

# **Looked After Children and Young People**

## **Personal Relationships and Sexual Health Policy and Guidelines For Social Care Practitioners (Including Foster Carers)**

## **Acknowledgements:**

Thanks go to the following organisations whose resources, policies and guidelines were key in writing this policy and guidelines

- fpa (formerly the Family Planning Association)
- National Children's Bureau
- Southampton Social Services
- Birmingham Social Services
- Bradford Social Services

Thanks also go to the policy development team -

Barbara Banerjee	Manager Transition & Leaving Care
Debra Beeson	Foster Carer WMBC
Julie Chappell	Teenage Pregnancy Co-ordinator
Maureen Chaudhry	Health Co-ordinator for LAC / PCT
Les Fletcher	Manager Hilton Road Childrens Residential Unit
Bob Heighway	Service Manager LAC
Diane McNulty	Health Inequalities Manager
Keith Miller	NVQ Co-ordinator for Residential Care
Diane Osborne	Teenage Pregnancy Co-ordinator
Elaine Price	Family Placement Link Worker
Sharon Simmons	Foster Carer WMBC
Ann Thompson	Service Manager IRS Team – Childrens Services representative on Teenage Pregnancy Strategy Group

as well as to staff and carers who completed the questionnaires and attended the fpa training courses.

Special thanks goes to Zarine Katrak, consultant to the West Midlands Teenage Pregnancy in Care Project who supported and facilitated the team in developing this policy.

## **Foreword**

### **Who are the policy and guidelines for?**

The policy and guidelines apply equally to carers, staff and managers in statutory and voluntary organisations who are providing services to young people in Walsall. They will also be of interest to young people and parents. They outline the duties, responsibilities and rights, which are allowed within the law and national guidance, and how these can be applied to sex and relationships work with children and young people in public care.

## **Personal Relationships, Sexual Health and Looked After Children and Young People**

“Missed Sex and Relationships Education, be it at home, school based, or whilst in care because of the disruption of multiple placements and changes in schools: exclusion from school: traumatic experiences including sexual, physical or emotional abuse: poor parenting: a distorted understanding of sex, sexuality and interpersonal relationships: low self esteem: limited preparation for parenthood are amongst the factors which contribute to the increased risk of teenage pregnancy and parenthood amongst the looked after population”

Cathy Hamlyn  
Head of Sexual Health and Substance Misuse  
Department of Health. 2002.

“Nobody talks to you about sex in care”  
Young people in Public Care 1999 NCB

“Children and young people in public care are particularly vulnerable to poor sexual health”  
National Foster Carers Association and NCB 2001

<b>Contents</b>	<b>Page</b>
<b>Foreword</b>	<b>2</b>
<b>Policy</b>	<b>8</b>
• <b>Principles and Values</b>	
<b>Guidelines</b>	<b>10</b>
• <b>Aim</b>	
<b>Section A</b>	
<b>Setting the Context</b>	
• Why is sex and relationships work vital to looked after children and young people?	
• Children and young people who are looked after do not have the same life chances as other children	
• Why is talking about sex and relationships so important to looked after children and young people?	
• Research on looked after children and young people	
<b>Rights and Responsibilities</b>	<b>13</b>
• Children and Young People	
• Staff and Foster Carers	
• Parents/Guardians	
• Social Services Department and Other Service Providers	
<b>Section B</b>	<b>16</b>
<b>Support for Staff and Carers</b>	
• Recruitment and Selection	
• Staff and Carer Development and Training	
• Support and supervision	
• Support for staff and carers raising concerns	
• Sexual Attraction	
• Professional Boundaries	
<b>Section C</b>	<b>19</b>
<b>Anti-discriminatory Practice and Diversity</b>	
• Equal Opportunities	
• Anti-discriminatory Practice	
• Valuing Diversity	
• Checklist for staff and carers	
• Working with boys and young men	
• Working with girls and young women	
• Working with looked after children and young people from black and minority ethnic communities	
• Religious and cultural issues	
• Working with children and young people with physical and sensory disabilities	
• Working with young people with learning disabilities	
• Working with gay, lesbian and bisexual young people	

<p><b>Section D</b>  <b>Sex and Relationships Education (SRE)</b></p> <ul style="list-style-type: none"> <li>• What is Sex and Relationships Education (SRE)</li> <li>• Values in SRE</li> <li>• Checklist</li> <li>• How can you approach SRE?</li> <li>• Age Appropriate Information</li> <li>• For children under 11 years of age</li> <li>• Children and young people over the age of 11 years</li> <li>• Practice Issues</li> <li>• Working with Emotional Hurt</li> </ul>	<b>25</b>
<p><b>Section E</b>  <b>Sexual Health, Behaviours and Identity</b></p> <ul style="list-style-type: none"> <li>• Sexual Behaviour of Young People placed together</li> <li>• Working with sexualised behaviour</li> <li>• Sexual Abuse and Handling Disclosures</li> <li>• Handling disclosures following the Bichard Inquiry</li> <li>• Working with Young People who have sexually abused others</li> <li>• Children abused through prostitution</li> <li>• How do children become involved in prostitution?</li> <li>• Abuse through pornography</li> <li>• Abuse through trafficking</li> <li>• Setting up short work programmes with a therapeutic as well as educational/health emphasis</li> <li>• Safer sex and sexually transmitted infections (STIs)</li> <li>• Contraception</li> <li>• Condoms and Under 16s</li> <li>• Emergency Contraception</li> <li>• Pregnancy</li> <li>• Working with Young Fathers.</li> <li>• Exploring Sexuality</li> <li>• Crossdressing</li> <li>• Transexuality</li> <li>• Masturbation</li> <li>• Pornography</li> </ul>	<b>30</b>
<p><b>Section F</b>  <b>Legislation and National Policy</b></p> <ul style="list-style-type: none"> <li>• Age of consent</li> <li>• Repeal of Section 28</li> <li>• Confidentiality</li> <li>• Confidentiality and over 16's</li> <li>• Under 16s – contraception and consent</li> <li>• Other Professionals and Contraception</li> </ul>	<b>41</b>
<p><b>Practice Issues</b></p> <ul style="list-style-type: none"> <li>• Recording Information</li> <li>• Working with parents</li> <li>• Young person's right to complain</li> <li>• Young People leaving care and living independently</li> <li>• Pathway planning for young people preparing to leave care</li> </ul>	<b>43</b>

<ul style="list-style-type: none"> <li>• Out of authority placements</li> <li>• The Sexual Offences Act 2003</li> <li>• Gender Recognition Act 2004</li> </ul> <p><b>Key Guidance and Legislation</b></p> <ul style="list-style-type: none"> <li>• The UN convention on the Rights of the Child</li> <li>• Children Act 1989</li> <li>• Quality Protects</li> <li>• Assessment Framework</li> <li>• Promoting Health of Looked after Children</li> <li>• Education of Young People in Public Care Guidance</li> <li>• Children (Leaving Care) Act 2000</li> <li>• Looked After Children nurses</li> <li>• The National Healthy Care Standard</li> <li>• Safeguarding children involved in prostitution</li> <li>• The Teenage Pregnancy Unit</li> <li>• The Sexual Health and HIV Strategy</li> <li>• Sex and Relationships Guidance for Schools</li> <li>• The Personal, Social and Health Education (PSHE) and Citizenship frameworks</li> <li>• The Connexions Service</li> <li>• Sure Start Plus</li> <li>• Sure Start</li> </ul>	<p><b>48</b></p>
<p><b>Section G</b></p> <p><b>Contacts and Resources</b></p> <ul style="list-style-type: none"> <li>• Local Contacts</li> <li>• Useful resources – National</li> <li>• Useful contacts – National</li> <li>• Useful websites</li> </ul>	<p><b>53</b></p>

# **Looked After Children and Young people**

## **Personal Relationships and Sexual Health Policy**

## **Personal Relationships and Sexual Health Policy**

This policy is approved by the council to provide choice to all those who have the responsibility to provide guidance in relationships and sexual health matters to looked after children and young people

Walsall Social Care and Supported Housing will seek to ensure that all who engage with Looked After Children and Young People can give information confidently, safe in the knowledge that their advice is within the law.

This policy is a public document It is an overarching statement of principles and values which takes into account legislation, Government guidance and good practice.

Relationships and sexuality are subjects that people often find difficult to discuss even though they are a central part of everyone's life.

"Sexuality is one of the ways we experience ourselves as female and male and how we relate to others. It includes our self esteem; the roles we are given or take on; the way we communicate with others; our bodies – how they work and how we use them, and our relationships, including sexual relationships." H. Dixon

It is our belief that young people have the right to experience relationships based upon mutual respect, and to be comfortable with their own sexuality and development. Children have a right, on an ongoing basis, to develop, make mistakes and learn. They are entitled to receive advice and guidance that promote good relationships and their sexual well being.

### **Principles and Values**

For sexuality to be a positive part of life, all children and young people need to:

- feel comfortable with themselves and their bodies,
- know how to avoid being sexually abused or exploited,
- understand what kind of sexual behaviour is okay,
- be supported and behave responsibly towards themselves and others,
- understand about roles in their lives and how these impact on relationships.
- receive information appropriate to their age, needs and sexual orientation so that they can safeguard themselves and enjoy good sexual health.

# **Looked After Children and Young people**

## **Personal Relationships and Sexual Health Guidelines**

## **The Aim of the Guidelines for carers, staff and managers is:**

- To help you actively promote good sexual health for looked after young people. Good sexual health includes avoiding sexually transmitted infections (STIs), unwanted pregnancy and making informed choices about sexual expression, orientation and enjoyment without threat of exploitation, oppression or abuse.
- To contribute to reducing local and national teenage pregnancy and STI statistics.
- To give you consistent guidance on how to work more effectively with young people in sex and relationships work or education.
- To create an environment in which you feel you can talk openly, safely and sensitively to young people in your care about sexual behaviours and attitudes.

## **Section A**

### **Setting the Context**

#### **Children and young people who are looked after do not have the same life chances as other children**

Children come into public care with a range of issues. Evidence suggests young people within the care system are not only at risk of abuse but also do not do as well as other children in education, in their sexual health and in their job prospects.

After leaving care, young people are over-represented amongst teenage parents, sex workers, the homeless, the unemployed, those with mental health problems and those within the criminal justice system. A series of Government initiatives (see Key Guidance and Legislation section) are now trying to make sure that the disadvantages that cause these statistics (see Research on Looked After Children and Young People Section) are addressed so that children in public care can enjoy the same life chances as all other children.

#### **Why is talking about sex and relationships so important to looked after children and young people?**

Many looked after young people say that they do not talk about sex and relationships at school. Many who are pregnant or teenage parents say that they chose this option because they wanted to feel loved.

Those who were sexually active at an early age often talk about mistakenly thinking that sex equals love. Those abused by working in the sex trade may have been groomed for this work by people who show them much wanted attention.

If children and young people have suffered from sexual abuse they will have 'mis-learned' what can make appropriate, consenting and fulfilling relationships. It is vital to understand what causes looked after children and young people to feel like this. It is equally important to know how to help them deal with these feelings so that

they can reach maturity enjoying who they are rather than being held back by past experiences.

One young care leaver, who had been sexually abused as a child, and had not had any counselling to deal with the effects that the abuse had on him, reported: 'I wish I could understand about sex and love, how they're connected. People talk about sex and love all the time but I can't feel what that's about.' Male care leaver

Peer group conformity is at its strongest in adolescence, making it difficult for young people to exercise choice and freedom of expression, and to resist the pressure to experiment and become involved in sexual activity, often in ignorance of, and without regard to, their own personal health.

Young people who are "looked after" by the local authority face additional pressures. They have often experienced inadequate parenting in their earlier life and poor adult role modelling. Some will have suffered early abuse that may lead them to display inappropriate personal and sexual behaviours with their peers and the adults who care for them. Young people often have low self-esteem and have not yet developed the necessary skills and confidence to negotiate personal relationships. These young people are therefore particularly vulnerable.

Within the care system young people will often experience multiple placements leading to inconsistency of care and an inability to form trusting relationships.

### **Research on looked after children and young people**

Here is some of the evidence that shows the disadvantage faced by young people in or having left the care system

#### **From "Let's Make it Happen" fpa/NCB 2003**

- The number of children and young people being looked after was 58,900. This is 1 % higher than the previous year, which compares with an annual average increase of 4% in the last 3 years.
- 65% of children looked after were placed with foster parents, similar to previous years.
- 3,400 looked after children (or 6% of the total were placed for adoption: this represents an increase of 300 (or 9%) over the previous year.
- 42% of children looked after were aged under 10.<sup>1</sup>
- The health of looked after children is poor, and worse than that of the general population.<sup>2</sup>
- Looked after children are more likely to experience mental health problems - almost a quarter of children in care have a major depressive illness compared to 4% of children in general.<sup>3</sup>

---

<sup>1</sup> Department of Health press release re new national statistics May 2002.

<sup>2</sup> Audit Commission. Seen but not heard. London: Audit Commission 1994.

<sup>3</sup> Broad. Improving the health of children and young people in leaving care. Adoption and fostering 1999 vol23, No1 pp 40 - 48.

