CORPORATE PARENTING BOARD
1st JULY 2004

PERSONAL RELATIONSHIPS, PHYSICAL AND EMOTIONAL DEVELOPMENT AND SEXUAL HEALTH POLICY

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PURPOSE OF REPORT

1. The purpose of this report is to present to Members an outline of the work undertaken by the Middlesbrough Teenage Pregnancy Strategy Team in partnership with the Children Looked After SRE (Sex & Relationship Education) Policy Steering Group to develop and produce an appropriate SRE Policy and Guidelines.

BACKGROUND

2. The report on Teenage Pregnancy from the Social Exclusion Unit (1999) identifies two main goals:-

   1. Reducing the rate of teenage conceptions, with the specific aim of halving the rate of conceptions among under 18s by 2010.
   2. Getting more teenage parents into education, training or employment, to 1reduce their risk of long term social exclusion.

   Every local authority had to produce a 10 year strategy to address these goals. Middlesbrough Teenage Pregnancy Strategy Action Plan 2002/03 and 2003/04 identifies Middlesbrough Council Social Services Department (Children & Families) as one of several key agencies which needed to develop an SRE (Sex & Relationship Education) Policy.

3. ISSUES

The Independent Advisory Group on Teenage Pregnancy Annual Report (2002) recommended that all social services departments have in place an SRE Policy (LAC). This recommendation is based on indications that children looked after are vulnerable to early pregnancy and parenthood.

Research has demonstrated that children who have been in care or fostered are almost 2.5 times more likely to become teenage parents, compared with those brought up with both natural parents [49] . In 1992,

studies found that 1 in 7 [32] or 1 in 8 [12] care leavers had children by the time they moved to independence or left care. Almost half of the young women leaving care in a 1995 study were mothers within 18-24 months [21].

If they become pregnant while in care, young women may experience particular difficulties:

- many do not receive neutral, unbiased advice about all the possible options, or counselling to help them make a decision, and some experience pressure to have an abortion [49]
- as a group, looked after children are more likely than others to be against abortion and many would not consider giving their baby up for adoption [31,50]
- most have received little education about parenthood from either school or whilst in care [49]
- many do not attend locally available ante-natal and parentcraft classes.[31,49,50]

While some of the issues raised directly related to their experience of being looked after, in many cases the issues put forward were similar to the experiences of other young people:

Sexual health and contraception:

- Sex education provided in schools rarely included education about sex, contraception, sexual health or the emotional side of relationships and was considered to be provided too late: *“The subject wasn’t talked about… we got nothing useful in school” “They just bunged on a video of a naked woman in a shower and then another one of a woman giving birth and that was all”.*
- Young men did not generally discuss sex and relationships: *“Blokes don’t talk about stuff like this really”.*
- Despite not using contraception, young women tended to assume that they would not conceive: *“You just don’t think you are going to get pregnant”. “You don’t think it will happen to you.”*
- Young women who had accessed contraception (the pill or condoms) were not always told how to use it, or what to do if they missed a pill/the condom did not work: *Leaflets were “Too hard to understand” and full of medical terminology.*
- Young women knew where to access contraception, but some were too frightened to go due to fears about lack of confidentiality, being ‘found out’, being ‘told off’ or judged for having sex.
- Young men knew where to access contraception, often relying on condom machines.

4. PROCESS OF DEVELOPING AN SRE POLICY (LAC) MIDDLESBROUGH SOCIAL SERVICES

In Autumn 2003 a multi agency steering group was formed to identify content, consultation processes, development and production of an appropriate SRE Policy (LAC). Pam Bunce, Health Promotion Consultant was commissioned to undertake this work on behalf of the Steering Group.

Consultation with young people was identified as crucial to policy development and 2 events were held with young people from MIN to ascertain their experiences and views of SRE and teenage parenthood. Findings from these events have informed the SRE Policy and Guidelines.

The Policy and Guidelines reflects guidance from DfES, Healthy School Standard, fpa and NCB recommendations on SRE Policy (LAC).

FINANCIAL, LEGAL AND WARD IMPLICATIONS

5. There are no financial or legal implications arising from this report.

RECOMMENDATION

6 It is recommended that the Corporate Parenting Board:
   (a) Approve Middlesbrough Council's Personal Relationships, Physical and Emotional Development & Sexual Health Policy; and Guidelines for Middlesbrough Council's Guidelines for carers and staff on Personal Relationships and sexual health for children looked after by Middlesbrough Council

REASON

7. The recommendation is supported by the following reason:
   (a) To enable Middlesbrough Council to fulfil its responsibilities as a responsible corporate parent by providing appropriate information, advice and support to children looked after by the authority in relation to personal relationships, physical and emotional development and sexual health.
   (b) This policy and guidance is based on relevant legislation and the associated government guidance and reflects current concepts of good practice.

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:
Social Exclusion Unit (1999 *Teenage Pregnancy* London, The Stationary Office
Middlesbrough Teenage Pregnancy Strategy 2000 – 2010 (2000)
Middlesbrough Teenage Pregnancy Strategy Action Plan 2002/03 and 2003/04

Berridge, D. and Brodie, I. (1998) *Children's Homes Revisited* Chichester, Wiley
Broad, B. (1999) 'Improving the Health of Children and Young People Leaving Care' in *Adoption and Fostering* Vol 23, No 1, pp40-48
Corlyon, J. and McGuire, C. (1997) *Young Parents in Public Care: Pregnancy and Parenthood Among Young People Looked After By Local Authorities* London, National Children's Bureau
Department for Education and Employment. (2000) *Sex and Relationship Education Guidance –Head Teachers, Teachers and School Governors* DfEE Nottingham
Hayden, D (2003) *Sexual Health, Teenage Pregnancy and looked after young people : a resource fro working with young people in or leaving care*. Barnardo's
West, A. (1995) *You're On Your Own: Young People's Research On Leaving Care* London, Save The Children

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Appendix 1

Personal Relationships, Physical and Emotional Development & Sexual Health Policy

For children looked after by Middlesbrough Council

May 2004

middlesbrough
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strategy

FOREWORD

The Middlesbrough Teenage Pregnancy Strategy (20001-2011) is underpinned by a strong strategic vision, which states "*All young people will have access to services that reflect their needs in the provision of sex and relationships education, contraception and sexual health services".*

The development of an SRE Policy (Looked After Children) is a significant milestone in achieving this vision. The Policy is dynamic in ensuring that significant resources are committed to supporting its full implementation. This includes a comprehensive training programme to support professionals and carers in delivering good quality SRE.

The inter-agency synergy is reflected through clearly delineated links to other key policy documents including relevant legal frameworks, which is essential to enable practitioners to implement the policy with confidence.

Gillian Mc Gready
Teenage Pregnancy Strategy Co-ordinator

I am very pleased that this very comprehensive policy and guidelines for Looked After Children has been produced. It is a no- nonsense information which tells "how it is". All aspects of sexual health and information are covered, but as a parent and corporate parent I would like to emphasise that it is okay to say "no". Peer pressure to do all sorts of things is faced daily by all young people. I commend this policy and guidelines to everyone who works with young people and to the young people themselves.

Brenda Thompson
Executive Member for Social Services and Health Care, Middlesbrough Council

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1 Introduction

This policy has been developed to clarify the Council's approach to the provision of information, advice and support to children looked after by the authority in relation to personal relationships, physical and emotional development, and sexual health. It is based on relevant legislation and associated government guidance and reflects current concepts of good practice.

As a corporate parent, the authority aims to be realistic about the developing and experimental behaviour of children and young people. It also recognises that many of the children for whom it is responsible are particularly vulnerable with regard to these issues. The authority will seek to ensure that anyone acting on their behalf is appropriately trained and supported in carrying out these tasks.

The policy is in line with the Council's 'Corporate Parenting: Policy and Strategy' and offers a clear overall framework for staff and carers. It is **not** intended to be a substitute for personal and professional judgement and sensitivity.

2 Values & Principles

The principles underpinning this policy are based on the values of Middlesbrough Social Services:

Privacy — The right of the individual to be left alone or undisturbed and free from intrusion or public attention to their affairs.

Dignity — Recognition of the intrinsic value of people regardless of circumstances by acknowledging their uniqueness; their personal needs; and by treating them with respect at all times.

Independence — The capacity of individuals to act and think without reference to another person, including the capacity to exercise a degree of calculated risk taking.

