

# Personal Relationships and Sexual Health Policy

For Children and Young People who are “Looked After”

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## 1. Introduction

There is a strong commitment to the provision of high quality services for Looked After Children and Young People in Slough. All of the services and agencies involved in the provision of these services recognise the need to help and assist young people to develop appropriate understanding of sex and relationships. The development of this knowledge and understanding will be essential to their maturation and future well being as adults.

The importance of sex and relationships education is recognised in the Children Act (1989) and is part of the responsibility of Corporate Parenting for Looked After Children. Research illustrates that there is a real need for all Looked After Children to be equipped with skills and knowledge that will enable them to make informed decisions that may effect their health and relationships as they grow up.

*The experience of being 'looked after' should include the sexual education of young people... This is absolutely vital since sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood.*

CA 1989 Guidance Vol. 4

This policy is designed to provide young people and their carers with a framework for support and information in this important area of development. The policy has been written in close collaboration with young people and the range of agencies involved in their lives (Slough Borough Council Social Services, Education, Health and representatives of the Voluntary Sector).

For ease of reference the following terms are used throughout this policy:

“**Carers**” refers to those people with day-to-day responsibility for the young person, primarily, residential social workers and foster carers.

“**Young People**” include both children and young people looked after by the local authority.

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## **2. Aims of the Policy**

The aim of this policy is to provide the means for supporting staff and foster carers in good practice. It offers a clear framework for talking about, educating and advising on sexual health and relationships for Looked After Children and young people, recognising their diversity. It aims to describe ‘best practice’ in fulfilling this work and sets out the legal position regarding sex and relationships education and support.

### 3. Objectives

- To support young people's personal and sexual development
- Provide support and education by trained and confident carers
- Be delivered in an environment that is supportive and safe
- To ensure working practices encompass issues of privacy and confidentiality
- Ensure that carers, children and young people are aware of the boundaries of confidentiality
- Be delivered in an anti-discriminatory context
- Be age appropriate and responsive to young people's previous knowledge and experience
- Help young people to make informed decisions
- Provide a framework of partnership working with parents and the families of looked after children and with other relevant agencies

### 4. Why do we need policies and practice guidelines?

The Children's Act 1989 highlights the need for a sex and relationships policy relating to children and young people who are looked after. The emphasis is placed on sympathetically meeting the needs of all groups, including lesbians, young gay men, disabled young people and young people who have experienced abuse.

One of the biggest complaints about sex and relationships education made by young people is that it is "too little, too late and too biological". We do not wait for our children to ask about road safety, but we appear to be prepared to take a "Wait until they ask" attitude to sexual safety which consequently jeopardises their sexual health and well being.

This policy promotes a positive and proactive approach to the provision of information, support and guidance to children and young people who are looked after.

### 5. Policy Framework

The Council's policy in relation to personal relationships and the sexual health needs of looked after young people is framed within the context of legislative requirements and its own child protection procedures. In addition "best practice" is achieved through:

A commitment to the rights of young people.

Working in partnership with young people (according to their age and level of understanding) and with their carers.

An acknowledgement that carers are, in many cases, best placed to provide the support, advice and information about personal relationships to the young people they look after.

A commitment to practices that are anti-discriminatory and sensitive to the issues of race, religion, culture, disability, gender, and sexual orientation.

Taking an active role in promoting all aspects of the health of looked after young people, including sexual issues involved in personal relationships.

## 6. Legal Framework

The legislation and guidance in this section reflects what is in place at the time of producing this policy and will be updated when the policy is reviewed annually.

**Working Together to Safeguard Children (1999)** states that all children deserve the opportunity to achieve their full potential. They should be enabled to:

- ❑ Be as physically and mentally healthy as possible
- ❑ Gain maximum benefit possible from good quality education opportunities
- ❑ Live in a safe environment and be protected from harm
- ❑ Experience emotional well being
- ❑ Feel loved and valued, and be supported by a network of reliable and affectionate relationships
- ❑ Become competent in looking after themselves and coping with everyday living
- ❑ Have a positive image of themselves, and a secure sense of identity including cultural and racial identity
- ❑ Develop good interpersonal skills and confidence in social situations

### Ages of Consent

#### Young people under the age of 16

Understandably carers may be anxious about what to do when they are aware of young people below the age of consent who may be sexually active. In such circumstances, where there is concern about risk to the young person, such as possibility of pregnancy and sexually transmitted infections, carers should give information about where young people can access advice, help and services from health professionals.

It is an offence for a man or boy to have sexual intercourse with a girl under the age of 16. The girl herself is not committing any offence by having sex. Boys under 16 can commit offences involving sexual intercourse, although a prosecution is unlikely unless the boy is considerably older than the girl or the girl does not give consent.

Sexual intercourse with a girl under 13 years is a much more serious offence carrying a maximum sentence of life imprisonment.

#### Young people 16 and above

In England, the age of consent for **heterosexual** sex is 16 years excluding anal intercourse, in which the age of consent is 18 years.

In all parts of the UK, the age of consent for **homosexual** sex is 16 years. Consenting gay sex is an offence unless two conditions are satisfied: it takes place in private and both parties are 16 and over.

**Section 28** of the **Local Government Act 1988** which previously prohibited a local authority from “intentionally promoting homosexuality or publishing material intending to promote homosexuality” was repealed on July 10 2003.

**The Children Act 1989** Guidance and Regulations states that “Those responsible for the sexual education of young people will need to bear in mind the particular needs of different young people.....The needs and concerns of gay young people must also be recognised and approached sympathetically”.

**The Children Act 1989** Guidance and Regulations related to young people with mental or physical disabilities, says “*Those responsible for the sexual education of young people will need to bear in mind the particular needs of different young people: the fact that young people with mental or physical disabilities have sexual needs should be acknowledged.*”

**The Children (Leaving Care) Act 2001** imposes new responsibilities on local authorities to make sure that support is provided until at least until the age of 21 years. The Act emphasises, there is a “need for greater attention to be paid to advice about sexual relationships and sexual health” among young people who are looked after.

**The Quality Protects (1998)** initiative aims to improve the quality of care offered to young looked after people. It has a focus on the improvement of life chances with teenage pregnancy as a key issue.

**The Care Standards Act 2000** was introduced to establish a range of consistently high standards in residential care. The DoH “Children’s Homes – National Minimum Standards” provides draft standards that highlight the importance of a policy and written guidance on sexual health and relationships, HIV and other blood borne infections.

**The National Teenage Pregnancy Strategy 1999** aims to reduce conceptions to under 18’s by 50% by 2010. The strategy sets out actions in key areas such as the importance of Sex and Relationships Education, access to services and support for teenage parents. It emphasises the involvement of boys and young men in these areas. It states, children in, or leaving care, have repeatedly been shown to be at higher risk of teenage pregnancy and are therefore a key group in preventative work.

**The Street Offences Act 1959** makes it an offence to “*loiter or solicit in a street or public place for the purpose of prostitution.*” Prostitution is not illegal but associated offences are. Young people under the age of consent can and have been charged with prostitution.

**The Data Protection Act 1998** requires that personal information is obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; is accurate, relevant and not held longer than necessary; and is kept securely. The Act allows for disclosure without the

consent of the subject in certain conditions, including for the purposes of the prevention or detection of crime, or the apprehension or prosecution of offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case.

**The Prohibition of Female Circumcision Act 1985** relating to Female Genital Mutilation (FGM) makes female circumcision, excision or infibulation a criminal offence. Professionals involved in the care of looked after young people need to be alert to the possibility of FGM particularly amongst minority ethnic communities known to practice it. Where FGM has occurred or is suspected the matter should be investigated in accordance with Slough Area Child Protection procedures.

## 7. Confidentiality

All looked after young people have the right to confidentiality of personal information unless it comprises the health, safety or rights of others or themselves.

