, gonorrhoea, herpes, HPV, and HIV. **6.** Understand that STIs are transmitted through sexual contact and how risk can be reduced through safer sex including condom use. **7.** Identify what PrEP and PEP are (HIV prevention drugs) and how/where to access them.	IS6, IS7, IS8, IS9 H33, H35, H36 (PSHE)	In-house psychotherapy supports pupils with relevant lived experience. 1:1 key-worker time picks up individual questions.	WITHDRAWABLE. Medical accuracy critical. Use FPA, Brook and NHS resources. Impartial framing of pregnancy options per statutory requirement.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
	8. Understand the importance of regular STI testing and the role of stigma in preventing it. **9.** Identify the choices available if a pregnancy occurs: continuing the pregnancy and keeping the baby, adoption, abortion. **10.** Identify where to get further help on pregnancy choices: NHS, Brook, BPAS (information presented impartially and without judgement per statutory guidance). **WITHDRAWABLE — IS strand**			
Summer	*Gillick competence, NHS sexual health navigation and pelvic floor health.* **1.** Recognise that the legal age of medical consent in the UK is 16. **2.** Define Gillick competence: a legal standard that allows under-16s to consent to their own medical treatment if a clinician judges they understand the decision. **3.** Recognise that a Gillick-competent under-16 can ask a GP for contraception without parental consent. **4.** Understand that GP consultations are confidential for over-16s, and earlier where Gillick competence is established. **5.** Recognise that capacity to consent can be reduced for over-16s in some situations (e.g. mental health crisis). **6.** Describe how to use a sexual health clinic: what is offered (free contraception, STI testing, advice), that under-16s can access if Gillick competent. **7.** Describe pelvic floor health: what the pelvic floor is, that it matters for all bodies (not only postpartum), basic awareness of pelvic floor exercises and why they matter across the life-course. **STATUTORY — not withdrawable (Gillick + pelvic floor)**	HP7, HP8, HP9 H14 (NHS use)	Life Skills subject vehicle covers general NHS navigation; this discrete session adds the consent and confidentiality dimensions.	STATUTORY (Gillick + pelvic floor). Practical session: how to register with a GP, how to make an appointment, how to use a sexual health clinic. Use Brook and BMA resources.

Year 11

Y11 covers **pre-conception/pregnancy loss** (Autumn, statutory) and consolidates the IS strand at older-teen level (Spring, withdrawable) before a forward-looking summer session preparing for adult life. Pupils may opt back in from three terms before their 16th birthday even if their parents previously withdrew them.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
Autumn	*Pre-conception health, miscarriage and pregnancy loss. Statutory Health Education.* **1.** Identify pre-conception health behaviours that improve outcomes: folic acid before and during early pregnancy, healthy weight, avoiding smoking, alcohol and recreational drugs. **2.** Recognise that pre-conception health applies to both partners, not only the person carrying the pregnancy. **3.** Identify the role of healthy behaviours during pregnancy. **4.** Recognise that miscarriage is common (around 1 in 5 known pregnancies) and rarely caused by anything the person did. **5.** Recognise the range of feelings people may experience after pregnancy loss. **6.** Articulate that pregnancy loss is a real bereavement. **7.** Recognise stillbirth and neonatal death as forms of bereavement (light touch). **8.** Identify support: NHS, Tommy's, Sands, Miscarriage Association. **STATUTORY — not withdrawable (HP7)**	HP7 H33 (PSHE) W8 (bereavement)	In-house psychotherapy is available for pupils where this is personally activating. Family liaison may flag relevant contexts in advance.	STATUTORY. Sensitive delivery; non-explicit language; safe-messaging principles. Some pupils may have family experience.
Spring	*Consolidation — IS strand revisits at older-teen level. Withdrawable.* **1.** Revisit consent and ethical behaviour in intimate and sexual relationships at older-teen level. **2.** Recognise harmful or abusive intimate relationships and the routes to leave them safely.	IS3, IS11, IS12 (revisited) R2, R6, R10 (PSHE)	EHCP reviews from Y9 onward have built individualised preparation-for-adulthood plans. 1:1 key-worker time and in-house psychotherapy	WITHDRAWABLE. Lighter delivery; more discussion-led; pupils have the foundations from Y9–Y10.