Choice — The opportunity to select independently from a range of options.

Rights — The promotion and maintenance of all rights associated with citizenship.

Fulfilment — The realisation of personal aspirations and abilities in all aspects of daily life.

The principles which flow from these values are:

Openness & Honesty
This is essential to create a safe and supportive atmosphere in which children and young people can discuss these issues and raise any concerns. It reflects the importance of enabling young people to talk about sex and relationships so they can:

- ⇨ Explore their values and attitudes
- ⇨ Make informed decisions about their behaviour, personal relationships and sexual health
- ⇨ Build self-esteem
- ⇨ Develop social skills including assertiveness and negotiation which can also be used in other areas of their lives

Clarity
The approach taken to these issues must be clear and unambiguous within the context of responsible corporate parenting. Clear information about this policy, and the issues it addresses, should be made available to children, young people, their parents, foster carers, staff and other agencies.

Empowerment
The focus must be to equip children and young people with appropriate information, skills, knowledge and understanding that enables them to make informed decisions and retain as much control as possible over their own lives.

Anti-discriminatory Practice
Everyone has an equal right to information and support in relation to personal relationships, physical and emotional development and sexual health matters. This will be provided in a manner that gives due regard to the individual's age, gender, religion, racial origin, cultural and linguistic background and sexual orientation.

The policy is based on the following approach to personal relationships, physical and emotional development, and sexual health. It is about:

Understanding the importance of:

- family life
- commitment within stable and loving relationships
- mutual respect
- giving and receiving love and care in personal relationships
- developing a moral framework for daily life

Learning about:

- physical and emotional development
- sex, sexuality and sexual health

Sexual health is a general term that encompasses the following:

- Developing skills to form and maintain healthy relationships
- An understanding of how your body works
- Expressing one's sexuality
- Accessing information on contraception or sexually transmitted infections.

In discussing sex and relationships with children and young people, the emphasis will be on:

- Respect for self and others
- Responsibility for self and own behaviour
- Responsibility for each other, friends, family, carers and those in the wider community.

3 Policy Statement

Middlesbrough Council is committed to safeguarding and promoting the health of children and young people looked after or accommodated by the authority, in order to achieve the best possible outcomes for them.

Middlesbrough Council recognises the rights of all children and young people to have access to information, education, services and support in relation to personal relationships, physical and emotional development and sexual health.

Middlesbrough Council will seek to ensure that information and support is available to all children and young people for whom it has corporate parenting responsibilities, taking into account their needs, age, wishes, culture and sexual orientation.

4 Policy Aims

The aims of this policy are:

- To ensure that children and young people looked after by Middlesbrough Council are able to develop into healthy, independent adults, capable of sustaining close personal relationships.

- To ensure that children and young people are able to participate effectively in the decision-making processes that affect their personal lives.

- To ensure that vulnerable young people are protected from emotional, physical, and sexual abuse.

5 Policy Objectives

The policy will:

- Provide a framework within which a consistent, confident and co-ordinated approach to personal relationships and sex education can be provided for children and young people looked after by Middlesbrough Council.

- Ensure that children and young people are aware of their rights in relation to personal relationships and sex education

- Ensure that staff and foster carers are informed and supported through the provision of practice guidance, training and information about resources

6 Legislative Base

- The Children Act 1989
- United Nations Convention on the Rights of the Child 1989
- Human Rights Act 1998
- Care Standards Act 2000
- Children (Leaving Care) Act 2000
- Sexual Offences Act (2003)
- Data Protection Act (1998)
- Family Law Reform Act (1969)
- Abortion Act (1967) amended (1990)

The Children Act 1989[1] is the key piece of legislation that requires local authorities to provide written guidance for staff and carers on dealing with sex and relationships in relation to children and young people who are looked after. It places a duty on workers to talk about sex and relationships with children and young people, in order to help them acquire information about their bodies, sex, sexual health, and to develop relevant skills in terms of relationships and relationship building.

“The capacity to form satisfying relationships and achieve inter-dependence with others is crucial to the future well-being of the young person.”

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

> The Children Act 1989, Vol. 3 Family Placements, paras 9.46 & 9.48 repeated in Vol. 4 Guidance and Regulations Residential Care, paras 7.46 & 7.48.

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[1] The Children Act, 1989 HMSO and The Children Act 1989, Guidance and Regulations Vol:4 Residential Care (1991) HMSO

The emotional aspects of sexual relationships and the implications of becoming a parent are highlighted as important areas to cover. In addition practical information should be given on issues such as contraception and safer sex.

The Guidance and Regulations also emphasise that the particular needs of different groups of young people must be recognised, for instance:

- Young people with physical or learning disabilities
- Young people who have been abused
- Young people who are gay men or lesbians.

More comprehensive information about relevant legislation and guidance is included in the associated practice guidance for staff and foster carers.

7 Confidentiality

Confidentiality is an issue that can cause great anxiety. It is essential that the boundaries of confidentiality are clearly understood by all children and young people, staff, carers and parents. This will enable children and young people to feel safe and confident about asking for help.

The overarching principle relating to confidentiality is that confidentiality may be broken **only** in situations where there is a risk of serious harm to the child or young person concerned. The practice guidance associated with this policy sets out the approach to be adopted in respect of this issue. (Please refer to Middlesbrough Council's Guidelines for carers and staff on Personal relationships & sexual health, May 2004 for greater detail).

8 Monitoring & Review

As with all policies relating to children and young people looked after by the authority, the Corporate Parenting Board has overall responsibility to monitor and review this policy. In addition, an officer's working group will oversee the implementation of the policy and guidance. This group will also ensure that appropriate training opportunities are made available to staff and foster carers.

ACKNOWLEDGEMENTS

The following people (in alphabetical order) contributed to the production of this policy and the associated guidance:

Tina Jackson	CAMHS Development Officer
Jane Kochanowski	Family Resource Team Manager, Social Services
John Lawson	MESMAC
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Gillian McGready	Teenage Pregnancy Co-ordinator
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Gary Watson	Planning & Commissioning Officer, Social Services,
Jane Wilson	Fostering Team Manager, Social Services

Young people at Middlesbrough Independence Network

Pam Bunce
Health Promotion Consultant
May 2004

Middlesbrough Council's Guidelines for carers and staff

on

Personal relationships & sexual health

For children looked after by Middlesbrough Council

PLEASE READ:
MIDDLESBROUGH COUNCIL'S PERSONAL RELATIONSHIPS AND SEXUAL HEALTH POLICY DOCUMENT 2004

May 2004

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1.0 INTRODUCTION TO GUIDELINES

The purpose of this section is to clarify for field social workers, residential social workers and foster carers their role in relation to sex and relationship education for looked after children. It complements the Teenage Pregnancy Unit's Guidance document for field social workers, residential social workers and foster carers which states 'that they can and should encourage young people to seek sexual health and contraceptive advice and direct them to local services if it appears that the young people are, or are thinking about, becoming sexually active.'[2]

The guidelines acknowledge that personal relationships and sex education of young people should be inclusive, understanding, accepting and respectful of diversity. The document is based on:

- A belief that all children and young people have a right to receive support and information
- A belief that children and young people need to talk in confidence about their feelings and emotions

The guidelines refer to all young people, including under 16s and gay, lesbian and bisexual young people.

This document will be made available to young people, parents, carers, staff and partner organisations and should be read alongside Middlesbrough Council's Policy on Personal Relationships and Sexual Health Policy for Looked After Children and the Corporate Parenting Policy and Strategy.

[2] Department of Health Teenage Pregnancy Unit (2001) Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services

2.0 CONFIDENTIALITY

Confidentiality is discussed in detail in the, Handbook for Foster Carers, Policy and Procedures Manual for Children in Care, Child Protection Procedures and HIV Guidelines.

The best interests of the young person are paramount and confidentiality boundaries must be agreed to ensure young people feel safe and are confident about asking for help.
Confidentiality is an issue which causes great anxiety for young people, staff and carers alike. It is essential that the boundaries of confidentiality are clearly understood by all staff/carers, parents, children and young people.
However, there are circumstances when information cannot be kept confidential, but disclosure should be limited to situations in which there is a serious risk of harm to the Child or to others, in which there is a legal duty to disclose.
The 1998 Data Protection Act gives individuals (data subjects) certain rights, while requiring those who record and use personal information (data controllers) to be open about their use of that information. It is essential to follow sound and proper practices (the data protection principles).

