

Introduction

Outcome: Young people in public care feel able to discuss and understand their sexual health and personal relationship concerns in a way that minimises risk.

1.1 This policy forms part of a larger document covering all aspects of young people in public care.

1.2 This Policy links to the Policy, Procedure and Practice Guidance for Promoting the Health of Children Looked After, which gained political approval in November 2001

Derby City
Council 2001

1.3 This policy is informed by the Government's Teenage Pregnancy Strategy, which has two goals:

World Health
Organisation

- to halve the rate of conceptions among under 18's in England by 2010 and to set a firmly established downward trend in conceptions among the under 16's.

UN

- to reduce the risk of long term social exclusion for teenage parents and their children by supporting teenage parents in education, training and employment.

Convention
on the Rights
of the Child

1.4 A study of young people in public care found that a quarter had a child by the age of 16 and nearly half were mothers within 18 – 24 months after leaving care.

Quality
Projects
Objective 4

1.5 In addition to high conception rates, at least 10% of sexually active teenagers are estimated to have a sexually transmitted infection and chlamydia rates are increasing fastest amongst 16 – 19 year old women.

Teenage
pregnancy
Unit,
Guidance
2001

Introduction

Your notes and comments

Research

Outcome: Sexual health and personal relationship work with young people in public care is grounded in research.

Review of Research

2.1 Children pick up attitudes and information about sexuality from their parents and carers and the world around them, long before formal sex education begins. We consistently underestimate children's awareness of human sexuality.

- A study of children aged from 5 – 15 found that pre-adolescents were conscious of divorce, homosexuality, rape, child abuse, pornography and prostitution.
- Primary school age children 'practice' for adult sexuality through:
 - playing games such as kiss chase
 - acting out current media programmes
 - role playing adult roles
 - 'going out'
 - gossip about other pupils and teachers
 - approval or disapproval of certain behaviours.

2.2 Consultation with young people in public care in Derby in 2002 reported that 47% of the young people consulted received their information on sex and relationships from their 'mates'.

Derby City
Council
2002

2.3 The following factors have been found to be associated with early sexual experience:

- early puberty
- child abuse
- poor educational attainment.

2.4 Gay young men, young lesbians and young disabled people are particularly unsupported with regard to their developing sexuality.

- A survey carried out in 1996 of lesbians, gay men and bisexual people found high levels of homophobic violence, harassment and verbal abuse amongst those under 18 years.
48% of respondents under the age of 18 had experienced violence, 61% had been harassed, and 90% had been called names because of their sexuality. 40% of

NCB
Pregnancy
and
Parenthood

Research

those attacks had taken place at school.

- 2.5 The situation is different for young disabled people. Their sexuality has traditionally been viewed as non-existent or problematic. Research carried out in 1994 found high levels of abuse, high incidence of HIV infection and little sex education from either schools or parents.

2.6 Teenage Pregnancy

The UK has the highest teenage conception rate in Western Europe - 3 times as high as France and 6 times the rate of the Netherlands. Young people in public care are particularly vulnerable to becoming teenage parents.

- 2.7 The factors associated with a high risk of teenage pregnancy are:

- early puberty
- low educational achievement
- poverty
- emotional difficulties during childhood
- non school attendance
- being homeless.

- 2.8 Both boys and girls need adequate information and support. European countries with similar populations have low teenage pregnancy rates. An approach that accepts teenage sexuality and sexual activity, offers confidential sexual health advice and easy access to contraception has been shown to be successful.

2.9 Sexually Transmitted Infection

The number of sexually transmitted infections continues to rise and the most common conditions are Chlamydia, non-specific urethritis and wart infections. Many sexual infections have long-term effects on health and genital warts and chlamydia if untreated can lead to cervical cancer, ectopic pregnancy and infertility.

- 2.10 The year 2000 saw the largest yearly number of newly diagnosed HIV infections and the incidence of heterosexual transmission continues to rise.

