

**London Borough of Redbridge Children in
Care and Care Leavers Sexual Health and
Personal Relationships Guidance with
practice guidance for staff and carers**

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Introduction

There is a strong commitment to the provision of high quality services for children and young people in care in the London Borough of Redbridge. All of the services and agencies involved in the provision of these services recognise the need to help and assist young people to develop appropriate understanding of their sexual health and personal relationships. Access to this knowledge is essential for their future health and well being as adults.

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

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

Children Act 1989 Guidance Vol. 4

This guidance is designed to provide young people, staff and carers with a framework for support and information in this important area of development. The guidance has been written in close collaboration with young people and a range of professionals involved in their lives.

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

"Staff and Carers" refers to those people with day-to-day responsibility for the young person, primarily, social workers, residential social workers, childcare workers and foster carers.

"Young People" include both children and young people looked after by the local authority and also care leavers.

Acknowledgements

The London Borough of Redbridge would like to acknowledge the following local authorities whose policies helped shape this guidance and enabled them to identify which issues to include. Bradford SSD, Buckinghamshire SSD, Hammersmith & Fulham SSD, Lambeth Council, Wakefield Council and Islington Council. The production of this guidance was facilitated by Hansa Patel-Kanwal OBE, Independent Consultant, in consultation with children and young people in care and staff and carers.

1. Aims of the Guidance

The aim of this guidance is to provide the means for supporting staff and carers in developing good practice. It offers a clear framework for talking about, educating and advising on sexual health and personal relationships for children and young people in care, recognising their diversity. It aims to describe 'best practice' in fulfilling this work and sets out the legal position regarding information and support about sexual health and personal relationships.

2. Objectives

- To support young people's personal and sexual development
- To respect, promote and support the rights of young people to develop into adults who can feel comfortable with and enjoy their sexuality
- Provide support and education by trained and confident staff and carers
- Be delivered in an environment that is supportive and safe for young people
- Ensure that staff, carers, children and young people are aware of the boundaries of confidentiality and privacy
- Be delivered in an anti-discriminatory context
- Be age appropriate and responsive to young people's level of understanding, taking into consideration previous knowledge and experience
- Help young people to make informed decisions about their sexual health and personal relationships
- Provide a framework of partnership working with parents and the families of children in care and with other relevant agencies
- To ensure that the guidance and subsequent training does not perpetuate shame, guilt or prejudice
- To ensure the guidance fits into other appropriate strategies and guidance, for example the Teenage Pregnancy Strategy and the National Strategy for Sexual Health and HIV

3. Why do we need policies and practice guidelines?

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

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

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

4. Framework

Redbridge Council's guidance in relation to sexual health and personal relationships for children and young people in care is framed within the context of legislative requirements and its own child protection procedures. In addition "best practice" is achieved through:

- A demonstrable commitment to the rights of young people.
- Working in partnership with young people according to their age and level of understanding.
- An acknowledgement that staff and carers are, in many cases, best placed to provide the support, advice and information about personal relationships to the young people they look after.
- A commitment to practices that are anti-discriminatory and sensitive to the issues of race, faith, culture, disability, gender, and sexuality.
- Taking an active role in promoting all aspects of the health of looked after young people, including sexual issues involved in personal relationships.

5. Legal and Policy Framework

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

Working Together to Safeguard Children Guidance (2006)

Safeguarding and promoting the welfare of children is the responsibility of the local authority, working in partnership with other public organisations, the voluntary sector and children and young people, parents and carers and the wider community. A key objective for local authorities is to ensure children are protected from harm.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development and
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable

those children to have optimum life chances and to enter adulthood successfully.

Protecting children from maltreatment is important in preventing the impairment of health or development. We need to ensure that children are growing up in circumstances consistent with the provision of safe and effective care.

A shared responsibility and the need for effective joint working between agencies and professionals that have different roles and expertise are required if children are to be protected from harm and their welfare promoted.

In order to achieve this joint working there have to be constructive relationships between individual practitioners, promoted and supported by the commitment of senior managers to safeguard and promote the welfare of children and clear lines of accountability.

The Children Act 2004

Provides the legal underpinning for Every Child Matters: Change for Children - the programme aimed at transforming children's services. The Act defines the five "Every Child Matters" outcomes:

1. Be healthy
2. Stay safe
3. Enjoy and achieve
4. Make a positive contribution
5. Achieve economic well-being

Children's Trusts will bring together all services for children and young people in an area. Underpinned by the Children Act 2004 there is a duty to focus on improving outcomes, with children and young people experiencing more integrated and responsive services, and specialist support embedded in and accessed through universal services.

Each Children's Services Authority in England must establish a Local Safeguarding Children Board for their area to co-ordinate and promote the welfare of children in that area.

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

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

The Children (Leaving Care) Act 2000 imposes new responsibilities on local authorities to make sure that support is provided until at least until the age of 21 years. The Act emphasises, there is a "need for greater attention to be paid to

advice about sexual relationships and sexual health" among children and young people in care.

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

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

The Street Offences Act 1959 makes it an offence to "*loiter or solicit in a street or public place for the purpose of prostitution.*" Prostitution is not illegal but associated offences are. Young people under the age of consent can and have been charged with prostitution. However the Criminal Prosecution Service are guided by the Department of Health's document, 'Safeguarding children involved in prostitution: supplementary guidance to Working Together to Safeguard Children', stating that children involved be treated as victims of abuse.

The Female Genital Mutilation Act 2003 relating to Female Genital Mutilation (FGM) makes female circumcision, excision or infibulation a criminal offence. Professionals involved in the care of looked after young people need to be alert to the possibility of FGM particularly amongst minority ethnic communities known to practice it. Where FGM has occurred or is suspected the matter should be investigated in accordance with Redbridge Area Child Protection procedures.

The Sexual Offences Act 2003

The Sexual Offences Act became law in May 2004 and aims to clarify what constitutes a crime of a sexual nature against children, young people and adults. The Act does not limit children's right to sex and relationships education and sexual health support and advice. The Law ensures that those providing information and support with the purpose of protecting a young person from pregnancy, sexually transmitted infections, protecting their physical safety or promoting their well being, will not be guilty of an offence.

This applies to anyone acting in the best interests of the young person such as health professionals, teachers, youth workers, Connexions Personal Advisors, social care professionals, parents, staff and carers.

Young people under 16, including those under 13, can continue to seek sexual health and contraceptive information, advice or treatment in confidence in accordance with Fraser Guidelines. All professionals are encouraged to continue providing information and support according to their organisations agreed policies.

The aim of the Sexual Offences Act is to protect young people from abuse or exploitation. The age of consent remains 16 for both boys and girls regardless of sexual orientation. There is no intention to prosecute mutually agreed sexual activity between young people of a similar age where there is no evidence of exploitation, abuse or coercion.

Sex and Relationships Education Guidance (DfEE 2000 – now the Department for Education and Skills) states that Sex and Relationships Education (SRE) in schools should be delivered within the context of PSHE and Citizenship. All secondary schools are required to develop a policy and programme of sex and relationships education that should reflect parents' wishes and the culture of the community they serve. It is expected that school based SRE will be provided in conjunction with advice and support from parents and carers. It is particularly important for young people who are excluded from school or who have had interrupted schooling that alternative sex and relationships education is provided.

The National Strategy Sexual Health and HIV (2001) addresses the need to raise standards of services, which provide clear information so that people can make informed decisions about preventing sexually transmitted infections, including HIV.

Promoting the Health of Children in care (2002) stipulates that social work professionals and foster carers have a key role and a professional duty, to ensure that looked after young people (including under 16 year olds) and care leavers are encouraged to seek contraceptive and sexual health advice if it appears that they are, or are likely to be, sexually active. Further information about that proactive role is set out in the Guidance produced by the Teenage Pregnancy Unit in 2004. Entitled *"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"*.

The United Nations Convention on the Rights of the Child (1989) emphasises the rights of all children to health care services. This includes access to information, resources and provision of sex education and information on personal relationships.

The Fostering Network recommends that agencies should develop clear policy statements and guidance about what is expected from foster carers in relation to sexual health and relationship advice.

Age of Consent

Young people under the age of 16

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

It is an offence for a man or boy to have sexual intercourse with a girl under the age of 16. The girl herself is not committing any offence by having sex. Boys under 16 can commit offences involving sexual intercourse, although a prosecution is unlikely unless the boy is considerably older than the girl or the girl does not give consent. In England and Wales the same laws apply to heterosexual and homosexual activity and offences can be committed by anyone, male or female, over the age of 10, which is the age of criminal responsibility.