Explaining confidentiality
The nature of confidentiality should be explained to children and young people on their initial contact with Middlesbrough Council's Social Services Department.
The best interests of the young person are paramount and confidentiality boundaries must be agreed.
Many young people are hesitant to approach members of staff or foster carers for fear of personal information being discussed widely with other professionals without their consent. Children and young people have a right to make informed decisions about what they wish to tell
staff or their carers and when.

Disclosure of confidential information
Disclosure of confidential information requires appropriate consent. Appropriate consent is from those with parental responsibility, unless the young person is 'Gillick' competent and wants to give consent themselves.

Staff and carers **do not** have to inform parents of evidence or suspicion of sexual activity, but the Children Act 1989 makes it clear that they should work in partnership with parents whenever possible or appropriate.

Circumstances when information cannot be kept confidential –

- a police request for information to assist criminal proceedings, or
- in the interests of public health.
- an allegation of abuse cannot be kept confidential.
- individual situations will have to be assessed. See Child Protection Procedures 4.6

A person's HIV status is confidential and in the case of a Gillick competent young person under sixteen, and those aged sixteen to eighteen, it CANNOT

be shared without the young person's consent. This also includes information about other sexually transmitted infections.

The National Health Service (Venereal Diseases) Regulations 1974 (S.I.1974/29) imposed on health authorities an obligation to ensure that information about sexually transmitted diseases obtained by their officers should be treated as confidential. The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions December 2000 impose the same obligation of confidentiality on the members and employees of both NHS Trusts and Primary Care Trusts. If a child or young person under or over the age of sixteen cannot give their informed consent, the person with parental responsibility must agree to give consent

See Child Protection Procedures Manual Section 1.

Sharing personal information

Personal information should only be shared on a 'need to know' basis. Young people should be informed if and how any information they choose to divulge will be recorded: who will have access to it: and whether it will need to be passed on to other people.

Every child has a right to see his/her records and there must be a good reason for a request to be denied

Records written by other agencies cannot be made available to the child without that agency's permission

Recorded information should be stored securely so that unauthorised people do not have access to it. In keeping records of personal information you should be clear about why information is being recorded, its relevance and that the detail is adequate and not excessive(Data Protection Act 1998)

It is important that children and young people maintain their privacy and dignity and decide what to say and when.

See Child Protection Procedures 5.5

Impact of Breaching Confidentiality

- Staff and carers should not breach confidentiality just because someone is doing, or thinking of doing, something which does not meet with their approval, or fit in with their personal values, beliefs or preferences.
- Any unnecessary breach of confidentiality may lead to an entire group of children and young people losing trust in the Department as a whole, and feeling unable to approach any staff member for advice or help on any sensitive issue. Article 8 of the European Convention on Human Rights – disclosure of information to safeguard children will usually be for the protection of health or morals, for the protection of the rights and freedoms of others, and for the prevention of disorder and crime. Disclosure should be appropriate for the purpose and only to the extent necessary to achieve that purpose.
- A staff member or carer who feels that information should be disclosed, but has doubts, or is unsure about issues concerning confidentiality should discuss this with their line manager or direct line of support, to clarify their concerns and their thinking.
- In cases where confidentiality is broken, field social workers, residential social workers and foster carers should ensure that the young person

- has access to appropriate counselling and support, both during and after any
- Section 47 enquiry and/or police investigation takes place.

External agencies

Children and young people have a right to choose to discuss issues relating to their sexuality with departmental staff or their carers, with another agency, or not at all. Staff and carers should ensure that information regarding sexual activity, contraception, HIV/AIDS, sexually transmitted infections, pregnancy and childbirth are available along with useful addresses and telephone numbers of other agencies.

3.0 SEX AND RELATIONSHIPS EDUCATION

Introduction

All those involved with looked after young people share a responsibility for their sex and relationships education. This may include social workers, foster carers, family link workers, teachers, school nurses, youth workers, Connexions advisors, peer advocates, relatives, GPs and other health workers.

Middlesbrough Healthy School Scheme in partnership with Middlesbrough Primary Care Trust's (PCT) Health Promotion Service and School Nursing Service provides:

- Support to schools to help develop a Sex and Relationships Education(SRE) Policy
- Supporting the delivery of SRE as part of Personal, Social, Health and Citizenship Education (PSHE).
- A designated nurse for looked after children
- Provides training for teachers and other health professionals, particularly school nurses. Middlesbrough has been part of a National Accreditation Pilot in Sex and Relationships Education Teaching
- Sex Education Roadshows for pupils, parents and teachers

Definition of Sex and Relationships Education (SRE)

Sex and relationships education (SRE) is learning about, emotions, relationships, sexuality, sex, and sexual health. It should be provided within a holistic context of emotional and social development across all settings.[3]

Legislative Framework/Policies

- The Children Act 1989 – requires a sex and relationships policy relating to children and young people who are looked after.
- The United Nations Convention on the Rights of the Child 1989 – rights of all children to have access to information
- Anti – Discriminatory Practice- The Sex Discrimination Act 1975, The Race Relations Act 1976 and (Amendment) Act2000, The Disability Discrimination Act 1999 – everyone has the right to information about personal relationships and sexual health.
- Sex and Relationships Education Guidance from the DfEE (July2000) – importance of sex and relationships education
- Middlesbrough Council's Handbook for Foster Carers- health section: Facts of Life/Puberty
- Middlesbrough Council's Corporate Parenting Policy and Strategy; Section 2.6 Health

Rights and Responsibilites

Children and Young People: Rights

- To be listened to and treated with respect, sensitivity, consideration and dignity
- To confidentiality
- To confidential and private space to explore and discuss their concerns about sexual health
- To receive good accurate and age appropriate information in relation to sexual health

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[3] Sex Education Forum (2003) Factsheet 30 Sex and Relationships Education Framework

Staff: Rights

- To work in a safe environment to address issues of sexual health
- To training and support in providing effective, appropriate and consistent information about sexual health to children and young people

Staff Responsibilities

- To ensure the information they give is non- judgemental and non-directive. Ensure access to relevant information
- To respect children and young people's right to confidentiality within the limits set down in departmental procedures

Parents/Guardians

Rights:

- To be informed about how the service intends to address issues relating to personal relationships and sexual health
- To departmental support and encouragement in addressing issues of personal relationships and sexual health with their child.
- To have religious and cultural beliefs respected and taken into account

Responsibilities:

- To promote their child's personal and social development

Guidelines for staff

It is important to remember that everyone has the right to information about personal relationships and sexual health matters

Recommendations taken from Sexual health, teenage pregnancy and looked after young people: a resource for working with young people in or leaving care, Hayden, D. Barnardo's Barkingside 2003.

- 'Sex and relationships education should be provided for children from primary school age, involve both boys and girls, include sexual health and information about sources of contraceptive advice/provision as well as the emotional aspects of sexual health relationships, and consider the realities of being a parent.
- Young people should have the opportunities to develop communication, negotiation and assertiveness skills; explore feelings, emotions, attitudes and values; develop self-esteem and confidence; challenge gender stereotypes concerning sexual behaviour, sexualities, roles and responsibilities, use and abuse of power within relationships.'
- Anyone undertaking personal relationships and sex education should be aware of their own values and beliefs. Our attitudes in the way we work with children and young people in relation to sexual health are key to how they feel and respond to information that they receive.
- It is important to identify any training needs that you might have and discuss these with your line manager
- Talking about sex and relationships -it is worth noting that some of the most successful work is carried out informally.

Suggestions for talking to children and young people about sex and relationships:

- A spontaneous response to a question or situation
- A discussion over a meal or after watching one of the soaps

- Injecting a sense of humour and fun, it will relax the situation
- By listening to young people and not being judgemental, listening is an important support mechanism
- Using your judgement and creating a safe environment for talking. Consider if you need to talk on a one to one basis
- Be clear on confidentiality and its limitations
- Any group work should include skills based work as well as providing information. Skills to negotiate healthy relationships are:
  - Interpersonal skills
  - Communication
  - Negotiation
  - Resolving conflict
  - Decision making
- Helping young people manage and express their feelings
- Setting up peer education work – systems where young people are able to pass information to others of a similar age.
- The baseline for any work should begin within the Framework for Assessment of Children in Need and their Families and young people's assessment and action records.
- Field Social Workers, Residential Social Workers and Foster Carers in contact with parents should discuss with them the benefits of talking to their children about sex and relationships.
- All external agencies/ individuals should be informed about and work within the guidelines of Middlesbrough Council's Personal Relationships and Sexual Health Policy for Looked After Children.
- A range of topics should be covered according to the age, maturity and understanding of the young person

Working with young children (under 11s)
The work needs to be identified in the child's Placement plan part 2 (health) and Section 12 of the Care Plan.