Research

What the Research Tells us About the Experiences of Young People in Public Care

- 2.11 Some boys and girls in public care appear to rely on sexual relationships in order to feel valued and loved.
- 2.12 Previous experiences of abuse, particularly for girls can prompt them to succumb more easily to pressure from the opposite sex for a sexual relationship.
- 2.13 Being in residential care can add pressure to conform to a standard of behaviour about sexual relationships.
- 2.14 A study in 1992 found that 25% of young women who had been looked after were mothers or pregnant at the time they left care. Amongst the general population, 3% of women aged 16-19 are mothers or pregnant.
- 2.15 Young people who have been in public care are more likely to become sex workers and studies suggest that up to 90% of male prostitutes have been in care at some time.
- 2.16 200 young people in public care in Derby were asked for their views on sex and relationship education. 48 young people replied with an equal gender split. The main findings were:
- 91% have had information from school
 - 87% thought that this information was satisfactory to excellent.
- 2.17 Interestingly, 65% of young people would like more information and 38% would like this from school, 23% from their social care worker and 21% from their foster carer.
- 2.18 The three most requested topics for sex and relationship education to cover are:
- how to be a really good friend
 - fancying people
 - handling your feelings and emotions.
- 2.19 The conclusions to draw from this are that young people need to be able to access information on sex and relationships from a variety of sources. The primary source of information is school but this clearly needs to be supported by social care workers and carers and parents.

Youth
Prostitution
A Balance
Of Power
NCB

Relationship
and Sex
Education
Consultation
2002

Research	
Your notes and comments	

Children and Young People's Needs

Outcome: Young people in public care's sexual health and personal relationship needs are recognised.

Health care is the responsibility of parents. For young people in public care this responsibility is carried out by Social Services staff and foster carers in partnership with parents wherever possible.

3.1 The Needs of Young People in Public Care

Staff can expect:

- Many young people in public care will have had poor life experiences. They may have:
 - been neglected
 - experienced physical, emotional and sexual abuse.
 - had frequent changes of home and missed school based sex education.

Such experiences are likely to distort their understanding of sex and personal relationships. This can leave them ill-prepared for their first sexual experiences and lacking the necessary skills and confidence to negotiate personal relationships. This may also result in low self-esteem and inappropriate sexual behavior.

- Children and young people living in public care are less likely than those living with their families to have been told about physical changes associated with puberty and told too late about sexual feelings and the pressure to have sex. It may be difficult within a care setting to find a safe environment where they can talk about these issues with other significant adults.
- Children and young people living in public care are more likely to experience major disruption to their education. This could be due to several changes of school, truancy and exclusion. As well as the negative effect that this will have on friendships and relationships it will result in them missing school-based sex education lessons. This will result in the twin disadvantage of poor educational attainment and that children / young people maybe less receptive due to the style of teaching.

3.2 Meeting the Needs of Disabled Young People

The guidance contained in this policy is to be applied equally

Relation-
ship and
sex
education
consultation
2002

Children and Young People's Needs

when working with disabled young people and should be considered in light of each individual young person's disability and adapted to their level of understanding.

Staff will:

- use appropriate and various learning methods to educate and inform the disabled young person about sexual health, personal relationships and safety matters
- liaise with the young person and their carers to identify who would be the most appropriate person(s) to discuss and explain information relating to sexual health and personal relationships
- make sure the advice, information and discussion is ongoing and not a "one off" session. The disabled young person need's opportunities to express their views and to raise questions with the individual(s) who gives the information
- agree one individual to undertake the role of sharing the information and with the young person's agreement continue with this role, to prevent several different carers offering and imparting the information
- need to provide sufficient information to enable a young disabled person to make informed choices and decisions about their own sexuality, relationships and sexual awareness
- need to asses in some cases whether they are satisfied that the young person has understood and has the ability to make the decisions with the full support of an advocate or independently.

Staff will meet the sexual health needs of children and young people in public care by:

- promoting and supporting the health and well being of young people in public care and those who have left public care
- encouraging respect and consideration for others
- encouraging personal care and responsibility in all forms of behaviour

Children and Young People's Needs

- encouraging self esteem, self confidence and a secure base for young people in public care
- providing support information and education, informally and formally to young people in public care
- giving opportunities for young people to develop caring and fulfilling personal relationships, free from shame, guilt or prejudice
- supporting the development of communication and assertiveness skills needed for healthy relationships and decision making
- enabling young people to access sexual health advice and treatment in the wider community
- encouraging young people to consider their own and other people's value systems. It is important that diversity is valued and moral choices are considered, including the choice not to be sexually active.

Service Managers will:

- support and guide staff and carers in promoting the health of young people in public care
- facilitate the provision of support, information and education, informally and formally, to young people in public care
- provide a framework for training and support for foster carers and staff
- provide a framework of partnership working with parents and the families of young people in public care.