The Sexual Offences Act 2003 was introduced to protect children under 16 from sexual abuse. However, the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

The law protects children under 13, who cannot legally give their consent to any form of sexual activity. There is a maximum sentence of life imprisonment for rape, assault by penetration, and causing or inciting a child to engage in sexual activity. There is no defence of mistaken belief about the age of the child, as there is in cases involving 13-15 year olds.

Boys under 16 can commit offences involving sexual intercourse although a prosecution is unlikely unless the boy is considerably older than the girl or the girl does not give consent.

Boys aged nine and under are deemed incapable of sexual intercourse but can be charged with indecent assault.

A woman over the age of 16 who has sex with a young man under 16 can be charged with sexual assault. In reality a prosecution is unlikely unless the young man makes a complaint that he has been coerced into sex, or that the relationship is abusive.

Redbridge Council cannot condone illegal sexual relationships, and where such a relationship is taking place we need to take steps to discourage it, whilst also ensuring that the young person receives appropriate advice regarding sexual health and contraception.

A disclosure of underage sex is not in itself a reason to break confidentiality.

In all cases where illegal sexual relationships appear to be taking place between a young person in care and another young person, we need to think about whether the relationship is exploitative or abusive and if so, invoke child protection procedures. An individual professional may not take this kind of decision; appropriate consultation is always required with a line manager or supervising social worker.

Young people 16 and above

The age of consent to any form of sexual activity is 16 for both men and women.

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

6. Confidentiality

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

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

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

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

The best way of ensuring that information sharing is properly handled is to work within carefully worked out information sharing protocols between the agencies and professionals involved and taking legal advice in individual cases where necessary.

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

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

Best Practice

- That the young person can understand the advice and has sufficient maturity to appreciate what is involved in terms of the moral, social and emotional implications for themselves.
- That the professionals can neither persuade the young person to inform his or her parents nor allow the carer to inform them that contraceptive advice is being sought.
- That the young person is very likely to begin or is very likely to continue having sexual intercourse with or without the provision of condoms and/or contraceptive advice.
- That without the provision of condoms and/or contraceptive advice, the young person's physical or mental health or both would be likely to suffer.
- That the young person's best interests require the professional to provide condoms and/or contraceptive advice without parental consent.

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

The Common Law Duty of Confidence

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

Best Practice

- Staff and carers need to respect the privacy of all young people in accordance with their age and level of understanding.
- Staff and carers must never promise complete confidentiality to a young person. The boundaries regarding confidentiality should be clearly communicated to and understood by the young person. These boundaries are, if the young person's health and well-being is being put at risk or that their behaviour may be causing harm to themselves or others then information will not be kept confidential.
- Young people should be informed about whether or not information they might divulge will be recorded and furthermore who might have access to it.

- Staff and carers should only divulge information about young people regarding their sexual health and relationships with other professionals on a “need to know” basis, with the consent of the young person and through involving the young person as much as possible in the process.
- Personal information must be stored securely and unauthorised access should not be permitted.
- Young people should be informed that they may consult doctors, nurses and other specialist services confidentially and independently if they do not wish to discuss issues with staff and carers.

7. Anti-Discriminatory Practice

Redbridge Council is committed to ensuring equality of opportunity and addressing issues around diversity for all children and young people in care. We will ensure that no individual is disadvantaged because of their colour, class, religion, race, gender, disability, age, marital status or sexual orientation.

Children and young people in care are from diverse racial and cultural backgrounds, who have, as part of their heritage, a variety of different attitudes to relationships and sexual behaviour. Staff and carers need to understand, appreciate and support the young person with regard to their cultural background and religious beliefs.

Best Practice

- Staff and carers have a responsibility to examine their own beliefs and values and how this may affect their work. They will ensure that their beliefs are not imposed on the young people they look after.
- It is important that staff and carers actively challenge stereotypes so that young people feel safe about sharing information and staff and carers can identify what support they need.
- All providers of sexual health and relationships information and support should acknowledge and respond positively to the differences between individuals and groups of young people.
- To ensure that information is available to young people, it may be necessary to use translation, interpretation, audio and visual resources.
- Sexual health and advice about relationships is not just about providing information on sex, but also about putting this into context in terms of emotions and informed choices. The needs of gay, lesbian, bisexual and transgendered young people must also be recognised and approached sympathetically and supportively.

- Discriminatory attitudes, behaviour and comments about sex and sexuality will be challenged by staff and carers, whether they are being made by other carers or young people.
- It is expected that any partner agency will also demonstrate how they value equality and diversity among looked after young people.

8. The Rights of Children and Young People in Care

The rights of young people are contained within statutory frameworks. (The Children Act 1989 and 2004, The Human Rights Act etc. Please refer to the legal and policy section. Redbridge Council is committed to undertaking its duties to the young people in it's care, within a framework and working practice that supports, promotes and respects children's rights.

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

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

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

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

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

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

Best Practice

- Staff and carers should provide age appropriate, informative, accessible and accurate information on which the young people can base the choices they make. Clearly, young people of different ages, abilities and understanding have different needs, and a distinction has to be drawn between what is appropriate for each child. It is important however, that information is provided as a matter of course, without the child or young person having to ask for it.
- Information should be provided on issues that the young person identifies as important, without them having to divulge the reason why they require it.
- Staff and carers should respond to each young person as an individual.
- Young people should be allowed to take risks and make mistakes in their personal relationships as part of the process of growing up.
- Staff and carers should be proactive in facilitating and providing support should the young person request access to counselling on personal relationships, sexual health and sexuality.
- Young people should have access to privacy and confidentiality around their sexual health and personal relationships.
- Young people should be allowed to make choices in all aspects of their sexual health and personal relationships even if staff and carers do not agree with those choices.

9. Girls and young women

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

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

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

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

Clear, concise, accurate information should be available on how the female and male body develops and works.

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

Best Practice

- Staff and carers will consult with girls and young women on how they would like their needs to be addressed around sexual health and relationship issues.
- It is vital that staff and carers are able to be open, honest and sensitive about issues around sexual health and personal relationships with girls and young women.
- It is also essential that staff and carers explore the different power relationships that exist between men and women in our multi-cultural society and encourage young women to assert themselves in their personal relationships.
- Staff and carers need to ensure that girls and young women develop skills around negotiating mutually respectful personal relationships and are aware of the consequences of exploitation, abuse and coercion.
- Staff and carers must not assume that all girls and young women are heterosexual and therefore need to engage in discussions that explore the young woman's developing sexuality.
- Staff and carers need to offer opportunities for girls and young women to explore sexual health and personal relationship issues in a single gender space.
- Staff and carers need to make themselves aware of services developed specifically for girls and young women.
- All girls and young women's care plans, pathway plans and reviews will incorporate sexual health and relationships and will address how these needs will be met whilst respecting privacy and confidentiality.

10. Boys and young men

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

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

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

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

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

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

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

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

Best Practice

- Staff and carers will consult boys and young men on how they would like their needs to be addressed around sexual health and relationship issues.
- Staff and carers need to be proactive about engaging boys and young men in discussions about sex and relationships that are open, honest and sensitive.
- Staff and carers must not assume that all boys and young men are heterosexual and therefore need to engage in discussions that explore the young man's developing sexuality.
- Staff and carers need to be aware that not all boys and young men will be at the same stage of their emotional development even if they are the same age. Since boys and young men will mature at different times, staff and carers must expect a range of behaviours.
- Staff and carers need to ensure that boys and young men develop skills around negotiating mutually respectful personal relationships and are aware of the consequences of exploitation, abuse and coercion.

- Staff and carers need to ensure that boys and young men are offered opportunities for discussions related to sexual health with male carers.
- Staff and carers need to make themselves aware of services that respond effectively to the needs of boys and young men.
- All boys and young men's care plans, pathway plans and reviews will incorporate sexual health and relationships and will address how these needs will be met whilst respecting privacy and confidentiality.

11. Physical and Learning Disabilities

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

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

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

Best Practice

- Staff and carers will consult with disabled young people on how they would like their needs to be addressed around sexual health and personal relationship issues.
- It is vital that staff and carers working with physically and/or learning disabled young people have training that includes exploring their own attitudes and assumptions about disabled young people's sexuality.
- An honest and objective consideration of the young person's needs in relation to sexual health and personal relationships information has to be undertaken prior to the work commencing. Staff and carers can then plan in consultation with the young person how to address the issues.
- Staff and carers should be able to offer information and advice to the young person whilst recognising clear boundaries regarding physical help in relation to intimate physical care and sexual behaviour. It is important that staff and carers balance the need for help and support the young person may need, taking into account their wishes and feelings.