- Training for carers and professionals should support and skill them in talking to children about sex and relationships from their earliest years, answering their questions briefly, clearly and confidently as they arise.
- Children need to talk about feelings and emotions and relationships
- They need to be able to ask for help and support
- They need to know the names of parts of the body and how they work
- They need to prepare for puberty and understand menstruation and body changes
- They need to have misunderstandings corrected and understand appropriate and inappropriate touching
- They need to understand how to raise awareness of abusive situations

Working with young people over the age of 11 years
The work will be identified in the Placement Plan Section 2 (health) as well as Section 12 of the Care Plan.

- Young people need to understand the importance of personal relationships and respect for self and others

- They need to know how to access confidential information and advice about sexual health and personal/emotional issues
- They need to explore attitudes to themselves and others and develop a moral and values framework
- They need to receive accurate, easy to understand information about sexually transmitted infections including HIV, Aids and safer sex
- They need to understand the effect of sex and gender roles
- They need to develop personal skills as well as being able to express and manage their emotions.

The content of sex and relationships work should be shaped by the expressed need and concerns of children and young people. Ascertaining levels of knowledge and providing sources of information are other elements

4.0 GILLICK COMPETENT/ FRASER GUIDELINES

Introduction

All children and young people have the right to confidentiality in relation to personal information, this includes children within social services. This includes information related to personal relationships, sexuality and sexual health.

Such information should not be discussed without good reason with other members of staff or carers without the child or young person's consent (for those that are Gillick competent) and the consent of those with parental responsibility for children and young people who are not Gillick competent.

A staff member or carer who feels that information should be disclosed, but has doubts, should discuss the issues first with their line manager or direct line of support.

Definition - Gillick competent and Fraser Guidelines

The Gillick case involved the challenge by Victoria Gillick to guidance issued by the DHSS in 1980 on family planning services for young people. She objected to the guidance because although it emphasised that doctors should attempt to persuade the young person to involve their parent, it accepted that there were "exceptional circumstances" when confidential advice and treatment could be provided to young people under the age of consent. In 1986 the House of Lords ruled that it would not be a criminal offence for a doctor to provide advice or treatment to girls under the age of 16 in such circumstances.

Legislative Framework/Policies

- The Family Law Reform Act – 16 to 18 have the right to consent to treatment, anyone under the age of 16 can consent if they are Gillick competent
- Human Rights Act 1998 – everyone has the right to respect for his private life
- The Data Protection Act 1998 – confidential information should be kept in a safe place. Disclosure of information can only occur in certain conditions.
- Chid Protection Procedures, South Tees, disclosure of information where there is serious risk of harm to the child or others, in which there is a legal duty to disclose. Where there is doubt staff should discuss issues with their line manager or direct line of support.
- Handbook for Foster Carers – guidelines on recording information and confidentiality.
- Middlesbrough Social Services, Children and Family Services – Children Looked After, Policy Procedures and Guidance

Rights and Responsibilities

Children and Young People

Rights:

- Article 12 UN Convention on the Rights of the Child – children and young people have the right to be heard, express opinions and be involved in decision making
- Confidentiality – as with older children a request from a Gillick competent under - 16 year old to keep their treatment confidential must be respected unless you can justify that you have reasonable cause to suspect that the child is suffering, or is likely to suffer significant harm
- To be informed of when, how and with whom confidential information will be shared
- In cases where confidentiality is broken young people should have access to appropriate counselling and support.

- Every child has a right to see his/her records- there must be a good reason for someone to say no to a request

Staff Rights:

- To have clear boundaries defining acceptable practice

Staff Responsibilities:

- Children and young people need to be given the opportunity to discuss the meaning of confidentiality in their own circumstances
- To respect children and young people's right to confidentiality. Only disclosing information relating to children and young people's sexual health and behaviour when it is in the interest of the children and young people, or necessary for the protection of others.

A disclosure of under age sex is not in itself a reason to break confidentiality- Teenage Pregnancy Unit 2001 Guidance for Field Social Workers, Residential Social Workers and Foster Carers.

- A staff member or carer who feels that information should be disclosed, but has doubts, should discuss the issues first with their line manager, or direct line of support to clarify their concerns and thinking.

FRASER GUIDELINES

Although it is an offence for a man to have sex with a girl under 16, it is lawful for doctors to provide contraceptive advice and treatment without parental consent providing certain criteria are met.

The judgement of the House of Lords referred specifically to doctors but provides a good practice framework for anyone working in this area.[4]

The Fraser Guidelines (DOH Circular on Family Planning Services March 1986) require the professional to be satisfied that:

- The young person can understand the professional's advice and has sufficient maturity to understand what is involved in terms of the moral, social and emotional implications
- The young person cannot be persuaded to inform their parents, nor to allow the health professional to inform them, that contraceptive advice is being sought
- The young person is very likely to begin, or to continue having sexual intercourse with or without contraception
- Without contraception advice or treatment, the young person's physical or mental health, or both, is likely to suffer
- The young person's best interests requires the health professional to give contraceptive advice, treatment, or both, without parental consent

[4] Sex Education Forum (2002) Factsheet - Delivering sex and relationships education within the youth service

5.0 SEXUAL RELATIONSHIPS

Definition of sex:" Sex means penetrative sex, oral sex or masturbating each other"

Introduction

Adolescence is a time of sexual development and many young people experience conflict of feelings ranging from neediness to independence. At this stage they are experimenting with becoming adults and they need a delicate balance of tolerance and boundary setting. There are multiple pressures on young people to start having sex early and many allow themselves to be exploited because they do not value themselves.

Legislative Framework/ Policies

- Age of consent – people of 16 years and over may legally have sex with a partner of any gender with consent.
- Sexual Offences Act 2000 – Abuse of a position of Trust. The offence is committed if an adult (aged 18 or over) has any form of sexual intercourse with, or directed towards a child (under 18) when the adult is in a position of trust in relation to the child.
- Sexual Offences Act 2003 - Section 5 makes it an offence for a person intentionally to penetrate with his penis the vagina, anus or mouth of a child under 13. Whether or not the child consented to this act is irrelevant
- Working Together to Safeguard Children – Where there are concerns that a child may be suffering or is likely to suffer significant harm, it is essential that professionals and other people share information.
- Child Protection Procedures Manual – 3.5 Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.
- Policy and Procedures Manual for Children in Care – Quality Protects Programme, Objective 2, to ensure children are protected from emotional, physical and sexual abuse and neglect(significant harm)

Rights and Responsibilities

Children and Young People

Rights:

- To have the opportunity to develop skills in negotiating relationships, dealing with issues of inequality, making informed choices and decisions about their sexuality, and handling abusive situations
- To confidential and private space to explore and discuss their concerns about relationships, sexuality and sexual health.
- To have access to up to date information on sexual health and contraception and how to access local services
- To appropriate support and be protected from abuse, exploitation and degrading treatment from other people, including staff, carers and other children

Staff Rights:

- To training and support in providing effective, appropriate and consistent information about sexual health to children and young people

Staff Responsibilities:

- They should ensure the information they give is non-judgemental and non-directive.

- They should respect young people's right to confidentiality; a disclosure of under age sex is not in itself a reason to break confidentiality. (Teenage Pregnancy Unit's Guidance)
- They have to use their professional judgement to balance the young person's right to confidentiality with the need to ensure their safety. Staff may need to discuss the issues first with their line manager or direct line of support
- If they feel the young person is at risk of significant harm, they should work with the young person to encourage the relevant information to be passed on. If the young person refuses, they may disclose the information without the young person's consent
- In cases where confidentiality is broken staff should ensure that the young person has access to counselling and support.

Parents/ Guardians

Rights:

- To receive departmental support and encouragement in addressing issues of personal relationships and sexual health with their child

Guidelines for staff on providing information and referring young people to contraceptive and sexual health services

Department of Health's document November 2002 – policy clearly states that social work professionals and foster carers have a professional duty if a young person (including under 16 year olds) discloses that they are sexually active and if they have had unprotected sex, to encourage them to seek contraceptive and sexual health advice. Whilst every effort should be made to respect parents' wishes, the overriding professional principle should be to safeguard the health and welfare of the young people in their care.