3.3 Sex and Relationship Education

Staff will:

- promote positive attitudes, skills and values
 - work in partnership with parents
 - give information and advice on sex and relationships
-

Children and Young People's Needs

- promote access to sexual health services, confidential support and advice for young people in public care
- challenge homophobia
- aim to reduce the rate of teenage pregnancy
- reduce the incidence of sexually transmitted infection.

Sex and relationship education can be provided in a variety of ways.

Staff and foster carers will:

- educate young people as part of personal and social education provided individually or in groups, in youth centres or by school nurses and other health staff
- respond to a question from a young person to a social care worker, foster carer or residential worker or other responsible adult
- act as a responsible adult taking an opportunity as it arises in everyday life. For example, a foster carer may encourage a discussion after watching a relevant television programme or video
- provide positive role models. This acknowledges that residential social workers and foster carers are in many cases best placed to provide the support, advice and instruction young people need
- work in partnership with parents
- use specifically focussed work by a sexual health worker for young people.
- communicate clearly with young people
- develop skills of young people to enable them to express emotions, resist pressures, resolve conflicts, successfully manage relationships and access the help and support they need
- maximise the potential to help keep young people safe from sexual and physical abuse

South
Gloucester
shire

Children and Young People's Needs

- help young people to take responsibility for their behaviour appropriate to their age and development
- make appropriate use of confidentiality.

3.4 What Young People Need to Know

Staff will make sure younger children have opportunities to:

- talk about and name feelings and emotions
- know the names of parts of the body and how they work
- talk about relationships
- receive accurate, easy to understand information about sexual development, sexuality, sexual response and desire, reproduction, birth and contraception
- prepare for puberty, understand body changes and be able to manage periods (girls as young as 8 may begin menstruation)
- have misunderstandings corrected
- be able to ask for help and support
- understand appropriate and inappropriate touching.

Young people need a balance of relevant accessible information, the chance to learn social and personal skills, as well as the opportunity to think through and talk about moral issues and dilemmas.

Staff will make sure older children and young people will have opportunities to:

- develop personal skills such as listening, asking questions, making decisions and taking responsibility
- receive accurate, easy to understand information about sexually transmitted infections including HIV and AIDS and safer sex
- be able to express and manage their emotions

Children and Young People's Needs

- understand the importance of personal relationships and respect for self and others within relationships
- explore their own attitudes to themselves and others and develop a values and moral framework
- understand the effect of sex and gender roles
- know how to access confidential information and advice about sexual health and contraception.

Consultation
with young
people in
public care
Derby 2002

3.5 Preparation for Puberty

Some boys and girls find that the body changes and emotional feelings experienced during puberty embarrassing and sometimes frightening.

Information about puberty changes for both girls and boys that is appropriate to the young person's level of understanding should be provided before these changes actually begin to happen.

Staff will:

- reassure both boys and girls that all young people experience such changes and that they are a normal part of growing up
- acknowledge positively the different cultural and religious responses to the onset of puberty.

3.6 Preparation for Periods (Menstruation)

Many young girls find the start of their periods an intensely embarrassing and worrying time. Anxiety can be alleviated by providing accurate, appropriate information before menarche (when menstruation begins). Girls as young as 8 can start their periods, so all girls need to be informed of how to deal with this before this age.

Staff will include information about:

- obtaining, using and disposing of sanitary towels and tampons
- hygiene during menstruation and how to deal with accidental stains on clothing and bedding.

Children and Young People's Needs	
Your notes and comments	

Sex and Relationships and the Law

Outcome: Sexual health and personal relationships with young people in public care is grounded in law.

There is a need for a sex and relationships policy for young people who are in public care. The emphasis is placed on sympathetically meeting the needs of all groups, including lesbians, gay men, disabled people and people who have experienced abuse.

One of the biggest complaints about sex education made by young people is that it is too little, too late and too biological. This policy and guidance promotes a pro-active approach to the provision of information, support and guidance to young people who are in public care.

4.1 Confidentiality

Confidentiality is an issue that can cause anxiety for young people, staff and foster carers. Many young people are hesitant to approach staff or foster carers for fear of personal information being discussed widely with other professionals or their parents without consent. It is essential that the boundaries of confidentiality be clearly understood by all concerned. Rather than break a promise that cannot be kept, it is important that young people understand that confidentiality might be broken if there is a concern about a child protection matter.