- Looked after children are more likely to experience substance misuse.<sup>4</sup>
- Looked after children and care leavers are more likely than other young people to think about or actually try to take their own lives, or to deliberately self-harm.<sup>5</sup>
- 25% of young women were mothers by the time they ceased to be looked after. The national figure is 3% for 16 to 24 year olds.<sup>6</sup>
- NCH has reported that children who have been abused may go on to become abusers under the age of 18.<sup>7</sup>
- Matthews notes that, of the national figure of 55,300 looked after children and young people as at March 31 1999, 55% of that number were boys, a proportion that has been steadily rising. In another study, he points out that two thirds of male prostitutes interviewed had been in local authority care. He also reports that young men in general are more likely to be dependent on alcohol and drugs than young women, are four times more likely to commit suicide than young women and have a poor track record of accessing health services in an ongoing way.<sup>8</sup>
- Barnardo's Street Team in Glasgow reports that 90% of boys who have made contact with them have been in local authority care.<sup>9</sup>

#### **Generic research on young people and sexual health**

- A quarter of young women and nearly a third of young men have had sex under the age of 16 but the average age of first sexual intercourse is 16 for both sexes.<sup>10</sup>
- The numbers of teenagers in England, Wales and Northern Ireland diagnosed with an STI has increased in recent years. Between 1999 and 2000 cases of chlamydia increased by about 20% and of gonorrhoea by about 30%. In 2000, 41% of females diagnosed with gonorrhoea at a GUM clinic were under 20 years of age.<sup>11</sup>

---

<sup>4</sup> Saunders L & Broad B. The health needs of young people leaving care. Leicester: Department of Social and Community Studies and Centre for Social Action, De Montfort University 1997 and Richardson J & Joughin C.

Mental health needs of looked after children. London: Gaskell 2000.

<sup>5</sup> Saunders L & Broad B. The health needs of young people leaving care. Leicester: Department of Social and Community Studies and Centre for Social Action, De Montfort University 1997 and Richardson J & Joughin C.

Mental health needs of looked after children. London: Gaskell 2000.

<sup>6</sup> Biehal N and others. Prepared for living? A survey of young people leaving the care of local authorities. National Children's Bureau 1992.

<sup>7</sup> NCH 2000. Factfile 2000. Facts and figures about children in the UK. National Children's Bureau 2000.

<sup>8</sup> Matthews V. The biggest health inequality of all. Independent/Health Development Agency. Independent on Saturday supplement 2 March 2002.

<sup>9</sup> See footnote 8

<sup>10</sup> Wellings, Kay et al. Sexual behaviour in Britain: early heterosexual experiences. The Lancet 1 December 2001. pp. 1843-1850.

<sup>11</sup> Public Health Laboratory Service et al. Sexually transmitted infections in the UK: new episodes seen in genitourinary medicine clinics, 1995-2000. PHLS, 2001.

- In 1999, 98,749 women under 20 became pregnant in England and Wales and almost 8,000 of these were under 16. The UK continues to have the highest teenage pregnancy rates in Western Europe.<sup>12</sup>
- In 2000, there were 34 HIV diagnoses in the UK, attributed to heterosexual sex in 15-19 year olds. In 2001, this figure rose to 60.<sup>13</sup>
- Over half of pregnancies in under 16s are terminated. Nearly 4 out of 10 teenage (ie up to 19 years old) pregnancies are terminated.<sup>14</sup>
- The majority of young people report condom use at first intercourse but this is less likely at younger ages. Nearly a third of men and women who first had sex aged 13-14 did not use a condom.<sup>15</sup>

## **Rights and Responsibilities of Staff, Carers, Young People, Parents and Guardians, Social Services Department and Other Service Providers**

### **Children and Young People**

#### **Rights**

- to be treated with dignity, respect and privacy
- to have opportunities to make friends, to love and be loved
- to equal rights and responsibilities as regards their personal relationships and sexuality as do the whole society, as appropriate to their age and understanding
- not to be abused and/or exploited
- to be provided with information and protection appropriate to their age, needs and abilities
- not to have other people's differing attitudes imposed upon them
- to express their views, to have these heard, valued and respected including the right to say 'no'
- to live in environments which value their dignity and humanity
- on an ongoing basis, to develop and learn and have access to information about themselves, human growth and development and emotions at a level and pace appropriate to their needs and abilities
- to the same basic rights as other citizens of the same country and age within the context of their own cultural and religious beliefs.

---

<sup>12</sup> Population Trends 1999. Office for National Statistics, The Stationery Office.

<sup>13</sup> Public Health Laboratory Service AIDS Centre and Scottish Centre for Infection and Environmental Health.

AIDS/HIV quarterly surveillance tables: cumulative UK data to end June 2002. PHLS, June 2002.

<sup>14</sup> Population Trends 1999. Office for National Statistics, The Stationery Office.

<sup>15</sup> See footnote 13.

## **Responsibilities**

- to choose with whom and when they share personal information
- to show respect and consideration to any children, young people and adults that they have contact with
- to take opportunities to develop lifeskills that will both protect them from harm and enable them to make constructive choices about their future
- to consider implications and consequences of their actions

## **Staff and Foster Carers**

### **Rights**

- To have clear boundaries defining what is and is not regarded as acceptable practice.
- To work in a safe environment to address issues of sexual health.
- The department recognises the risk of unfair allegations of abuse. Any allegation of abuse must be taken seriously. Staff and carers have a right to be supported through any allegation given that some allegations will be misinterpreted, unfair or malicious.
- To training and support in providing effective, appropriate and consistent information about sexual health to children and young people.
- To hold their own opinions and beliefs, but not to impose them on the children and young people they work with.
- To both internal and external support to their work environment, e.g. via work colleagues and staff with the Pct.

### **Responsibilities**

- To be aware of how their own personal values and belief systems affect their work with children and young people, whilst recognising that personal relationship education is not value-free.
- To be aware of the power and influence they have over children and young people and the decisions that children and young people make regarding their sexual activities. This could lead to children and young people suppressing their sexual identity. Consequently, staff and carers should ensure that information they give is non-judgmental, non-directive and does not attempt to impose their morals or preferences as to what constitutes a loving and/or sexual relationship.
- To monitor and control their own relationships with children and young people so as not to abuse their position of trust. (See page 18-19.) To ensure that no inappropriate relationships develop and that all children and young people they work with are clear that no inappropriate relationship will develop between themselves and a child or young person being cared for. (See Section B page 17-18)
- To respect the dignity and privacy of children and young people by discouraging intrusion into personal space, and not to tolerate sexual harassment of children, young people, staff, carers or parents.
- To ensure children and young people have access to relevant personal relationships and sexual health information and preventative sexual health services.
- To respect children and young people's right to confidentiality within the limits set down in departmental procedures. To disclose information relating

to children and young people's sexuality only when this is appropriate in the interests of the children and young people or necessary for the protection of others.

## **Parents/Guardians**

### **Rights**

- To be informed about how the Department intends to address issues relating to personal relationships and sexual health.
- To departmental support and encouragement in addressing issues of personal relationships and sexual health with their child.
- To be consulted, express their wishes and feelings about such issues, and have them taken into account where this is appropriate.
- To advise the Department about addressing issues relating to personal and sexual relationships with their child.
- To have their religious and cultural beliefs respected and taken into account when this work is carried out.

### **Responsibilities**

- To exercise their rights in the best interests of their child when making a decision about the information their child can or can't access. This will depend on the age of their child and their child's abilities to make decisions.
- To promote their child's personal and social development.

## **Social Services Department and Other Service Providers**

### **Responsibilities**

- To make appropriate information and counselling relating to personal and sexual relationships available to each child and young person whom it looks after.
- To provide appropriate resources and support to enable staff and carers to address issues relating to personal and sexual relationships with children and young people whom the Department looks after.
- To support staff and carers in providing support, advice and information about personal relationships and sexual health to children and young people they look after.
- To safeguard and promote the welfare of children and young people whom it looks after, including provision of advice, information and access to contraceptive and STI prevention services where this is considered necessary and appropriate.
- To respect the right of children and young people to sexual expression providing they give due regard to the needs of others, and providing that their relationships are not abusive, coercive or illegal.
- To ensure that the children and young people whom it looks after have opportunities to develop caring and fulfilling relationships. The Department acknowledges that these relationships may at some stage involve sexual expression. Providing that these relationships are not abusive, coercive or illegal, the Department will respect acceptable expression by children and young people looked after, having due regard to the constraints of individual placement settings.

## Section B

### Support for Staff and Carers

#### Recruitment and Selection

The job description make it clear that Social Services staff will be expected to pro-actively and supportively work with Young People on SRE. For foster carers it would have been outlined in 'Choosing to Foster'. The willingness and ability to carry out this work should be addressed in the Assessment Process and any further training needs identified.

#### Staff and Carer Development and Training

All staff and carers will have the opportunity to develop their skills through training. Courses in sexuality have been provided by fpa (Family Planning Association) for a range of staff and carers in Walsall who work with young people. Expectations made of foster carers are the same as those made of residential staff and social workers, and the content of this policy and these guidelines applies equally to both.

However, fear of allegations of abuse may make it more difficult for foster carers to carry out sex education confidently and training has often centred on what to do if a foster child makes allegations of abuse against a carer. The National Foster Care Association believes creating safe environments that reduce the risk of accusations of abuse is essential. This is discussed in the NFCA publication 'Safe Caring'.

Foster carers will need to consider the impact of fostering and their role as sex educator on other members of their family, including their own children. It may be necessary for the carer to provide different levels of support and information for foster children and their own children, because of their particular experiences.

Foster carers will be given training on sex and sexuality matters to equip them with the basic knowledge, skills and awareness to provide sex and personal relationship education.

Sex and sexuality issues will be addressed in the assessment process and in the annual reviews of foster carers which will identify any further training needs.

**The role of the Family Placement Team will be crucial to the support of foster carers. The Family Placement Team will take lead responsibility for ensuring the training, resourcing and support of all foster carers.**

Residential and other staff will be enabled to identify and meet training needs and monitor their progress through supervision and the Individual Performance Management (IPM) process.

#### Support and supervision

Because it is the young person's right to SRE, you will be expected to help them get the best possible information and to work through difficulties they may experience in this area. In order for this to happen you will need encouragement and support.

Some staff and carers may find issues relating to sex and sexuality difficult. You should remember, nobody has all the answers, and this is okay. However it is important to treat sex and relationships seriously. Don't make light of them. Seek support or supervision from your line manager, link workers or other colleagues to promote open and honest discussions about issues and feelings. This can also provide a good opportunity to make sure that planned sexual health work, which meets the needs of the young people is being carried out.

Supervision should promote confidentiality by reducing the need to discuss the details of the young person's sexual life in more public forums such as staff meetings or foster care support groups. However these meetings can be used for discussion about some of the wider issues relating to values and opinions. For example 'what exactly is pornography and what approach will we use to deal with it when it arises?'

### **Support for staff and carers raising concerns**

If you have concerns about another member of staff's or carer's behaviour or attitude, you have a duty to share these concerns with your line manager (sharing concerns about a carer's attitude or behaviour relates to practice in general and is not specific to SRE). These concerns may include: any sexually inappropriate behaviour between carer and young person; carers supporting inappropriate behaviour on the part of the young person, e.g. allowing the young people to watch age-inappropriate videos; laughing at a serious situation instead of dealing with it, or not dealing with sexist or homophobic comments or bullying.

It is important to remember the focus of your work – why are you in this position? Why are you doing this work? You are in this work to help young people who are in less powerful positions than you are. By not challenging poor practice, we are doing the young person in question a great disservice and adding to their powerlessness. If you feel your concerns are not being taken seriously, you have the right and duty to take these concerns to the next level of management.

### **Sexual Attraction**

The diversity of sexual behaviour in society is such that carers as well as children need orientating to what is and is not acceptable in a residential/foster care setting. It is not acceptable for you to act in a way that appears inappropriately sexual in the presence of young people. You should also bear in mind that anyone who is in a position of trust in relation to a young person (e.g., a carer) who behaves in such a way in front of, or where he or she can be observed by the young person, could be prosecuted under the Sexual Offences Act 2003 if it were felt that he or she had done so with a view to obtaining sexual gratification from the presence of, or observation by, the young person. Sexual attraction between workers in residential care belongs to one's personal life and should be developed outside of the work place. It is also good practice to inform line managers of these relationships.

It needs to be acknowledged that sexual attraction can sometimes also exist between carers and the young people in their care. Whilst acknowledging this as a reality, it should be made very clear that it is never appropriate to act on these impulses. This would clearly be an abuse of power as the children and young people in your care are some of the most vulnerable in society.

### **Professional Boundaries**

Maintaining the appropriate boundaries between yourself and the young person is particularly important in relation to matters concerning personal relationships. Whilst you 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 the department have had previous experiences of abuse and involvement in high risk lifestyles. This may influence their response to work undertaken with them concerning personal relationships and sexuality.

Young people may misinterpret situations and conversations and, on occasions, make allegations against carers. Caution must be observed by carers in sharing their own personal life experiences, which, however well intended, may be open to misrepresentation and misunderstanding by the young person. However, it can be appropriate to share some of the feelings and emotions you have experienced because not to do so would deny the young person the opportunity to understand how powerful emotions can be dealt with and integrated in a positive way. If in any doubt, you should discuss with your supervisor/link worker the most appropriate means of working with the young person.