Confidentiality is an issue that can cause anxiety for young people and carers. Many looked after young people are reluctant to approach carers due to concerns about personal information being discussed with others without their consent. It is essential that the boundaries of confidentiality are clearly understood by all concerned. It is important that young people understand that confidentiality is not absolute and might have to be broken if there is a child protection concern.

Research and experience has shown repeatedly that keeping children and young people safe from harm requires the **sharing of information** between professionals and others. This has been recognised in principle by the courts. Any disclosure of personal information to others must always, however, have regard to both common and statute law.

Normally, personal information should only be disclosed to third parties, including other agencies, with the **consent** of the subject of that information. Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information be shared.

The best way of ensuring that information sharing is properly handled is to work within carefully worked out information sharing protocols between the agencies and professionals involved and taking legal advice in individual cases where necessary. The Data Protection Registrar has produced a checklist for setting up information sharing arrangements (see Appendix 1).

Although there is no formal legislation surrounding confidentiality, in terms of **consent to treatment**, for example with contraceptive services, health professionals interpret competency in terms of the young person's ability to understand their choices and the consequences of the possible risk of any treatment or non-treatment. The House of Lords' ruling in the 1985 Gillick case was when Lord Fraser clarified the current legal position in England for health professionals in relation to confidentiality. **The Fraser Guidelines** highlight consent to treatment such as the provision of contraceptive advice or supplies to young people under 16 years of age.

Those professionals who have received training for providing under-16s with contraception and/or advice need to be satisfied that the following criteria have been met:

That the young person can understand the advice and has sufficient maturity to appreciate what is involved in terms of the moral, social and emotional implications for themselves.

That the professionals can neither persuade the young person to inform his or her parents nor allow the carer to inform them that contraceptive advice is being sought.

That the young person is very likely to begin or is very likely to continue having sexual intercourse with or without the provision of condoms or advice.

That without the provision of condoms and/or contraceptive advice, the young person's physical or mental health or both would be likely to suffer.

That the young person's best interests require the professional to provide condoms and/or contraceptive advice without parental consent.

If at any time carers are uncertain about an under-16s relationship, for example, a 14-year old girl involved in sexual relations with a 25-year old male, they should seek further advice and support from their manager/family placement worker.

### **The Common Law Duty of Confidence**

Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without consent of the subject. However, the law permits the disclosure of confidential information necessary to safeguard a child or children from the public interest: that is, the public interest in child protection may over-ride the public interest in maintaining confidentiality. Disclosure should be justified in each case, according to the particular facts of the case, and legal advice should be sought on cases where there are any doubts.

### **Best Practice**

Carers need to respect the privacy of all young people in accordance with their age and level of understanding.

Carers must never promise complete confidentiality to a young person. The boundaries regarding confidentiality should be clearly communicated to and understood by the young person. These boundaries are: if the young person's health and well being is being put at risk or that their behaviour may be causing harm to themselves or others.

Young people should be informed about whether or not information they might divulge will be recorded and furthermore who might have access to it.

Carers should only divulge information about young people regarding their sexual health and relationships with other professionals on a "need to know" basis, with the consent of the young person and through involving the young person as much as possible in the process.

Personal information must be stored securely and unauthorised access should not be permitted.

Young people should be informed that they may consult doctors, nurses and other specialist services confidentially and independently if they do not wish to discuss issues with carers.

## **8. Anti-Discriminatory Practice**

Slough Borough Council is committed to ensuring equality of opportunity for all looked after children and young people. We will ensure that no individual is disadvantaged because of their colour, class, religion, race, gender, disability, age, marital status or sexual orientation.

Looked After Children and young people will be from diverse racial and cultural backgrounds, who have, as part of their heritage, a variety of different attitudes to relationships and sexual behaviour. Carers need to understand, appreciate and support the young person with regard to their cultural background and religious beliefs.

### **Best Practice**

Carers have a responsibility to examine their own beliefs and values and how this may affect their work. It is important that carers actively challenge stereotypes so that young people feel safe about sharing information and carers can identify what support they need.

All providers of sex and relationships information, care and support should acknowledge and respond positively to the differences between individuals and groups of young people.

To ensure that information is available to young people, it may be necessary to use translation, interpretation, audio and visual resources.

Sexual health advice is not just about providing information on sex, but also about putting this into context in terms of relationships, emotions and informed choices. The needs of gay, lesbian and bisexual young people must also be recognised and approached sympathetically and supportively.

It is expected that any partner agency will also demonstrate how they value equality and diversity among young people.

## **9. The Rights of Looked After Young People**

The rights of the young people are contained within statutory frameworks. (The Children Act 1989, The Human Rights Act etc. Please see Appendices). Slough Borough Council is committed to undertaking its duties to the young people it looks after within a framework and working practice that supports, promotes and respects children's rights.

These rights apply universally to all young people and provide a benchmark for standards of care that young people deserve and have a right to expect when they are looked after by the local authority.

Young people looked after by Slough Borough Council have rights and responsibilities in relation to sexual health and personal relationships. These rights need to be upheld by all carers working with looked after young people. They should be seen within the context of the overall service, which aims to improve the life chances, and empower looked after young people to lead a fulfilled life, with support as required.

Our policies aim to guide carers in their work helping looked after young people manage their own sexual health, well being and personal relationships. Explicit within this policy and delineated throughout, are the rights and responsibilities of the young people, and their carers. The rights of the young people need to be balanced against the decisions made to promote their health and wellbeing.

Articles 24(1) & (3) of the UN Convention on the Rights of the Child (19) state:

*“Parties recognise the right of the child to the enjoyment of the highest attainable standard of health...and shall strive to ensure that no child is deprived of his or her right of access to such health care services.”*

This includes access to information, resources, the provision of preventative initiatives, the provision of sex education and information on personal relationships for young people who are looked after. This should support, promote and respect their rights both legislatively and as individuals.

### **Best Practice**

Carers should provide age appropriate, informative, accessible and accurate information on which the young people can base the choices they make. Clearly, young people of different ages, abilities and understanding have different needs, and a distinction has to be drawn between what is appropriate for each child. It is important however, that information is provided as a matter of course, without the child or young person having to ask for it.

Information should be provided on issues that the young person identifies as important, without them having to divulge the reason why they require it.

Carers should respond to each young person as an individual.

Young people should be allowed to take risks and make mistakes.

Carers should be pro-active in facilitating and providing support should the young person request access to counselling on personal relationships, sexual health and sexuality.

Young people should have access to privacy and confidentiality.

Young people should be allowed to make choices in all aspects of their personal relationships and sexual health even if the carers do not support those choices.

## **10. Girls and young women**

All looked after girls and young women should be allowed to explore issues of sexuality in a safe and supportive environment. The aim of any work on sexuality and personal relationships should be to encourage debate. Carers need to be aware that not all girls and young women will be at the same stage of emotional development even if they are the same age. Since young women and girls will mature at different times staff and carers must expect a range of behaviours.

Sexual health information and contraception advice should be readily available. Carers need to reinforce the message that sexual health information is not just about sexual acts but also about feelings, emotions, attitudes and values.

Young women's assertiveness and self-esteem can be developed and encouraged by the use of relevant information and good role modelling.

Young women and girls should be encouraged to develop their personal safety skills.

Clear, concise, accurate information should be available on how the female body develops and works. This should include information about the menstrual cycle.

Body image is a large part of a young woman's perception of herself. Young women should be encouraged to debate the issues of image and look at different points of view. This discussion should also cover nutrition, healthy eating and lifestyles.

### **Best Practice**

Carers need to make themselves aware of services developed specifically for girls and young women.

It is vital that carers are able to be open, honest and sensitive about issues around sexual health and relationships with girls and young women.

Carers must consult with girls and young women on how they would like their needs to be addressed around sexual health and relationship issues.

It is also essential that carers explore the different power relationships that exist between men and women in this society and encourage to young women to assert themselves in their personal relationships.

Carers must not assume that all girls and young women are heterosexual and therefore need to engage in discussions that explore the young woman's developing sexuality.