4.2 Legal Advice

Legal Section has given the following advice:

“Where a child is in Public Care it is important to share all significant information about the child with all people who hold the parental responsibility, unless there are **exceptional** circumstances where this is inappropriate in the interests of the welfare of the child. This includes personal information about the child’s sexual activities and sexual orientation.”

“In deciding whether the circumstances are exceptional, a starting point is to consider if the Council has parental responsibility for the young person as a result of a Care Order. If not, those with Parental Responsibility (usually the parents) will have ultimate responsibility for the decisions relating to the young person. They will normally be entitled to all information about the young person unless the young person is of sufficient age, understanding and maturity to request that information be withheld. Decisions to withhold information may be subject to legal action under the Data Protection Act or

The
Children Act
1989

Derby City
Council

Data
Protection
Act 1998

Sex and Relationships and the Law

Human Rights Act. If a foster carer or social care worker considers that the information should be withheld, they must discuss it with their liaison worker or line manager and record the reasons for doing so."

Human
Rights Act
1998

"Where the Council has a Care Order the Council shares parental responsibility with the parents and can restrict the parent's ability to make decisions for the young person. When considering limiting parent's rights, it is expected that the Council will take the minimum action necessary to safeguard the young person."

"A child who is 16 years of age is capable of giving consent to their own medical treatment."

4.3 The Gillick Principle

The Gillick case involved the challenge by a mother Victoria Gillick to guidance issued by the DHSS in 1980 on family planning services to 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 at 16 years. 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.

Gillick v
DHSS 1980

House of
Lords 1986

4.4 The Fraser Guidelines on Capacity to Consent

Guidance to doctors and health professionals is now found in the Fraser Guidelines, which state that doctors and health professionals may provide contraceptive advice to young people under the age of consent providing that they are satisfied that:

- the young person could understand the doctor's advice and had sufficient maturity to understand what was involved in terms of the moral, social and emotional implications
- the doctor could not persuade the young person to inform their parents, nor to allow the doctor to inform them, that contraceptive advice was being sought
- the young person would be very likely to begin or continue having sexual intercourse with or without contraception

Fraser
Guidelines

Sex and Relationships and the Law

- without contraception advice or treatment the young person's physical or mental health or both would be likely to suffer
- the young person's best interests require the doctor to give contraceptive advice, treatment or both without parental consent.

4.5 Guidance states...

"The experience of being cared for should also include the sexual education of the young person. This may be provided by a young person's school, but if it is not the Social Services or other caring agency responsible for the young person should provide sexual education for them. 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".

- Sexual education will need to cover practical issues such as contraception, particularly due to the spread of HIV. It will also cover the emotional aspects of sexuality, such as:
 - the part that sexuality plays in the young person's identity
 - the emotional implications of entering into a sexual relationship with another person
 - the need to treat sexual partners with consideration and not as objects to be used.
- The emotional and practical implications of becoming a parent also need to be explained in some detail.
- 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 learning or physical disabilities have sexual needs should be acknowledged. Young people, may need special counselling if they are not to regard sexual feelings as a matter for shame and to regard sexual relationships as impersonal and exploitative. The needs and concerns of gay young men and lesbians must also be recognised and approached sympathetically.
- In helping young people to develop socially and culturally, carers must be prepared to:
 - take some risks and take responsibility for doing so
 - let young people take some risks, for example in

Children Act
1989

Sex and Relationships and the Law

- attempting relationships that do not work
- take responsibility for supporting young people through breakdowns in relationships.

Guidance and Regulations are also given particularly for social Care staff in residential homes. In addition to regular health checks “staff should actively promote the children’s health with advice on health risks, for example alcohol, substance misuse, sexual relationships and HIV and AIDS”.

Section 24
Children
Act 1989
Guid and
Regs Vol 4

There are also duties within Section 24 of the Children Act towards care leavers, which is further strengthened by Leaving Care legislation. In particular social care workers have a responsibility to enable young people to build and maintain relationships with each other. This becomes highly relevant when consideration is given to how young people in public care achieve positive outcomes and research shows that maintaining relationships are a key factor.