- Where young people with disabilities are non-verbal, staff and carers need to ensure that there is effective communication about addressing the young person's sexual health and personal relationship needs.
- In all settings, particularly in respite care, it is essential that parents, staff and carers are part of the decision making process in how to support the young person and that they are given appropriate support around sexual health and personal relationships.
- Staff and carers will ensure that sex and relationships information includes issues relating to consent, rights, contraception, sexual exploitation and how to access genetic counselling where necessary, for example, where there are risks associated with congenital disabilities.
- All disabled young people's care plans, pathway plans and reviews will incorporate sexual health and relationships and will address how these needs will be met whilst respecting privacy and confidentiality.

12. Puberty

Puberty may be a difficult time for some young people, particularly young people in care who often may not have supportive relationships with their families, carers or peer groups.

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

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

It is important to reassure young people that such changes are a normal part of growing up.

General conversations with young people around the physical and emotional changes they are experiencing can help to address any anxieties.

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

Young women

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

- Masturbation

Young men

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

Best Practice

- Young people should be encouraged to take responsibility for their personal hygiene. Staff and carers may need to ensure that the young person has suitable access to toiletries and skincare products for example.
- Staff and carers should try and prepare the young person for both physical and emotional changes, prior to the changes taking place to avoid any anxieties.
- Staff and carers need to ensure that a young person with any specific care needs should be dealt with sensitively by providing appropriate support and advice.
- Staff and carers can also access advice and support, for either themselves or to gain information to help them inform the young person. Please refer to the resources section for further details.

13. Safer Sex

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

Staff and carers need to engage in open and honest discussions with all young people who are considering becoming sexually active or are already sexually active. Young people need to consider and be prepared for the emotional impact of a sexual relationship and be encouraged to explore the reasons why they are choosing to become, or are already sexually active.

Young people need to be aware of and able to identify abusive, exploitative and coercive relationships and be able to access help and support in dealing with them. Staff and carers can be positive role models for young people in the way in which these discussions are facilitated with them.

Staff and carers can encourage young people to wait until they are ready to have a sexual relationship and explore practical ways of resisting pressure to have sex by developing negotiating and assertiveness skills. Where a young person has made an informed decision to become sexually active, staff and carers can support them by ensuring that they have access to accurate, non-judgemental information about safer sex.

Best Practice

- Young people should be made aware of safer alternatives to engaging in penetrative sexual intercourse. They should also know about the law relating to sexual activity and under 16's.
- If a young person decides to have a sexual relationship it is important that they are able to protect themselves against unintended pregnancy and sexually transmitted infections including HIV.
- Staff and carers need to emphasise to young people the consequences of not treating sexually transmitted infections.
- Staff and carers need to be aware of the sexual health (Genito Urinary Medicine) services available locally so that if the need arises they can support a young person to obtain information and where necessary access treatment.

14. Contraception

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

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

Promoting safer sex to young people in care, is for education, as well as a preventative measure. It is recognised that the best way of dealing with sexual activity is to encourage young people under 16 to wait until they are ready to deal with the emotional and physical consequences of sexual involvement.

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

Staff and carers can encourage young people to openly explore the consequences of an unintended conception and/or sexually transmitted infection and what impact this may have on their life both in the short and long term.

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

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

Best Practice

- Staff and carers should supportively explore with a young person the risks involved with underage sex, unintended pregnancy, sexually transmitted infections and other diseases such as testicular and cervical cancer.
- Staff and carers should engage in general discussions on matters of sexual health, if a carer suspects that a young person is sexually active, they should help to identify local resources for professional guidance on appropriate contraception.
- Staff and carers are not qualified to give medical treatment, nor would this be an appropriate role.
- Irrespective of the carer’s personal views, the priority is to safeguard the health and well being of the young person.
- Staff and carers should offer young people support in developing assertiveness and negotiating skills to help them resist any pressure to have early or unwanted sex. This is particularly important for vulnerable young people who, through lack of self-esteem, may feel less able to make their own choices.
- Staff and carers should ask the young person what, if any help they require, so that they are able to direct young people to the appropriate service, help book an appointment or to accompany the young person to a clinic if necessary.
- If a young person seeks information about contraceptive services from staff and carers, this should be kept confidential, unless there are any concerns about child protection. If confidentiality needs to be breached the young person should be informed as soon as possible of the reasons for the disclosure.
- Staff and carers can also access information, advice and guidance in this area through training and supervision.

15. Emergency Hormonal Contraception

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

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

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

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

Best Practice

- Staff and carers need to know about emergency hormonal contraception and inform young people about the time frames of when to take it and where to obtain it. A list of pharmacies providing emergency contraception, with their opening hours should be made available to young people.
- Staff and carers need to prioritise accompanying a young person to the clinic or pharmacist to obtain emergency hormonal contraception if the young person has requested this or appears to need this level of support.
- Staff and carers need to be aware of the possible side effects of emergency hormonal contraception and any pre-existing medical conditions.
- Staff and carers need to support young men and women obtain information about emergency hormonal contraception.
- Staff and carers need to access training, support and supervision around all forms of contraception including emergency hormonal contraception.

Please refer to the resources section for information about local contraceptive clinics for young people and pharmacists.

16. Condoms

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

Staff and carers can provide information to young people about where and how to access them. If staff and carers have any concerns about giving information about condoms or about giving them to young people they need to discuss this with their line manager or supervising social worker.

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

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

Best Practice

- Staff and carers should encourage young people to access condoms from local reproductive and sexual health services. As stated in Department of Health Guidance, staff and carers can also provide condoms for young people in their care.
- Staff and carers need to ensure that the young person knows how to use condoms correctly.
- Staff and carers should be able to demonstrate how to use a condom properly to young people if necessary. They should also know where to obtain free condoms locally and inform the young person of this.
- Staff and carers should encourage the use of condoms as an essential part of maintaining sexual health to young people who are thinking of becoming or are already sexually active.
- In providing advice and guidance to young people it is important that young people are made aware that there are safer and pleasurable alternatives to penetrative sex.
- Access to condoms should not be conditional on the young person giving information about their sexual partner(s) if they do not wish to do so. Neither should condoms be withdrawn as a punitive sanction.
- Staff and carers need to ensure that there are ongoing discussions about condom use with young people that emphasise the importance of maintaining their use consistently in sexual relationships.
- When working with sexually active under 16s staff and carers should seek to discuss the nature of those relationships and explore the following issues:
 - *Which partner wants to have sex and why?*
 - *Is it really what both parties want?*
 - *What part does peer influence play?*
 - *Is the young person aware of where they can seek contraceptive advice from, should they wish to continue this relationship?*
- Staff and carers can reinforce to young people that they have the right to wait until they are ready to have a sexual relationship and not be unduly influenced by their partner or peers.
- Staff and carers should enable young people in this situation to make informed choices about their behaviour, based on information and access to appropriate support. Sometimes feeling comfortable about saying 'No' may be what young people are seeking.

- Staff and carers can encourage young people to develop negotiation and assertiveness skills, which they can use in their personal relationships as well as in other aspects of their lives.
- Training and support will be offered about condoms for all staff and carers.
- Please refer to the resources section for information about local contraceptive clinics and pharmacists.

17. Sexually Transmitted Infections including HIV & AIDS

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

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

Best Practice

- A young person over 16 can give consent for sexually transmitted infection tests, including the HIV Antibody Test. If the young person is under 16, they can consent if they have sufficient understanding, according to the "Fraser Guidelines".
- All young people considering being tested for HIV should receive appropriate pre-test and post-test counselling and support.
- Confidential, accurate and up-to-date information and advice on safer sex should be accessible to all young people.
- Staff and carers need to ensure that the wishes of the young person are respected and confidentiality needs to be maintained unless there is a child protection concern.
- If there is a child protection concern, the young person should be informed of the need for disclosure and a full explanation given in writing outlining the reason for the decision.
- Staff and carers should always discuss their decision with their manager or supervising social worker. The young person should also be informed of how to complain against a decision about the disclosure of information.

18. Sexuality

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

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

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

Best Practice

- Personal views should not be imposed on young people; negative attitudes can seriously affect young people's feelings and self worth and could prevent them seeking help and support around issues of their sexuality.
- As with other forms of discrimination, staff and carers are required by legislation and in accordance with Redbridge Council's Housing and Community Services Equality and Diversity Strategy 2006–2009 to challenge homophobia and acknowledge the positive value of same sex relationships.
- Staff and carers need to be aware of and sensitive to the discrimination faced by gay, lesbian, bisexual and transgendered young people in relation to all areas of life and this means being aware of the particular difficulties faced by black, disabled and other young people who face multiple discrimination.
- In order to support young people in their healthy sexual development, staff and carers will need to be aware of organisations that can offer advice. Please refer to the resources section for further details.