Term / Topic	Must-teach outcomes	PSHE / RSHE codes	Everyday Practice preparatory work	Delivery notes
	3. Revisit pornography's influence with greater maturity — critical evaluation of what is shown and what is real. **4.** Identify how to counter sexual misinformation and where to access medically accurate information (IS12 revisited). **5.** Identify how to seek support for concerns about sexual relationships including sexual violence or harms (IS11 revisited). **6.** Recognise emotional readiness for adult intimate relationships: communication, mutual respect, ending relationships kindly. **WITHDRAWABLE — IS strand revisits**		underpin this consolidation work.	
Summer	*Preparation for adult life — forward-looking close to the discrete provision.* **1.** Recap NHS navigation as an adult: registering with a GP after leaving home, making appointments, what 111 is, when to use A&E. **2.** Recognise that GP consultations are confidential once 16. **3.** Identify how to use a sexual health clinic in adulthood. **4.** Recognise consent and the law as an adult — in relationships, online, and in public spaces. **5.** Identify the differences between cohabiting, marriage and civil partnership (legal rights, benefits, protections) (F3 secondary). **6.** Recognise healthy and unhealthy adult relationship patterns and where to seek support. **7.** Identify ongoing sources of support after leaving school: GP, Mind, FRANK, Brook, NHS, Samaritans. **STATUTORY — not withdrawable**	F3, F4, F5 IS1, IS2 (revisit positively) HP8 (NHS as adult)	Independent Careers Advisor and EHCP reviews provide the principal vehicle for preparation-for-adulthood. This session is the RSHE-specific complement.	Light, forward-looking session. Closes the discrete provision for the cohort.

Sequencing and safeguarding considerations

Staff CPD requirements

All staff delivering discrete content must have completed appropriate CPD before delivery. CPD is particularly important for the following blocks:

• Y8 Autumn (misogyny/incels) — balanced framing that doesn't stigmatise boys.

• Y8 Summer (sextortion/sexual deepfakes) — victim-blame-free framing.

• Y9 Autumn (strangulation/suffocation, domestic abuse) — specialist external CPD recommended (Domestic Abuse Commissioner / Refuge materials).

• Y9 Spring (sexual harassment/violence, FGM, virginity testing) — Karma Nirvana, NSPCC FGM helpline training.

• Y10 Autumn (pornography) — staff confidence and balanced framing.

• Y11 Autumn (miscarriage/pregnancy loss) — Tommy's and Sands safe-messaging principles.

Suicide-prevention and eating-disorder content (where it arises in 1:1 work alongside this MTP) requires Papyrus, Zero Suicide Alliance and Beat training per the Everyday Practice document.

Safeguarding protocol for every discrete block

• DSL pre-briefed at the start of each term about content coming up.

• In-house psychotherapist briefed before each High-Sensitivity block; available same-day after delivery.

• Key adults briefed before each lesson; available immediately afterwards for 1:1 follow-up.

• Pupils with disclosed lived experience related to the topic receive content individually via 1:1 work, not whole-group.

• Standard ground rules in every lesson: no personal disclosure forced; distancing language ("someone might think…"); question box for anonymous questions; opt-out from any individual session with key adult support.

• Disclosures responded to per safeguarding policy; never closed down in the moment.

Parent communication and withdrawal

• Annual overview of the year's discrete provision sent to parents at the start of each academic year.

• Termly reminder before each discrete block, with explicit identification of any withdrawable content (IS strand only).

• Materials available on request (statutory requirement).

• Headteacher discusses any withdrawal request with parents per DfE guidance — covering the educational benefits, risks of peer transmission of partial information, and any individual concerns.

• Withdrawn pupils receive purposeful alternative provision (statutory responsibility).

• Three terms before a pupil turns 16, the pupil can opt back in independently — the school ensures pupils know this right and exercise it where they wish.

Annual review

• The MTP is reviewed annually with the DSL, in-house psychotherapist, Heads of PSHE/RSHE and headteacher.
• The boundary between integrated and discrete provision is reviewed annually — some content may move into the integrated curriculum as the cohort changes.
• Pupil voice (where appropriate) and parent feedback are incorporated into the review.

Coverage checklist

Use this checklist when planning each term to confirm that every must-teach outcome has a planned lesson, resource and evidence record. One row per outcome across all five years. Tick when planned (P), delivered (D) and evidenced (E). If a pupil is receiving the content via 1:1 work rather than whole-group, mark 1:1 in the evidence column.

For HIGH-SENSITIVITY blocks (Y9 Autumn and Spring) and SENSITIVE blocks generally, also note in the evidence column the date of the DSL pre-brief and the psychotherapist briefing.