Carers need to offer opportunities for girls and young women to explore sexual health and relationship issues in a single gender space.

## **11. Boys and young men**

Boys and young men, in general, are less likely to seek information, advice or support about sexual health, sexuality and relationships than girls and young women according to research.

Boys and young men need to be allowed to explore issues of sexuality in a safe and supportive environment. The aim of any work on sexuality and personal relationships should be to encourage debate.

In the past boys and young men were often left out of formal and informal sex and relationships education. It is generally considered that girls find it easier to talk to others, including adults, about sex and relationship issues. This can mean that boys and young men do not seek help and advice about issues, which they consider personal. This can have serious implications for their emotional and sexual health and may even relate to the rising suicide rate among young men.

Boys and young men's assertiveness and self-esteem can be developed and encouraged through the use of relevant information and good role modelling. Boys and young men should be encouraged to develop their personal safety skills.

Carers need to ensure that clear, concise and accurate information is available on how the male body develops and works.

Body image is a large part of a young man's perception of himself. Young men should be encouraged to debate the issues of image. This discussion should also cover nutrition, healthy eating and lifestyles.

Boys and young men may lack sources of information about sexual health and relationships. Carers need to ensure that looked after boys and young men have age appropriate, gender specific advice on contraception, safer sex, sexually transmitted infections, sexual health and hygiene.

Carers need to reinforce the message that sexual health information is not just about sexual acts but also about feelings, emotions, attitudes and values.

### **Best Practice**

Carers need to make themselves aware of services that respond effectively to the needs of boys and young men.

Carers need to be proactive about engaging boys and young men in discussions about sex and relationships that are open, honest and sensitive.

Carers must not assume that all boys and young men are heterosexual and therefore need to engage in discussions that explore the young man's developing sexuality. Carers need to be aware that not all boys and young men will be at the same stage of their emotional development even if they are the same age. Since boys and young men will mature at different times, carers must expect a range of behaviours.

Carers must consult boys and young men on how they would like their needs to be addressed around sex and relationship issues.

Carers need to ensure that boys and young men are offered opportunities for discussions related to sexual health with male carers.

## **12. Physical Disabilities**

The sexuality of young people with physical disabilities needs to be openly acknowledged, addressed and positive role models provided for them.

For most young people with a disability, the major impact on relationships and sexual activity is social and psychological rather than as a direct result of their physical disability. A lack of independence and of opportunity may also limit their experiences of personal relationships. Different disabilities may have different effects on sexual activity, and the same disability may have different effects on different people.

It is important to find ways to enable young people to talk about their disability and how it may affect their sexual behaviour. Alternative ways of expressing intimacy may be necessary which could require some explicit and detailed information sharing.

### **Best Practice**

It is vital that carers working with physically disabled young people have training that includes exploring their own attitudes and assumptions about disabled young people's sexuality.

An honest and objective consideration of the young person's needs in relation to sex and relationships information has to be undertaken prior to the work. Carers can then plan how to address the issues.

Carers should be able to offer information and advice to the young person whilst recognising clear boundaries, regarding physical help in relation to intimate physical care and sexual behaviour. It is important that carers balance the need for help and support the young person may need, taking into account their wishes and feelings.

Where young people with disabilities are non-verbal, carers need to ensure that there is effective communication about addressing the young person's sex and relationship needs.

Carers must ensure that sex and relationships information includes issues relating to consent, rights, contraception, sexual exploitation and how to access genetic counselling where necessary, for example, where there are risks associated with congenital abnormalities.

## **13. Puberty**

Puberty is often a difficult time for young people, particularly looked after young people who often may not have supportive relationships with their carers or peer groups.

They may feel anxious, confused and distressed by both physical and emotional changes and may need additional support to help them come to terms with their development.

Puberty can start as early as 9 years old and as late as 17 years. The onset of puberty for males is generally later than for females.

It is important to reassure young people that such changes are a normal part of growing up. General conversations with young people around the physical and emotional changes they are experiencing can help to address any anxieties.

There are a number of changes for both young men and women. These include:

### **Young women**

- Breasts start to enlarge, and can be tender.
- Hair growth under the arms, and around the genital area.
- Excessive perspiration.
- Menstruation (periods)
- Vaginal discharge
- Hormonal changes/emotional changes
- Skin changes/spots and acne
- Tiredness
- Awareness of sexuality
- Masturbation

### **Young men**

- Voice breaks, and deepens.
- Hormonal changes/Emotional changes
- Adams apple grows
- Skin changes/spots and acne
- Hair growth, under arms, legs, chest, facial and genitals
- Penis enlargement
- Erections
- Nocturnal emissions or “wet dreams”
- Excessive perspiration
- Muscle growth
- Tiredness
- Awareness of sexuality
- Masturbation

### **Best Practice**

Young people should be encouraged to take responsibility for their personal hygiene. Carers may need to ensure that the young person has suitable access to toiletries, skincare products etc.

Carers should try and prepare the young person for both physical and emotional changes, prior to the changes taking place to avoid any anxieties.

Carers need to ensure that any young person with a specific care need should be dealt with sensitively and appropriate support and advice is given.

Carers can also access advice and support, for either themselves or to gain information to help them educate the young person. Refer to Resources section.

## **14. Safer Sex**

Sexual activity is a physical and emotional experience and can never be completely risk free. However, it is important to minimise the physical and emotional risks from any sexual activity by promoting safer sex.

Carers should engage in an open and honest discussion with all young people who are considering becoming sexually active. Young people need to consider and be prepared for the emotional impact of a sexual relationship. They need to be aware and able to identify abusive relationships and be able to access help and support in dealing with them.

### **Best Practice**

Young people should be made aware of safer alternatives to engaging in sexual intercourse. They should also know about the law relating to sex and the under 16's.

If a young person decides to have a sexual relationship it is important that they are able to protect themselves against unintended pregnancy and Sexually Transmitted Infection's including HIV.

Carers need to be aware of the sexual health (Genito Urinary Medicine) services available so that if the need arises they can support a young person to obtain information and where necessary treatment.

Carers need to emphasise to young people the consequences of not treating sexually transmitted infections.

## **15. Contraception**

In the first instance, carers should do their best to persuade young people under the age of 16 that they should not engage in sexual activity.

If after having done all they can to dissuade young people under 16 to refrain from sexual activity, if carers believe that a young person is continuing to be sexually active, they should give the young person contraceptive advice and access to contraceptives. In this way, they will provide the young person with information about how to avoid sexually transmitted infections and unintended pregnancy.

Promoting safer sex to looked after people, is for education, as well as a preventative measure, it is recognised that the best way of dealing with sexual activity is to encourage young people under 16 to abstain from sexual involvement.

It has been suggested that the best contraception is “aspiration”. This being, if the young people have high aspirations they are less likely to risk a pregnancy that would prevent them achieving the goals, that they have set for themselves. It is likely to be young people who see themselves, as having no opportunities for success who will view underage sex and pregnancy as an attractive option.

A young person under the age of 16 under the “Fraser guidelines” has a right to consent to contraception and medical treatment, provided the practitioner assesses that he/she has sufficient understanding and intelligence.

It should always be encouraged that the young person discusses their decision around contraception with the carer, but if the carer is not in agreement with the young person’s decision, it would normally be the young person’s needs that takes priority.

### **Best Practice**

Carers should supportively explore with the young person the risks involved with underage sex, unintended pregnancy, sexually transmitted infections and other diseases such as testicular and cervical cancer.

Carers should engage in general discussions on matters of sexual health, if the carer suspects that a young person is sexually active, they should help to identify local resources for professional guidance on appropriate contraception.

A carer is not qualified to give medical treatment, nor would this be an appropriate role.

Irrespective of the carer’s personal views, the priority is to safeguard the health and welfare of the young person.

Carer’s should offer young people support in developing assertiveness and negotiating skills to help them resist any pressure to have early or unwanted sex. This is particularly important for vulnerable young people who, through lack of self-esteem, may feel less able to make their own choices.