19. Teenage Pregnancy and associated options for young people

Teenage pregnancy is recognised as having a major impact on the life chances of young people because of social exclusion. Consequently it is important that the young person is empowered to make informed decisions about this important aspect of their life because of the long-term implications for them and their child.

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

Young people in care may be alienated from their birth family and peers and therefore lack the support that they need when dealing with an unintended conception.

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

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

If the young woman's wishes are to have an abortion, non-judgemental counselling should be made available. Young women who are in the care of the local authority have the same rights as all young women around their right to choose to have an abortion.

Best Practice

- Staff and carers may need to assist the young woman in having the pregnancy confirmed, as a matter of urgency.
- Once a pregnancy is confirmed staff and carers should ensure that the looked after young woman receives unbiased information and advice on abortion, adoption or becoming a parent. If the decision is to continue the pregnancy, advice on what this will entail before and after the birth will be provided.
- Staff and carers need to ensure that information is available to the young woman from local pregnancy advisory services on an ongoing basis.
- Staff and carers need to reassure the young woman that she will be supported throughout the pregnancy and after the birth.
- Young people, who receive adequate support during the pregnancy and afterwards can become good parents.
- Staff and carers will be able to access training and support to help them assist young people with the life changing event of becoming parents.

Please see the resources section for information on local services

Abortion

When a pregnancy is terminated, this is described as an abortion. Occasionally, a fertilised egg or embryo is lost naturally, this is known as a spontaneous abortion or miscarriage. Abortion became legal in 1967 in England, Scotland and Wales. Young women from all cultures and backgrounds have abortions and their wishes on this matter should be respected.

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

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

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

Best Practice

- Staff and carers need to be supportive in enabling the young person to make informed choices, which are in accordance with the young person's own values and beliefs.
- Counselling should continue after the abortion if necessary.
- This can be an emotive issue for young people, staff and carers. It is essential that the feelings of both the young woman and man involved are addressed supportively.
- Staff and carers will be able to access training and support to help them assist young people in reaching an informed decision about having an abortion.

Adoption

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

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

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

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

20. Working with young fathers

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

Best Practice

- Staff and carers need to discuss with the father what his needs are and make appropriate referrals as necessary.
- Staff and carers need to discuss with and support the father to access parenting education.
- Staff and carers need to support both parents in maintaining contact with each other for the benefit of their child or children.

- Staff and carers will be able to access training and support to help them assist the father.

21. Religion, Culture and Sex and Relationships

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

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

Young people should not be denied the benefits of information and support on sex and relationships because of their religious and cultural values. However, culture and religion may have an impact on how sex and relationship issues are explored and at what age this is done.

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

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

Best Practice

- The Race Relations (Amendment) Act (2000) requires Redbridge Council to make race equality an integral part of all services for young people in care.
- Making links with local places of worship and community groups will help parents and young people trust the information that is being shared.
- Written information needs to be culturally and linguistically appropriate and should be translated or interpreted into the parents'/young person's language if necessary.
- It may be appropriate to deliver some information to young people in single gender or same religion groups. Check out with the young person what they would prefer.
- Issues of culture and religion need to be considered when choosing a carer.
- All information being provided should address the impact of racial, religious, cultural and sexual stereotypes.

- Staff and carers need to ensure that where a young person is of mixed parentage, it is important for them to understand both races and cultures.
- Staff and carers who are not of the same religious persuasion as the young person need to inform themselves of the content of that faith whilst trying not to make assumptions based on that information. It is important that the interpretation of information is checked out with the young person and their parents/birth families.
- Different cultures and religions have different sexual norms. It is important to remember that in all religions and cultures there are a range of views and values held by carers, parents and young people.
- Staff and carers need to clarify any information, which may be contradictory, or confusing to avoid any misunderstanding. They need to ensure that support for the young person is not compromised by assumptions that may have been made previously about religions or cultures.
- Staff and carers will be able to access training and support around sexual health and personal relationships to help them assist young people from different faith and cultural backgrounds.

22. Female Genital Mutilation

Female Genital Mutilation (FGM), also known as female circumcision, is a deeply rooted tradition practised in some communities. Most circumcised females in Europe experienced the initial procedure in their country of origin.

However it is known that FGM has also been practised in the UK or during a visit abroad. Most communities that practise FGM believe that they are doing the best for their daughters and do not see the practice as a form of abuse.

The age at which FGM is performed varies widely from area to area. In the Horn of Africa it is commonly performed on girls aged 5-8 years. In some cultures it is performed either at adolescence, before marriage or during childbirth. There are four different types of FGM which are practised today.

The immediate and long-term consequences of FGM vary according to the type of procedure performed. There can be immediate complications including haemorrhage, pain, shock and urine retention. Long-term complications include dysmenorrhoea (when periods stop), recurrent urinary tract infections and psychological trauma.

Staff and carers are most likely to be in a position of caring for a child or young woman who has been genitally mutilated and coping with the physical and emotional side effects of that, and far less likely to have to deal with the circumstances of the mutilation itself.

It is illegal to perform FGM in the UK under the provision of the Female Genital Mutilation Act 2003. The Children Act 1989 and 2004 places a statutory duty on local authorities to respond to the needs of children who are suffering or who are likely to suffer significant harm.

Best Practice

- Where it is suspected that a young woman is at risk of experiencing FGM staff and carers must take appropriate action to safeguard and promote the child or young woman's welfare.
- Where there are concerns that a child or young woman from a relevant community is experiencing physical or psychological trauma, consideration must be given to the possibility of FGM having occurred. Concerns should be shared with relevant professionals such as line managers and supervising social workers.
- Sensitivity is hugely important in this area and FGM must be addressed without alienating families and wider communities.
- Staff and carers should have training and support to enable them to access information and acquire knowledge about this subject.

23. Alcohol and Drug Use

Despite its associated problems, drug and alcohol use amongst young people is wide spread. Evidence suggests that more young people are taking drugs and attitudes are changing around recreational drug use. Sometimes young people may misuse prescribed medication or medication which is available from chemists without a prescription.

Cannabis for example is becoming more prevalent and socially acceptable amongst young people. Misinformation regarding how safe it is and its legal status exist from a variety of sources, e.g. suppliers, peers and the media have contributed to and exacerbated the confusion around the safety and legality of this drug.

Most young people's drug use is limited to alcohol and tobacco. However, drinking patterns are changing. Young people are drinking more and from an early age. One main concern is the increase in binge drinking, which can lead to more serious health problems.

There are a number of reasons why young people use and may misuse drugs and alcohol, such as curiosity, availability, boredom, peer pressure, to rebel, environmental factors or social exclusion for example.

Drug use knows no boundaries and can affect people from all backgrounds. Most young people use drugs because they want to. Continued recreational use may in turn lead to more problematic use, which could begin to interfere with every day life.

A minority of those who use drugs become dependent. This may become problematic. Dependency can be both physical and psychological, depending on the drug involved.

Young people sometimes combine different drugs, such as cannabis and alcohol or cocaine and heroin. Mixing drugs can produce unpredictable and sometimes dangerous effects. Many reported overdoses involve mixing depressant drugs, particularly alcohol. Using alcohol with stimulant drugs, such as cocaine and amphetamine, can be fatal.

Alcohol when used in large quantities is known as binge drinking, which can lead to alcohol poisoning and can be fatal. If a young woman continues drinking alcohol in relatively large quantities during her pregnancy then there may be a risk that her baby is born with Foetal Alcohol Syndrome.

Young women who choose to continue their pregnancy need to be informed of maintaining a healthy lifestyle during pregnancy and the implications of continuing to drink alcohol on the foetus.

Drug use lowers inhibitions and can make people feel more confident. Often sexual intercourse takes place under the influence of drugs, particularly alcohol. The risk of unintended pregnancy, sexual exploitation, sexually transmitted infections are greater and young people are less likely to use a condom under these circumstances.

Whilst it may not be realistic to expect young people to accept that the use of alcohol and/or drugs is a totally negative experience in working with them, the inherent risks of such behaviour should be emphasised to them. Such risks should include those directly impacting on their physical and emotional well being, as well as those indirectly impacting on their sexual health.

Best Practice

- Staff and carers need to be aware of the kinds of recreational drugs that young people they are caring for may be using.
- Staff and carers need to support young people to resist peer pressure around recreational drug use.
- Staff and carers need to make young people aware of the potential consequences of mixing alcohol with other recreational drugs.
- Staff and carers need to inform young people of the potential consequences of mixing prescribed medication with other recreational drugs.
- Staff and carers need to inform young people about the law regarding alcohol consumption and other recreational drugs.
- Staff and carers need to be aware of what health and safety action needs to take place when a young person who has engaged in recreational drug use and may be at risk of harm e.g. ensuring that a young person does not choke if they are being sick after consuming excess alcohol.