Leaving
Care Act
2002

4.6 Sexuality and the Law (Section 28)

This has undermined the confidence of some local authority staff working with young people in public care.

Local
Government
Act 1994

Section 28 is not relevant to sex education provided by the local authority and it does not prevent people from talking to a young person about lesbian or gay issues. It does not stop a local authority from giving information on sexual health or HIV and AIDS if they do so to prevent the spread of disease.

Sex and Relationships and the Law

Your notes and comments

Practical Advice

Outcome: Young people in public care feel able to discuss and understand their sexual health and personal relationship concerns in a way that minimises risk.

- The following reasons are given by staff and carers for not talking about sex and relationships:
 - Well, shouldn't parents be doing it?
 - I just get embarrassed
 - I didn't want to mess them up even more
 - I am not sure what I am allowed to do or say, and I don't think that my managers will support me
- Social care staff and foster carers often feel too shy and embarrassed to talk about sex with children and young people in public care. With adequate training and support these feelings can begin to be overcome.

5.1 Planning Sex and Relationships Education

- The Care Plan for each child or young person will address how sex and relationship education will be provided and the roles and responsibilities of the social care staff and carers
- It is important to take into account the views of parents and to inform them and the young person of what sex and relationship education that the young person is entitled to whilst in public care.
- A young persons 'Assessment and Action Record' can be used as a vehicle for discussing private and sensitive issues and to record appropriately. This can either be with the social care worker or foster carer.

5.2 Equality of Opportunity

- When talking to children and young people about sex and personal relationships, it is essential that this is done in an inclusive and anti-discriminatory way; ethnicity, culture, sexuality and HIV status will be considered.
- Social care staff and foster carers have a responsibility to examine their own beliefs and consider how these may affect their work. For children and young people to feel safe about sharing information it is vital that stereotypes are actively

Sex
Education
Forum

Practical Advice

challenged.

- Social care staff and foster carers will actively challenge verbal abuse and be sensitive and supportive to children and young people facing such discrimination.

5.3 Working with Parents

- Young people say that they would like their parents and carers to be the first source of information about sexual matters but many parents feel that they lack confidence or the knowledge to take this on, or they may be part of a community where sexual matters are not openly discussed. In some cases parents may have abused their children and it may not be appropriate for them to offer support.
- It is important to work in partnership with parents on all matters concerning their children's upbringing. Consistency and understanding between the different caregivers will always benefit young people, particularly in the area of sex and personal relationships.
- Parents and carers will need to be informed about how sex and personal relationships will be addressed with young people in public care and given opportunities to discuss or express any concerns about such information.
- Some parents may have religious and cultural beliefs that affect their views about sex and personal relationships. These need to be acknowledged and respected.

Children
Act 1989

Family Law
Reform Act
1969

5.4 Advice for Foster Carers:

- Children and young people in foster care may appear to be 'streetwise', but this should not be confused with knowledge and along with children in public care generally, they may be more vulnerable to poor sexual and emotional health than their peers.
- Foster carers will also need to consider the impact of fostering and their role as sex educators on other members of their family, including their own children.
- It may be necessary for the carer to provide different levels of support and information for foster children and their own children because of their particular experiences.

Fostering
Network

Practical Advice

- Foster carers need adequate training on sex and sexuality matters to equip them with the basic knowledge, skills and awareness to provide sex and personal relationship education.
- Foster carers need targeted training to help them explore their views on sex, gender and sexuality if they are to support children and young people appropriately on these issues.
- The following will assist in developing good practice:
 - **Assessment of foster carers** – the assessment process and annual reviews will address attitudes to sex, gender and sexuality issues. It is essential that foster carers can access appropriate training about these issues and are confident that they will be supported when facilitating this work
 - **Care Plans** – the Care Plan will address the roles and responsibilities of the agency and foster carer for sex and relationship education for each child or young person, taking into account the views of the parents
 - **Use of LAC materials** – the LAC assessment and action records provide a useful method of considering aspects of sex and relationship education for children and young people in foster care.

Looked
After
Children
Paperwork

5.5 Lesbian, Gay, Bisexuality and Transgender issues

Staff and foster carers need to be sensitive to their feelings about same sex relationships. They will not impose their personal views on young people and will take care with their language and behaviour.