Carers should ask the young person what, if any help they require, so that they are able to direct young people to the appropriate service, help book an appointment or identify someone to accompany the young person to the clinic.

If a young person seeks information about contraceptive services from carers, this should be kept confidential, unless there are any concerns about child protection. If confidentiality

needs to be broken the young person should be informed as soon as possible of the reasons for the disclosure.

Carers can also access information, advice and guidance in this area through training and supervision.

## 16. Emergency Contraception

Emergency contraception is a form of “contraception” taken to prevent pregnancy following unprotected sexual intercourse. Unprotected sexual intercourse happens if, contraception was not used, or if contraception failed. Emergency contraception should not be used, as a regular method of contraception. Young people should be encouraged to seek and use the range of other contraceptive methods that are available.

Emergency contraception is more effective the sooner it is used. There are two types of emergency contraception; pills or an intrauterine device (IUD). The pills can be taken up to 72 hours (3 days) after the unprotected vaginal sexual intercourse, and the IUD may be fitted up to 5 days after unprotected vaginal sexual intercourse.

Young people may obtain free emergency contraception, following a consultation with a health professional, from a reproductive health clinic or family planning clinic, Brook clinic, GP or at some pharmacists.

If carers become aware that unprotected vaginal sexual intercourse has taken place, they should act quickly, reassuringly and support the young woman obtain emergency contraception.

### Best Practice

Carers need to know about emergency contraception and inform young people about the time frames of when to take it and where to obtain it. A list of pharmacies providing emergency contraception, with their opening hours should be made available to young people.

Carers need to prioritise accompanying a young person to the clinic or pharmacist to obtain emergency contraception if the young person has requested this or appears to need this level of support.

Carers need to be aware of the possible side effects of hormonal contraception and any pre-existing medical conditions.

Carers need to support young men and women obtain information about emergency contraception.

Carers need to access training, support and supervision around all forms of contraception including emergency contraception.

Ref: Resources section for information about local contraceptive clinics and pharmacists.

## 17. Condoms

Condoms, when correctly used, can provide good protection against unintended pregnancy, HIV and sexually transmitted infections. Knowing how to use them and where to get them is essential for maintaining young people's sexual health.

Carers should provide information to young people about where and how to access them. If carers have any concerns about giving information about condoms they need to discuss this with their link worker or line manager.

Condoms may be issued to young people aged under 16 under the Fraser Guidelines which upholds the right of doctors to prescribe contraceptives or give treatment without parental consent.

Carers can advise and provide condoms where it is clear that a young person intends to engage in sexual activity and the provision of condoms would protect the sexual health of the young person. Provision of these would be seen as an act of protection and not facilitation of sexual activity.

### **Best Practice**

Carers should encourage young people to access condoms from local reproductive and sexual health services.

Carers need to ensure that the young person knows how to use condoms correctly.

Carers should know how to use and where to obtain free condoms locally.

Carers should encourage the use of condoms as an essential part of maintaining sexual health to young people who are thinking of becoming or are already sexually active.

Training and support will be provided about condoms for all carers.

In providing advice and guidance to young people it is important that young people are made aware that there are safer and pleasurable alternatives to penetrative sex.

Access to condoms should not be conditional on the young person giving information about their sexual partner(s) if they do not wish to do so. Neither should condoms be withdrawn as a punitive sanction.

Carers need to ensure that there are ongoing discussions about condom use with young people that emphasise the importance of maintaining their use consistently in sexual relationships.

Ref: Resources section for information about local contraceptive clinics and pharmacists.

## 18. Sexually Transmitted Infections including HIV and AIDS

Sexually Transmitted Infections (STIs) continue to rise in the UK and young people are disproportionately represented in these statistics.

Sexually Transmitted Infections are a major cause of ill health that can cause both long-term physical and psychological health consequences. Young people need to be aware of the consequences of unprotected sexual activity and also where they can seek support and treatment when necessary.

### Best Practice

A young person over 16 can give consent for Sexually Transmitted Infection tests, including the HIV Antibody Test. If the young person is under 16, they can consent if they have sufficient understanding, according to the "Fraser Guidelines".

All young people considering being tested for HIV should receive appropriate pre-test and post-test counselling and support.

Confidential, accurate and up-to-date information and advice on safer sex should be accessible to all young people.

It is always preferable and advisable to try and work alongside carers.

Carers need to ensure that the wishes of the young person are respected. Confidentiality needs to be maintained unless there is a Child Protection concern.

If this situation were to arise:

The young person should be informed of the need for disclosure and a full explanation given in writing outlining the reason for the decision.

Carers should always discuss their decision with their manager and linkworker. The young person and their parents should also be informed of how to complain against a decision about the disclosure of information.

## 19. Sexuality

Many young people will question and explore their sexuality while growing up, irrespective of class, race, religion, cultural background and disabilities.

Homosexuality, like heterosexuality, is not just about sex and relationships. It is about people, their lives and their place in society.

Carers need to be sensitive towards young people's feelings about their sexuality and to find appropriate resources to offer sexual health information, education and advice. This should be supportive and responsive to the needs of all looked after young people, including those exploring their sexual identity and those identifying themselves as gay, lesbian or bisexual.

Slough Borough Council's Equality Policy offers support to people experiencing discrimination on the basis of their sexuality.

The Social Services Department's Equal Opportunities Policy offers support to people experiencing discrimination on the basis of their sexuality.

### **Best Practice**

Personal views should not be imposed on young people; negative attitudes can seriously affect young people's feelings and self worth and could prevent them seeking help and support around issues of their sexuality.

As with other forms of discrimination, carers are required by the Equal Opportunities Policy to challenge homophobia and acknowledge the positive value of same sex relationships.

Carers need to be aware of and sensitive to the discrimination faced by gay, lesbian and bisexual young people in relation to all areas of life and this means being aware of the particular difficulties faced by black, disabled and other young people who face multiple discrimination.

In order to support young people in their healthy sexual development, carers will need to be aware of organisations that can offer advice. Refer to Resources Section.

## **20. Teenage Pregnancy and associated options for young people**

Teenage pregnancy is recognised as a major impact on the life chances of young people because of social exclusion. Consequently it is important that the young person is empowered to make informed decisions in this important part of their life.

Research shows that young people who are looked after are disproportionately represented in teenage pregnancy statistics. The National Teenage Pregnancy Strategy (1999) is seeking to address the needs of looked after young people.

Looked after young people may be alienated from their birth family and peers and therefore lack the support that they need.

They may face prejudice and criticism about their pregnancy. Young women in such situations therefore need extra support to enable them to make informed choices about their future and the pregnancy.

It is important that looked after young people are given options and choices on the pregnancy and their decision is supported.

If the young woman's wishes are to have an abortion (1967 Abortion Act) non-judgemental counselling should be made available. Young women who are looked after by the local authority have the same rights as all young women around their right to choose to have an abortion.

### **Best Practice**

Carers may need to assist the young woman in having the pregnancy confirmed, as a matter of urgency.

Once a pregnancy is confirmed carers should ensure that the looked after young woman receives unbiased information and advice on either abortion/adoption or becoming a parent. If the decision is to continue the pregnancy, advice on what this will entail before and after the birth.

Carers need to ensure that information is available to the young woman from the local pregnancy advisor.

Carers need to reassure the young woman that she will be supported throughout the pregnancy.

Young people, who receive adequate support during the pregnancy, may go on to become good parents.

### **Abortion**

When a pregnancy has ended or terminated, this is described as an abortion.

Occasionally, a fertilised egg or embryo is lost naturally, this is known as a spontaneous abortion or miscarriage.

Abortion became legal in 1967 in England, Scotland and Wales.

Young women from all cultures and backgrounds have abortions and their wishes on this matter should be respected.

Once a pregnancy has been confirmed, it is important that the young woman has access to unbiased choices, decisions and appropriate support and guidance.