It is good practice to develop a safe care policy. This involves looking at the residential unit/homes and how you work with the young people to minimise the risk of false allegations. The following are some key things to consider:

- Knocking on bedroom and bathroom doors
- Seeking permission to enter a young person's room before doing so
- When entering a young person's room, ensure a colleague is in the vicinity
- Only giving physical contact with the young person's permission – i.e ask if it's ok first.
- Recording any incidents of a young person wearing little or inappropriate clothing
- Encouraging young people to wear dressing gowns when out of their bedrooms

Under no circumstances should you engage in a sexual relationship with a young person in your care, even if they are over 16. This would lead to your immediate suspension and police involvement. The Sexual Offences Act 2003 states it is an offence for a person aged 18 or over, in a position of trust (including caring for a looked after child) to have any type of sexual activity with that child if s/he is under the age of 18. Human Resources also have additional policies on staff conduct.

## Section C

### **Anti-discriminatory Practice and Diversity**

#### **Equal Opportunities**

Equal Opportunities legislates against discrimination and promotes the ideal of equal rights for all.

#### **Anti-discriminatory Practice**

Anti-discriminatory practice is the action of equal opportunities. It recognises inequalities and the direct and indirect nature of discrimination arising from them. It will actively challenge discrimination using the law, policies and guidance.

#### **Valuing Diversity**

'Diversity' is a concept that recognises the benefits to be gained from difference. Valuing diversity seeks to include and involve groups and individuals from many sections of society rather than the more powerful few. By accepting the strengths present in diversity, it aims to utilise these proactively and positively for the benefit of all.

#### **Checklist: Staff and carers should consider the following points when working with a range of children and young people:**

- It is recognised that you may hold your own cultural, religious and moral beliefs and while you will not be expected to alter your beliefs, you should not, however, impose those beliefs on young people. You will be expected to act always in ways that are consistent with this policy.
- It is recognised that young men and women have different needs in terms of sexual education and this should be reflected in its delivery. In order to be sensitive to young people it may be necessary that work meets specific needs i.e. same sex groups/advice.
- It is also acknowledged that stereotypes exist. When considering personal relationships and sexual health issues therefore, you will be expected to actively challenge such stereotypes.
- Be careful not to make assumptions. If in doubt check it out! Talk to the person. It is important for staff who are not from minority backgrounds (e.g.

based on ethnicity, religion, sexual orientation, disability, etc.) to understand that minority perspectives need to be taken into account.

- To ensure that information is accessible to young people and their carers, it may be necessary to use translation, interpretation, signing and Braille services.
- Black young people, young women and lesbian, gay and bisexual young people are particularly vulnerable to sexualised verbal abuse and you need to be sensitive to young people facing such discrimination and act in a way that reduces its impact, as well as proactively considering how they will deal with this when it arises.
- Young people themselves may also use sexualised language inappropriately which carers will need to challenge.
- Sexual health/advice is not just about providing information about sex but also putting this into a context in terms of relationships, emotions, choice and exploitation.

### **Working with boys and young men**

Despite the stereotype that boys and young men are invincible, those who are looked after are a vulnerable group for a number of reasons. In the first instance, like all boys and young men, they find themselves in a society where masculinity and sexuality are constructed in a way that exacts a cost. Young men are more likely to be dependent on alcohol and drugs than young women, are four times more likely to commit suicide than young women, have a poor track record of accessing health services in an on-going way. (Matthews 2002)

Looked after boys and young men are also affected by particular issues:

- disrupted education sometimes means lack of access to formal sex and relationships education (SRE)
- the absence of male role models may remove opportunities to learn about masculinity, fatherhood, sexuality etc
- the emotional experience of some looked after boys and young men may be quite difficult, for example difficulties in talking about emotions due to the constraints of "being a man".

The challenge for workers is to find opportunities to create both formal and informal opportunities in which looked after boys and young men can receive the SRE to which they are entitled.

Staff and foster carers, especially men, need to make a conscious effort to make sex and personal relationships work relevant to boys and young men.

Carers will need to:

- inspire boys' and young men's confidence
- offer praise and encouragement regularly
- try and bring out their good qualities
- check that any resources they use do not present a stereotypical and negative view of masculinity
- make it fun, challenging, interesting, and stimulating, by providing new tasks and ideas
- recognise activities and tasks that they can do well and be proud of

- offer positive male role models, for example by involving and supporting male workers and carers in this work
- have a sense of humour and be open to talking about sexuality and relationships.

### **Working with girls and young women**

Many young women in or leaving care may appear to be highly sexualised and therefore appear to be knowledgeable about sex and sexual health. However, for many of those girls and young women, having sex will have been an experience in which they may have been coerced. They may have had sex to feel loved, or they need to feel they belong within a group, or because of fear of solitude or loneliness.

It is essential that staff and carers take the time to work with young women to raise their self-esteem, working on building good communication skills and confidence, assertion and negotiation skills as well as providing factual information about sex and relationships and checking out their sexual knowledge.

Many young women have not had basic information about body changes and working with groups of girls over time to heighten their awareness of puberty, periods, using sanitary wear, dealing with premenstrual tension and period pains may be necessary. For young women with learning disabilities this is especially important. Relationship work with young women is also important. Many looked after young women are vulnerable to sexual exploitation by adults.

### **Working with looked after children and young people from black and minority ethnic communities**

Children and young people from black and minority ethnic communities come from a huge diversity both within, and between, cultures and communities.

Children and young black and minority ethnic people are not only more likely to live in deprived areas and experience all the problems that affect other people in these areas, but they are also vulnerable to racial discrimination, language and cultural barriers which prevent them from accessing relevant information and services. As a result some minority ethnic communities are disproportionately represented in the groups of young people who are at high risk of teenage pregnancy, early parenthood, sexually transmitted infections, school exclusion, those looked after in young offender institutions and within the mental health system. African-Caribbean and mixed parentage/heritage children and young people are consistently over-represented in the population of looked after children. Because of disadvantage and low self esteem, sexual health issues may not be given a high priority in their lives. This can mean that these young people are less aware of the risks they face and therefore are unable to make informed choices.

Some professionals may be reluctant to openly address the poor sexual health of some black and minority ethnic groups, because of fears of being seen as racist or discriminatory. Unless we begin to highlight these issues proactively these young people will remain vulnerable and marginalised.

Improving the sexual health of black and minority ethnic young people will also rely on reducing the poverty, social deprivation and racial discrimination that places them at high risk.

Support and acceptance from a young person's own culture is very important and sometimes a looked after child may fear moving outside their cultural norms in case they are rejected by their own communities. Inter-generational

conflicts and differences can occur irrespective of religious or cultural background. However, young people from black and minority ethnic communities who have been born and brought up in this country may encounter expectations from their own parents and carers that are different from their own. Sometimes this may lead to conflict.

Workers can support children and young people by:

- encouraging them to explore values and attitudes that may be different from their own
- exploring ways of reaching a compromise. This can help to ensure that they will not get cut off from their own families and communities.
- checking what language and terminology is appropriate, so that the young people concerned can easily understand it. In some languages it may not be possible to directly translate the terminology used into English. When working with children and young people where English is not their first language, you need to use an interpreter, ensure that he or she is properly trained in sex and relationships issues; is familiar with the expectations of keeping information confidential; and is also able to demonstrate a non-judgmental, anti-discriminatory approach to working with looked after children and young people

### **Religious and cultural issues**

Looked after children and young people come from a variety of different cultural and religious backgrounds and this needs to be acknowledged and respected in all aspects of their care.

Section 22(5) of the Children Act 1989 requires the local authority 'to give due consideration to the young person's religious persuasion, racial origin and cultural and linguistic background'.

Religious and cultural issues are often assumed to apply only to young people from black and minority ethnic communities: in reality they can apply to all young people. When talking about sex and relationships it is essential to take into account the impact of religion and culture on all the young people with whom you work.

- If you are not of the same religious or cultural persuasion as the young people you work with, make sure you inform yourself of the basic content of the faiths and cultural perspectives of these young people. What do you need to know about their culture and religion? For example, the age of marrying, sex before marriage, rites of passage, expectations around gender roles and fertility, what sexual behaviour is acceptable and what is not.
- Don't make any assumptions based upon the content of a particular faith or culture, and always clarify your interpretation of any information with the young person and/or their parents or carers.
- Remember that in all religions and cultures there are a range of views and values that are held by young people and their parents and carers. Different cultures and religions have different sexual norms. Talking about sex is considered to be culturally taboo by many communities, so consider the implications of this when planning and delivering sessions, or giving advice or information.
- When using resources and information always make sure that your resource materials do not inadvertently promote any negative stereotypes.

- Some children and young people from different faith groups may feel more comfortable discussing sex and relationships issues in single gender groups and they should be given every opportunity to do so. This will afford them the safety that is necessary to participate fully and get the most out of any formal and informal discussions.

**Professionals need to:**

- Consider their own attitudes, feelings and prejudices towards different cultural and religious issues.
- Reflect on how racism operates in society and in institutions and how it affects the lives of looked after children and young people.
- Develop an understanding of, and strategies to combat racism and consider how to address sexuality and relationships with looked after children and young people from different cultural and religious backgrounds.
- Find out what policies and procedures exist for professionals that support anti-discriminatory practice when working with looked after children and young people in your locality.

**Working with children and young people with physical and sensory disabilities**

The sexuality of people with physical disabilities has to be openly acknowledged and addressed, instead of being ignored. Professionals working with children and young people with physical and/or sensory impairments will need to find ways of helping young people to talk about their disability and any effect it may have on their sexual behaviour. 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. Lack of independence and lack of opportunity may also limit experience of relationships. The rights of the young person with a physical disability to choose their sexual identity and their relationships are fundamental.

There are a number of key issues around working with children and young people with physical disabilities. One issue that has arisen consistently is around alternative ways of expressing intimacy if "penetrative" sex is not physically possible. This requires some explicit and detailed information giving, which some professionals may find difficult. Information about how to obtain personal help with sexual activity may also be difficult for some people to talk about. Referral and training needs must be identified here.

**Working with young people with learning disabilities**

Young people with learning disabilities have a different learning process and sex and relationships work may need to be highly explicit. It may also take more time than with other groups of young people, and will need to be repeated in order to reinforce the messages. Children and young people are less likely to make use of informal, unstructured social and sexual learning opportunities and do not pick up cues, ask questions, or acquire information from peers in the same way as their non-disabled peers. Poor language development can also make their understanding of abstract concepts such as privacy difficult.

Often sex and relationships information for young people with learning disabilities has been restricted to helping them to protect themselves from abuse and to understanding appropriate public behaviour. It is equally important to include

knowledge, skills development and exploration of attitudes to help them make positive decisions in their lives.

Professionals need to consider the sex and relationships needs of children and young people with learning disabilities. Staff and foster carers in consultation with parents can then assess how these needs can be addressed. A reluctance to address issues such as HIV/AIDS or sexual identity may relate to the fear of staff, parents or carers and this needs sensitive handling by staff and managers. Parents of young people with learning disabilities may find it particularly hard to accept that their children are sexual beings. In the past, this has restricted their access to appropriate sex and relationships information. Agreeing about the aims of sex and relationships information that recognises the young people's sexuality and their right to good quality, accurate information can be helpful.

### **Working with gay, lesbian and bisexual young people**

Homosexuality, like heterosexuality, is not just about sex and relationships. It is about people, their lives and their place in society. Homophobia - fear of and prejudice against homosexuality - is common. Consequently, many children and young people who are gay are both verbally, emotionally and physically bullied: there is a high rate of suicide amongst young gay men. A general climate which values diverse sexualities needs to be developed and appropriate behaviour needs to be modelled at all times by professionals and carers.

Section 28 of the Local Government Act 1988 that did not want homosexuality to be 'promoted as a pretended family' has been repealed.

The Children Act 1989 Guidance and Regulations Volume 4 makes specific reference to lesbian and gay young people and it is this that should guide all those working with looked after children and young people:

"The needs and concerns of gay young men and women must be recognised and approached sympathetically...."

Gay, lesbian and bisexual young people (and those who may not identify as such) from black and minority ethnic communities may need specific support. The terms 'gay' and 'lesbian' are considered westernised concepts and may not be translated positively into other cultures and languages. These young people may wish to explore how they can express their sexuality without abandoning their cultural and religious backgrounds. They may also need support to address the reality that, within their communities, sexuality is such a taboo issue that they may not be able to be open about it in the way they wish.

Professionals need to demonstrate ways of accepting and valuing diversity with different sexualities and within different cultures and communities. Support and acceptance from a young person's own culture is very important: sometimes they may fear moving outside their cultural norms in case they are rejected by their own communities.

Staff and carers must ensure the safety of young people and be sensitive to their feelings about same sex relationships. Carers' personal views should not be imposed on young people and care should be taken with language and behaviour.

## **Section D**

### **Sex and Relationships Education (SRE)**

#### **What is Sex and Relationships Education (SRE)**

"SRE is life-long learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes."

Sex Education Forum 1999

Good quality sex and relationships information enables young people to develop self-esteem, to explore values, attitudes and beliefs and also to make informed decisions about their behaviour, personal relationships and sexual health. Consequently, they are able to develop social skills, including communication, assertiveness and negotiation, which can also be used in other aspects of their lives.

Effective Sex and Relationships Education consists of the following equally important areas:

#### **Knowledge or Information**

Including the mechanics of sex and the biological aspects; fertility, pregnancy and reproduction; contraception, abortion and sexually transmitted infections; puberty; information about sexual behaviour, sexuality; the law.

#### **Skills**

Including communication and personal skills necessary to develop and maintain relationships and make informed choices and decisions regarding sexual health and emotional well-being e.g. assertiveness, negotiation.