Teenage Pregnancy Unit Guidelines

The Teenage Pregnancy Unit 2001 has produced guidance for Field Social Workers, Residential Social Workers and Foster Carers on:

Providing information and referring young people to contraceptive and sexual health services.

A summary of the key points: Field Social Workers, Residential Social Workers and Foster Carers can:

- Give young people information about contraceptive methods, but should not advise or promote a particular method
- Ensure that a young person accesses Emergency Contraception as soon as possible, if they are aware that the young person has had unprotected sex
- Give details of and display posters or leaflets about local contraceptive and sexual health services
- Encourage young people to visit contraceptive and sexual health services
- Accompany a young person to a local service for contraceptive advice
- Encourage young people to seek advice if they are likely to become / or already are sexually active
- Make condoms available to young people in a residential setting if supported by a condom distribution policy
- Bring in relevant health professionals to offer a visiting, contraceptive/sexual health service within a residential care setting

- Do a pregnancy test with a young person using a home pregnancy test (results have to be confirmed at a clinic)
- Give unbiased pregnancy information to a young person on their options of continuing the pregnancy, abortion or adoption
- Keep confidential young people's requests about contraceptive and sexual health advice or information, unless a young person is being abused, exploited and or at risk of suffering harm.

Under 16's

Under 16's are not automatically presumed to be legally competent to make decisions about their healthcare. However, the courts have stated that under 16s will be competent to give valid consent if they have "sufficient understanding and intelligence to enable him or her to understand fully what is proposed". This is sometimes known as Gillick competent.

Field Social Workers ,Residential Social Workers and Foster Carers can and should give young people, including under 16's, information on sexual health and contraception and details of where and how to access local services – Teenage Pregnancy Unit 2001 Guidance for Field Social Workers, Residential Social Workers and Foster Carers on providing information and referring young people to contraceptive and sexual health services. Staff/carers should seek to ensure that the young person understands the possible physical and emotional consequences of sexual intercourse. The parents of a looked after child or young person may express wishes about the sex and relationships education or contraceptive advice they want provided.

Sexual Activity in foster homes and residential homes

It is not acceptable for sexual activity involving looked after people to take place within foster homes and residential homes. In semi-independent accommodation the situation may be less clear-cut. A range of potential ' house rules' concerning the physical expression of relationships amongst young people may be appropriate depending on individual and local circumstances, customs and beliefs. Whatever specific house rules prevail it is important that these are discussed openly amongst foster carers, social workers and the young people concerned. It is the responsibility of the manager to ensure these exist

It would usually be expected for a foster carer to discuss with the link worker any concerns around the young person's sexual activity.

Helping build self-esteem in young people, acknowledging pressure put on them by their peers, understanding the difference between affection and intercourse and looking at the consequences of being sexually active are all strategies for helping young people.

Sharing Information

The confidentiality of information relating to children and young people's sexuality, sexual identity and sexual health is paramount. Personal information should only be shared on a 'need to know' basis. Every effort should be made to support the young person and to persuade them to give their consent.

Where the need arises to share information with a team, staff and carers should consider:

- Why disclosure is appropriate
- The likely impact of disclosure on the child or young person
- When the information should be shared

- How disclosure should be managed, and
- Who should and should not be present when information is shared

Children and young people need to be given the opportunity to discuss the meaning of confidentiality in their own circumstances

6.0 CONDOM DISTRIBUTION

Introduction

Residential Workers, Social Workers and Foster Carers can make single condoms available to under 16's in a residential setting as part of an information session. *However,* when providing condoms for contraceptive purposes and the prevention of sexually transmitted diseases, Residential Workers, Social Workers and Foster Carers should follow the Fraser guidelines.

Definition

Only condoms carrying the British Standard Kite mark and/or European EN600 should be used. The CE0120 is a safety not a quality standard. Some condoms supplied in packs only show the quality mark on the outside of the pack, not on the individual condom. Always ensure condoms are within their expiry date.

Framework

Teenage Pregnancy Unit 2001 - Guidance for Field Social Workers, Residential Social Workers and Foster Carers on providing information and referring young people to contraceptive and sexual health services:

- Single condoms may be given to under 16s as part of an information session.
- When providing condoms for contraceptive purposes and the prevention of sexually transmitted infections, the Fraser Guidelines should be followed.

Guidelines Section for condom distribution

The minimum service provision is: support, advice and condom distribution. It is essential to work within Guidelines for issuing condoms in non-clinical settings. This will ensure a co-ordinated and consistent approach.

Guidelines when using condoms:

1. Condoms may only be issued by staff that have had an appropriate training session.
2. Discussion on issues relating to sexual relationships should take place, which includes helping young people resist any pressure to have early sex.
3. Every young person being given condoms must be shown how to use them properly (have a condom demonstrator handy). A leaflet explaining correct condom use to be given out at the same time.
4. Complements local service arrangements for the distribution of free condoms
5. Information about emergency contraception, including where and when to obtain it should be given to all those who are given condoms.
6. A record should be kept of all those receiving condoms. The monitoring sheets will be confidential.
7. The worker should make sure that the young person is aware of the implications and the risks including STIs as well as pregnancy.
8. If the worker feels that the young person is having or intends to have a sexual relationship they can issue condoms in order to protect the young person, but should encourage them to talk to a parent or relative.
9. Confidentiality should be maintained with the young person unless there are child protection issues.

10. Extra strong condoms and water based lubricants should be available for issue to any young man who identifies as gay or bisexual who indicates that he is having same sex relationships. Please note that both heterosexuals and homosexuals practice anal sex and it is also important to note that not all homosexuals practice anal sex. Regular condoms are advocated by the Terence Higgins Trust as safe for use in anal sex.

7.0 PUBERTY/ MENSTRUATION

Definition

Puberty refers to the period of sexual maturation. Puberty is when the young person experiences physical, hormonal, and sexual changes and becomes capable of reproduction. It is associated with rapid growth and the appearance of secondary sexual characteristics.

Adolescence is the period of transition between puberty and adulthood.

Guidelines for staff

- Information about puberty changes for both boys and girls, which is appropriate to the young person's level of understanding, should be provided before these changes actually begin to happen.
- Some boys and girls find the body changes and emotional feelings experienced during puberty embarrassing and sometimes frightening. Communication is important, particularly using listening skills.
- It is especially important to consider the needs of young men and women with learning disabilities.
- Reassurance is important and helping boys and girls understand that all young people experience these changes will highlight that the process is a normal part of growing up.
- It is also important to acknowledge positively the different cultural and religious responses to the onset of puberty

Preparation for Menstruation

- Many young girls find the start of their periods as an intensely embarrassing and worrying time. Some of these anxieties can be reduced by providing accurate, appropriate information before menstruation begins.
- Menstruation can occur in girls as young as eight years of age, it is important to prepare young girls before they experience their first period.
- The information should include where towels and tampons are stored, using and disposing of towels and tampons and hygiene during menstruation. Tampons are not necessarily recommended for young girls starting their periods, although it is important for them to know about them.
- Toxic Shock Syndrome (TSS)

  TSS is a rare bacterium – caused illness and the link between TSS and tampon use is unclear. Research suggests that cases which occur in women using tampons, tampon absorbency is a factor. For this reason it is important that you recommend:
  - Using a tampon with the lowest absorbency suitable for your period flow
  - Using a sanitary towel or panty liner from time to time during a period

When using tampons, it is also important to remember to:

- Wash hands before and after inserting a tampon
- Change tampons regularly, as often as directed on the pack
- Never insert more than one tampon at a time

- At night insert a fresh tampon before going to bed and remove it on waking
- Remove a tampon at the end of a period

Poster and leaflet information on Toxic Shock Syndrome is obtainable from Middlesbrough Health Promotion Service (see resources section)

8.0 WORKING WITH BOYS AND YOUNG MEN

Introduction

There are a number of reasons for focusing on the needs of boys and young men:

- Often boys are left to learn about sex and sexuality on their own. One reason could be that menstruation is an obvious phase of development for girls and receives more attention.
- Young men are unlikely to seek out advice or information on sex[5]
- Boys tend to get their information from male friends, there is a fear of showing ignorance and the telling of "performance stories" of sexual conquests
- This approach limits the opportunities for talking about feelings, emotions and fears.
- By focusing on boys' needs it is hoped to increase their ability to take responsibility for their sexual behaviour, to make informed choices and increase their confidence in talking about sexual and emotional matters.