A young woman under 16 years old can give consent to an abortion without informing parents or carers if both doctors believe that she fully understands what is involved (Fraser Guidelines)

Abortions must be performed in a hospital or clinic approved by the Department of Health. It is extremely rare for a legal abortion to take place after 24 weeks gestation, unless there is a serious medical problem or the mother's life is in danger.

### **Best Practice**

Carers need to be supportive in enabling the young person to make informed choices, which are in accordance with the young person's own values and beliefs.

Counselling should continue after the abortion if necessary.

This can be an emotive issue for both young people and carers and it is essential that the feelings of both young women and young men are addressed supportively.

## **Adoption**

If a young woman is considering adoption, carers need to ensure that she fully understands what this means and will have the opportunity to change her mind after her child is born.

It is essential to discuss with the young woman whether she wants the father to be involved.

In relation to some very vulnerable young women, there may be issues about the health of the unborn child or child protection issues when the child is born.

Carers and other professionals need to be clear among themselves of how such risks will be managed and the need to balance support to the young woman in making informed choices, whilst at the same time protecting the new born child if necessary.

### **21. Working with young fathers**

This can be a difficult area of work because the choice and responsibility in decisions relating to the baby lies with the young woman. Once paternity has been established the young father needs to be supported and advised of his rights in relation to parental responsibility and contact arrangements with the child or children.

#### **Best Practice**

Carers need to discuss with the young father what his needs are and make appropriate referrals as necessary.

Carers need to discuss with and support the young father to access parenting education.

Carers need to support both parents in maintaining contact with each other for the benefit of their child or children.

### **22. Religion, Culture and Sex and Relationships**

Young people who are looked after by Slough Borough Council come from a variety of cultural and religious backgrounds and this needs to be addressed and respected in all aspects of their care as stated in Section 22.5 of the Children Act 1989.

Culture represents certain customs, beliefs, morals and practices common to groups of people such as their lifestyle, language, child rearing practices and gender roles. Members of a culture usually share the same heritage, ethnicity or religion.

Young people should not be denied the benefits of information and support on sex and relationships because of their religious and cultural values. However, culture and religion

may have an impact on how sex and relationship issues are explored and at what age this is done.

Staff and carers need to be supportive of a young person's need to uphold their religious and cultural background around sex and relationships. For some young people, the need for acceptance by a group of peers may be more important than the open acceptance of their culture and religion.

Research has shown that the anxieties of carers providing information about sex and relationships have hindered discussions. Many parents from all religious and cultural backgrounds feel ill equipped and sometimes unwilling to educate their own children in an area where they themselves may have received little formal education.

### **Best Practice**

The Race Relations (Amendment) Act (2000) requires Slough Borough Council to make race equality an integral part of all services for looked after young people.

Making links with local places of worship and community groups will help parents and young people trust the information that is being shared.

Written information needs to be culturally and linguistically appropriate and should be translated or interpreted into the parents'/young person's language.

It may be appropriate to deliver some information to young people in single gender or same religion groups. Check out with the young person what they would prefer.

Issues of culture and religion need to be considered when choosing a carer.

All materials/information should address the impact of racial, religious, cultural and sexual stereotypes.

Carers need to ensure that where a young person is of mixed parentage, it is important for them to understand both races and cultures.

Carers who are not of the same religious persuasion as the young person need to inform themselves of the content of that faith whilst trying not to make assumptions based on that information. It is important that the interpretation of information is checked out with the young person and their parents.

Different cultures and religions have different sexual norms. It is important to remember that in all religions and cultures there are a range of views and values held by carers, parents and young people.

## 23. Working with parents

The Children Act 1989, places emphasis on working in partnership with parents in all matters concerning their children's upbringing. Consistency and understanding between carers will always benefit children and young people particularly in the area of sexual health.

### **Best Practice**

Parents should be informed that additional information is provided to looked after children and young people outside of what they may receive at school around sex and relationships.

Parents should have the opportunity to discuss any issues that they may have around such information with the child or young person's social worker. Every effort will be made to give information in a form that parents can understand.

The Children Act states that the welfare of the child is paramount. When situations arise where parents are reluctant to allow their child/young person to access information about sex and relationships, a decision needs to be made by the carers in consultation with the child/young person as to what is ultimately in the best interest of the child/young person.

Parents or those with parental responsibility should be informed of the sexual health or educational programmes available to their child and be given an opportunity to make points or express concern about such information.

Parents can often find providing their children with sex and relationships information a difficult task and often welcome the opportunity to discuss this with another adult.

Some parents may have religious and/or cultural beliefs that affect their views on sex and relationships that need to be acknowledged and respected.

## 24. Case Reviews

The health and education of young people are important issues that need to be addressed throughout the review process. In relation to issues of sexual health or education the following needs to be considered:

### **Best Practice**

Sex and sexuality can be very private and sensitive topics and a review is often not the place to discuss these issues in depth.

Young people should always be consulted beforehand about what is going to be discussed in their review and be able to say whether they want issues raised in this forum.

A review can be the best place to discuss general issues around sex and relationships and is an effective way of ensuring that the young person is receiving the information that they need.

## **25. Sexual Relations in Placement**

Positive relationships between young people in placement should be valued and they have the same rights to sexual health and personal relationships information as young people outside placement.

Carers need to offer appropriate guidance and support to young people in their care. Living in residential or a foster placement is a unique experience that highlights many feelings and emotions. This can present particular challenges during times of sexual development whilst living with people who are not of the birth family.

It is important to recognise that some of these relationships may be sexual, involving people who identify themselves as heterosexual, lesbian, gay and bisexual.

Relationships may develop in a way that could cause carers some concern. Carers have a responsibility to ensure that relationships are not abusive, illegal or exploitative. It is important that carers are able to address issues as they arise in a professional and caring manner consistent with the young person's needs and personal safety.

Young people have a right to say "No", to experiment with friendships and sexual relationships and carers need to recognise and respect their feelings.

### **Best Practice**

All looked after young people have a right to access sex and relationships and sexual health information, as would any other young person who is not looked after. Positive relationships for young people should be valued and encouraged.

Young people have a right to and deserve confidentiality, respect and privacy in their relationships. An example of this would be the carer knocking on the door (be it bedroom or bathroom) but not entering until asked to do so.

Many looked after young people may have experienced abuse of some kind in the past. Carers need to take into consideration the issue of power/abuse in young people's relationships.

It is important to remember that adolescence is a time when young people will begin to make and exercise their choices, regardless of advice and guidance from adults. This should not discourage carers from continuing to express their concern, providing this is done in a non-judgemental way

If two young people are involved in a serious and committed relationship in placement, finding an alternative local placement for one of those young people may be an option that shows that the carers respect that relationship.

If there is a sexual relationship in placement the allocated social worker should be informed by the carer.

The young people involved need to know about the difficulties such relationships in placement can present and be informed of the implications of their behaviour by the carers.

In the event of sexual relationships between young people such information should be treated with respect and only key people (e.g. manager, social worker, key-worker, parent) should be involved.

## **26. Pornography**

Definitions and opinions of pornography vary widely. Images of naked bodies are not necessarily pornographic. People under the age of 18 cannot legally purchase material that is sexually explicit, and the Social Services Department does not support its use or availability. Similarly, videos, films, television and computer and games software that are classified by the censorship age (e.g. PG, 15 etc) or for “adults only” may not be bought or viewed by anyone under the classified age.

Access to pornography is now made easier for young people through the Internet. Carers need to be aware that adults wishing to “groom” young people for sexual abuse and exploitation may also use the Internet and in particular “Chat Rooms” to access young people. Refer to section on sexual abuse for further details.

### **Best Practice**

If the young person has pornographic material in their possession and wishes to retain such material, they may only do so if they are of an age to legally view it.

It should be stressed to them that it can only be viewed in private and needs to be stored securely so that other children or young people are not influenced or offended by it.

The opportunity should be taken to discuss with them how such material could lead to the development of a distorted view of sexuality and compromise the dignity of the individual.