#### **Values, beliefs and attitudes**

Including an exploration of society's, peers' and individual's values and beliefs about sex and relationships as well as a recognition of their influence on identity. Understanding the effects that emotions have; promoting positive feelings such as empowerment and self-respect. Dispelling negative feelings, for example fear, shame and embarrassment. Understanding appropriate expression of feelings.

#### **Identity and Self-esteem**

Working equally on all three areas can enable individuals to recognise and value who they are and prepare them more fully for adult life.

#### **Enabling Environment**

This includes a safe space as well as policy to support the work

## **Values in SRE**

Personal relationships and sex education is not 'value free' and anyone undertaking this work should be aware of their own values and beliefs and how these relate to their professional ethos. To promote consistency, approaches and materials that are used must reflect the professional and not the personal values framework (see policy section). Staff and carers' attitudes in the way they work with children and young people's sexual health needs are key to how they themselves feel and respond to information that children and young people give them. Particular attention should be given to those children and young people who may be discriminated against, isolated and marginalised because of their gender, sexual orientation, race, physical or mental ability, religious belief or cultural identity.

## **Checklist**

As a carer or a member of staff you should ensure that:

- Information is provided in a clear and accurate manner, appropriate to age, culture, religion and gender. It will have relevance and be accessible to all children and young people and will not be heterosexist.
- Children and young people are enabled to talk in confidence about their feelings and emotions and you should ensure that young people are aware of and understand the issues of confidentiality (see confidentiality section).
- You challenge sexual harassment, inappropriate behaviour and discriminating behaviour by other staff, carers and other young people.
- You do not make any assumption about a young person's sexual orientation.

## **How can you approach SRE?**

How both formal and informal sex and relationships education could be provided

- Part of Personal Social and Health Education in planned sex education programmes offered individually or in small groups at school;
- In response to a comment or question from a young person, taking opportunities as they arise day to day;
- An occasional campaign such as world AIDS DAY or contraception awareness week;
- By facilitating a discussion after watching a video or TV programme;
- By using appropriate language agreed by both parties that they feel comfortable with
- Maintaining an up-to date information service for young people by giving details of local and national agencies and resources.
- Providing

- leaflets
- bulletin boards
- arranging visits to services
- access to internet and websites (please ensure access is appropriately restricted).

## **Age Appropriate Information**

Information on the following topics can be given to young people taking into account their maturity and level of understanding.

### **1. For children under 11 years of age**

The work to be done will be identified in the child's placement plan part 2 (health) and section 12 of the care plan, which is related to the long-term needs of children. This involves giving age-appropriate information to help them:

- talk about and name feelings and emotions
- know the names for the parts of the body and how they work (N.B. consider the implications of different families having different names for private body parts)
- talk about relationships, families, friendship, both same and opposite sex
- prepare for puberty, understand body changes and be able to manage periods
- have misunderstandings corrected
- to be able to ask for help and support
- understand appropriate and inappropriate touching
- raise awareness of abusive situations
- understand about health and hygiene including the genital area.

### **2. For Children and young people over the age of 11 years**

They will need opportunities to:

- Develop interpersonal skills such as listening, asking questions, making decisions, conflict-resolution, negotiation, supporting and assertiveness.
- Receive accurate, easy to understand information about sexual development; sexuality; sexual response and desire; contraception; reproduction and birth; abortion; masturbation; health and hygiene; sexual orientation; abuse; sexually transmitted infections including HIV, AIDS and safer sex.
- Be able to understand, express and manage their emotions and behaviour.
- Understand the importance of personal relationships and respect for self and others within relationships.
- Explore their own attitudes to themselves and others, and develop a values and moral framework.
- Understand the effect of sex and gender roles.
- Learn to avoid and resist unwanted sexual pressures and keep safe from sexual and physical abuse.
- Know how to access confidential information and advice about sexual health and personal/emotional issues.
- Understand all topics relevant to sex and the law.
- Develop skills to enable them to take responsibility for their behaviour.

- Learn how to deal with regretted sexual activity.

The need for specific support and advice on personal relationships issues will be identified in the placement plan part 2, section 2 (health) and section 4 (identity), as well as section 12 of the care plan which is concerned with the long term needs of young people.

Some useful tools in beginning this work are:

- Section H 16-20 of LAC: Assessment and Action Record, Age Fifteen Years and Over and Section H16-19 of LAC: Assessment and Action Record, Age Ten to Fourteen Years, which cover sexual health matters
- At each review the young person being looked after must be given the opportunity to comment on the progress of their individual programme of work to participate in the planning of this. Section 23(B) and (F) of the Review of Arrangements will record the progress of the work, and any changes to be made.
- The Independent Reviewing Officer will record both the responsible person and agreed tasks under Section 10 of the LAC Review Arrangements. This is to ensure that all young people receive the support and guidance required to promote positive relationships and sexual health. It should be emphasised that it is not an appropriate setting to enquire about personal matters.

### **Practice Issues**

For you as staff and carers there is no blueprint of how to provide personal relationships and sexual health education. Working in groups, for example, will only sometimes be appropriate and you should be prepared to respond to individual needs as and when they arise.

Situations may arise that will provide an opportunity to work on specific issues. Later it will be useful to check out with the young person how helpful your interventions have been for them.

To assist this work, you will be expected to identify common issues and develop your own action plans within the context of the groups of children and young people that you work with.

Each situation will need to be considered in its own right in terms of the needs of the children and young people concerned and set in the context of the circumstances that they are in.

In particular you will need to think about the age of the child or young person you are working with.

### **Working with Emotional Hurt**

A great many of the young people who are 'looked after' have experienced great emotional hurt in their lives. Many have entered a state of 'despair' from which it

is extremely difficult to recover. Many never do recover. In writing these guidelines, we acknowledge that carers will not always be able to reach all of the young people in their care who they would wish to support.

Often it is difficult enough to keep these young people out of trouble and safe from harm. Dealing with the deep emotional wounds that have led to their intellectual and emotional blockages often feels almost impossible. Even when carers offer consistency and loving kindness, many young people are unable to make the connections within themselves that can lead to personal growth and maturity. The hurt at this point in their lives is too great.

It is not always clear how carers can work positively with severely disaffected young people, but we acknowledge the importance of breaking the cycle of deprivation and despair. We, as a service, need to find new and meaningful ways to reach all of the young people for whom we have a responsibility and to helping them to find value and meaning in their lives.

## Section E

### Sexual Health, Behaviours and Identity

#### Sexual Behaviour of Young People placed together

For the majority, if not all young people accommodated in either residential or foster care, the experience is likely to be a challenging one that they cope with in a variety of ways. Some of these ways are likely to bring them into conflict with carers and the other young people they live with; and they are likely to experience particular difficulties during puberty as does every young person.

Explicit acknowledgement is needed of the daily reality of sexual feeling and of the sometimes highly charged form in which it seeks expression in residential settings, particularly where the majority of residents are adolescent. This is not something that can be ignored or dealt with on the basis that those that are stupid enough to be found out can expect to be punished. Protocols of conduct and control in relation to sex are needed, based on education, and taking account of heterosexual and homosexual feelings. These protocols should be based on the responsibilities of Walsall Social Care and Supported Housing and its staff towards the children cared for and will be drawn up by each individual establishment. It is the responsibility of managers to ensure these exist.

It is generally considered unacceptable for sexual activity involving looked after young people to take place within foster homes and residential homes. In semi-independent accommodation the situation may be less clear cut. A range of potential 'house rules' concerning the physical expression of relationships amongst young people may be appropriate depending on individual and local circumstances, customs and beliefs. Whatever specific house rules exist they should be clearly understood and discussed openly between carers and young people. Again, it is the responsibility of managers to ensure these exist.

Adolescence is a time of sexual development. Many young people experience mood swings and exhibit a greater tension than before between neediness and independence. They are experimenting with becoming adults and need a delicate balance of tolerance, challenge and emotional holding (i.e. to know that someone else is temporarily responsible for their boundaries so that they can go back to being a child for a while).

Carers should be clear about what constitutes a sexual relationship and ask themselves the question 'when does sex start?' because the answer will be different for everyone. Two young people kissing or holding hands would to some people, be seen as "the slippery slope to full penetrative sex", whilst others might view it as the expression of affection and need for closeness that we all have; in truth it is likely to be a mixture of both. Would you stop someone seeking affection? Perhaps the most helpful but most difficult strategy is to help the young people explore their motives for, and to look at the possible consequences of, practising various sexual activities. This exploration will likely include:

- The pressures put on them by their peers and by the media to be or pretend to be sexually experienced.
- Their experiences of being parented or their lack of parenting.
- The differences between affection and intercourse – do they know what they are?
- Young people's greater tendency to take risks. Risks are experiments with the world and its limitations. Young people need to experiment to find out who they are. What are the consequences? Is it worth it? What risks did you take when you were their age? Do you regret them or did you learn from them? What is an acceptable and what is an unacceptable risk? Do we view risk-taking in sexual behaviour as different from other forms of risk-taking?
- Their self esteem and how they feel about themselves – in your opinion, are they allowing themselves to be exploited because they do not value themselves? What can you do about that?  
It needs to be acknowledged that there are multiple pressures on young people (especially those in public care) to start having sex before the legal age of 16.

### **Working with sexualised behaviour**

Some young people within public care will present you with sexualised behaviours, which may cause great concern. It is not expected that staff and carers will have all the answers to these behaviours. There are complex reasons for the behaviours which some of the time will require specialist support and intervention.

The main expectation of carers is that they sensitively acknowledge the behaviour both to themselves and to the young person concerned and that they seek appropriate guidance and support from the young person's social worker, their line manager or link worker, with reference to the **Confidentiality** section in these guidelines.

Looked after young people must receive the same advice, information and sexual health education as any other young person, as their need for positive messages about sexual health and relationships will be as great, if not greater.

Whilst referrals to specialist services may be appropriate, it should be remembered that these services will look to facilitate change in a young person's behaviour. They will not look to provide SRE for that young person. It is still important this work takes place and that you are supported in carrying it out.

### **Sexual Abuse and Handling Disclosures**

Some young people who are looked after have been the victims and sometimes the perpetrators of sexual abuse, and may at times enter into abusive relationships that reproduce these early experiences. It is important to work with them to look at ways of helping them make and value healthier relationships. This will only happen with time.

Any disclosures should be handled with sensitivity and Child Protection Procedures should be followed. The matter would need to be discussed with your line

manager, your link worker and the child's social worker. Please see the following section for more advice on this area.

A young person who has been sexually abused is likely to have a distorted view of what a good sexual relationship is about. They need to be helped to see what the differences are between healthy and abusive relationships. They also may need support to form positive sexual relationships.

### **Handling disclosures following the Bichard Inquiry**

Wherever it appears that a criminal offence has been committed, or is suspected to have been committed, against a child, the guidance in 'Working Together to Safeguard Children', which is mandatory, must be followed. The police should be notified as soon as possible, save in exceptional circumstances. Such circumstances would be rare, but would generally include cases where there has been a sexual relationship between peers which is seen as consensual and not abusive.

However, the Bichard Inquiry Report on child protection procedures, record keeping, vetting and information sharing relevant to the Soham murders has drawn attention to the risks involved and the poor practice, in failing to take sufficiently strong measures to deal, in particular, with Ian Huntley's relationships with 15 year old girls, when he was in his twenties. The Inquiry Report suggests that national guidelines should be issued, by the Department for Education & Skills, on how to distinguish between cases where the normal requirement to notify the police applies and those cases in which exceptional circumstances may apply. It is suggested that these could draw upon criteria adopted by a local protocol being developed by Sheffield Social Services, as follows:

The decision would take account of:-

- Age or power imbalances
- Overt aggression, coercion or bribery
- The misuse of substances as a disinhibitor
- Whether the child's own behaviour, because of the misuse of substances, places him/her at risk so that he/she is unable to make an informed choice about any activity
- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship
- Whether the sexual partner is known by one of the agencies (which presupposes that checks will be made with the police)
- Whether the child denies, minimises, or accepts concerns, and
- Whether the methods used are consistent with grooming

The Inquiry Report further recommends that Social Services should record those cases where a decision is taken **not** to refer to the police and that decisions not to refer matters to the police should be reviewed in the course of any Social Service inspection, by the Commission for Social Care Inspection, to consider whether the decisions had been properly taken.

### **Working with Young People who have sexually abused others**

Work in this field challenges carers at many levels; their confidence in themselves, emotions, feelings about their own sexuality, belief in other people's humanity and their concepts of crime and punishment, and treatment and rehabilitation.

It will be discussed with you before placement and a risk assessment carried out. You will have access to specialist advice and help.

We must remind ourselves, however, that this is only one aspect of the young person's life and whilst this behaviour is totally unacceptable, you should work with the principle of rejecting the behaviour and not the person. Working to change this behaviour is very specialised work for which specific expertise needs to be sought. This should be reflected in the young person's care plan.

### **Children abused through prostitution**

Children and young people of any sexual orientation and ability may be abused through prostitution. This can involve more than payment of money in exchange for sexual services; it includes remuneration of any kind, given to the child, for example mobile phones, alcohol, new clothes and other 'treats'.

Children abused through prostitution are now regarded as children in need, and should benefit from multi-agency planning and services that ensure the child's immediate protection, and through a longer term strategy, that encourage and support his/her exit from prostitution. This will be developed with the child. Walsall has a multi-agency protocol for children abused through prostitution. Walsall Street Team is a voluntary project that is supported by Walsall Social Services to work with young people abused in this way. They offer consultation and advice to staff and carers (see resources)

Children can no longer be charged or cautioned by the Police for soliciting. When all efforts to support an exit from prostitution are deemed to have been ineffective, the Police and Youth Offending Service may become involved – this would still be part of a multi-agency plan.