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y7	Autumn	1	Re-confirm anatomical vocabulary from KS2 (penis, vulva, vagina, testicles, scrotum, nipples).	P / D / E	
Y7	Autumn	2	Revisit the physical and emotional changes of puberty for pupils still in this stage.	P / D / E	
Y7	Autumn	3	Recognise that puberty timing varies between individuals (8 to 14) and that this is normal.	P / D / E	
Y7	Autumn	4	Identify trusted adults in the KS3 setting (in school and outside).	P / D / E	
Y7	Autumn	5	Understand the structure of the KS3/4 PSHE/RSHE provision: which content is in lessons, which in 1:1 work, which is discrete.	P / D / E	
Y7	Autumn	6	Understand parents' right to request withdrawal from sex education content (the IS strand at secondary) and the pupil's right to opt back in from three terms before they turn 16.	P / D / E	
Y7	Autumn	7	Agree the ground rules for discrete sessions: respect, no forced disclosure, distancing language, the question box, opt-out with key adult support.	P / D / E	
Y7	Spring	1	Define consent: freely given, informed, specific to the situation, can be withdrawn at any time.	P / D / E	
Y7	Spring	2	Recognise consent in everyday contexts: hugs, photos, lending things, sharing personal information.	P / D / E	
Y7	Spring	3	Distinguish consent from pressure or coercion in age-appropriate scenarios.	P / D / E	
Y7	Spring	4	Use assertive language: "no", "I don't want to", "stop", "I need to think about it".	P / D / E	
Y7	Spring	5	Distinguish assertiveness from aggression.	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y7	Spring	**6**	Recognise the signs that someone has not given consent (silence, body language, hesitation).	P / D / E	
Y7	Spring	**7**	Identify trusted adults to talk to if pressured.	P / D / E	
Y7	Summer	**1**	Identify the characteristics of healthy relationships: mutual respect, trust, kindness, honesty, equality, shared interests.	P / D / E	
Y7	Summer	**2**	Identify early warning signs of unhealthy relationship patterns: controlling behaviour, jealousy framed as love, isolation from friends/family, put-downs, monitoring.	P / D / E	
Y7	Summer	**3**	Recognise that unhealthy patterns can appear in any relationship type (friendships, family, romantic).	P / D / E	
Y7	Summer	**4**	Recognise that being treated badly is never the person's fault.	P / D / E	
Y7	Summer	**5**	Identify reliable sources of advice and support for relationship concerns (trusted adults, ChildLine, YoungMinds).	P / D / E	
Y7	Summer	**6**	Describe how to end a friendship or relationship respectfully when needed.	P / D / E	
Y8	Autumn	**1**	Recognise that social media algorithms amplify extreme or attention-grabbing content.	P / D / E	
Y8	Autumn	**2**	Define misogyny and recognise common ways it shows up online (e.g. body-rating culture, dismissive comments about women, "alpha male" discourse).	P / D / E	
Y8	Autumn	**3**	Define the term "incel" as a sub-culture, and explain why its narrative is harmful both to women and to the young men who absorb it.	P / D / E	
Y8	Autumn	**4**	Recognise the role of online influencers in shaping attitudes — critically evaluate who they follow and why.	P / D / E	
Y8	Autumn	**5**	Identify pornography's misleading presentation of relationships and bodies (light touch — fuller content at Y10).	P / D / E	
Y8	Autumn	**6**	Articulate that respect and consent are non-negotiable, regardless of online content seen.	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y8	Autumn	**7**	Identify where to get support if disturbed by online content (trusted adult, key adult, in-house psychotherapist).	P / D / E	
Y8	Spring	**1**	Identify the main types of abuse: emotional, physical, sexual, financial, neglect.	P / D / E	
Y8	Spring	**2**	Define coercive control and recognise its early signs.	P / D / E	
Y8	Spring	**3**	Recognise that abuse can happen to anyone, regardless of gender, age or background.	P / D / E	
Y8	Spring	**4**	Recognise abuse in different relationship types: family, friendships, intimate relationships.	P / D / E	
Y8	Spring	**5**	Articulate that being a victim is never the person's fault.	P / D / E	
Y8	Spring	**6**	Recognise the warning signs of grooming (someone giving gifts, asking to keep secrets, isolating the young person from others).	P / D / E	
Y8	Spring	**7**	Light-touch introduction to sexual exploitation: recognise that older people who pressure young people for sexual contact are committing a crime (fuller content in Y9).	P / D / E	
Y8	Spring	**8**	Identify how to report abuse and seek support: trusted adult, DSL, ChildLine, NSPCC.	P / D / E	
Y8	Summer	**1**	Explain the law on sharing indecent images of under-18s: illegal even if the image is of yourself, of someone who consented, or AI-generated.	P / D / E	
Y8	Summer	**2**	Identify the potential consequences of sharing intimate images: criminal charges, severe penalties including imprisonment.	P / D / E	
Y8	Summer	**3**	Describe how to seek support if an intimate image of themselves has been shared: trusted adult, school, IWF's "Report Remove", NCA-CEOP, "Take It Down" service.	P / D / E	
Y8	Summer	**4**	Understand that asking for help is the right thing to do and the young person will not be in trouble.	P / D / E	
Y8	Summer	**5**	Define sextortion: someone gets a sexual image (through deception or AI), then threatens to share it for money or more images.	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y8	Summer	**6**	Recognise that sextortion disproportionately targets teenage boys.	P / D / E	
Y8	Summer	**7**	Recognise that perpetrators are usually organised criminals overseas, not romantic interests.	P / D / E	
Y8	Summer	**8**	Describe what to do if sextorted: stop responding, screenshot for evidence, don't pay, tell a trusted adult, report to police and IWF.	P / D / E	
Y8	Summer	**9**	Light-touch introduction to sexual deepfakes: AI can create fake images of someone; creating, sharing or holding sexual deepfakes of under-18s is illegal.	P / D / E	
Y9	Autumn	**1**	Define domestic abuse using the Domestic Abuse Act 2021 framework: controlling and coercive behaviour, emotional, sexual, economic, and physical abuse, violent or threatening behaviour.	P / D / E	
Y9	Autumn	**2**	Recognise that children who see, hear or experience the effects of domestic abuse are also victims of it (Domestic Abuse Act 2021 part 1 section 3).	P / D / E	
Y9	Autumn	**3**	Recognise stalking and unwanted obsessive behaviour as criminal offences.	P / D / E	
Y9	Autumn	**4**	Define strangulation and suffocation as standalone criminal offences (Domestic Abuse Act 2021).	P / D / E	
Y9	Autumn	**5**	Recognise that any pressure or force applied to the neck — including in a sexual context — is a criminal offence regardless of injury or consent.	P / D / E	
Y9	Autumn	**6**	Understand that covering the mouth and nose carries the same legal and physical risks.	P / D / E	
Y9	Autumn	**7**	Recognise that strangulation can cause serious injury or death even when it appears mild.	P / D / E	
Y9	Autumn	**8**	Recognise that pornography's normalisation of strangulation is misleading and dangerous.	P / D / E	
Y9	Autumn	**9**	Identify where to seek help: NSPCC, Refuge, Galop, ChildLine, the DSL.	P / D / E	
Y9	Spring	**1**	Define sexual harassment, including: unsolicited sexual language or attention, unwanted touching, taking or sharing intimate images without consent, public sexual harassment, pressuring others to do sexual things, upskirting.	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y9	Spring	**2**	Define sexual violence including rape and sexual assault.	P / D / E	
