

# **Policy and Procedures Concerning Relationships and Sexual Health in Respect of Looked After Children and Young People**

**Children, Young People, and Families Directorate**

**Approved by:  
Priority Three – Health and Well-being Group**

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## **Background to the Policy**

This Policy draws on research undertaken in Sheffield in 2004 which considered the sexual health education offered to young people in residential care in Sheffield. This research included findings from a consultation project – Getting It Right - with children and young people, and employees working with children and young people who are looked after.

The document has been drawn up by a multi-agency group from:

Residential Services - CYPD

Policy and Service Improvement Team – CYPD

Sexual Health Sheffield – Sheffield Teaching Hospitals NHS Foundation Trust

Looked After and Adoptive Children's Health Team (LAACH) – Sheffield Children's NHS Foundation Trust

### **National indicators**

This policy and procedure will contribute to the improved performance in relation to the following national indicators:

NI 58 Emotional and Behavioural Health of Children in Care

NI 112 Under 18 Conception Rate

## **Aim of the Policy**

The aim of this policy is to ensure a consistent approach to addressing the personal and sexual health needs of looked after children and young people, whilst recognising their diversity. It aims to strike a balance between their right to privacy and independence and their physical and emotional well-being.

This policy aims to provide guidance for staff around personal relationships and sexual health for children and young people who are looked after by the Local Authority. It sets out the legal position regarding sex and relationship education and sexual activity, and includes best practice in relation to supporting children and young people's personal and sexual health and development.

It also aims to ensure that all children and young people who are Looked After by Sheffield City Council have access to the information they need to maintain good sexual health. The policy describes the training needs of employees to ensure they are equipped to support children and young people maintain their sexual health.

# Policy Objectives

## The policy objectives are:

1. To ensure that all children and young people have access to up to date and accurate information about sex and relationships and sexual health issues and services available to them.
2. To ensure that all children and young people are supported to develop the skills to access and use information around maintaining their sexual health. To ensure they are supported to develop other skills such as making decisions, managing feelings and being assertive. These skills need to be developed in the context of raising self-esteem, improving confidence and encouraging a sense of self worth.
3. To ensure that all key staff are trained in providing information and support to children and young people. The training should include attitudinal training to ensure the information and support given is relayed in an equitable manner.
4. To ensure that staff have the skills to make sexually active young people aware of any risks they face and that they know how to access appropriate sexual health and contraceptive advice.
5. To ensure staff have the skills to challenge and provide help, support and advice around sexually abusive behaviour and relationships.
6. To ensure that all staff, children and young people are aware of the boundaries of confidentiality.
7. To ensure that staff have clear information about the parameters within which they are able to work. To ensure that staff have the skills to take into account the age and maturity of the young person, the nature of their relationships and any health issues, when giving support and advice.
8. To support parents where possible, and actively involve them in issues relating to their child's sexual health, if appropriate, when their children are living outside of their home.

## Scope of the policy

### This policy applies to:

All Residential Homes Managers, Residential Support Workers, Fieldwork Managers, Independent Reviewing Officers (IROs), Social Workers and Support Workers who have an input into the health and well-being of Looked After Children on a day-to-day basis, including the Care Leavers Service. Much of it is also relevant to foster carers, caring for young people up to the age of 16 years.

The policy focuses in detail on the sexual health of Looked After young people, but also addresses their other health and emotional needs. It incorporates a Confidentiality Policy Statement in relation to the sexual health of Looked After young people.

## Definitions

Throughout this document the words 'sexual relationship', 'sexuality' and 'sexual activity' are intended to include heterosexual, gay, lesbian and bisexual relationships and expressions of sexuality.

The World Health Organisation defines sexual health as:

The integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication and love ...every person has a right to receive sexual information and to consider sexual relationships for pleasure as well as for procreation. (1975)

## Confidentiality

Looked after young people have the same entitlement to confidentiality as other young people when discussing sex and relationships, including contraception. **However carers, social workers and other professionals must never promise complete confidentiality.**

Young people need to be reminded of what can remain confidential and what cannot. If a worker or carer felt that the young person or some other person under 18 years old with whom they were working was at serious risk of abuse, or had been abused, or there was a danger to life, then information would have to be passed on.

Often team -working within the homes encourages staff groups to routinely share information about residents. Whilst this may be appropriate in relation to some day-to-day matters, it is not acceptable for information about personal, sexual or intimate health concerns of all children and young people to be shared routinely with the team. Additionally, workers should only record what is necessary to promote the young person's health and welfare.