Staff and foster carers need to be alert to any behaviour that might indicate that the child is involved in prostitution or at risk of becoming involved. This should be discussed in supervision and a response strategy agreed. Concerns should be shared with the child.

- Look out for warning signs - changes in appearance, getting lifts home from strangers, coming home having eaten yet not having had to pay for food, having credit on mobile phones that can't be accounted for or updated mobile phones, mood changes, different language, new style of dress, new possessions, starting to visit Red Light areas, truanting from school, losing touch with old friends, telling lies, drug use, a new name, staying out at night.
- Go slowly - don't rush in. Befriend and form the beginnings of a trusting relationship before mentioning your concerns (unless you think the young person is at immediate risk).

- Remember that some young people are controlled by pimps and involvement of professionals needs to be handled sensitively in order that the young person's safety is not put at further risk.
- Young people may need you to act as their advocate regarding liaison with other agencies.
- Young people often have immediate practical support needs upon which you can build a relationship.
- Be supportive and non-judgmental.

Everything that is offered will be developed in co-operation with the young person. You need to understand that the plan may fail and the young person may drift back into their former life. Do not feel you have failed or are being rejected. Your role in social services is to give support on every occasion it is needed. (See also page 50 for details of government guidance in this area)

Please remember it has taken a powerful and abusive process to get this person into prostitution and leaving an abusive lifestyle can take years.

### **How do children become involved in prostitution?**

Children in the care system, and those who run away are particularly at risk. However, young people still living in their family home have also been known to be abused through prostitution.

A useful model put forward by Sara Swann, previously of Barnardo's in the report "Whose daughter next?" describes a process of **ensnarement** when a girl meets a man who impresses her with his charm and she falls in love with him and sees him as her boyfriend. The man then becomes possessive and he tries to destroy her ties with her past life and to make her totally dependent on him. He then takes control of all aspects of her life and finally has total dominance over her. He is the all-important person in her life and she will do anything for him resulting in her having sex with other men, at his instigation. He is, at this stage, what is commonly known as her "pimp" and lives off the earnings she makes.

**Until recently, the most commonly accepted view of this situation was that there was a young prostitute, a pimp and a punter. However, the dynamic now recognised is that we have not a child prostitute but an abused child; not a pimp but an abusive adult, and not a punter but a child sex offender.**

Recent models have also been put forward to explain the processes by which boys and young men become abused through prostitution. They are described in the Barnardo's report, "No Son of Mine". Categories of young men are identified: those escaping from untenable situations and those conditioned into the lifestyle. Of the former group there is consensus amongst professionals that they are young, lacking in self-esteem, vulnerable and escaping from non-nurturing living conditions into environments where they need to provide for their basic needs (food, shelter, comfort and friendship) and where they become prey to coercive adults.

The boys and young men in the second category of 'conditioned boys' have frequently been coerced into this abusive lifestyle by sophisticated paedophiles and sexual abusers. Some are targeted due to their vulnerability in the community and

some in their own family homes. The report develops the models to explain how these processes occur and result in boys and young men becoming victims of sexual abuse. The damage to the mental and physical health of young people abused in this fashion is incalculable. Their physical health is put at jeopardy due to their exposure to risk of sexually transmitted infections and the dependency that many of them have on illicit drugs.

### **Abuse through pornography**

The abuse of children and young people through pornography has become a very serious concern since the inception of the internet and the World Wide Web. There are now tens of thousands of images of abused children circulating on web-sites world-wide. This is causing all the major child protection agencies such as police, social services, health services, non-government organisations (NGOs) and education departments, to consider ways of combating this phenomenon. The concerns for children abused in this way are that there is no resolution of their abuse ie their image is on the net forever. At times, their carers are approached by the police to identify their child in a pornographic picture, which causes secondary trauma for the carer. The internet is also a vehicle for sexual abusers to groom children and young people on line and to arrange to meet them 'in reality' which puts the young person at great risk.

**Abuse through trafficking:** many children and young people are trafficked both within this country and between national boundaries for the sole purpose of selling them for sex. There is growing recognition of the inter-connection between abuse through prostitution, pornography and trafficking.

### **What should happen in the longer term?**

Residential care staff, foster carers, social workers, youth workers and nurses attached to looked after children, need training and support to pick up concerns and to answer questions on an informal or more formal basis. Some care staff and foster carers will be able to deliver crucial short educational/health/therapeutic programmes.

The way in which such work programmes are set up and done is crucial for their success. Work focus, information sharing (confidentiality and privacy), a comfortable language and record keeping all need to be explored. The worker may be role modelling for the first time for a young person, choice and negotiation in a sexual context. Young people need to be in control.

### **When setting up short work programmes with a therapeutic as well as an educational/health emphasis you may wish to consider:**

- who is best to do this? (consult with the young person)
- where is best to do the work?
- should any of the work be done by specialist services?
- has sufficient staff time been assigned? (NB rotas)
- are there any factors associated with the abuse that could affect the outcome of any planned sexual health work, namely:
  - outstanding court appearances
  - concerns about pregnancy and STIs including HIV, Hepatitis B, Hepatitis C
- what about consent to test for HIV?
- what about immunisation for Hepatitis B especially for young gay males?

- what about non-sharing of equipment if drug using?
- what about young people selling sex? (young people in need)

**Other issues could include:**

- mental health issues including self-harm
- homelessness, lack of money, need for safety, condoms, before anything else can be attempted
- intensity of feelings about the abuse making this the sole focus of need. Sexual health work may have to be gradually addressed
- possibility of more information being provided about the abuse as sexual health work progresses and what will be done with this information
- sexual orientation and "coming out"
- safe caring and how foster carers can demonstrate affection giving and taking, especially where over-sexualised behaviours are evident.

**Safer sex and sexually transmitted infections (STI's)**

It is the absolute right of young people to have information and advice on safer sex, HIV, AIDS, hepatitis and other sexually transmitted infections. HIV and Chlamydia are currently on the increase.

You need accurate and up-to-date information on your local services and how to access them, including where young people can obtain (free) condoms. In providing such advice and guidance to young people, it is important that they are made aware that there are many safer and pleasurable alternatives to penetrative sex, for example, stroking, exploration of erogenous zones, sucking, kissing, licking, or mutual masturbation.

Young people should be encouraged and supported to take responsibility for their own sexual well being, acknowledging cultural diversity. The opportunity to discuss this with carers and a variety of health professionals should be available.

With regard to sexually transmitted infections including HIV, young people should be advised of clinics where anonymity and appropriate pre and post testing counselling are available. They should be made aware that, if they are tested by their G.P, then the results of this will be recorded in their medical notes and these may be available to prospective employers, mortgage companies etc in the future. There is, however, complete confidentiality at Genito-Urinary Medicine (G.U.M.) clinics.

**Contraception**

Carers should identify local sources of professional help and information for young people and can accompany them to clinics if requested to do so.

(see 'Resources', Section F).

There are a variety of forms of contraception available for young women, for example, the pill, implant or injections. These should be used with condoms to protect against STI's.

Condoms are the most easily available, non-prescribed form of contraception. They also protect against many sexually transmitted infections. Young men and women should learn how to use them correctly – this will require practice! It is

important that girls are equally confident in using them. Condoms and condom demonstrations are available for this purpose – see resources section.

Before a decision is taken to make condoms available, social workers and foster carers should ensure that the supply of condoms:

- Forms part of a broader sex and relationship education programme which includes helping young people resist any pressure to have early sex;
- Is supported by clear protocols which have been agreed with management and are understood by young people;
- Complements local service arrangements for the distribution of free condoms;
- Only supply condoms with the British Kite Mark and EC standard;
- Is always accompanied by verbal and written advice about using condoms correctly, information about sexually transmitted infections and services and where to access emergency contraception if the condom breaks or is not used;
- Is mentioned in the SRE policy

Ref: Guidance for field social workers, residential social workers and foster carers on providing information and referring young people to contraceptive and Sexual Health Services.

Teenage Pregnancy Unit 2001 and

Enabling young people to access contraceptive and sexual health information and advice: Legal and Policy Framework for Social Worker, Residential Social Workers Foster Carers and other Social Care Practitioners.

Teenage Pregnancy Unit November 2004.

### **Condoms and Under 16s**

Condoms may be issued to young people aged under 16. In relation to contraception, a House of Lords judgement (1985), usually known as the Fraser Guidelines using the Gillick judgement, allows young people of “sufficient understanding and intelligence”, to consent to such treatment on their own behalf. While the Fraser Guidelines emphasised that girls under 16 seeking contraceptive advice should be encouraged to inform their parents, it upheld the right of doctors to prescribe contraceptives without parental knowledge or consent.

Residential care worker/foster 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 people. Provision of these would be seen as an act of protection and not facilitation of sexual activity.

"Best Practice Guidance for Doctors and Other Health Professionals on the Provision of Advice and Treatments to Young People under 16 on Contraception, Sexual and Reproductive Health" was issued by the DOH in July 2004. It specifically states that the Sexual Offences Act 2003 does not apply to those working with young people who are providing confidential advice or treatment on these issues :-

"This exception, in statute, covers not only health professionals, but anyone who acts to protect a child, for example teachers, Connexions Personal Advisors, youth workers, social care practitioners and parents".

### **Emergency Contraception**

Young people need to know about the use and availability of emergency contraception.

In the event of contraception failure or it not being used, emergency contraception is available from G.P.'s, family planning clinics etc. – see 'Resources' section.

The emergency pill can be taken up to 72 hours after unprotected sex and the coil (IUD) fitted up to 5 days after.

Under government guidelines, carers need to tell young people about the use and availability of emergency contraception, especially when providing condoms.

### **Pregnancy**

Young women who are pregnant and who are 'looked after' face particular difficulties. They may be alienated from their natural family and therefore lack the support normally available to pregnant young women. They may face prejudice and criticism about their sexual behaviour. The pregnancy may be the result of an abusive relationship. Equally the choice to have a baby may be a positive and planned one. Young women should be offered guidance and support to enable them to make informed choices about their future and their child's future.

Best practice involves:

- Assisting the young woman to get the pregnancy confirmed as soon as possible.
- Talking through the options. Young women who are 'looked after' by the local authority have the same rights to be counselled in a non-judgemental way as to the options available to them. If counselling is sought from an external agency, it is important to note that some organisations have an anti-abortion stance.
- If the young woman is considering adoption, ensuring that she fully understands what this means and will have the opportunity after the child is born to change her mind.
- If the young woman chooses to have an abortion she has the right to do this. It should be noted that the abortion does not have to be organised by her own GP and she doesn't have to inform her parents. At 16 years of age, she can consent to the operation herself. Under 16, the Fraser Guidelines will be

applied by medical staff. If she is under 16 and competent to consent but cannot be persuaded to involve a parent, every effort should be made to help her find another adult to provide support, for example another family member or a specialist youth worker.

- Once the young woman has made a decision, every effort should be made by all to view the decision as a positive one. Support, assistance and information needs to be offered.

N.B. At the time of going to press, a judicial review hearing is pending in relation to a mother's challenging the Fraser Guidelines by seeking a declaration that, as a parent, she has a right to be informed of any prospective termination of a daughter's pregnancy.

If the decision is made to go ahead with the pregnancy

Best practice involves:

- Discussing with the young woman, the role she sees/wants the father to have before and after the birth.
- Proactive effort should be made to help the young woman become a 'good enough' mother. Research shows that many young women who have been looked after fear that their baby will be taken away from them – and this is sometimes the case. It is often their own lack of good parenting combined with lack of knowledge, skills and support that results in Child Protection referrals being made and their children becoming second and third generation looked after children.
- Ensuring that the young woman is aware of her right to continue to pursue education/training.

Where there are issues about the health of the unborn child or child protection issues when the child is born, carers and professionals need to be clear about how such risks will be managed. The emphasis needs to be on support, encouragement and the development of skills and knowledge.

### **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. Regardless of how the young woman views the situation, young fathers still need to be supported. The following points should be addressed:

- What does the young man want his role to be?
- Does this conflict with what the young woman wants? If so, how will this be managed?
- How will you support him to deal with his thoughts, feelings, hopes and fears?
- How can he play an active role in the child's life?
- Is the young man clear about his legal rights, choices and responsibilities in relation to his child?

### **Exploring Sexuality**

#### **Lesbian, Gay and Bisexual Young People**

For details see Section C Page 24.

## **Cross-dressing**

**Crossdressing:** Wearing clothes of the opposite sex.

**Transsexuality:** Wanting to live your life as someone of the opposite sex.

You should support young people who choose to live an alternative lifestyle through providing an environment where stigma and harassment are not tolerated. Young people need to be made aware that many people do not tolerate deviation from 'the norm'. Attacks on people who cross dress or are transsexual are not uncommon and young people need to be made aware of this. You should help young people to access information, advice and support.

## **Masturbation**

Masturbation is part of normal sexual behaviour, especially for young men and young women who are exploring their emerging sexuality. Masturbation is often a place where individuals begin to understand the concepts of sexual pleasure and where they explore what feels good. Young men and young women should be provided with good information about the body's erogenous zones including the clitoris. Fantasies normally accompany masturbation. Young people should not be made to feel guilty or embarrassed about masturbation or to 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.