Boys and young men in care are often affected by particular issues such as:

- Disrupted education can mean they miss out on formal Sex and Relationships Education in school.
- The absence of male role models may remove opportunities to learn about masculinity, fatherhood, sexuality etc.
- The emotional experience of some boys and young men in care may be quite difficult e.g. lack of expression due to the constraints of 'being a man'

Rights

Boys and Young Men:

The UN Convention on the Rights of the Child states that:

- Children and young people have the right to access to information which will allow them to make decisions about their health (Article 17).
- They have a right to be heard, express opinions and be involved in decision - making (Article 12).
- Children have a right not to be discriminated against(Article 2)

Guidelines for staff

It is important for staff and carers, especially men, to make sure that sex and personal relationships work is relevant to boys and young men. This can be done by:

- Helping to build the confidence of boys and young men
- Offer praise and encouragement regularly
- Develop their good qualities
- Have a sense of humour and be open to talking about sexuality and relationships
- Use appropriate resources and not ones that have a stereotypical and negative view of masculinity
- Offer positive male role models
- Talk about teenage fatherhood rather than teenage motherhood

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[5] National Children's Bureau (1998) Sex Education Forum Factsheet 11

By looking at the needs of boys and young men and responding to them, it will help to increase their ability to take responsibility for their sexual behaviour and make informed choices.

9.0 MASTURBATION

Definition
To excite ones genitals to obtain sexual pleasure

Introduction
Masturbation is normal, healthy sexual behaviour especially for young people growing up and exploring their sexuality.
Problems may occur where children have had constant negative messages about masturbation or where they have been sexually abused. This could lead to masturbation in inappropriate, public settings or masturbatory behaviour that clearly seeks to involve others.

Legislative Framework/ Policies

- Sexual Offences Act 2003:
  Section 3- makes it an offence for a person to touch sexually another person without that person's consent. This offence covers a wide range of behaviour including rubbing up against someone's private parts through the person's clothing for sexual gratification.
  Section 7- makes it an offence for a person to touch sexually a child under 13, the meanings of "touching" and "sexual" are the same as for section 7.
  Sections 16- 19. Abuse of a position of trust. The sections each provide that it is an offence for a person aged 18 or over intentionally to behave in certain sexual ways in relation to a child aged under 18, where that person is in a position of trust in respect of the child. Position of trust exists when an adult looks after one or more children.
- Child Protection Procedures, South Tees -Section 10 and 12.
- Handbook for Foster Carers- Health Section

Rights
Young People:

- To privacy – private places away from other people, such as the young person's bedroom should be seen as a safe place.

Guidelines for staff

- 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.
- Where inappropriate masturbation occurs children and young people should be directed to their own space.
- The possession of sexually stimulating material can raise concerns. If you have any concerns about material that you have seen, you should raise this with your line manager. In addition by handling the situation sensitively and discreetly with the individual concerned it will provide an opportunity to engage the young person in constructive discussion about the use of such materials.

SEXUALLY STIMULATING MATERIAL INVOLVING CHILDREN IS NOT ACCEPTABLE AND MUST ALWAYS BE REPORTED

10.0 MEETING THE NEEDS OF CHILDREN WITH DISABILITIES

Introduction

All young people have an equal right to accurate information on personal relationships and sexual health that is appropriate to their age and understanding. A disability does not automatically preclude a young person from having fulfilling personal and sexual relationships. There is an enormous social taboo and silence about the sexuality of disabled people, it is therefore extremely important that information and support is offered to those young people within the care system.

Definition

Children and young people with disabilities including physical and sensory impairment
Children and young people with Learning Disabilities

Legislative Framework/ Policies

- The Children Act 1989 –the needs of different groups of young people should be recognised which includes young people with physical disabilities and learning disabilities
- Sexual Offences Act 2003 – Sections 3,5,7, 16-19. There are three new categories of offences to give extra protection to those with learning disabilities or mental disorder from sexual abuse. Including a 'breach of a relationship of care', to protect those who have the capacity to consent, but are vulnerable to exploitative behaviour from their carers.
- Ant- Discriminatory Practice – The Race Relations Act 1976 and (Amendment) Act 2000. The Disability Discrimination Act 1995 – everyone has the right to information about personal relationships and sexual health matters.
- The UN Convention on the Rights of the Child Articles 12,13 and 24
- Department of Health 2002, Seeking consent: Working with children.
  "You should never automatically assume that a child aged 16 or17 with learning disabilities is not competent to take his or her own decisions: many children will be competent if information is presented in an appropriate way and they are supported through a decision making process."
- Age of consent – is 16, except for 'Abuse of a position of trust, under the Sexual Offences Act 2003, when a child is defined as being under 18
- Human Rights Act 1998 – right to privacy and confidentiality

Rights

Children and Young People with Disabilities:

- Have the same rights as all children in relation to personal relationships, sexuality and sexual health issues

Guidelines for staff

- It is important to help young disabled people to talk about their disability and how it may affect their sexual behaviour.
- For most young disabled people the major impact on personal relationships and sexual activity is social and psychological rather than as a direct result of a physical disability.

- A lack of independence and opportunity may also limit their experience of personal relationships and sex.
- It is important to remember that people with disabilities are as varied in their sexual health needs as any other group. It should not be assumed that everyone in this group is heterosexual.
- It is extremely important that the young person has the opportunity to choose their sexual identity and relationships.
- It is vital that staff and foster carers working with physically disabled young people explore their own attitudes and assumptions about disabled young people's sexuality.
- The sexuality of people with physical disabilities has to be openly acknowledged and addressed and not ignored.
- It is extremely important that training and support is provided for staff and Foster Carers working with physically and learning disabled young people.
- Young people with learning disabilities have a different learning process and sex and relationships education needs to be pitched at the right level. It will also need to be repeated in order to reinforce the messages.
- Children and young people with learning disabilities are less likely to make use of informal, unstructured social and sexual learning opportunities.
- They do not acquire information, pick up cues, ask questions or obtain information from peers in the same way as non-disabled children and young people.
- Poor language development can also hamper their understanding of abstract concepts such as privacy.
- Often sex and relationships information for young people with learning disabilities has been restricted to helping them to protect themselves from abuse and to understand appropriate public behaviour.
- It is equally important to include knowledge, the practising of skills and exploration of attitudes to enable them to make positive decisions in their lives.
- Parents of young people with learning disabilities may find it hard to accept that their children are sexual beings.
- Staff and carers in consultation with parents can have a consensus about the aims of sex and relationships information that recognises the young peoples sexuality and their right to good quality, accurate information.

Sex involving people with learning difficulties may be dealt with under the general law on sexual offences. A person with learning difficulties who is under the age of consent is protected in law in exactly the same way as any young person under the age of consent.

Over the age of consent, the way in which the general law is applied may depend to some extent on the capacity of the person with learning difficulties to give valid consent. The question of when a person with learning difficulties is capable of giving valid consent is a matter of some debate.

11. BLACK & ETHNIC MINORITY GROUPS/RELIGIOUS & CULTURAL ISSUES

Introduction

Children and young people from all faiths and cultures have an entitlement to Sex and Relationships Education (SRE) that can support them through childhood into adolescence and adulthood.

Children and young black and minority ethnic people are vulnerable to racial discrimination, language and cultural barriers, which prevent them from accessing relevant information and services.

If the young person has low self-esteem sexual health issues may not assume a high priority in their lives. This can result in the young person being unaware of the risks they face and less likely to make informed choices.

Legislative Framework/Policies

- The UN Convention on the Rights of the Child
- Human Rights Act 1998
- The Children Act 1989
- Anti – Discriminatory Practice. The Race Relations Act 1976 and (Amendment Act) 2000 the Disability Discrimination Act 1995
- Middlesbrough Council's Corporate Parenting Policy & Strategy – equality of opportunity

Rights

Children & Young People:

- To their own personal values and belief systems
- To explore and express their sexuality in a safe and anti-discriminatory environment
- To be listened to and treated with respect, sensitivity, consideration and dignity

Parents/Guardians:

Rights:

- To be informed about how the service intends to address issues relating to personal relationships and sexual health.
- To have religious and cultural beliefs respected and taken into account

Responsibilities:

- The Children Act 1989 states that parents have responsibilities, and that the welfare of the child is paramount.