- Staff and carers will be able to access training, support and supervision around recreational drug use and how to best support the young people in their care.

24. Working with parents and birth families

The Children Act 1989 and 2004, places an emphasis on working in partnership with parents in all matters concerning their children's upbringing. Consistency and understanding between carers will always benefit children and young people particularly in the area of sexual health and personal relationships.

Best Practice

- Parents should be informed that additional information is provided to children and young people in care outside of what they may receive at school around sex and relationships and explain the reasons for this.
- Parents should have the opportunity to discuss any issues that they may have around such information with the child or young person's social worker and/or foster carer. Every effort will be made to give information in a form that parents can understand.
- The Children Act 1989 states that the welfare of the child is paramount. When situations arise where parents are reluctant to allow their child/young person to access information about sex and relationships, a decision needs to be made by staff and carers in consultation with the child/young person as to what is ultimately in the best interests of the child/young person.
- Parents or those with parental responsibility should be informed of the sexual health or educational programmes available to their child/young person and be given an opportunity to express their views about such information.
- Parents can often find providing their children with sex and relationships information a difficult task and often welcome the opportunity to discuss this with another adult.
- Some parents may have religious and/or cultural beliefs that affect their views on sex and personal relationships that need to be acknowledged and respected.
- Staff and carers need to address the concerns that parents may have about this aspect of their child's life with sensitivity. They need to offer support to them so that the parents can positively reinforce information given to the young person.

25. Case Reviews, Care and Pathway Plans

The health and education of young people are important issues that need to be addressed throughout the care, pathway planning and review process. In relation

to issues of sexual health and personal relationships the young person's needs will be assessed and ways of addressing these will be agreed in consultation with the young person.

A review or meeting about a care or pathway plan can be the best place to discuss general issues around sexual health and relationships and is an effective way of ensuring that the young person is receiving the information that they need.

Best Practice

- Sex and sexuality can be very private and sensitive topics. A review, care or pathway plan meeting is often not the place to discuss these issues in depth but can be explored in general terms.
- Young people should always be consulted in advance about what is going to be discussed in their review, care or pathway plan and be able to say whether they want issues raised in this forum and if so, how these will be raised and by whom.

26. Sexual Relations in Placement

Positive relationships between young people in placement should be valued and they have the same rights to sexual health and personal relationships information as young people outside placement. Redbridge works within the National Minimum Standards for children's social care as regulated by Ofsted.

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

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

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

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

It is generally considered to be unacceptable for young people sharing a foster or residential placement to become involved in sexual relationships. Aside from all other considerations, this can cause significant management issues arising from jealousy from other young people and ongoing animosity as and when a relationship comes to an end.

To address this it may be appropriate for staff and carers to develop a range of 'house rules' concerning the physical expression of relationships amongst young people. These house rules should take into account individual circumstances, customs and beliefs. However, it would not be sufficient to ignore these issues or to deal with it on the basis that those who are 'found out' can expect to be punished.

Protocols of conduct and control in relation to sex and personal relationships are needed. Whatever specific house rules exist they should be clearly understood and discussed openly between staff, carers and young people.

Staff, carers and young people should be absolutely clear as to what constitutes a sexual relationship and address the question as to 'when does sexual activity start?' The answer will not be the same for everyone, as one person's expression of affection may be another's progression to full penetrative sex.

This guidance does not wish to deny a young person from seeking or receiving genuine physical affection, especially if they have been denied it in their early life. However, it would benefit the young person to explore their motives for, and look at the possible consequences of engaging in a sexual relationship, including:

- The pressures put on them by peers or society in general to be sexually experienced.
- The differences between affection and penetrative sexual intercourse.
- Enabling young people to develop skills where they can resist unwanted sexual advances and reassuring them that it is alright for them to say "No" if they are not ready to engage in a sexual relationship.
- Discussing self-esteem and how young people value themselves. Are young people getting involved in sexual activity of their own free will or being exploited because they do not value themselves and they believe they can gain some kudos by being sexually active?

Risk taking behaviours are common in young people. In addressing this issue staff and carers should identify with young people, which risks are acceptable, which are unacceptable and what are the likely consequences of taking particular risks whilst they are in care.

In semi-independent accommodation the expectations of young people in such placements may be different with regard to the boundaries around their personal relationships. The consequences of transgression should be made explicit to the young person before they move in.

Staff and carers need to explain to young people that their move to semi independence is about preparing them for adult life and ensuring their safety during this period of transition.

Best Practice

- All young people in care have a right to access sex and relationships and sexual health information, as would any other young person who is not in care. Positive relationships for young people should be valued and encouraged.
- Young people have a right to and deserve confidentiality, respect and privacy in their relationships. An example of this would be the carer knocking on the door (be it bedroom or bathroom) but not entering until asked to do so.
- Many young people in care may have experienced abuse of some kind in the past. Staff and carers need to take into consideration the issue of power and abuse in young people's relationships.
- It is important to remember that adolescence is a time when young people will begin to make and exercise their choices, regardless of advice and guidance from adults. This should not discourage staff and carers from continuing to express their concern, providing this is done in a non-judgemental way.
- If two young people are involved in a serious and committed relationship in placement, finding an alternative local placement for one of those young people may be an option that shows that staff and carers respect that relationship.
- The young people involved need to know about the difficulties such relationships in placement can present and be informed of the implications of their behaviour by staff and carers.
- In the event of sexual relationships between young people such information should be treated with respect and only key people (e.g. manager, social worker, parents) should be involved.
- Staff and carers need to clearly explain to the young people why it is necessary to disclose such information.

27. Pornography

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

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



Best Practice

- If a young person has pornographic material in their possession and wishes to retain such material, they may only do so if they are of an age to legally view it.
- It should be stressed to them that it can only be viewed in private and needs to be stored securely so that other children or young people are not influenced or offended by it.
- The opportunity should be taken to discuss with them how such material could lead to the development of a distorted view of sexuality and compromise the dignity of the individual.
- Young people need to be made aware of the consequences of accessing pornography via the Internet and of the risks of disclosing personal information to people that they communicate with via “Chat Rooms”.

28. Internet Access

The Internet can be a very useful and user-friendly source of information for young people. A whole range of information is easily and quickly accessible from the web, including valuable advice, support and information on sexual health, sex and sexuality.

Monitoring use of the Internet by young people is difficult, although it is possible to install software that limits access to adult sites. Any concerns about what is being viewed by young people on the Internet should be raised with the young person in the first instance.

Positive uses of the Internet should be discussed, as should the reasons why the young person is visiting certain sites. If pornographic material is being viewed then the carer or worker should refer to guidelines outlined in the section of this guidance entitled *Pornography*.

The Internet can also be used to meet other people through chat-rooms. Staff and carers must make all young people aware of the dangers of such meetings taking place. Personal safety must be discussed with the young person and they should be strongly discouraged from pursuing any meeting via the Internet.

Young people must also be alerted to the consequences of disclosing any personal information such as where they live or their mobile telephone number with anyone they make contact with via a chat room.

Best Practice

- Staff and carers need to encourage young people to use the Internet sensibly and to gain information that will benefit their development.
- Staff and carers need to consider installing software on computers that will limit access to adult sites on the Internet.

- Staff and carers need to discuss with young people appropriate use of the net and should highlight the dangers of meeting anyone via the Internet.
- Staff and carers should be aware of web sites that offer support or information for young people on issues of sexual health, sex and sexuality. Young people should be provided with opportunities to view such information in privacy.

29. Cross Dressing

Some young people exploring their sexuality may choose to cross dress. Cross-dressing is the wearing of clothes of the opposite sex. These young people are often stigmatised and marginalised by society.

Staff and carers should support these young people by providing an environment where stigma, bullying or harassment will not be tolerated.

Staff and carers should provide support and a safe environment for young people as they explore their sexuality.

It is important for young people to make their own choices but they may need guidance from adults. Staff and carers must be non-judgemental in their attitudes towards this issue. However, they need to constructively express their concerns to the young person, especially around personal safety and how cross-dressing is viewed by society.

Staff and carers should make themselves aware of the various agencies and sources of information on this subject, which may be of use in supporting young people.