## **Pornography**

Definitions and opinions of pornography vary widely. Material which gives a stereotyped, distorted or exploitative view of men, women, boys and girls is offensive and may be particularly damaging to young people who have been sexually abused. Viewing such material therefore is also contrary to anti-discriminatory practice.

Some material that is sexually explicit and potentially offensive cannot be legally purchased by young people aged under 18 years of age. However, it is acknowledged that it is more than likely that children and young people will be able to obtain, or have access to such material. Other material that gives a stereotyped, distorted, or exploitative view of sexuality is widely available on the Internet, in newspapers, magazines and videos and is commonly purchased by young people. This material is offensive to many people and presents a poor image of women and men in society.

If a young person is found in possession of pornographic material, they should not be reprimanded. They should be advised that many people find this sort of material distasteful. It may be appropriate to have a further discussion about pornography and explore the young person's feeling and attitudes towards it. The material should be removed.

## Section E

### Legislation and National Policy

#### **Age of consent**

The law states that it is a criminal offence for a boy or man to have intercourse of any kind with a girl who is under 16. A man or boy over 14 who has intercourse with a girl who is under 16 can be charged with unlawful sexual intercourse. Boys under 10 are deemed incapable in law of sexual intercourse. If a girl is under 16 she is deemed incapable, in law, of consenting to a sexual act.

The statutory age of consent for homosexual relationships for men and women is 16 under the Sexual Offences Amendment Act 2000

#### **Repeal of Section 28 of the Local Government Act 1988**

Section 28 of the Local Government Act 1988 related negatively to homosexual identities. It was repealed in Summer 2003

#### **Confidentiality**

This is an issue which causes great anxiety for young people, staff and carers alike. It is essential that the boundaries of confidentiality be clearly understood by all staff/carers, parents, children and young people.

The best interests of the young person are paramount, so treat the personal life of a service user with the same degree of respect and sensitivity that you would want for yourself

Staff and carers do not have a duty to inform parents of suspicion or evidence regarding sex, sexuality and relationships. The duty of confidentiality is the same towards young lesbians and gay men as it is towards heterosexual young people.

Confidentiality will be respected unless you believe a young person to be at risk of significant harm, or of harming someone else. In such a case, child protection policy and procedures should be followed. Except in the most exceptional circumstances, the young person should be informed of why and how their confidentiality will be broken, and the young person should be supported through the process. Support to make a voluntary disclosure should be offered.

Staff should weigh up against the young person's right to privacy the degree of current or likely harm, what any such disclosure is intended to achieve and what the potential benefits are to the young persons' well-being. Legal advice should be sought in cases of doubt.

It cannot be overemphasised that, where there is a conflict between respect for the confidentiality of the young person, and child protection considerations, child protection issues must come first. When in doubt, you may wish to consider the Guidelines recommended in the Bichard Inquiry Report on when referrals should be made to the Police (please see page 32 in these Guidelines)

If there is a child protection concern, personal information should only be shared on a 'need to know' basis. Young people should be informed if and how any information they choose to divulge will be recorded; who will have access to it; and whether it will need to be passed on to other people. Recorded information should be stored securely.

The information that a young person is convicted of a Schedule 1 offence is sensitive and confidential. The information should be shared with the minimum number of key staff and carers necessary to meet the needs of the young person who is convicted of a Schedule 1 offence, and protect vulnerable individuals with whom that young person mixes, either in the residential or foster care setting.

Please refer to the detailed guidance on the disclosure of such information which is contained within the West Midlands Multi Agency Public Protection Panel protocol.

### **Confidentiality and Over 16's**

The legal age of consent for heterosexual and lesbian/gay relationships is 16. Young people over the age of 16 are free to consent to a sexual relationship. This needs no intervention or detailed recording/passing on of information by you unless there are clear child protection concerns. The exception to this would be if a relationship is happening between 2 young people in the same residential home or foster home and the information needed to be shared to manage the situation effectively. These young people will still benefit from the advice.

### **Contraception, confidentiality and consent for under 16s**

Health Professionals giving advice in good faith are not committing a criminal offence, parental rights are not necessarily being infringed and a girl under 16 may have the capacity to give valid consent if certain criteria are met:

- that the girl will understand the advice
- that she is likely to have sexual intercourse with or without contraception
- that she cannot be persuaded to inform her parents or allow another professional to inform them.
- that her mental or physical health might suffer if she does not receive contraceptive advice or treatment.
- that it is in her best interests to receive the advice or treatment even without parental consent.

These are commonly known as the Fraser Guidelines.

Confidentiality for under-16 year olds is upheld by the Children Act 1989.

At the time of going to press, a detailed policy on confidentiality and action to be taken when the involvement of an under 16 year old in sexual activity is notified is being developed by Walsall Area Child Protection Committee.

Until then the Fraser guidelines, the criteria recommended from the Bichard inquiry and this policy and its guidelines should be used to inform decision making in this area.

## **Other Professionals and Contraception**

Best Practice Guidance for Doctors and Other Health Professionals on the Provision of Advice and Treatment to Young People under 16 on Contraception, Sexual and Reproductive Health (DOH Gateway Reference Number 3382) specifically includes other professionals in its guidance to doctors and allows for 'other professionals' to **advise and inform** young people under 16 in matters relating to contraception.

The DFES Teenage Pregnancy Unit guidance "Enabling young people to access contraceptive and sexual health information and advice: Legal and Policy Framework for Social Workers, Residential Social Workers, Foster Carers and other Social Care Practitioners" issued November 2004, underlines this. It states "The vital role of all social care practitioners in supporting young people to access contraception and sexual health information and advice should be actively encouraged. This should be done within a broader sex and relationships programme which helps young people develop assertiveness and negotiating skills to help them make positive choices about their personal relationships and resist pressure to have early or unwanted sex". However it does point out that "Social care practitioners are not health professionals so they should not give advice on which method of contraception to use or on the diagnosis or treatment of specific STIs. Young people needing to make a contraceptive choice or needing STI advice should be supported to visit the local contraception or sexual health service".

## **Practice Issues**

### **Recording Information**

Detailed information about a young person's sexuality, their sexual activity or sexual health should not be recorded unless there are concerns that the child is potentially or actually suffering significant harm.

Information recorded should reflect that a discussion has taken place. It should note the general issues covered rather than disclosures of sexual activity. The same should apply to report writing.

Young people should always be consulted beforehand about what is going to be brought up in formal meetings (as they should be about all matters) and have some say in whether they want issues discussed in this forum. The exception to this is Staff Meetings, where staff should bear in mind the implications of confidentiality issues regarding individual people –again information should only be shared on a 'need to know' basis.

In most cases, it will be the carers who will provide most of the information and support and it is less likely for it to be provided solely through formal school sex education. The responsibility is effectively shared between the carers, social workers, teachers and other health professionals e.g. school nurses, health promotions staff and G.P's.

### **Working with parents**

The Children Act 1989 emphasises the importance of working in partnership with parents on all matters concerning the child's upbringing.

The Local Authority does not have a duty to inform parents of evidence or suspicion of sexual activity, but the Children Act 1989 makes it clear that they should work in partnership whenever possible and appropriate.

Parents or those with parental responsibility will be informed that sexual health and educational guidance will be given to their child appropriate to their age and understanding. Parents will be given an opportunity to make points or express concern about such information. This will usually be done at the point at which the child becomes 'cared for' by the local authority. It is the social worker's responsibility to ensure this happens.

When situations arise where parents are reluctant to allow their children sex education, a decision needs to be made by the social worker, child and key worker as to what is ultimately in the best interest of the child.

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

If there are differences of opinion between the young person and the parent, the wishes and needs of the young person are given priority, subject to them having sufficient maturity to make an informed choice (Fraser Guidelines). It is essential that parents understand that if their child is considered capable of seeking independent advice on personal, sexual or health matters then s/he is entitled to do so without the knowledge or agreement of either parents or social workers.

### **Young person's right to complain**

Please remember it is your responsibility to help and support young people to complain if they are unhappy about any aspect of the care they receive - including support around Sexuality and Relationships Issues.

### **Young People leaving care and living independently**

The Children (Leaving Care) Act 2000 requires that the assessment of young care leaver's needs must be undertaken and brings the responsibility to maintain contact with young people until their 21<sup>st</sup> birthday (24yrs if in Higher Education). This affords the opportunity for the young people's advisors to continue to include advice and information about relationships and sexual health.

### **Pathway planning for young people preparing to leave care**

The progress achieved in their education about relationships and sexual health must be a significant factor in the assessment of the young person's needs, when a pathway plan is put in place in the young person's 16<sup>th</sup> year. It will be during the transition from 15 to 21 years that young people will require the greatest opportunity to talk and seek advice about relationships and sexual health. Young people's advisors will need to be well trained and informed to enable both personal discussions with young adults about these sensitive issues as well and the availability of more specialist advice and information where necessary.

### **Out of authority placements**

The Department should ensure that commissioned placements provide SRE as part of the care package. This work should be agreed within the placement plan. A

copy of this policy should be provided to the placement by the young person's Social Worker.

**The Sexual Offences Act 2003 is now on statute. The following summary outlines the changes it made:**

1. **Rape** is widened to include penile penetration of the vagina, anus or mouth and covers surgically reconstructed male and female genitalia.
2. **Date rape** does not have a separate offence; it will be treated as rape.
3. A new offence of **Causing another person to perform an indecent act without consent** is introduced which could be used in situations where a woman compels a man to penetrate another without their consent.
4. **Administering of drugs or other substances with intent to stupefy a victim in order that they can be subjected to an indecent act without their consent** is an extension of a current law which applies even if the person administering the drugs does not commit the offence or if the sexual activity does not take place.
5. **Sexual assault by penetration** covers assaults which involve penetration of the vagina or anus with objects or body parts other than the penis.
6. **Sexual Assault** is a new offence which captures non-penetrative behaviour.
7. **Causing another person to perform indecent acts without consent** is a new offence making it clear that any guilt lies with the person who causes the act, rather than the victims. This would relate to one person forcing or compelling another person to perform an act.
8. **Trespass with intent to commit a sex offence** and **Committing a criminal offence with intent to commit a sex offence** are two new offences to fill the gap where an illegal act is perpetrated with the clear intention to commit a sex offence.
9. **Adult sexual activity with a child** and **sexual activity between minors** are two new offences which can be charged when a sexual activity is consensual. Adult sexual activity covers anyone over the age of 18 having sexual activity with someone under 16. However, where the child is under 13, one of the non-consensual offences will be charged. Sexual activity between minors which is consensual may not be a matter for criminal law. However, where it can be proved that the activity was manipulative, then there may be a case for this offence.
10. **Sexual Grooming** is a new offence designed to catch those 18 or over who undertake a course of conduct (usually on the internet) with a child

under 16 leading to a meeting where the adult intends to engage in sexual activity with a child.

11. A new civil order is introduced to complement the Sexual Grooming offence which protects children under 16 from inappropriate sexual behaviour by adults aged 18 or over. The order can be made by the courts in respect of an adult who is deemed to be acting in such a way that they present a sexual risk to children.
12. The 'young man's defence' – where a defence is valid because of mistaken belief in the age of a child which currently stands at 24 is amended so that the defendant has to prove that he held an honest and reasonable belief in age. This, again, does not apply where the victim is under 13.
13. **Familial sexual abuse of a child** captures the sexual abuse and exploitation of children within the family unit. It protects children up to the age of 18 from any form of activity that a person would consider sexual or indecent. It includes a wide range of individuals of any age who have a 'familial' relationship with a child by virtue of blood ties, adoption, fostering, marriage or quasi-marital relationship. Also included are people living in the same household and anyone assuming a position of trust or authority to that child.
14. **Prohibited adult sexual relationships** covers sexual activity between certain blood relatives.
15. The Act defines various types of offence constituting **abuse of a position of trust**. Including i) sexual activity with a child; ii) causing or inciting a child to engage in sexual activity; iii) sexual activity in the presence of a child and iv) causing a child to watch a sexual act. A 'child' for the purpose of the offence is a person under the age of 18. In relation to the offence of abuse of position of trust, a perpetrator would be in a 'position of trust' in relation to a young person if he or she were looking after the young person in a residential setting (including hospitals etc) or educating the young person in an educational institution, or regularly had unsupervised contact with a young person in an educational or social work setting (including as a personal advisor). The offence is intended to protect those aged 16 and 17 in particular as persons under the age of consent are protected by other offences.
16. A new offence **Sexual activity with a person who did not, by reason of a learning disability or mental disorder at that time, have the capacity to consent** protects those who are so severely disabled, either temporarily or permanently, that they did not have the capacity to consent at the time of the alleged offence. A person should be regarded as lacking capacity to consent if they are unable to make a decision for themselves on whether to consent to sexual activity or is unable to communicate their decision on the matter.