Guidelines for staff

- Be sensitive to and understand different racial, cultural and religious norms in relation to sex and sexuality
- Support and acceptance from a young person's own culture is very important and workers can encourage them to explore values and attitudes.
- By looking at different values and attitudes and reaching a compromise this will help prevent them being alienated from their own families and communities.
- Inter- generational conflicts and differences occur irrespective of religious or cultural background.

- Religious and cultural issues are often assumed to only apply to young people from black and minority ethnic communities, in reality they apply to all young people.
- Workers need to consider their own attitudes, feeling and prejudices towards cultural and religious issues.
- Develop an understanding of racism and consider how to address sexuality and relationships with looked after children and young people from different cultural and religious backgrounds.
- For some children and young people it may not be culturally acceptable to talk about sex and relationships in mixed gender groups
- Working with parents and actively encouraging young people to involve parents.
  However where there is conflict the needs of the child or young person will be given priority.
- Where parents are not fluent in English it is important to ensure that information about their child’s sex education is available to them in their first language either through an interpreter, in writing or through audio- visual materials.

12. WORKING WITH CHILDEN WHO HAVE BEEN SEXUALLY ABUSED.

Definition:
Working Together to Safeguard Children (1999) gives the following definition for sexual abuse:
"Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non- contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in a sexually inappropriate way"

Introduction:
All young people are entitled to sex education and to know how to be sexually healthy. They also require support and help with their emerging sexuality. Young people who have been sexually abused require additional understanding if the damaging experiences of the past are to be replaced.
Individual therapeutic work is necessary and some young people will need the skills of specialist services. These can include health based or structured care to help with their feelings of sadness, anger, low self-esteem and sometimes over sexualised behaviours.

Legislative Framework & Policies
- Sexual Offences Act 2003. Section 3 – it is an offence to touch sexually another person without that person's consent. Section 5 – any sexual intercourse with a child under 13 will be charged as rape. Sections 16-19 Abuse of a position of trust – it is an offence for a person aged 18 or over to behave in certain sexual ways to a child aged 18 or under, when an adult is looking after one or more children.
- The Children Act 1989- Section 47 places a duty on the Local Authority, via Social Services Departments where it has reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.
- The UN Convention on the Rights of the Child Article 12 – the right of the child to have a voice and have others listen to their opinions.
- Child Protection Procedures – South Tees 3.5 Sexual Abuse
- Middlesbrough Council's Corporate Parenting Policy & Strategy – Children's Rights and Children's Participation.

Rights
Children and Young People:
- It is important that children maintain their privacy and dignity and decide what to say and when
- Should be consulted and listened to and their feelings and wishes sought before any decisions that directly affect them are made.
- Young people should be informed if and how any information they choose to divulge will be recorded, who will have access to it, and whether it will be passed on to other people.
- An allegation of abuse cannot be kept confidential but it is essential that the young person has access to counselling and support.

Guidelines for staff

- Residential care staff, Foster Carers, Social Workers, youth workers and nurses attached to Looked After children can, if adequately trained and supported, deliver individualised programmes
- It is important to establish the following:
- Do you feel you have had adequate training to handle the situation?
- Are you aware when to consult and refer to more specialist services?
- Do you feel comfortable addressing sexual abuse, sex and relationships education and sexual health issues?
- Are your senior managers willing to support this work?
- Most important of all, does the young person you want to help want to follow a planned programme?
- It is essential to develop a safe environment for this work because the young person's trust will have been seriously undermined
- Do not assume because a young person has been sexually active by choice or otherwise that they are knowledgeable
- Gaps in knowledge could include information about how their body works, contraception and sexual health protection
- Use appropriate educational materials. Materials should be avoided about making choices when first to be sexually active. The emphasis needs to be on future choices
- It is also important to discuss sexual identity with young people who have been abused
- The development of the young person's self – esteem is essential and is at the heart of good Sex and Relationships Education (SRE)

13. PROSTITUTION

Definition:

Young people involved in the selling or exchange of sex for complex reasons such as:

- Homelessness
- Hunger
- Benefit difficulties
- Debt
- Being involved in crime
- Experiencing abuse and violence
- Mental health difficulties and low self- esteem

Introduction

Girls and young women, boys and young men of any sexual orientation may become involved in sex work. Sex work is a stigmatised and criminalized activity and those involved often face negative attitudes and hostility from others.

Children and young people in this position are seen as being abused and Child Protection Procedures must be followed.

Each local authority has developed an inter agency protocol for dealing with children involved in prostitution.

Legislative Framework/Policies

- Age of consent
- The Sexual Offences Act 2003 Sections 3, 5, 16-19,47 and 48
- Working Together to Safeguard Children 1999
- The Human Rights Act 1998
- The UN Convention on the Rights of the Child

Rights

Children and Young People:

- To appropriate support and to be protected from abuse, exploitation and degrading treatment from other people
- To have the opportunity to develop skills in negotiating relationships, making informed choices and decisions about their own sexuality
- To be listened to and treated with respect, sensitivity and consideration
- To explore and express their sexuality in a safe anti-discriminatory environment

Guidelines for staff

- Staff and carers can provide a life - line for a young person abused through prostitution. Young people may disclose information that is painful, traumatic or sensitive.

Staff and carers need to ascertain:

- What the young persons level of awareness of their situation is
- Are they under the age of consent for sex?
- Is the young person aware of the risks they are taking?
- Is the young person aware of the legal implications?
- Are they attempting to engage any other young person?
- Support in this situation may take the form of one-to-one listening, counselling, befriending, access to other agencies and ongoing support.

- A young person who has become, or is in danger of becoming, involved in sex work needs to understand the long and short – term health risks, and the potential for violence arising from the activities of prostitution
- Attitudes in young people of a sense of worthlessness need to be addressed
- If a young person is seeking to exit the situation a multi- agency group should devise a support and exit strategy tailored to a child's individual needs.

Barnardo's SECOS (Safely Exiting Children Off the Streets) Project
SECOS key workers carry out individual work with young people who wish to exit abuse through prostitution or who are on the fringes of this abuse.
The SECOS key worker will provide and facilitate activities to improve self-esteem and promote positive relationship building. SECOS is based in Middlesbrough and offers individual casework and support to young people living, as well as offering training to professionals and residential care homes.
SECOS will work directly with young people on an individual basis to effect positive life changes, which will enable them to exit and remain protected by providing an accessible service for young people who are vulnerable to abuse through prostitution.

The young person will:

- Increase self esteem and improve social skills in order to seek alternative lifestyles
- Increase knowledge of general and sexual health
- Increase their ability to protect themselves by encouraging young people to make decisions to achieve safer and more settled lifestyles

SECOS will encourage young people to work alongside Child protection Services i.e. Police, Health and SSD and advocate with young people their rights and encourage them to access services.
SECOS will co-ordinate a range of services and activities which will contribute to an individual assessment and detailed exit plan. These may include the following:

1. Counselling and health assessment
2. Sexual health, sex education and general health
3. Drug addiction and rehabilitation
4. Education, training, recreational and career service
5. Self- defence, legal implications and personal safety
6. Awareness raising and addressing of abusive and coercive relationships past and present

SECOS will provide therapeutic services for young people, which may include:

- Play therapy
- Behaviour and cognitive therapy
- Client centred counselling
- Solution Focussed Counselling

14 SEXUALITY (AND SEXUAL ORIENTATION)

Definition:

Sexuality involves our relationships with ourselves, those around us and the society within which we live. Society defines types of relationships and a climate, which values diverse sexualities is essential.

> "Lesbian and gay sexuality is as valid as heterosexuality as is bi-sexuality, celibacy and any other forms of consensual sexuality" (Bremner and Hillin)

Introduction

In residential care settings, young people who are gay or bisexual are often exposed to the negative attitudes of other young people. Homophobia, the fear and prejudice against homosexuality, is common and this leads to verbal, emotional and physical bullying. How staff or foster carers respond in such situations is crucial for the young person's safety, physical, social and emotional well being. The attempted suicide rate amongst young gay or bisexual men is higher than for other young people generally. Positive approaches to sexuality are therefore essential.

Legislative Framework/ Policies

- The Children Act 1989 makes specific reference to lesbian and gay sexuality.