Y9	Spring	**3**	Articulate that sexual harassment and sexual violence are never the fault of the person experiencing them.	P / D / E	
Y9	Spring	**4**	Identify reporting routes and sources of support: trusted adult, DSL, police, The Survivors Trust.	P / D / E	
Y9	Spring	**5**	Define forced marriage and “honour”-based violence as criminal offences.	P / D / E	
Y9	Spring	**6**	Identify support: Karma Nirvana, Iranian and Kurdish Women’s Rights Organisation.	P / D / E	
Y9	Spring	**7**	Recognise that FGM (female genital mutilation) is a criminal offence in the UK and abroad.	P / D / E	
Y9	Spring	**8**	Recognise that virginity testing and hymenoplasty are criminal offences in the UK (Health and Care Act 2022).	P / D / E	
Y9	Spring	**9**	Understand that the “hymen” is not a reliable indicator of virginity and the concept of virginity testing is medically meaningless.	P / D / E	
Y9	Spring	**10**	Recognise that FGM, virginity testing and hymenoplasty are often forms of coercive control linked to honour-based abuse.	P / D / E	
Y9	Spring	**11**	Identify support and reporting routes: NSPCC FGM helpline, Karma Nirvana, DSL, police.	P / D / E	
Y9	Summer	**1**	Recognise the legal age of consent for sexual activity in the UK is 16.	P / D / E	
Y9	Summer	**2**	Understand that capacity to consent can be reduced by alcohol or drugs (R17, R26).	P / D / E	
Y9	Summer	**3**	Recognise that consent must be present in every sexual encounter and can be withdrawn at any time, even if previously given.	P / D / E	
Y9	Summer	**4**	Articulate that kindness and care for others require more than just consent: ethical behaviour goes beyond legal consent (IS3).	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y9	Summer	**5**	Recognise that sexual attraction and sexuality are diverse and that all sexual orientations are valid.	P / D / E	
Y9	Summer	**6**	Distinguish between biological sex, gender identity and sexual orientation as separate concepts.	P / D / E	
Y9	Summer	**7**	Recognise that sex — for those who feel ready and are over the age of consent — can be enjoyable and positive (IS1).	P / D / E	
Y9	Summer	**8**	Recognise that many young people wait until they are older to have sex, and that this is normal.	P / D / E	
Y9	Summer	**9**	Identify reliable sources of information about sex and relationships (Brook, FPA, NHS).	P / D / E	
Y10	Autumn	**1**	Recognise that all aspects of health (physical, emotional, mental, sexual, reproductive) can be affected by choices in sex and relationships (IS4).	P / D / E	
Y10	Autumn	**2**	Identify that some sexual behaviours can be harmful, physically and emotionally (IS5).	P / D / E	
Y10	Autumn	**3**	Identify the considerations that should inform readiness for sexual activity: the law, faith, family values, emotional readiness, the partner's readiness.	P / D / E	
Y10	Autumn	**4**	Recognise how alcohol and drugs can lead people to take risks in sexual behaviour and affect capacity to consent (IS10).	P / D / E	
Y10	Autumn	**5**	Recognise how pornography presents a distorted picture of sex and relationships.	P / D / E	
Y10	Autumn	**6**	Recognise that pornography can negatively affect how people behave towards sexual partners.	P / D / E	
Y10	Autumn	**7**	Recognise that pornography's portrayal of women, men, and sexual practices is often misogynistic and unrealistic.	P / D / E	
Y10	Autumn	**8**	Articulate that activities shown in pornography are not what most people do.	P / D / E	
Y10	Autumn	**9**	Identify medically accurate sources of information to counter misinformation (NHS, Brook, FPA).	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y10	Spring	**1**	Identify the range of contraceptive choices available: male and female condoms, the pill, long-acting reversible contraception (implant, coil, injection), emergency contraception.	P / D / E	
Y10	Spring	**2**	Compare the efficacy of different contraceptive methods.	P / D / E	
Y10	Spring	**3**	Recognise that condoms are the only contraception that also reduces the risk of STIs.	P / D / E	
Y10	Spring	**4**	Identify medically accurate sources of information about contraception (Brook, FPA, NHS, sexwise.org.uk).	P / D / E	
Y10	Spring	**5**	Identify the main sexually transmitted infections, including chlamydia, gonorrhoea, herpes, HPV, and HIV.	P / D / E	
Y10	Spring	**6**	Understand that STIs are transmitted through sexual contact and how risk can be reduced through safer sex including condom use.	P / D / E	
Y10	Spring	**7**	Identify what PrEP and PEP are (HIV prevention drugs) and how/where to access them.	P / D / E	
Y10	Spring	**8**	Understand the importance of regular STI testing and the role of stigma in preventing it.	P / D / E	
Y10	Spring	**9**	Identify the choices available if a pregnancy occurs: continuing the pregnancy and keeping the baby, adoption, abortion.	P / D / E	
Y10	Spring	**10**	Identify where to get further help on pregnancy choices: NHS, Brook, BPAS (information presented impartially and without judgement per statutory guidance).	P / D / E	
Y10	Summer	**1**	Recognise that the legal age of medical consent in the UK is 16.	P / D / E	
Y10	Summer	**2**	Define Gillick competence: a legal standard that allows under-16s to consent to their own medical treatment if a clinician judges they understand the decision.	P / D / E	
Y10	Summer	**3**	Recognise that a Gillick-competent under-16 can ask a GP for contraception without parental consent.	P / D / E	
Y10	Summer	**4**	Understand that GP consultations are confidential for over-16s, and earlier where Gillick competence is established.	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y10	Summer	**5**	Recognise that capacity to consent can be reduced for over-16s in some situations (e.g. mental health crisis).	P / D / E	
Y10	Summer	**6**	Describe how to use a sexual health clinic: what is offered (free contraception, STI testing, advice), that under-16s can access if Gillick competent.	P / D / E	
Y10	Summer	**7**	Describe pelvic floor health: what the pelvic floor is, that it matters for all bodies (not only postpartum), basic awareness of pelvic floor exercises and why they matter across the life-course.	P / D / E	
Y11	Autumn	**1**	Identify pre-conception health behaviours that improve outcomes: folic acid before and during early pregnancy, healthy weight, avoiding smoking, alcohol and recreational drugs.	P / D / E	
Y11	Autumn	**2**	Recognise that pre-conception health applies to both partners, not only the person carrying the pregnancy.	P / D / E	
Y11	Autumn	**3**	Identify the role of healthy behaviours during pregnancy.	P / D / E	
Y11	Autumn	**4**	Recognise that miscarriage is common (around 1 in 5 known pregnancies) and rarely caused by anything the person did.	P / D / E	
Y11	Autumn	**5**	Recognise the range of feelings people may experience after pregnancy loss.	P / D / E	
Y11	Autumn	**6**	Articulate that pregnancy loss is a real bereavement.	P / D / E	
Y11	Autumn	**7**	Recognise stillbirth and neonatal death as forms of bereavement (light touch).	P / D / E	
Y11	Autumn	**8**	Identify support: NHS, Tommy’s, Sands, Miscarriage Association.	P / D / E	
Y11	Spring	**1**	Revisit consent and ethical behaviour in intimate and sexual relationships at older-teen level.	P / D / E	
Y11	Spring	**2**	Recognise harmful or abusive intimate relationships and the routes to leave them safely.	P / D / E	
Y11	Spring	**3**	Revisit pornography’s influence with greater maturity — critical evaluation of what is shown and what is real.	P / D / E	