Young people need to be made aware of the consequences of accessing pornography via the Internet and of the risks of disclosing personal information to people that they communicate with via “Chat Rooms”.

## **27. Cross Dressing**

Some young people exploring their sexuality may choose to cross dress. Cross-dressing is the wearing of clothes of the opposite sex.

Carers should support these young people by providing an environment where stigma, bullying or harassment will not be tolerated. Carers should, however, try to remain neutral and not actively promote or dismiss the lifestyle chosen by the young person.

Carers may need support in understanding the issues affecting a young person who decides to cross-dress.

### **Best Practice**

Carers should not assume that a young person who chooses to cross dress is necessarily gay or confused about their sexuality.

Carers need to help the young person make an informed choice about cross dressing and where it may or may not be safe for them to cross dress. Physical and verbal attacks on young people who cross dress are not uncommon.

Carers need to let the young person know about all the sources of information, advice and counselling that are available, both locally and nationally.

Carers should assist the young person in accessing support if necessary.

Carers need to be knowledgeable and have awareness that young people cross-dressing may be vulnerable.

Carers need to be able to negotiate with young people how their clothing allowance is spent.

## **28. Trans-sexuality**

Young people who are born one gender may need to live their lives as the opposite gender. They are described as trans-sexual. Although the principles and good practice for carers are similar, this should not be confused with cross-dressing or homosexuality.

Trans-sexuality may cause some young people a range of difficulties and problems, medical, legal, social or emotional. Carers too, may find this aspect of a young person's sexual orientation difficult to cope with.

There are specialist agencies for support and advice for these young people and their carers.

### **Best Practice**

Carers should help the young person concerned access this support should they wish to, as this may help to alleviate the feelings of "difference" and isolation the young person may be experiencing.

Specialist agencies will also be able to inform carers about all aspects of trans-sexuality, advise them on how to cope with their own feelings and ways to support the young person they are caring for.

Carers need to support young people who choose to live an alternative lifestyle through providing an environment where stigma and harassment are not tolerated.

Carers will need to be aware that many people do not tolerate deviation from 'the norm' and that this will have significant consequences for the lives of young people who are undergoing these changes.

Attacks on people who are transsexual are not uncommon. Carers need to be aware of this and offer appropriate support.

## **29. Masturbation**

Masturbation is part of normal sexual behaviour, particularly for young people who are exploring their emerging sexuality. There is ample medical evidence stating that it does no harm. However, many religions and cultures teach that people should not masturbate and this can engender guilt and embarrassment.

It is important to acknowledge their beliefs and assure young people that masturbation will do them no harm. Young people should not be made to feel guilty or embarrassed about masturbation or be prevented from doing it. It is important, however, that young people understand the social conventions associated with sexual behaviour in general and masturbation in particular, in that it is a private activity.

### **Best Practice**

Carers should have the opportunity to discuss with their line manager or link worker any concerns they may have about children and young people masturbating.

In all situations, carers need to give clear consistent messages that while masturbation is healthy and normal, there are times and places where it is not appropriate. Safe places away from other people, e.g. the young person's bedroom, should be encouraged as private places to masturbate.

## **30. Prostitution**

Those involved in prostitution may be male or female and of any sexual orientation. Prostitution usually refers to the exchange of sex for money but sex can also be exchanged for other 'rewards' such as gifts, drugs, a bed for the night or simply for affection. The key message from Safeguarding Children Involved in Prostitution is that young people under 18 who engage in prostitution are invariably victims and must be treated as such.

The identification of a young person involved in prostitution, or at risk of being drawn into prostitution, should always trigger the agreed local Area Child Protection Committee Procedures.

It is recognised that the vast majority of young people do not enter prostitution voluntarily, they are coerced, enticed or are desperate.

Young people living away from home, in particular those in residential care settings, may be targeted by adults seeking to coerce them into prostitution, It is known from research that young people looked after who run away are particularly at risk of sexual exploitation.

Many young people involved in prostitution have previously been 'looked after' by a local authority. Some sell or exchange sex while they are being 'looked after', others may have

done so before being 'looked after'. Others will be at risk of becoming involved in prostitution once they leave care.

Low self-esteem and vulnerability are common factors found in young people involved in prostitution. These may result from a multitude of factors including difficult or abusive childhood experiences or educational under achievement. Other factors may include pressure from peers or others already involved in prostitution (including other family members) or drug/alcohol misuse. Absence from school frequently or for protracted periods through truancy or exclusion may make young people especially vulnerable.

Because of their lifestyle and past family experiences, many young people are reluctant to engage with social services and the police. They often find other agencies more approachable sources of help. By establishing partnerships, agencies are able to offer services that reduce the harm to young people and may aid them in exiting from prostitution.

When young people are in a position to exit from prostitution, provision may be required in the form of accommodation e.g. refuges, safe houses, specialist foster homes, as well as continued support, education and counselling.

The identification of a young person involved in prostitution, or at risk of being drawn into prostitution, should always trigger the agreed local Area Child Protection Committee Procedures.

### **Best Practice**

Carers need to be aware that young people in residential settings may be targeted for prostitution. Any concerns need to be reported and taken seriously.

Where a young person living in or leaving care is known to be involved or at risk of being involved, in prostitution, staff with specialist knowledge in this area should work closely with the Leaving Care Team. The care plan should take into account the young person's needs and circumstances.

Young people involved in prostitution are likely to benefit from a range of services including advice and counselling for harm minimisation, health promotion and advice on sexually transmitted infections including HIV. See resources section.

It is important that carers consider that young men involved in prostitution may be gay or bisexual and may need support around their sexuality. Equally young women may identify as lesbian or bisexual and may also need support around their sexuality.

Carers will need to address their own feelings, views and attitudes about prostitution and should have access to specialist support when dealing with this complex issue.

## **31. Working with sex offenders**

Working with sex offenders challenges carers at many levels; their confidence in themselves, their feelings about their own sexuality, belief in other people's humanity and their concepts of crime, punishment, treatment and rehabilitation.

Carers responsible for young people who behave sexually as a result of abuse have a particularly difficult challenge. Young people may display inappropriate sexualised behaviour towards children, other young people and adults.

Sexualised behaviour can be directed at anyone – adults and children, strangers or family members. It can be difficult for carers to distinguish from normal sexual exploration, and there may be real safety issues for other children in the household and outside of the home. This behaviour may be exploitative, abusive and illegal.

Sometimes carers and other professionals may have taken a punitive approach, or at least one based on ignorance. Children need to be actively shown what kind of sexual behaviour is acceptable and what is not.

Carers need to ensure that their own feelings and prejudices do not prevent young people who sexually offend getting support around sex and relationships and sexual health issues.

Some young people, who exhibit sexualised behaviour or who commit sexual offences, have been subjected to earlier abuse, and many expect that adults or peers will relate them to sexually. The young person needs to be made aware of the unacceptability of such behaviour.

Treatment of sexualised behaviour varies. Much can be achieved within an understanding and supportive environment.

The treatment of sex offenders is complex and requires therapeutic intervention outside the scope of this policy. Such treatment should form an integral part of the young person's care plan, within which carers have a specific role in supporting the young person.

### **Best Practice**

Carers have a responsibility to ensure that young people who exhibit inappropriate sexualised behaviour or who are sexually offending can access appropriate support.

Any need for specialised or additional support must be incorporated into the young person's care plan.

Where specialist work is required, carers must receive support and training in working with the young person to implement the care plan.

Carers have a responsibility to work with young people around the risks associated with their behaviour.

Carers need to ensure the safety of the young person who is sexually offending and the safety of other people as far as possible.

Carers need to discuss with their line management any concerns regarding a young person and their inappropriate sexualised behaviour.

Carers need to be empathic and understanding to a young person who exhibits sexualised behaviour or who is sexually offending.

### **32. Sexual Abuse and Handling Disclosures**

Many young people who are looked after have been victims and sometimes the perpetrators of sexual abuse. Some may go on to enter abusive relationships that replicate these earlier experiences.