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

Best Practice

- There are young people who choose to cross dress and staff and carers need to support them while they explore this.
- Staff and carers should not assume that a young person who chooses to cross dress is necessarily gay or confused about their sexuality.
- Staff and carers need to help the young person make an informed choice about cross dressing and where it may or may not be safe for them to cross dress. Physical and verbal attacks on young people who cross dress are not uncommon.
- Staff and carers need to let the young person know about all the sources of information, advice and counselling that are available, both locally and nationally.

- Staff and carers should assist the young person in accessing support if necessary.
- Staff and carers need to be knowledgeable and have awareness that young people cross-dressing may be vulnerable.
- Staff and carers need to be able to negotiate with young people how their clothing allowance is spent.

30. Transgendered young people

Young people who are born one gender may need to live their lives as the opposite gender. They are described as transgendered. Although the principles and good practice for staff and carers are similar, this should not be confused with cross-dressing or homosexuality. Transgendered young people can experience a great deal of stigma and prejudice.

Transgendered young people may experience a range of difficulties, which could include medical, legal, social or emotional issues.

Staff and carers need to support these young people by demonstrating sensitivity and understanding.

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

Best Practice

- Staff and carers should help the young person access support should they wish to, as this may help to alleviate the feelings of "difference" and isolation the young person may be experiencing.
- Specialist agencies will also be able to inform staff and carers about all aspects of being transgendered and advise them on how to cope with their own feelings and ways to support the young person they are caring for.
- Staff and carers need to support young people who choose to live an alternative lifestyle through providing an environment where stigma and harassment are not tolerated.
- Verbal abuse and physical attacks on people who are transsexual are not uncommon. Staff and carers need to be aware of this and offer appropriate support to the young person.

31. Masturbation

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

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

Best Practice

- Children and young people need to sensitively, be made aware of inappropriate touching and how this may cause embarrassment and offence to other people.
- Staff and carers should have the opportunity to discuss with their line manager or supervisor any concerns they may have about children and young people masturbating.
- In all situations, staff and carers need to give clear consistent messages that while masturbation is healthy and normal, there are times and places where it is not appropriate. Safe places away from other people, e.g. the young person's bedroom or bathroom, should be encouraged as private places to masturbate.
- Staff and carers will actively challenge myths about masturbation being harmful e.g. it will make you go blind.
- Staff and carers will be aware of the importance of language used when talking to young people about masturbation.
- Staff and carers will know how and where to obtain and provide appropriate information for young people about masturbation along with all sexual health matters.

32. Prostitution

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

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

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

Young people living away from home, in particular those in residential care settings, may be targeted by adults seeking to coerce them into prostitution, It is

known from research that young people looked after who run away are particularly at risk of sexual exploitation.

Many young people involved in prostitution have previously been 'looked after' by a local authority. Some sell or exchange sex while they are being 'looked after', others may have done so before being 'looked after'. Others will be at risk of becoming involved in prostitution once they leave care.

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

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

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

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

Best Practice

- Staff and carers need to address their own views and attitudes about prostitution and ensure that they do not impose any personal feelings onto the young person.
- Staff and carers should strive to create an open, non-judgemental environment in which a relationship can be built on trust.
- Staff and carers need to be aware of some of the triggers for the grooming process and should follow child protection procedures if they suspect that a young person is being groomed for prostitution.
- Staff and carers need to be aware that young people in residential settings may be targeted for prostitution. Any concerns need to be reported to managers and taken seriously.
- Where a young person living in or leaving care is known to be involved or at risk of being involved, in prostitution, staff with specialist knowledge in this area should work closely with the Leaving Care Team. The pathway plan should take into account the young person's needs and circumstances.

- Young people involved in prostitution are likely to benefit from a range of services including advice and counselling for harm minimisation, health promotion and advice on sexually transmitted infections including HIV. Please refer to the resources section.
- It is important that staff and carers consider that young men involved in prostitution may be gay or bisexual and may need support around their sexuality. Equally young women may identify as lesbian or bisexual and may also need support around their sexuality.
- Staff and carers will need to address their own feelings, views and attitudes about prostitution and should have access to specialist support when dealing with this complex issue.

33. Sexually inappropriate behaviour

Sexually inappropriate behaviour can range from masturbating in public, inappropriate touching and sexually aggressive behaviour and language.

Working with young people who display sexually inappropriate behaviour challenges staff and carers at many levels; their confidence in themselves, their feelings about their own sexuality, belief in other people's humanity and their concepts of crime, punishment, treatment and rehabilitation.

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

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

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

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

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

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

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

Best Practice

- Staff and carers have a responsibility to ensure that young people who exhibit inappropriate sexualised behaviour or who are sexually offending can access appropriate support.
- Any need for specialised or additional support must be incorporated into the young person's care or pathway plan.
- Where specialist work is required, staff and carers must receive support and training in working with the young person to implement the care or pathway plan.
- Staff and carers have a responsibility to work with young people around the risks associated with their behaviour.
- Staff and carers need to ensure the safety of the young person who is sexually offending and the safety of other people as far as possible.
- Staff and carers need to discuss with their line management or supervising social worker any concerns regarding a young person and their inappropriate sexualised behaviour.
- Staff and carers need to be empathic and understanding to a young person who exhibits sexualised behaviour or who is sexually offending.
- Staff and carers will be able to access training and support when working with young people who engage in sexually inappropriate behaviour.

34. Sexual Abuse and Handling Disclosures

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

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

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

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

Best Practice

- Staff and carers will need to address their own feelings, views and attitudes about sexual abuse and should have access to specialist support when dealing with this complex issue.
- Planned long-term intervention work with sexually abused young people is a sensitive and complex area of work. It should only be undertaken by knowledgeable professionals with experience and skills in this specialist area of work.
- Staff and carers must seek support and guidance from their line manager or supervising social worker around work with young people who have been sexually abused.
- Staff and carers will be supported in this work with good supervision, training, information and advice.

35. Information and advice

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

Best Practice

- Staff and carers need to ensure that this includes effective, anti-discriminatory sexual health information including HIV prevention and safer sex practices.
- Access to information on sexual health services, including contraception, support and counselling about sex and relationships.
- An understanding of the laws relating to sexual activity.

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

Some young people may find accepting advice and support in the development of their personal relationships difficult if not impossible. In such circumstances, it

should be made clear to the young person that their wishes will be respected but that support will be available to them should their wishes change in the future.

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

36. Professional Working Boundaries and Safe Practice

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

Many young people who are in the care of Redbridge Council have had previous experiences of abuse and involvement in high-risk lifestyles. This may influence their response to work undertaken with them relating to sexual health and personal relationships. Young people may misinterpret situations and conversations and on occasions make allegations against staff and carers. It may be that as a direct or indirect result of doing this work a young person may make a malicious or mistaken allegation against a carer. Although there can be no absolute guarantees, there are certain things that can be done to reduce the chances of false allegations being made, including exercising caution in sharing their own personal life experiences.

However well intentioned this may be, it may also be open to misinterpretation or misunderstanding by the young person. Such dilemmas should be discussed fully in supervision sessions and accurately recorded, to afford staff and carers maximum protection.

<p>Best Practice</p> <ul style="list-style-type: none">• Staff and carers need to adopt the principles of safe caring, which would include:• Agreeing how respect and safety for oneself and others will be maintained in a residential unit or family setting.• Knocking on bedroom and bathroom doors and waiting for an invitation to enter the room.• Trying whenever possible that a colleague or another person is in the vicinity when entering a young person's room.• Only making physical contact with a young person's permission, i.e. check whether it is alright for you to touch them first. The most innocent of physical contact may have meant something other than affection to a young person in their past or they may not understand that such displays of affection are not necessarily preludes to sexual activity.
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- Encourage young people to wear age appropriate clothing that is not of a revealing nature.
- Encourage young people to wear dressing gowns when out of their bedrooms.
- Similarly carers should not be seen in nightwear or underwear or clothing that is skimpy or revealing, as they may trigger something in a child's memory or instigate a sexual response.
- If in any doubt, staff and carers should discuss with their line manager or supervising social worker the most appropriate means of working with a young person around sexual health and relationships.

Sexual Attraction

Under no circumstances is any form of sexual relationship between a young person and their carer or any other childcare professional acceptable, even if the young person is over the age of 16 and can legally consent to sexual activity.

It is not acceptable for any staff or carer to act in any way that appears inappropriately sexual in the presence of young people.

Sexual attraction occasionally arises between adults and the young people in their care. Whilst accepting this is a reality, legally and ethically it is never appropriate to act on these feelings, even after the carer and young person cease to have a direct professional relationship.

The Sexual Offences Act (2003) states that it is an offence for a person aged 18 or over who is in a position of trust (such as caring for a looked after child) to have any type of sexual activity with that child if they are under the age of 18.