17. **Obtaining sexual activity by inducement, threat or deception with a person who has a learning disability or mental disorder** recognises that many people with a learning disability are quite capable of understanding the nature and consequences of sexual activity. However their capacity to consent may be more compromised than that of persons who are not suffering from any form of mental impairment and they may be vulnerable to relatively low levels of inducement, threat or deception.
18. **Breach of a relationship of care** criminalises those providing certain kinds of care who engage in consensual sexual activity with those receiving it.
19. **Commercial sexual exploitation of a child** protects those up to 18 and covers a range of activity including buying the sexual services of a child and causing or encouraging a child into commercial sexual exploitation.
20. **Commercial sexual exploitation of adults** covers causing and encouraging adults to enter into prostitution and controlling the activities of people who are prostitutes.
21. **Trafficking for commercial sexual exploitation** covers recruiting, harbouring and facilitating the movement of another person for sexual exploitation.
22. **Indecent Exposure** is a new gender neutral offence relating to the exposure of genitalia in circumstances where the accused intended to cause or where it was reasonably likely that their behaviour would cause alarm or distress.
23. **Sexual Behaviour in a public place** protects people from being unwilling witnesses to overtly sexual behaviour that most people consider should take place in private. It is an addition to, not a replacement for, existing public order offences.
24. **Voyeurism** is a new offence to cover cases where a person is secretly observed where they had a reasonable expectation of privacy. The observance of any acts must be for the sexual gratification of someone.
25. **Bestiality** criminalises those who sexually penetrate animals or allow an animal to penetrate them.
26. **Sexual interference with human remains** covers sexual penetration of a body after death. The offence could apply to murderers and their victims as well as offenders who have no contact with the victim prior to death but then sexually abuse their corpse.

#### **Gender Recognition Act 2004**

The Gender Recognition Act allows transsexual people to re-register gender – this is called gender recognition. A person's re-registered gender – in the Act their acquired gender – becomes their legal gender for all purposes, including

the capacity to marry in the acquired gender. A replacement birth certificate will be available in the acquired gender (and in the person's new name). The Act includes a provision to prohibit the disclosure of information that a person has re-registered gender.

### **Key Guidance and Legislation**

From "Let's Make it Happen" fpa and NCB 2003

**The UN convention on the Rights of the Child was passed on 20 November 1989 and was ratified by over 150 countries, including the UK.**

It states that children up to the age of 18 have the right to:

- Protection from harm and neglect
- Provision of services to help them survive and develop
- Participation in decisions which affect them
- Enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. In particular 'Parties shall pursue full implementation of this right and in particular, shall take appropriate measures: 2(f) To develop preventive health care, guidance for parents, and family planning education and services.'

### **Key national legislation and policy initiatives**

These are some of the national policy initiatives and legislation that are seeking to positively address the emotional and sexual well-being of children and young people in care.

**Children Act 1989.** The guidance and regulations accompanying the Act set out the duties of agencies looking after children and young people with regard to their education about sex and relationships. It also places a duty on workers to talk about these issues with young people in order to help them acquire information about sex, sexuality and sexual health with a view to developing relevant skills. The Guidance and Regulations to the Act, Volume 4, states that:

'The experience of being cared for should also include the **sexual education** of the young person. This may, of course, be provided by the young person's school, but if it is not, the SSD or other caring agency responsible for the young person should provide sexual education for him/her.'

Also:

'Sexual education will need to cover practical issues such as contraception... However, it must also cover emotional aspects of sexuality, such as the part sexuality plays in a young person's sense of identity; the emotional implications of entering into a sexual relationship with another person; and the need to treat sexual partners with consideration and not as objects to be used.'

(1991b, Vol 4 section 7.47)

The emotional aspects of sexual relationships and the implications of becoming a parent are highlighted as important areas to cover. In addition, practical information should be given on issues such as contraception and safer sex. The Guidance and Regulations also emphasise that the particular needs of different groups of young people must be recognised and approached sympathetically, for instance young people with physical or learning disabilities, young people who have been abused and young gay men and lesbians.

**Quality Protects**, a social services-led initiative that aims to improve the life chances of children in need and children in public care. The reduction of unintended teenage pregnancy rates is amongst its key targets.

### **Assessment Framework, Looking after Children materials and the Integrated Children's System**

These are key systems within which the individual work with each looked after child will be assessed, planned and reviewed. This will include assessing their individual needs for education about sex and relationships, and planning the work to be carried out with them. Each child must have their different needs assessed and services provided which are based on these assessed needs. Outcomes should be established. The child's history, culture, race, religion, abilities and all other aspects of their identity will all impact on their assessed needs and how these are to be met.

The Department for Education and Skills is proposing to bring together the Assessment Framework and the Looking after Children materials into the Integrated Children's System. Pilots are underway and the Integrated Children's System has to be implemented by all Social Services departments by December 2005.

The key assessment, planning and review documents and processes within which work concerning sex and relationships will sit will be the child's:

- **Core assessment** which identifies the needs of the child and how these are to be met
- **placement plan** which details the arrangements for the day-to-day care of the child and how their needs are to be met
- **Care plan** which sets the framework for the overall care of the child, long term plans and how these are to be met
- **Health plan** which will arise from the health assessment
- **Personal Education Plan** which details the child's educational needs, completed in conjunction with the child's education provider/Connexions adviser for 13-19 year olds.
- **Pathway plan** for looked after children 16-18 and care leavers up to 21 (or 24 if in full time education at 21)
- **Assessment and Action/Assessment and Progress Record** which provides the ongoing record to assess the looked after child's changing needs and to evaluate progress in meeting developmental stages, outcomes and targets. This document will inform the developing plans.
- **Review** – which will provide the process for evaluating and reviewing the plans and setting in motion the revision of these plans.

**Promoting Health of Looked after Children Guidance (DH 2002)** 'The guidance underpins the development of an effective and flexible system which will address health inequalities and the assessment of health needs, obtain and manage the information required to produce individual health plans for all looked after children and young people and enable these plans to be implemented.

The guidance sets a context of a 'holistic model of health which takes account of wider determinants of health and is therefore relevant for a range of agencies in the statutory, voluntary and independent sectors, including education and leisure services.

It represents a shift away from a health care system based on annual 'medical's towards a more holistic assessment of a child and young person's health care needs. These assessed needs refer to both physical and emotional health, including health promotion'.

### **Education of Young People in Public Care Guidance, published by DoH, Quality Protects and DfEE (1999)**

This guidance assists local authorities in their tasks of safeguarding and promoting the education of children in public care. It sets the framework for each child to have a Personal Education Plan and for each school to have a designated teacher for children in public care. Sex and relationships education forms an integral part of the National Curriculum and it is important that children in public care do not miss out on this as a result of disrupted care and education.

### **Children (Leaving Care) Act 2000**

This amendment to the Children Act was implemented in October 2001. The amendment arose out of widespread concern that young people left care too early, were not given the appropriate support, guidance and assistance and that the outcomes for this group of young people were very poor indeed. The amendment and the associated regulations and guidance ensures that all care leavers must have their needs assessed, have a pathway plan up to age 21 (or 24 if they are in education/ training at 21) and a personal advisor to help and support them. There are specific expectations that health and education needs are covered within the assessment and plan, and young parents who are care leavers must be supported.

Many local authorities have employed **Looked After Children nurses (LAC Nurses)**.

Their role varies but most have in common health assessment, health promotion and health education. They carry out advisory and individual work with children as well as assisting carers and other professionals in meeting the health and well-being aspects of a child's care. They are therefore key people who should be included in the delivery of this training and in the formulation of multi agency partnerships and policy development.

In May 2000 the Government issued joint guidance from the Department of Health, Home Office, Department for Education and Skills, and the Welsh Assembly called **Safeguarding children involved in prostitution – supplementary guidance to Working Together To Safeguard Children**. This guidance should ensure that local authorities act quickly and sensitively in the best interests of the children concerned so that preventative strategies can be put in place.

**The Teenage Pregnancy Unit** is taking forward the ten year Action Plan from the Social Exclusion Unit. This identifies a range of initiatives designed to support a number of guidance documents of relevance to this publication, namely working with vulnerable young people including those in public care. As well as the central office, there are nine Regional teenage pregnancy co-ordinators and many local teenage pregnancy co-ordinators in England and Wales who are running a variety of programmes. Contact details are available on the TPU web-site (see Useful contacts). The Teenage Pregnancy Unit is currently producing a resource for teenage pregnancy co-ordinators on working with looked after young people and care leavers, which will provide examples of promising practice. This unit has published several documents and a range of guidance specifically targeted at the different professionals that work in the public care field. (see Useful Resources). We provide a summary of the key points of the Guidance for field social workers, residential social workers and foster carers on providing information and referring young people to contraceptive and sexual health services on Pages 36-38.

**The Sexual Health and HIV Strategy** (currently in draft form) refers to the importance of appropriate targeting of services and information. Within this context the needs of young people in public care will need to be identified and addressed. The strategy also highlights the imperative of ensuring that all staff working on sexual health in the broadest context are given appropriate opportunities for professional development.

**The DfEE (now the DFES) Sex and Relationships Guidance for Schools** (July 2000) supports SRE work in schools. It emphasises the importance of effective sex and relationships education if young people are to make responsible and well informed decisions about their lives. It clarifies what schools are required to do by law and offers guidance on developing SRE policy, tackling sensitive issues and confidentiality and outlines some practical strategies for teaching SRE.

**The National Healthy School Standard** (NHSS), which provides support for local initiatives and has built upon existing programmes and practice at a local level. It includes a national framework and standards including specific themes such as sex and relationships education (SRE) in schools. The Equalities Standard, which underpins specific themed work, identifies that 'the local programme must support schools in considering equalities issues in planning, delivering, monitoring and evaluation,' and that 'equalities issues (such as ethnicity, gender and disadvantage) inform healthy school targets.'

Many local programmes have identified meeting the needs of young people in public care through partnerships with Quality Protects staff as an area for further development and action.

**The National Healthy Care Standard (NHCS)** is a national programme that has designed a national standard for children who are looked after. This will ensure that all care settings provide a healthy caring environment, quality provision of health assessments, health care and treatment, and promote health and well being. Particular regard has been paid to the importance of emotional resilience to help address social and health inequalities.

The first stage of the programme (April 2001-2002) involved setting up an

advisory group, undertaking a literature review and a national mapping of practice, and consulting with young people. The draft Standard was developed and tested for its feasibility with three local authorities and a secure children's home. A database of involved agencies and individuals has been established. A national programme for support, assessment and accreditation has begun in parallel with the National Healthy School Standard (NHSS). Funded by the department of Health, it is a Quality Protects initiative. National Children's Bureau (NCB) and its partner, Schools and Young People's Health Network (YPHN) at the Health Development Agency are working together to pilot the draft National Healthy Care Standard in four authorities by supporting and developing local partnerships across health services, social services, and education and including youth services, the voluntary sector, Connexions and private providers.

**The Personal, Social and Health Education (PSHE) and Citizenship frameworks** were published as part of the review of the National Curriculum in 1999. It is the first time that there has been a national framework for PSHE and Citizenship. There are four strands to the PHSE framework which are applicable to all young people:

- developing confidence and responsibility and making the most of their abilities;
- preparing to play an active role as citizens;
- developing a healthier, safer lifestyle;
- developing good relationships and respecting the differences between people and 3 additional strands within the Citizenship framework:
  - Knowledge and understanding about becoming informed citizens
  - developing skills of enquiry and communication
  - developing skills of participation and responsible action

**The Connexions Service** aims to provide information, advice, guidance and personal development opportunities for all 13 – 19 year olds in England. The Connexions Service National Unit and the Teenage Pregnancy Unit have worked together to produce a set of guidelines about joint working aimed at Connexions partnerships and the range of agencies supporting young people. These publications focus on integrating support for some of the most vulnerable young people that Connexions will work with: homeless young people, teenage parents, young offenders and young people supported by social services.

**Sure Start Plus** is a programme, which is part of the overall Teenage Pregnancy Strategy, providing co-ordinated, personal support to pregnant teenagers and teenage parents under 18 on health, education, benefits and housing issues. It is being piloted over 5 years in 20 areas that are also covered by Sure Start and Health Action Zones.

**Sure Start** aims to provide opportunities and services that enable children and young people to enjoy their childhood and reach their full potential. Focused on the early years, children who have benefited from sure start services will be ready to thrive when they reach school age.

## Section G

### Useful Contacts and Resources

#### Useful Contacts – Local

#### Young People’s Sexual Health Services: Walsall

<b>Organisation</b>	<b>Phone Number</b>	<b>Service</b>
Electric Palace	01922-477499	Confidential service for young people on all aspects of life. Free condoms and pregnancy testing is available
Walsall Pregnancy Help	01922-649000	Free confidential pregnancy testing and counselling for all women
Street Beat	01922-621208	Advice and support for women of all ages working in prostitution
Walkways	01922-615393	Confidential counselling and advice for young people aged 11 to 25
Condom Scheme	01922-720255	Almost a third of all GP's in Walsall provide free condoms to all ages and sexes
Connexions	01922-636333	Advice and support for all young people aged 13-19
Walsall Street Teams	01922-621208	Direct service for young people under the age of 18 at risk
Bharosa	0121-3030369	Asian women and young girls helpline
Sure Start Plus	01922-710351	Advice, guidance and personal advisors for young parents aged 13-19
Brownhills Community Association	01543-452119	After school service for young people, free condoms and sexual health advice
Family Planning Centre	01922-775041	Provides family planning and sexual health advice

		to all
Men's Sexual Health	01922-613141	Sexual health for men
Gay, Lesbian and Bisexual Youth Group, Electric Palace	01922-613141	Support, advice and guidance for young people with concerns about their sexuality
GUM Clinic	01922-633341	All ages, both male and female, free confidential sexual health services
Safe Project	0121-4406655	Free confidential advice to women and young girls involved in prostitution
Breathing Space	01922-647696	Aims to help young people who are disadvantaged or socially excluded. Advice, information and support
The Deal Project	01922-641671	Provides help support and advice to young people exploring drugs and alcohol. Looks at health related issues
Walsall NHS Walk In Centre	01922-858550	Fast and convenient access to health care and advice. Free contraception provided
Free emergency Contraception		There are approx 25 chemists in Walsall that provide emergency contraception free to women and young girls

### Useful contacts - National

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.