While all young people are entitled to information about sex and relationships, young people who have been sexually abused will need extra understanding and attention if the damaging experiences of their past and sometimes in the present, are to be understood and replaced with more positive messages.

Young people have much to lose in terms of their privacy when talking about sex and relationships in light of their previous abuse. Those carrying out this work will need to be respectful and supportive to the young person. They will need to negotiate with the young person what will be discussed and how this will be done.

Any allegation, disclosure or suspicion of sexual abuse must be referred to the young person's social worker and followed up immediately in accordance with the Area Child Protection Committee Procedures.

#### **Best Practice**

Carers will be supported in this work with good supervision, training, information and advice.

Planned long-term intervention work with sexually abused young people is a sensitive and complex area of work. It should only be undertaken by knowledgeable carers with experience and skills in this area of work.

Carers must seek support and guidance from their line manager/link worker around work with young people who have been sexually abused.

Carers will need to address their own feelings, views and attitudes about sexual abuse and should have access to specialist support when dealing with this complex issue.

### **33. Information and advice**

Young people are entitled to receive information and guidance appropriate to their individual needs.

This should include:

Effective, anti-discriminatory sexual health information including HIV prevention and safer sex practices.

Access to information on sexual health services, including contraception, support and counselling about sex and relationships.

An understanding of the laws relating to sexual activity.

The range of information provided to young people on sex and relationships should develop from simple concepts to more complex issues as they mature and their understanding increases. It is important that such advice is not just based on sexual facts, but is framed within an understanding of different kinds of relationships, values, attitudes and moral issues.

Some young people may find accepting advice and support in the development of their personal relationships difficult if not impossible. In such circumstances, it should be made clear to the young person that their wishes will be respected but that support will be available to them should their wishes change in the future.

In helping young people to develop socially and culturally, carers must be prepared to take some risks and to take responsibility for doing so. They also need to let young people take risks, for example, in making efforts to form relationships and to take responsibility for supporting young people through breakdowns in relationships.

### **34. Professional Working Boundaries and Safe Practice**

Maintaining appropriate boundaries between the carer and the young person is particularly important in relation to matters concerning personal relationships. While carers need to provide young people with opportunities to safely discuss and explore their emerging sexuality and sexual behaviour, this must at all times be undertaken in a professional context.

Many young people who are looked after by Slough have had previous experiences of abuse and involvement in high-risk lifestyles. This may influence their response to work undertaken with them relating to sexual health and relationships. Young people may misinterpret situations and conversations and on occasions make allegations against carers.

Caution must be observed by carers sharing their own personal life experiences, which however well intended, may be open to misrepresentation and misunderstanding by the young person.

If in any doubt, carers should discuss with their line manager/link worker the most appropriate means of working with a young person in this area.

Under no circumstances would it be acceptable for a carer to engage in a sexual relationship with a young person in their care.

## **35. Training Support and Supervision**

### **Training**

All work with young people requires continuous on-going training. Those working with young people cannot be expected to be experts in every area of sexual health and relationship work. The various agencies working with young people will need to provide training for their staff and carers.

There can be advantages to training that is multi-agency and to training that is not. Both should be offered depending on need.

All carers will need core training around sex, relationships and sexual health issues around working with looked after young people including how to implement this policy.

The training programme should be modular with core components that all staff and carers are required to attend and specialist options.

### **Support**

All carers will need support to carry out the demanding task of caring for young people. This is particularly so in the area of sex, relationships and sexual health issues.

Carers should have access to a full range of information and advice. This will include access to written resources and specialist agencies.

Support can be both formal such as supervision and peer support groups to less formal such as carers or staff networks. All need to be supported by the agencies working with looked after young people.

All staff and carers need to discuss this policy in their induction programmes.

### **Supervision**

All carers working with young people need to proactively consider the sexual health and relationship needs of the young person during their supervision sessions rather than ignoring or deflecting these issues or responding only to crises.

All carers need to consider their training and development needs in this area regularly in their supervision. They should develop a young person's sexual health and relationships training plan within their appraisal process.

## **36. Implementation and Monitoring**

Policies are only effective if they can be translated into practice. Throughout this policy "best practice" has been highlighted and the information contained within it will be disseminated to carers and young people by the following methods:

For carers through the provision of ongoing training, support and supervision on the implementation of the policy.

For young people, through an information pack, including details of the policy, what they can expect from their carers and age appropriate sex and relationships information.

Young people will be encouraged to feedback their views through contact with Carers, Social Workers, Teachers, Health Workers and Advocates.

The policy will be formally reviewed and updated on an annual basis.

The impact of the policy will also be reviewed and monitored in relevant strategy documents and performance information reviews e.g. Teenage Pregnancy Strategy, Quality Protects etc.

August 22<sup>nd</sup> 2003

## 37. Resources

### For those working with young people

#### **fpa**

2-12 Pentonville Road, London N1 9FP. Tel: 020 7837 5432. Helpline: 0845 310 1334

Runs a helpline and information service, training and consultancy, community projects and produces a wide range of publications.

**Publications available from: fpa direct**, PO Box 1078, East Oxford DO, Oxford, OX4 6JE. Tel: 01865 719418.

#### **National Children's Bureau,**

8 Wakley St, London EC1V 7QE. Tel: 020 7843 6000

Collects and disseminates information about children and promotes good practice in children's services through research, policy and practice development, membership, publications, conferences, training and an information service. Has units specialising in children's residential care (CRCU) and in children's personal development.

#### **Brook**

421 Highgate Studios, 53-79 Highgate Road, London NW5 1TL.

Tel: 020 7284 6040. Runs local young people's sexual health clinics throughout the UK, which give advice and counselling on emotional and sexual problems and provides a contraceptive service. Produces a range of leaflets about sexual health and sexuality for young people, and education materials. Available from: **Brook Publications**, PO Box 883, Oxford OX4 5NT. Tel: 01865 719410.

**Ann Craft Trust (formally NAPSAC)**, Centre for Social Work, University Park, University of Nottingham, Nottingham NG7 2RD. Tel: 0115 9515400. Provides information, training, publications and conferences about working with children and adults who have been, or are at risk of being, sexually abused.

**Centre for HIV & Sexual Health**, 22 Collegiate Crescent, Sheffield S10 2BA. Tel: 0114 226 1900. Offers a range of national training courses and publications on sex and relationships education, sexuality and sexual health.

**Barnardo's**, Tanners Lane, Barkingside, Ilford, Essex IG6 1QG. Tel: 020 8550 8822.

Publications: 01268 520224. Provides a range of services and projects for young people in, and leaving, public care.

**British Agencies for Adoption and Fostering (BAAF)**, Skyline House, 200 Union Street, London SE1 OLX. Tel: 020 7593 2000. Promotes good practice in adoption and fostering through conferences, publications, an information service, training and consultancy.

**British Institute of Learning Disabilities (BILD)**, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP. Tel: 01562 723010. Offers staff training courses on sexuality and people with learning difficulties.

**Education for Choice**, 2-12 Pentonville Road, London N1 9FP. Tel: 020 837 7221. Pro-choice organisation providing professional training, trained facilitators, an information service and resources on abortion.

**FFLAG (Families and Friends of Lesbians and Gays)**, PO Box 84, Exeter, EX4 4AN. Central Helpline 01454 852 418. Admin: 01392 279546. Supports parents and carers and their gay, lesbian and bisexual children. Provides access to a network of local parents groups and contacts.

**Fostering Network formerly known as National Foster Care Association**, 87 Blackfriars Road, London SE1 8HA. Tel: 020 7620 6400. Helpline: 020 7620 2100. Information line: 020 7261 1884. Aims to ensure the highest standards of care for all children and young people who are fostered through the provision of training, advice and support.

**Health Development Agency**, Holborn Gate, 330 High Holborn, London WC1V 7BA. Tel: 020 7430 0850. Works to improve the health of people and communities in England, in particular, to reduce health inequalities. In partnership with others, it gathers evidence of what works, advises on standards and develops the skills of all those working to improve people's health.