37. Working in partnership

The Children Act 1989 and 2004 places an emphasis on working in partnership with parents and/or birth families in all matters relating to a child or young person's upbringing. All staff and carers should be committed to this in order to benefit young people whilst recognising that there may be tensions between working in partnership and maintaining confidentiality. Young people will be informed when it is necessary to pass on information about them.

When working with other agencies, including private and voluntary providers, information should be treated with sensitivity. Personal information about aspects of a young person's sexual activity should only be shared with others after obtaining the agreement of the young person.

Parents or those with parental responsibility should be informed of the sexual health and personal relationships educational programmes available to their child or young person. Please refer to section about working with parents and birth families for further details.

Best Practice

- Staff and carers should be aware of what work is being undertaken around sexual health and personal relationships with a young person both at school and through other professionals that the young person has been referred to whilst being looked after.
- All commissioned services for children in care will be informed of this guidance and will be expected to demonstrate how they will implement and monitor it.
- All agencies working with young people around sexual health and personal relationships need to ensure that they are consistently reinforcing positive messages around maintaining and preserving sexual health for young people.
- All agencies working with young people around sexual health and personal relationships need to ensure that their staff and carers are able to access ongoing training, support and supervision around this aspect of their work.

38. Whistle Blowing

Any member of staff or carer who has any concern about the behaviour or attitude of any other carer or worker has a duty to share these concerns with their line manager or supervising social worker. This relates to caring practice in general and is not limited to work related to sexual health and personal relationships. By failing to challenge poor practice the young people in question will experience a great disservice and the non-intervention will only contribute to their sense of powerlessness.

These concerns may vary from any inappropriate sexual behaviour between a member of staff or carer and a young person, to allowing a young person to watch an age inappropriate video, or not addressing racist, sexist or homophobic comments or bullying.

The Authority has a Whistleblowing Scheme to encourage employees to disclose any serious concerns that they have in a responsible manner and be safe in the knowledge that they will be protected from any possible victimisation arising from the result of such a disclosure.

This Scheme has also been extended to other arrangements the Authority has. As such Partners are encouraged to report any concerns they have regarding the Authority, its clients or anyone with whom the Authority is engaged.

Reports should be made via the Partner's usual point of contact with the Authority unless it is considered that the contact might be involved in the issue, or that there may be a conflict of interest. In such circumstances, reports should be made to the Authority's Chief Auditor on 020 8708 3130 or via the Authority's Website under the Fraud Section.

39. Training Support and Supervision

Training

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

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

All staff and carers will need core training around sexual health and personal relationship issues around working with young people in care including how to implement this guidance.

The training programme will be modular with core components that all staff and carers are required to attend. Specialist training focussing on particular topics such as addressing sexual abuse or religion and culture will also be available.

Support

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

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

Support will be both formal such as supervision and peer support groups and less formal such as carers or staff networks. All will be supported by the agencies working with young people in care.

All staff and carers need to discuss this guidance and how to implement it in their induction programmes.

Supervision

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

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

40. Implementation and Monitoring

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

- For staff and carers through the provision of ongoing training, support and supervision on the implementation of the guidance.
- For young people, through their carers explaining the details of this guidance, what they can expect from their carers about age appropriate sexual health and personal relationships.

Young people will be encouraged to feedback their views through contact with carers, social workers, teachers, health workers and advocates.

The guidance will be formally reviewed and updated on an annual basis with the active involvement of young people, staff and carers.

The impact of the guidance will also be monitored and evaluated in relevant strategy documents and performance reviews e.g. Teenage Pregnancy Strategy and Sexual Health and HIV Strategy.

November 2007

GLOSSARY

The words or phrases that follow are often used in policy and guidelines in relation to personal relationships and sexual health. The definitions given are currently in use within professional practice and reflect Islington's interpretation:

Anti-discriminatory practice (ADP)

The attempt to reduce and remove negative discrimination from individual and institutional work practices.

Bi-sexual

Someone who is sexually or emotionally attracted to either gender

Bi-sexuality

Sexual or emotional attraction to either gender

Children, Young People and Young Adults

In the context of this guidance, individuals who are under the age of 24.

Children Looked After/Children in Care

Children and young people for whom parental responsibility may be shared between the Local Authority and birth parents/family.

Cross Dressing

Full or partial adoption of clothes usually identified as those traditionally worn by the opposite sex.

Discrimination

To treat differently because of feelings, fears or prejudices about another's gender, race, religion, sexuality, disability, age or cultural background.

Gay Man

A male homosexual

Homophobia

Describes people or institutions that discriminate against homosexuals and is the adoption of a set of beliefs and behaviours which are prejudiced against people who have homosexual relationships.

Homosexual

Someone who is sexually or emotionally attracted to others of their own gender.

Homosexuality

Sexual or emotional attraction to one's own gender.

Heterosexism

Behaviour that assumes that heterosexuality is the norm and oppressively excludes those who are homosexual, bi-sexual or transgendered.

Heterosexual

Someone who is sexually or emotionally attracted to others of the opposite gender

Heterosexuality

Sexual or emotional attraction towards the opposite gender

Lesbian

A female homosexual

Need to Know

Personal information that is considered to be essential for staff to share in order to safeguard the well-being of the child/young person.

Personal Information

Information about an individual that allows them to be identified. This may be factual, for example name or age, or sensitive such as medical information or use of services.

Personal relationships (including sexual)

The range of relationships, including sexual, that are important to an individual. These include family or trusted others in a person's life.

Prejudice

The negative judgement of a person or situation formed before any contact is made and often made without factual basis.

Sex and Relationships Education

Sex and relationships education is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes.

Sexual Activity

Describes a range of activities including, masturbation, oral, penetrative (vaginal or anal) sex.

Sexual behaviour

A range of activities between people when socialising or having sexual experiences. Experiences can be positive or negative and for some people they can be abusive and exploitative. This guidance recognises that the life experiences of some children looked after may influence people's values, beliefs and perceptions of appropriate sexual activity or sexual behaviour.

Sexual Health

The capacity and freedom to enjoy and express sexuality without exploitation, oppression, physical or emotional harm.

Sexual identity

The way in which an individual defines him or herself or is viewed by others.

Sexual orientation

Describes how individuals define their sexual identity. This may be lesbian, gay, bi-sexual, heterosexual or transgendered. Sexual orientation is not necessarily fixed and may not be revealed to others.

Sexuality

Sexuality is the sexual dimension of an individual's personality. It is far broader than sexual orientation. It is shaped by and shapes our self-image, the way in which we relate to others, our feelings, and our behaviour. Primarily social, it cannot be separated from its biological origins.

Transgender

An individual who appears as, wishes to be considered as, or has undergone surgery to become a member of the opposite sex.

REFERENCES AND RESOURCES – LOCAL AND NATIONAL

The following resources are listed under sub-headings, training resources; legal and policy context; resources for those working with children and young people. These are listed in alphabetical order by title. This list is not exhaustive, and local services may well have developed other resources suitable for the local area.

Resources may be available for loan through health promotion and public libraries or may be downloaded from the Internet.

Training resources

Confidentiality – a training manual for staff providing sex advice to young people (2002) Brook. 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.

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

Girl Power — How far does it go? A resource and training pack on young women and self esteem (1997), Adams, J. Sheffield Centre for HIV & Sexual Health. 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. (2002) Adams, J. Sheffield Centre for HIV & Sexual Health. Resource and training pack for those working with young women. Sequel to Girl Power. Related training also available.

Let's Hear It For the Boys! Supporting sex and relationships education for young men (1997), Lenderyou, G and Ray, C (eds.), National Children's Bureau. Tel: 020 7843 6029.

Let's make it happen. Training on sex, relationships, pregnancy and parenthood for those working with children in care and young people (2003) Mackie, S and Patel Kanwal H.

Moving goalposts: setting a training agenda for sexual health work with boys and young men (2001) Biddulph, M and Blake, S. fpa.

No son of mine! Children abused through prostitution (2001) Tink Palmer. Barnardo's video and report challenging some of the myths and stereotypes surrounding young men and prostitution.

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

Sexual Health Education for Children and Young People with Learning Disabilities: A practical way of working (1996), Adcock, K and Stanley, G. BILD and Barnardo's.

Whose Daughter Next? Children Abused Through Prostitution (1998), Barnardo's, Barnardo's Child Care Publications, Tel: 01268 520224.

Young Minds : looking after the Mental Health of Children in care. (2002) Talbot, R. Pavilion.

Legal and policy context

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

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

fpa factfile (1998). **fpa.** 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.