**Ann Craft Trust (formally NAPSAC)**, Centre for Social Work, University Park, University of Nottingham, Nottingham NG7 2RD. Tel: 0115 951 5400. Provides information, training, publications and conferences about working with children and adults who have been, or are at risk of being, sexually abused.

**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.

**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.

**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.

**Education for Choice**, 2-12 Pentonville Road, London N1 9FP. Tel: 020 7837 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.

**TOPSS**, (Training Organisation for the Personal Social Services) Albion Court, 5 Albion Place, Leeds LS1 6JP. Tel: 0113 245 1716. Works closely with and on behalf of employers from all sectors of care to enhance the quality of staff and services in social care.

**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 looked after. Produces the Who Cares? Magazine, the only national magazine aimed directly at 10-18 year olds who are looked after. Also runs the Who Cares? Linkline, a helpline for young people.

**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.

## **Training resources**

### **From fpa and NCB:**

**Let's make it happen. fpa 2003** Mackie, S. and Patel-Kanwal, H. Training manual on sex, pregnancy and parenthood for those working with looked after children and young people

**Exploring sexuality and disability; 'walk your talk'**. McCormick, G and Shevlin, M. **fpa** 1997. Training manual for advanced trainers, with exercises and activities to challenge discrimination against people with physical disabilities or learning difficulties.

**Let's hear it for the boys! Supporting sex and relationships education for young men.** Lenderyou, G and Ray, C (eds). National Children's Bureau 1997.

Aims to meet the health and emotional well-being of boys and young men.

Includes a chapter specifically for the youth and community setting.

**Moving goalposts: setting a training agenda for sexual health work with boys and young men.**

Biddulph, M and Blake, S. **fpa** 2001. This training resource puts sex and relationships work with boys and young men in a broad policy context. It provides clear and detailed exercises and practical strategies for developing this work in a variety of settings.

**Reach out - training pack. fpa** 2000. Personal relationships, sexuality and needs of African and Asian descent learning disabled women.

**From other organisations:**

**Girl power - How far does it go? A resource and training pack on young women and self-esteem.**

Adams, J. Sheffield Centre for HIV & Sexual Health 1997. Increases understanding and gives practical guidance on building self-esteem in girls and young women.

**Go girls! Supporting girls' emotional development and building self-esteem.** Adams, J. Sheffield Centre for HIV & Sexual Health 2002. Resource and training pack for those working with young women. Sequel to Girl Power. Related training also available.

**No son of mine! Children abused through prostitution.** Palmer, T. Barnardo's 2001. Video and report challenging some of the myths and stereotypes surrounding young men and prostitution. Gives detailed recommendations of what needs to be done at a national and local level to improve the situation for this group of vulnerable boys and young men.

**Sexual health education. Children and young people with learning disabilities: A practical way of working.** Adcock, K and Stanley, G. BILD and Barnardo's 1996. Orders tel: 01752 202301. A workshop training manual for staff, carers and young people with learning disabilities. Introduces basic concepts and good practice around personal relationships, sexual health and sexuality.

**Whose daughter next? Children abused through prostitution.** Barnardo's 1998. Reveals how girls in this country are being controlled, abused and sold for sex. It offers vital background information for supporting girls and for dealing with their abusers.

**Young minds: looking after the mental health of looked after children.**

Talbot, R. Pavilion 2002. Tel: 01273 623222. Presents four training sessions covering children's mental health, resilience and attachment, adolescence, "Working Together" and child protection. Looks at the prevalence of mental health problems amongst looked after children and how staff can identify and understand such problems.

**Legal and policy context**

**From fpa and NCB:**

**Faith, values and sex and relationships education.** Blake, S. and Katrak, Z. Sex Education Forum and National Children's Bureau 2002. Offers approaches and strategies for developing SRE policy and practice in a multi-faith society.

**fpa factfile, fpa** 1998. A set of 15 factsheets on sexual health including information on recent research,

statistics, policy, history and law. Presented in a hard-wearing binder and regularly updated.

**Let's talk about sex and relationships - a policy and practice framework for working with children and young people in public care.** Patel-Kanwal, H and Frances Lenderyou, G. National Children's

Bureau 1998. Step-by-step guide to developing a coherent and pragmatic policy framework for teaching looked after children and young people about sex and relationships. Offers guidance on the legislative context for sex education, an overview and examples of current good practice and gives list of useful organisations and resources.

**Pregnancy and parenthood: the views and experiences of young people in public care.** Corlyon, J and McGuire, C. National Children's Bureau 1999.

Explores the experiences of young women who become pregnant or parents while in, or soon after leaving, care. Examines the extent to which they were prepared for parenthood and supported once they became mothers.

#### **From other organisations:**

**Caring for children and young people: standards based training for foster and residential carers.** National Extension College and National Foster Care Association, NEC 2001. Tel: 01223 400300. A comprehensive open learning pack based on national occupational standards covering all aspects of professional residential and foster care for children.

**Child protection and female genital mutilation.** Dorkenoo, E and Hedley, R. Forward 1992. Tel: 0207 725 2606. Guidelines for workers in communities where female genital mutilation is known to be prevalent.

**Confidentiality - a training manual for staff providing sex advice to young people.** Brook 2002. Aimed at staff working in young people's sex advice centres, to develop and implement a confidentiality policy, facilitate induction and in-service training for staff and to provide background material for trainers, facilitators and managers of sex advice centres.

**Guidance for field social workers, residential social workers and foster carers on providing information and referring young people to contraceptive and sexual health services.** Teenage Pregnancy Unit 2001.

This is just one of a series of guidance documents produced by the TPU. They can be downloaded from the website [www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk). Other guidance includes good practice in supported accommodation for young parents, developing contraception and sexual health services to reach boys and young men and a guide to involving young people in teenage pregnancy work.

**The youth service sex and relationships education policy toolkit.** National Youth Agency 1999. Establishes why a sex and relationships policy is necessary, through to writing, testing and endorsing it.

#### **Resources for those working with children and young people**

##### **Leaflets and booklets**

##### **From fpa and NCB:**

**Abortion: just so you know.** fpa 2000. Provides young people with accurate information on abortion.

**4 Boys: a below-the-belt guide to the male body** and **4 Girls: a below-the-bra guide to the female body,** fpa 2000. Two pocket-sized booklets for young men and young women aged 13 to 16 which give candid, reassuring and

factual information about physical and sexual development using simple text and humorous illustrations.

**Is everybody doing it? Your guide to contraception, fpa** 2000. Leaflet for 13 to 17 year olds about contraception and safer sex. Also deals with the myths about sex, peer pressure and the issues involved in starting a sexual relationship.

**Love S.T.I.NGS: a beginners guide to sexually transmitted infections, fpa** 1999. Comic strip style booklet answering young people's questions about sexually transmitted infections, for 14 to 18 year olds.

**Periods: what you need to know. fpa** 1996. For girls aged 9-12. Prepares them for menstruation by explaining why women and girls have periods, what happens and how to deal with them.

**Pregnancy, fpa** 2002. Booklet for young people explaining conception and pregnancy.

**Talking to your child about sex. fpa** 1998. A booklet to support parents and carers.

**From other organisations:**

**I think I might be a lesbian, now what do I do?** Lesbian Information Service. Tel: 01706 817235. A leaflet for young women questioning or coming to terms with their sexuality.

**Private & confidential: talking to doctors.** Brook 2001. A booklet designed to reassure young people, including under 16s, about their rights to medical help and confidentiality.

**Who Cares? about Health: Getting healthy, staying healthy and keeping fit.** The Who Cares? Trust 2000. Booklet about health for looked after young people. Includes sections on growing up, body changes and sexual health.

**Wise Up: Need to go for advice about sex? What happens when you get there.** Brook 1997. A set of three leaflets for 14 to 16 year olds. The first two leaflets inform young people of services available and raise awareness of their need to use such services. The third leaflet, for both sexes, is designed to allay fears about what young people will find at sexual health clinics.

**Resources:**

**From fpa and NCB:**

**4Boys, 4Girls: talking with young people about sex and relationships, fpa** 2001. Activity manual for teachers and youth workers, produced to accompany fpa's best-selling series of booklets for young people.

**Beyond Barbie: community based sex and relationships education with girls and young women: a worker's compendium** Brown-Simpson, A. fpa. 2003 From the perspective of experienced workers, this book looks at the rationale for working with young women, the current social and political climate and shares some examples of good practice.

**Contraceptive display kit. fpa** 2001. Includes samples of current contraceptives and leaflets on methods. An accompanying users' manual provides 17 interactive exercises.

**Strides: a practical guide to sex and relationships education with young men.** Blake, S and Laxton, J. fpa 1998. Clear advice and practical tips for those working with 14-25 year old men in youth and community settings and schools.

**Talking about sex and relationships: a factsheet for foster carers.** Patel-Kanwal, H. Sex Education Forum 2001. Forum Factsheet 17. Summary guidance.

**Talking together... about growing up. A workbook for parents of children with learning disabilities.** Scott, L and Kerr-Edwards, L. fpa 1999. Activities covering the main areas of a school sex education programme which will support both parents and schools to provide sex and relationships education for young people with learning difficulties.

**Time to decide: a guide to support young people in public care when making decisions about pregnancy.** Mason, J and Lewis, H. National Children's Bureau 1999. A self-help book for young women in care who are pregnant to help them think through their options. Includes guidance notes for carers.

**The weird and wonderful world of Billy Ballgreedy.** fpa 2001. Video and resource pack concentrating on the sexual health needs of young men.

#### **From other organisations:**

**Abortion - whose choice?** Education for Choice 1996. Video featuring three women speaking frankly about their different experience of abortion, including illegal abortion. For use with 14 to 18 year olds.

**Abortion - whose choice? An education pack for young people.** Education for Choice 1999. Series of 10 factsheets considering different aspects of abortion - what it is, the law; religion plus exercises and answers to commonly asked questions about abortion.

**Drunk in charge of a body: a teaching pack for use in schools and youth groups.** Brook 2000. Resource pack intended to facilitate discussion about alcohol and personal and sexual relationships, and to increase awareness of the positive and negative influences of alcohol.

**Infection protection: teaching about sexually transmitted infections.**

Brook 2000. A teaching pack for use in informal settings as well as in school. Provides five lesson plans, each with activities, about STIs.

**Jason's private world.** Life Support Productions 1996. (Life Support Productions, PO Box 2127, London, NW1 6RZ. ([www.lifesupportproductions.co.uk](http://www.lifesupportproductions.co.uk)))

Sex education video for use by men with learning disabilities. Comes with accompanying pack for important information regarding the different topics covered in the video and for reference to other information sources.

**Kylie's private world.** Life Support Productions 1996, see above. Sex education video for use by women with learning disabilities. Comes with accompanying pack.

**Let's do it: creative activities for young people with learning difficulties.** Johns, R, Scott, L and Bliss, I. Image in Action 1997. Tel:

01494 481 632. More than 80 drama-based activities for young people with learning difficulties, which are divided into eight sections to provide a framework for covering a complete sex education programme.

**Let's talk about sex: growing up, changing bodies, sex and sexual health.** Harris, R.H. Walker Books 1995. Thorough, frank, up-to-date, responsible and reassuring information about all aspects of growing up, sex and sexuality. Well-illustrated and truly inclusive of different sexualities, disabilities, ethnicities and body shapes. Aimed at 10-14 year olds and their parents and carers. From booksellers.

**The Lyric: Sex education for young people with physical disabilities.** SPOD 1998. A video and accompanying teaching pack for 14 to 18 year olds who have already had basic sex education. Provides

information about sex and relationships, and also helps overcome taboos around physical disability and sexuality. Primarily for students with physical disabilities, but can also be used to raise awareness and issues for all young people.

**Off Limits: the A-Z of love and sex.** 4Learning. Tel: 0870 1234 344 [www.channel4.com/learning](http://www.channel4.com/learning). Fast-moving, unashamedly direct series that answers all those questions about love and sex. Video and resource book available for young people aged 14-17.

**Sex and your teenager: a parent's guide.** Coleman, J. Trust for the Study of Adolescence 2001. Provides parents and carers with clear helpful advice about sex and young people.

**Shining through: Pulling it together after sexual abuse.** Loisele, M.B. and Wright, L.B. Safer Society Press, Vermont 1997. A healing workbook for girls aged 10 and up, and young women who have been sexually abused to use with a supportive adult. From: Bookstall Forum Ltd. Tel: 01332 368039 [www.bookstallforum.co.uk](http://www.bookstallforum.co.uk)

**Things we don't talk about.** Barnardo's 2000. A resource pack for girls and young women aged 11-18 on the issues of abusive relationships, sexual exploitation and abuse through prostitution.

**Understanding contraception: a teaching pack on contraception and relationships.** Brook 1998. Resource pack for use in school and informal settings. Aimed at 14-16 year olds.

### **Useful websites for workers**

#### **[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.

#### **[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.maristopes.org.uk](http://www.maristopes.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 Standard 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 looked after children.

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

Telephone helplines:

**ChildLine** 080011 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.

**Caroline** 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.