**National Society for the Prevention of Cruelty to Children (NSPCC)**, Weston House, 42 Curtain Road, London EC2A 3NH. Tel: 020 7825 2500. Aims to prevent the physical and mental abuse of children. Provides counselling, information, publications and training.

**National Youth Agency**, 17-23 Albion Street, Leicester LE1 6GD. Tel: 0116 285 3700. Works to improve and extend youth services and youth work.

**Parentline Plus**, 520 Highgate Studios, 53-79 Highgate Road, Kentish Town, London NW5 1TL. Tel: 020 7284 5500. Parentline: 0808 800 2222. Textphone: 0800 783 6783. Formed following the merger of Parentline and the National Stepfamily Association. Provides a helpline service, courses for parents, training and a range of publications.

**Sex Education Forum**, National Children's Bureau, 8 Wakley Street, London EC1V 7QE. Tel: 020 7843 6052. Works at a policy level to improve the environment for sex education, and at practice level running developmental projects. Produces publications, resources, factsheets and its newsletter *Sex Education Matters*. Advice and information on: how to develop sex & relationships education policy; good practice in planning and delivery of SRE; working with and supporting parents and carers.

**SPOD (Association to Aid the Sexual and Personal Relationships of People with a Disability)**, 286 Camden Road, London N7 OBJ. Tel: 020 7607 8851. Supports those with disabilities in their sexual and personal relationships through counselling and publications. Training is provided for professionals and carers.

**Teenage Pregnancy Unit**, Department of Health, 5<sup>th</sup> Floor, Skipton House, 80 London Road, London SE1 6LH. Tel: 020 7972 5098. Taking forward the Social Exclusion Unit's report on teenage pregnancy, the TPU has produced a number of guidance documents (see *Useful resources*) and can provide details of local teenage pregnancy co-ordinators.

**The Who Cares? Trust**, Kemp House, 152-160 City Road, London EC1V 2NP. Tel: 020 7251 3117. Provides information, advice and a practical service for young people who are or who have been in public care. Produces the *Who Cares? Magazine*, the only national magazine aimed directly at 10-18 year olds who are in public care. Also runs the Who Cares? Linkline, a helpline for young people (see below).

**Trust for the Study of Adolescence**, 23 New Road, Brighton, BN1 1WZ. Tel: 01273 693311. Undertakes research, runs conferences and seminars and produces resources about adolescent development and adolescent parents.

**Working with Men and The B Team**, 320 Commercial Way, London SE15 1QN. Tel: 020 7732 9409 or 01453 766391 (consultancy). Supports the development of work with men and boys through resources, publications, training, consultancy and advice. The B Team produces games, packs, posters, videos and other educational materials for use with young people in formal and informal settings.

## **Useful websites for carers**

### **[www.fpa.org.uk](http://www.fpa.org.uk)**

Website on all aspects of **fpa**'s UK-wide work, including contraception and sexual health, and clinic database.

and

### **[www.ncb.org.uk](http://www.ncb.org.uk)**

The National Children's Bureau's comprehensive site mainly for professionals working with children and young people, including projects and research.

### **Other useful websites:**

### **[www.a2zsexualhealth.net](http://www.a2zsexualhealth.net)**

Information and subscription service for professionals working in sexual health.

### **[www.barnardos.org.uk](http://www.barnardos.org.uk)**

Information about Barnardo's work and campaigns.

### **[www.brook.org.uk](http://www.brook.org.uk)**

Information and advice for young people and details of where to find clinics. Brook publications can be ordered online.

### **[www.cabinet-office.gov.uk/seu/](http://www.cabinet-office.gov.uk/seu/)**

Social Exclusion Unit website, includes copy of report into teenage pregnancy.

### **[www.doh.gov.uk/nshs/index.htm](http://www.doh.gov.uk/nshs/index.htm)**

National sexual health and HIV strategy website.

### **[www.lesbianinformationservice.org](http://www.lesbianinformationservice.org)**

Lesbian information service download leaflets.

### **[www.malehealth.co.uk](http://www.malehealth.co.uk)**

or **[www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)**

Online health advice for men.

### **[www.mariestopes.org.uk](http://www.mariestopes.org.uk)**

Information for public and professionals on Marie Stopes' services including contraception; sterilisation; abortion and health screening.

### **[www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)**

The Sex Education Forum website. Offers support and guidance on sex and relationships education for teachers and all others involved in sex education. Resources lists for different age groups are available to download, plus free factsheets and the Forum's newsletter *Sex Education Matters*.

### **[www.sexualhealthsheffield.co.uk](http://www.sexualhealthsheffield.co.uk)**

Centre for HIV & Sexual Health in Sheffield. Provides training and resources.

**[www.shastd.org.uk](http://www.shastd.org.uk)**

Society of Health Advisers in Sexually Transmitted Diseases site. Information on STIs and GUM clinics.

**[www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk)**

Teenage Pregnancy Unit website featuring latest guidance, news and reports.

**[www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)**

Health advice for teachers and gateway to National Healthy School Standards website. Will be hosting a website of independent resource reviews.

**Useful websites for young people**

**[www.fpa.org.uk](http://www.fpa.org.uk)**

Information on all aspects of contraception and sexual health and details of clinics.

**[www.brook.org.uk](http://www.brook.org.uk)**

Information about Brook centres and frequently asked questions about contraception, sexually transmitted infections, emergency contraception and abortion.

**[www.dr-ann.org](http://www.dr-ann.org)**

Information and advice on sex and relationships for young people from Dr Ann McPherson.

**[www.likeitis.org.uk](http://www.likeitis.org.uk)**

Interactive website for young people from Marie Stopes with information on sex, STIs and teenage pregnancy.

**[www.lifebytes.gov.uk](http://www.lifebytes.gov.uk)**

Health information for young people aged 11-14.

**[www.lovelife.uk.com](http://www.lovelife.uk.com)**

For 16-24 year-olds, Lovelife offers straightforward advice on safer sex, HIV and other sexual infections.

**[www.mindbodysoul.gov.uk](http://www.mindbodysoul.gov.uk)**

Website on health issues for young people aged 14-16, contains a section on sexual health.

**[www.ruthinking.co.uk](http://www.ruthinking.co.uk)**

Website for young people providing information on safer sex, contraception, abortion and STIs.

**[www.teenagehealthfreak.org](http://www.teenagehealthfreak.org)**

A complete online guide to teenage life.

**[www.thewhocarestrust.org.uk](http://www.thewhocarestrust.org.uk)**

Order their magazine for looked after children and young people. At time of press, two local authorities, London Borough of Hounslow and Birmingham City Council are piloting a secure online service for children in public care **[www.thewhocarestrust.org.uk/carezone.htm](http://www.thewhocarestrust.org.uk/carezone.htm)**

### **Telephone Helplines:**

**ChildLine** 0800 11 11  
Confidential helpline for children.

**Sexwise** 0800 28 29 30  
Confidential advice and helpline for young people on sexual matters.

**The Linkline** 0500 564 570  
Who Cares Trust confidential telephone support service for looked after children and young people.

**Brook young people's helpline** 0800 0185 023.  
Details of the Brook sexual health clinics for young people in the UK. **Brook recorded information line** on a variety of sexual health topics 020 7617 8000.

**Lesbian and Gay Switchboard** 020 7837 7324.  
Confidential advice, information and counselling about all aspects of homosexuality. Information on local groups and local gay and lesbian switchboards. Open 24 hours daily.

**NSPCC child protection helpline** 0800 800 500 or 0800 056 0566 minicom. Asian child protection helpline: 0800 096 7719.

**Careline** 020 8514 5444.  
Confidential telephone counselling to children, young people and adults on any issue. Offers a number of spoken languages including French, Greek, Hebrew, Hindi, Gujarati, Punjabi, Urdu and Tamil.