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 (2004) Teenage Pregnancy Unit
www.teenagepregnancyunit.gov.uk

Let's Talk about Sex and Relationships: a policy and practice framework for working with children and young people in public care (1998), Patel-Kanwal, H and Frances Lenderyou, G. National Children's Bureau. Step-by-step guide to developing a coherent and pragmatic policy framework for teaching children and young people in public care about sex and relationships.

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

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

Leaflets and booklets:

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

4 Boys: A below the belt guide to the male body (2000) and **4 Girls: A below-the-bra guide to the female body** (2000), **fpa.** Two pocket-sized booklets for young men and young women aged 13 to 16.

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.

Is Everybody Doing It? Your guide to contraception (2000), **fpa.** A 15-

page 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 (1999) fpa. 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 (1996) fpa. 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.

Who Cares? About Health: Getting healthy, staying healthy and keeping fit (2000), The Who Cares? Trust. Booklet about health for young people in public care. 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 (1997), Brook. A set of three leaflets for 14 to 16 year olds.

Resources for those working with children and young people

Abortion - whose choice? (1996), Education for Choice. Tel: 020 7837 7221. 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.

Beyond Barbie: community based sex and relationships education with girls and young women: a worker's compendium Brown-Simpson, A. fpa. 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 (2001), fpa. Includes samples of current contraceptives and leaflets on methods. An accompanying users' manual provides 17 interactive exercises.

Drunk in charge of a body: a teaching pack for use in schools and youth groups (2000). Brook. 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.

4Boys, 4Girls: talking with young people about sex and relationships (2001), fpa. Activity manual for teachers and youth workers.

Strides: a practical guide to sex and relationships education with young men (1998), Blake, S and Laxton, J. fpa. Activities and practical tips.

Talking Together about Growing Up. A workbook for parents of children with learning disabilities (1999), Scott, L and Kerr-Edwards, L. fpa.

Talking to Your Child about Sex (1998) fpa. A video to support parents and carers.

The Weird and Wonderful World of Billy Ballgreedy (2001), fpa. Video and resource pack concentrating on the sexual health needs of young men.

Infection protection: teaching About Sexually Transmitted Infections (2000), Brook 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 (1996) Life Support Productions, PO Box 2127, London, NW1 6RZ. Sex education video for use by men with learning disabilities.

Kylie's private world (1996), Life Support Productions, PO Box 2127, London, NW1 6RZ. Sex education video for use by women with learning disabilities.

Let's Do It: Creative activities for young people with learning difficulties (1997), Johns, R, Scott, L and Bliss, I. Image In Action.

Let's Talk about Sex: growing up, changing bodies, sex and sexual health (1995) Harris, R.H. Walker Books. Thorough, frank, up-to-date, responsible and reassuring information about all aspects of growing up, sex and sexuality. Aimed at 10-14 year olds and their parents and carers. From booksellers.

Off Limits: The A-Z of Love and Sex. 4Learning. For young people aged 14-17.

Private & confidential: talking to doctors (1995) Brook. A booklet designed to reassure young people, including under 16s, about their rights to medical help and confidentiality.

Sex and Your Teenager: a parent's guide (2001) Coleman, J. Trust for the Study of Adolescence. Tel: 01273 693311. Provides parents and carers with clear helpful advice about sex and young people.

Shining through: Pulling it together after sexual abuse (1997) Loisel, M.B. and Wright, L.B. Safer Society Press, Vermont. A healing workbook for girls and young women aged 10 and up, who have been sexually abused to use with a supportive adult.

Taught Not Caught (1987), Dixon, H and Mullinar, G. LDA. Available from Brook Advisory Centres. A tried and tested teaching manual packed full of activities for use with groups of young people aged 9-16.

Things We Don't Talk About (2000) Barnardo's Child Care Publications. Tel: Tel: 01268 520224. A resource pack for girls and young women aged 11-18 on the issues of abusive relationships, sexual exploitation and abuse through prostitution.

Time to Decide: a guide to support young people in public care when making decisions about pregnancy (1999) Mason, J and Lewis, H.

National Children's Bureau. Tel: 020 7843 6029. A self-help book for young women in care who are pregnant to help them think through their options. Includes guidance notes for carers.

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

Contacts:

Brook

421 Highgate Studios, 53-79 Highgate Road, London NW5 1TL.
Tel: 020 7284 6040

Brook Publications

PO Box 883, Oxford, OX4 5NT
Tel: 01865 719410 Fax: 01865 748746
www.brook.org.uk

Centre for HIV & Sexual Health

22 Collegiate Crescent, Sheffield. S10 2BA

Forward

Unit 4 765-767 Harrow Road, London, NW10 5NY
Tel: 020 8960 4000

National Children's Bureau,
8 Wakley St, London EC1V 7QE
Tel: 020 7843 6000

Useful websites for workers

www.a2zsexualhealth.net

Information and subscription service for professionals working in sexual health.

www.avert.org

Information about prevention and treatment of HIV and AIDs

www.barnardos.org.uk

Information about Barnardo's work and campaigns.

www.brook.org.uk

Information and advice for young people and details of where to find clinics.

www.cabinet-office.gov.uk/seu/

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

www.doh.gov.uk/nshs/index.htm

National sexual health and HIV strategy website.

www.efc.org.uk

Details of Education for Choice's education and training resources on abortion from a pro-choice perspective.

www.fpa.org.uk

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

www.lesbianinformationservice.org

Lesbian information service download leaflets.

www.malehealth.co.uk

or www.menshealthforum.org.uk

Online health advice for men.

www.msi.org.uk

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

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.

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

www.sexualhealthsheffield.co.uk

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

www.teenagepregnancyunit.gov.uk

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

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.brook.org.uk

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

www.dr-ann.org

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

www.fpa.org.uk

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

www.likeitis.org.uk

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

www.lifebytes.gov.uk

Health information for young people aged 11-14.

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

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

www.ruthinking.co.uk

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

www.teenagehealthfreak.uk

A complete online guide to teenage life.

www.thewhocarestrust.org.uk

Website of the Who Cares Trust. Order their magazine for children in care and young people. At time of press, two local authorities, London Borough of Hounslow and Birmingham City Council are piloting a secure online service for children in public care **www.thewhocarestrust.org.uk/carezone.htm**

Telephone helplines:

ChildLine 0800 1111

Confidential helpline for children.

Sexwise 0800 28 29 30

Confidential advice and helpline for young people on sexual matters.

The Linkline Free call: 0500 564 570

Who Cares Trust, confidential telephone support service for children and young people in public care.

The Brook Young People's helpline 0800 0185 023

Sources of Local Help, Information and Support for Young People and their Carers

	Monday	
9.30-11am (IUD/IUS) 1.30pm-3pm (IUD/IUS) 6.30-8pm Apps/walk-in	Hainault Health Centre, Manford Way, Chigwell, Essex, IG7 4DF	020 8924 6187
4-7pm	Ifomation, Youth Information & Advice Shop, Redbridge Foyer, Sylvan Road (off Hainault Street), Ilford, IG1 4EQ <i>* Young people's Clinic</i>	020 8708 0540
	Tuesday	
6.30-8pm	John Telford IUD Clinic, 45 Cleveland road, Ilford, Essex, IG1 1EE	0208 491 1971
7-8.30pm	Wanstead Place Clinic, 35 Wanstead Place, Wanstead, E11 2SW	0208 926 1450
	Wednesday	
6.30-8pm	John Telford Clinic, 45 Cleveland road, Ilford, Essex, IG1 1EE	0208 491 1971
	Thursday	
6.30-8pm	Fullwell Cross Health Centre, 1 Tomswood Hill, Barkingside, Ilford Essex, IG6 2HG	0208 491 1580
5.15-7.30pm	Ilford Brook (under 25's only) John Telford Clinic, 45 Cleveland road, Ilford, Essex, IG1 1EE <i>*Young people's clinic</i>	0208 478 6982 (Clinic times) 0800 0185 023 (Other times)
	Friday	
6.30-8pm	John Telford Clinic, 45 Cleveland road, Ilford, Essex, IG1 1EE	0208 491 1971
	Saturday	
2-4pm	Ilford Brook (under 25's only) John Telford Clinic, 45 Cleveland road, Ilford, Essex, IG1 1EE <i>*Young people's clinic</i>	0208 478 6982 (Clinic times) 0800 0185 023 (Other times)
	Sunday	

All young people's services can be found at www.youngpeoplefriendly.co.uk

For information on Teenage Pregnancy & Parenthood log onto
www.teenpreghelp.org.uk

Drug and Alcohol Service Directory – Where to get help in Redbridge 2nd
Edition February 2007 available from www.redbridgepct.nhs.uk

Other local services can be located on the Redbridge Council Website –
www.redbridge.gov.uk