- Same sex relationships, like relationships between men and women, are not just about sex and relationships. They are about people, their identity, beliefs, lived reality and their place in society. Homophobia (fear and prejudice against homosexuals) is common. As a result, many young people are bullied verbally, emotionally and physically.
- Staff and foster carers will develop a general climate that values diverse sexuality and model appropriate behaviour at all times.

5.6 Promoting Safer Sex Messages

Promoting safer sex messages, for example condom use for underage young people, confronts staff and carers with a number of dilemmas. It is recommended that staff and foster carers approach this issue in the following way:

The Sex
Education
Forum

Practical Advice

- Staff and foster carers will do their best to persuade young people under the age of 16 that they should not engage in sexual activity. It has been suggested that the 'best contraception is aspiration'. That is, if young people have high aspirations they are less likely to risk a pregnancy that will prevent them from achieving the goals that they have set themselves. It is likely to be young people who see themselves as having no opportunities for success who will view under age sex and a possible pregnancy as an attractive option.
- If having tried to dissuade the young person under 16 to refrain from sexual activity, staff and foster carers believe that a young person is continuing to be sexually active, they should give the young person contraceptive advice and access to contraceptives. In this way they will protect the young person from infection and pregnancy.

Teenage
Pregnancy
Unit, 2001

5.7 Working with Boys and Young Men

- Boys can get left out of both informal and formal sex and relationship education. While girls can talk to their mothers and female carers, boys may have no one to turn to. Staff and foster carers, especially men, need to make a conscious effort to make sex and relationship work relevant to boys, for example talking about teenage fatherhood rather than teenage motherhood.
- Consider a referral to the Boys and Young Men's Team in the Youth Service.

5.8 Sexual Activity Within the 'Care' Setting

- It is unacceptable for young people to engage in sexual activity in childrens' homes.
- In foster placements the situation may be less clear-cut. It will never be appropriate for a foster carer to allow sexual intercourse involving an underage child in their home.
- For young people aged 16 or over, a range of 'house rules' concerning physical expressions of a relationship amongst young people may be appropriate depending upon individual circumstances, customs and beliefs.

DoH
National
Strategy
for Sexual
Health and
HIV 2001

5.9 Masturbation

- Masturbation is part of normal sexual behaviour, especially for young people growing up and exploring their sexuality. There is

Practical Advice

ample medical evidence stating that it does no harm.

- Many religions and cultures teach that people should not masturbate and this can engender guilt and embarrassment. It is important to acknowledge their beliefs and assure young people that masturbation will do them no harm and that it is an activity which must be carried out in private.

5.10 Pornography

- Definitions and opinions about pornography vary widely.
- Young people under the age of 18 cannot legally purchase some material that is sexually explicit and potentially offensive.
- People under the age of 18 may not view videos and films that are classified as for adults.
- It is likely that some young people will be able to obtain, or have access to such material.
- If a young person is found in possession of pornographic material they should be informed that many people find this type of information offensive and that it presents a poor image and role model of women and men in society.
- It may be necessary to have further discussion with the young person about pornography and explore the young person's feelings and attitudes towards it. It may be repeating abusive experiences.
- If the young person wants to keep the material, they may only do so if they are of an age to legally view such material.
- If they are old enough to legally keep the material, it should be stressed that this should be viewed in private so that other young people are not offended or influenced by it.
- Depending on the age and understanding of the young person, it may be appropriate to remove the material but get legal advice first.

Article 8
Human
Rights Act
1998

5.11 Prostitution

- Social care workers and foster carers will work with children and young people who they know to be employed or involved in

Care
Standards Act

Practical Advice

exploitative sexual activity, or who they feel are at risk of becoming so.

- When a social care worker or foster carer becomes aware of this situation they must discuss this with their liaison worker or manager. The young person will be identified as in need of protection and staff will follow Derby City's child protection procedure.
- Consider a referral to the Edge Project.
- The worker can focus their work with the young person on the health and personal risks involved with the sexual behavior, for example the health risks associated with sexual activity with multiple partners and risks of violence associated with prostitution.
- In time, it may be possible to discuss the attitudes that the young person may have developed about themselves, for example a sense of worthlessness.
- Residential staff are to be aware of their responsibility to notify National Care Standards Commission of... "involvement or suspected involvement of a child accommodated at the home in prostitution".

Sched 5

Child
Protection
Procedures

Practical Advice	
Your notes and comments	

Advice and Guidance

Outcome: Young people in public care feel able to discuss and understand their sexual health and personal relationship concerns in a way that minimises risk.