Year	Term	#	Must-teach outcome	Status	Evidence ref / 1:1
Y11	Spring	**4**	Identify how to counter sexual misinformation and where to access medically accurate information (IS12 revisited).	P / D / E	
Y11	Spring	**5**	Identify how to seek support for concerns about sexual relationships including sexual violence or harms (IS11 revisited).	P / D / E	
Y11	Spring	**6**	Recognise emotional readiness for adult intimate relationships: communication, mutual respect, ending relationships kindly.	P / D / E	
Y11	Summer	**1**	Recap NHS navigation as an adult: registering with a GP after leaving home, making appointments, what 111 is, when to use A&E.	P / D / E	
Y11	Summer	**2**	Recognise that GP consultations are confidential once 16.	P / D / E	
Y11	Summer	**3**	Identify how to use a sexual health clinic in adulthood.	P / D / E	
Y11	Summer	**4**	Recognise consent and the law as an adult — in relationships, online, and in public spaces.	P / D / E	
Y11	Summer	**5**	Identify the differences between cohabiting, marriage and civil partnership (legal rights, benefits, protections) (F3 secondary).	P / D / E	
Y11	Summer	**6**	Recognise healthy and unhealthy adult relationship patterns and where to seek support.	P / D / E	
Y11	Summer	**7**	Identify ongoing sources of support after leaving school: GP, Mind, FRANK, Brook, NHS, Samaritans.	P / D / E	