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

- Age of consent- at 16 in England, Wales, Scotland and Northern Ireland a man may consent to a gay sexual relationship in private providing his partner is also over 16. lesbian sex is legal providing the women concerned consent and are aged 16 or over
- Sexual Offences Act 2003 - Section 5 – any sexual intercourse with a child under 13 will be charged as rape. Sections 16-19 - abuse of a position of trust.
- The UN Convention on the Rights of the Child – Article 12, The right of the child to have a voice and have others listen to their opinions
- Human Rights Act 1998 - Article 8 , everyone has the right to respect for his private and family life, his home and his correspondence

Rights:

Children and Young People

- To explore and express their sexuality in a safe and anti- discriminatory environment
- To appropriate support and protection from abuse and degrading treatment from other people
- To own their own personal values and belief systems

Guidelines for staff

- Staff should understand the importance of their role in supporting any young person ' coming out' or making any decisions about his or her sexuality
- Sensitivity, understanding, acceptance, patience and guidance are required
- Bullying needs to be addressed in a constructive way and the situation monitored
- A general climate which values diverse sexualities should be developed and appropriate behaviour needs to be modelled at all times by professionals and carers.

- Some young people need considerable counselling before they accept themselves…gay young men and women may require sympathetic carers to enable them to accept their sexuality and to develop their own self - identity.
- Homosexuality, like sexuality, is about people, their lives and their place in society. Fear and prejudice against homosexuality is common. Carers' personal views should not be imposed on young people, and they should demonstrate ways of accepting and valuing diversity.
- Confidentiality is important in building up trust.
- Personal information should not normally be disclosed without the consent of the subject. Children under 16 are entitled to the same duty of confidence as adults providing they have the ability to understand the choices.
- In exceptional circumstances, it may be believed that a child seeking advice, for example on sexual matters, is being exploited or abused. In such cases, confidentiality may be breached, following discussion with the child.

Cross-dressing

Cross-dressing: Wearing clothes of the opposite sex
Trans-sexuality: Wanting to live life as someone of the opposite sex
Young people who choose to live an alternative lifestyle should be supported through providing an environment where stigma and harassment are not tolerated. Young people who cross-dress or are transsexual should have access to information, advice and support.

15. TESTING FOR HIV & STI's

Introduction:

The National Strategy for Sexual Health and HIV highlights that more HIV infections are being diagnosed and sexually transmitted infections are rising. Diagnosis of genital Chlamydia has almost doubled during the 1990's, with a particularly marked increase in men and women aged under 20. Chlamydia is now the most commonly diagnosed sexually transmitted infection (STI) in England, Wales and Northern Ireland.

Legislative Framework/Policies

- The NHS (Venereal Diseases) Regulations 1974 means that in relation to Genito-urinary medicine (GUM) the content of a consultation and the fact that the consultation took place is completely confidential.
  Patients do not have to give their own name and will be identified by a number following registration.
  No information is given to their GP or to hospital medical or nursing staff without the consent of the patient.
  Patients are free to refer themselves
- The National Sexual Health and HIV Strategy provides a framework to ensure information, advice and services are accessible to all people including young people in public care.
- The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000 impose the same obligations of confidentiality on the members and employees of both NHS Trusts and Primary Care Trusts.

Rights:

Young People

Young people can get confidential information, advice, diagnosis, and treatment for sexually transmitted infections from:

- Genito-urinary medicine (GUM) sexually transmitted infection clinics
- NHS/contraceptive/Family planning clinics
- Brook and other young people's advisory clinics
- Young peoples information / one stop shop
- GP's surgeries
- A person's HIV and sexual health status is confidential.

Guidelines for staff

- Young people need accurate and up-to-date information on local services and how to access them.
- Young people should be supported and encouraged to take responsibility for their own sexual well - being and an opportunity to discuss this with carers and a variety of health professionals should be available.
- With regard to sexually transmitted infections including HIV, young people should have access to information about clinics where anonymity and appropriate pre and post test counselling are available.

- Young people should be made aware that if they are tested by their G.P. then the results of this will be recorded on their medical notes and these may be available to prospective employers, mortgage companies in the future. However there is complete confidentiality at Genito – Urinary Medicine (GUM) clinics.

16. PREGNANCY TESTING

Introduction:

Analysis of teenage pregnancy figures has shown that young women at highest risk of unintended pregnancy are likely to have been looked after by a local authority.
Around three- quarters of teenage births and the vast majority of teenage pregnancies that end in abortion are unplanned. A study of looked after young people found that a quarter had a child by the age of 16 and nearly half were mothers within 18-24 months of leaving care. As a group, looked after children are more likely than others to be against abortion

Legislative Framework

- Children Leaving Care Act (2000) –assessing and meeting the needs of care leavers up to the age of 21. Providing a personal advisor for each care leaver

Rights:

Young People:

- To have access to unbiased pregnancy advice on their options of keeping the baby, abortion or adoption

Guidelines for staff

- If a young person suspects that they are pregnant it would be preferable for them to have a pregnancy test at one of the local services.
- Field social workers, residential social workers and foster carers can accompany a young person to a local service.
- The field social worker, residential social worker or foster carer could support them in doing a home pregnancy test if the young person refuses to go to a local service.
- It is always advisable to have the test confirmed at a clinic. If the test is negative, a follow up test is advisable. If the test is negative contraceptive advice should be sought.
- If the test is positive, the young person should have access to unbiased pregnancy advice on their options of keeping the baby, abortion or adoption.
- An assessment should be made of the young person's ability to make an informed choice about these options
- The benefits of informing the young person's birth parents, her social worker or any other trusted adult should be discussed
- Whatever choice is made by the young person it is important to ensure they have access to antenatal care or NHS funded abortion.
- Enlisting the support of a Sure Start Plus worker will provide co-ordinated and personal support to pregnant teenagers and teenage parents under the age of 18.
- The young person should receive information about services available to all young parents as well as services specifically for them

17. ABORTION

Definition:

An operation or other procedure to terminate pregnancy before the foetus is viable

Legislative Framework

- The Abortion Act 1967 – requires that two doctors must agree to an abortion and that it must be carried out by a registered practitioner in an NHS hospital or a location that has been agreed by the Department of Health
- Section 37 of the Human Fertilisation and Embryology Act governs the time limits for abortion

Rights

Children and Young People

- A girl aged 16 or over can consent to an abortion or any other medical treatment in her own right
- Young people are entitled to a confidential consultation with a doctor, provided they make it clear that they do not want a parent to be told, or anyone with parental responsibility
- However a doctor who is unwilling to accept a request for confidentiality can refuse to discuss the matter
- If the person is under 16 and wants to discuss an abortion with their doctor they need to check at the start of an interview whether the doctor will give a confidential consultation
- If a young person under 16 is considered competent to consent to her own medical treatment, she can consent to an abortion using the Fraser Guidelines. However in practice, a doctor would strongly encourage a girl to gain the consent of a parent, legal guardian or other responsible adult
- A potential father has no legal rights over a foetus

Guidelines for staff

- The first priority is to make sure the young person has access to unbiased pregnancy advice on their options
- Whatever choice the young person makes the field social worker, residential social worker or foster carer should ensure that they have information and support to antenatal care or NHS funded abortion.
- The benefits of informing the young person's birth parents should be discussed.
- Information on relevant services should be available.
- If the young person lives in a *Sure Start Plus* area they can be referred to a personal advisor who will provide advice and support.

18. WORKING WITH PARENT/ CARERS

Introduction:

Children and young people say that they would like their parents and carers to be the first source of information about sexual matters (Balding 1997)
However, many parents feel that they lack the confidence or knowledge to take this on. In some cases, parents may have abused their children and it may not be appropriate for them to offer support.

Legislative Framework

The Children Act 1989 emphasises the importance of working in partnership with parents on all matters concerning their children's upbringing.
A consistent and understanding approach between the different care - givers will always benefit young people, especially in the area of sex and personal relationships.
The Children Act 1989 states that parents have responsibilities and that the welfare of the child is paramount. If a parent is reluctant to allow their child access to information about sex or personal relationships, then management, staff/carers in consultation with the young person must decide what is ultimately in their best interests

Guidelines for staff

- Parents and carers will need to be informed about how sex and personal relationships will be addressed with looked after children and young people in order to give opportunities to discuss or express any concerns.
- Religious and cultural beliefs need to be acknowledged and respected.
- Parents should have access to Middlesbrough Council's Personal Relationships and Sexual Health Policy and Guidelines.

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