This section contains advice and guidance for social care workers and foster carers in providing information and referring young people to contraceptive and sexual health services

Teenage
Pregnancy
Unit/QP

Q.1 If asked by a young person, can social care workers and foster carers give details of local contraceptive and sexual health services?

Yes. 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.

The parents of a young person in public care may express wishes about the sex and relationship education or contraceptive advice they want provided. Whilst every effort should be made to respect these wishes wherever possible, the overriding principle for the worker or foster carer is to safeguard the health and welfare of the young person.

For example, if a young person discloses that they have had unprotected sex, the parent's view should not be a barrier to immediate referral to a health professional for a discussion about emergency contraception.

Q.2 Can workers and foster carers display posters or leaflets about local services?

Yes. It is good practice when working with young people to display information about local contraceptive and sexual health services alongside information about other relevant community services. The local Teenage Pregnancy Co-ordinator and Health Promotion will be able to advise on available posters and leaflets or credit card publicity materials for young people to keep.

Q.3 Can workers and foster carers take a group of young people to visit a local clinic to find out about local service?

Advice and Guidance

Yes. A visit to a local service would be most effective as part of a wider Sex and Relationship programme.

A doctor, nurse or counsellor from a local clinic could also be invited into a children's home to explain their services and answer young people's questions. Projects in the Youth Service are also a good resource for children's homes to access.

Parental permission would not be required, but it is good practice to consult with and inform parents about the sex and relationship education policy.

Q.4 Can social care workers and foster carers give young people information about contraceptive methods?

Yes. Workers and foster carers can provide young people, including under 16's, with information about contraceptive methods and the importance of using condoms to protect against sexually transmitted infections. They will make sure that the information is accurate and up to date by checking with the local contraceptive service or health promotion unit.

It is important to recognise that social care workers and foster carers are not health professionals, so they should not give advice on which method of contraception to use.

Q.5 Can social care workers and foster carers make condoms available to young people in a residential setting?

Yes. Condoms may be given as part of an information session or as agreed individually with a young person. Young people will be referred to other outlets where they can receive condoms. However, when providing condoms social workers and foster carers should follow the Fraser Guidelines on capacity to consent.

Fraser
Guidelines
Section 4.4

Q.6 Can health professionals provide a contraceptive service within a residential setting?

Yes. Young people in public care often report a lack of confidentiality in their personal lives. Bringing a health professional into the residential setting can provide young people easier access to confidential advice and be an effective way of reaching young

Advice and Guidance

people who are reluctant to visit mainstream services.

Q.7 Can social care workers and foster carers do a pregnancy test for a young person?

Yes. Fear and denial often deter teenagers from getting an early pregnancy test. It would be preferable for them to have a pregnancy test at one of the local services. However, if they refuse the worker could support them in doing a home pregnancy test.

Q.8 How can social care workers and foster carers work to support parents in addressing sex and relationships issues with their children?

Social care workers and foster carers who are in contact with parents should discuss with them the benefits of talking to their children about sex and relationships. Parents should be encouraged if appropriate to inform the young person of local confidential services to help ensure the early uptake of contraceptive and sexual health advice.

Advice and Guidance

Your notes and comments

Local Resources

- Family Planning and Reproductive Healthcare
Wilderslowe, Osmaston Road, Derby, Derbyshire DE1 2GA
01332 332766
- Hadhari Nari Advice and Information Centre
36 St James' Road, Normanton, Derby DE23 8QX
01332 270101
- Karma Nirvana (Asian Women's Project)
Rosehill Business Centre, Normanton Road,
Derby DE23 6RH
01332 604098
- Kingsmead Clinic – Family Planning
Kedleston Street, Derby DE1 3SX
01332 347680
- Peartree Clinic – Family Planning
Peartree Road, Derby DE23 6QD
01332 345405
- Space – Information and Advice for Young People
12 The Spot, Osmaston Road, Derby DE1 2JA
01332 364445
- The Edge Project
13 Charnwood Street, Derby DE1 2GT
Tel :01332 362120
- Boys and Young Men's Team
Youth House, Mill Street, Derby DE1 1DY
Tel : 01332 206027
- www.southerderbyshire.nhs.uk
Local information and gatepost to other services

Local Resources	