Sources and cross-references

• Department for Education (July 2025). Relationships Education, Relationships and Sex Education (RSE) and Health Education — Statutory guidance, effective September 2026.
• PSHE Association (2020, updated 2024). Programme of Study for PSHE Education, Key Stages 1–5.
• Domestic Abuse Act 2021 — strangulation/suffocation as standalone offences.
• Health and Care Act 2022 — virginity testing and hymenoplasty offences.
• Internal: KS3 & KS4 PSHE Curriculum Mapping (More Than Ed, 2025/26).
• Internal: Everyday Practice → RSHE 2026 (More Than Ed, April 2026) — the audit of how trauma-informed SEMH practice delivers against the statutory framework. Provides the preparatory work referenced in column 4.
• Internal: KS3 & KS4 RSHE 2026 Verification Items.
• Internal: PSHE & RSHE Policy (April 2026) — the statutory policy, including withdrawal arrangements.
• Suggested teaching resources: Brook; FPA; NHS; Tommy's; Sands; Miscarriage Association; Karma Nirvana; NSPCC; Refuge; Domestic Abuse Commissioner; Internet Matters; NCA-CEOP; IWF (Take It Down); Drinkaware; FRANK; BBC Bitesize; DfE Tackling Misogyny resources; British Heart Foundation RevivR.