**See Confidentiality Policy Statement in respect of the Sexual Health of Looked After Young People in Residential Care, below.**

Children and young people should always be given the opportunity for personal appointments with a School Nurse or Specialist Nurse for LACYP.

Whilst best practice would include parental involvement, social care practitioners may also provide advice and information without parental knowledge or consent, even if accommodated under Section 20 of the Children Act, if they can demonstrate that the criteria in the Fraser Guidelines are met (see Appendix 6).

# **Confidentiality Policy Statement in respect of the Sexual Health of Looked After Young People in Residential Care**

## **Definition of confidentiality**

Entrusted communication of information which is considered private.

## **Young people's rights**

Looked After young people have the same right to confidentiality under the European Convention for Human Rights and the Human Rights Act as other young people, when discussing sex and relationships, including contraception.

Residential support workers, social workers and other professionals will respect this right to confidentiality, unless the young person is in a life-threatening or dangerous situation, or where there is information that another young person is not safe.

## **Information-sharing**

Residential support workers and social workers must only share information about a young person's sexual health or sexual behaviour, if other professionals need that information. Within the home, such information will not be shared routinely with everyone on the staff team. Information will not be shared with parents without the young person's consent.

## **Recording**

Recording of discussions about a young person's sexual activities should only be made if this is relevant to promoting the young person's health or welfare.

## Partnership Working

Professionals must work together to protect the physical, psychological and emotional well-being of the young person, and ensure healthy development in these areas.

Parents, social care practitioners, foster carers, education staff and others working with children and young people, such as Connexions and YOS workers, are unlikely to be sexual health specialists and will need to work with other professionals to ensure that children and young people who are looked after have access to the full range of advice, support and treatment opportunities.

## Training

The Local Authority recognises the need to provide training and support for staff as part of the process required to implement any new policy.

To ensure that the training on the sexual health needs of looked after children is relevant to their requirements, regular consultation with young people in care is important. Sexual Health Sheffield will update their training programme in response to the changing needs of the young people concerned.

The training for carers will ensure that they are equipped to support young people in care to access information and support about sex and relationships, conception, contraception and sexually transmitted infections.

It is anticipated that this information will be refreshed through consultation with looked after young people, and training resources updated accordingly every 2 years. Training events for carers are planned to be offered twice a year to ensure that staff and foster carers have access to the information and feel confident to respond to the needs of young people in their care.

Staff may need extra training and support when working with young people who have been physically and/or sexually abused or who have abused others.

### Training issues

1. Training needs to be in a context which recognises the personal, ethical and work related concerns of members of staff, as well as the cultural and religious needs of the individual. The training should build upon the existing skills of individuals.
2. Those responsible for the sexual education of young people will need to bear in mind the particular needs of different young people. For example, the fact that young people with physical or learning disabilities have sexual needs and rights should be acknowledged. Young people who have been abused, or have been in touch with abused young people, may need special counselling if they are not to regard sexual feelings as a matter of shame or to regard sexual relationships as impersonal and exploitative.
3. When putting together training packages or talking about sex, trainers will need to remember that some people taking part will have had damaging experiences of sex that may include sexual abuse, rape, or physical harm etc. People's experiences of sex

will vary widely and assumptions should never be made about someone's experiences, sexuality, level of sexual activity and knowledge.

4. Discussion around sex, sexual activity and sexuality may elicit disclosure of current and/or historical abuse. Staff and carers need to be clear about what constitutes abuse and Sheffield Safeguarding Children Procedures should be consulted.
5. Sex, sexual activity and sexuality are areas that people may have fears or concerns about discussing and any training provided needs to recognise this. For some this can be a taboo and emotive area.
6. When training on these issues it is particularly important to work within a training code of practice, including the negotiation of a group-working agreement with ground-rules about group confidentiality as a starting point.

## **Training Opportunities in Sheffield**

Disability issues: Sexual Health Sheffield periodically runs courses looking at the sexual health of people with disabilities.

Information about other courses run by Sexual Health Sheffield can be found at [www.sexualhealthsheffield.nhs.uk](http://www.sexualhealthsheffield.nhs.uk)

See also list of courses run by the Safeguarding Service at [www.safeguardingsheffieldchildren.org.uk](http://www.safeguardingsheffieldchildren.org.uk)

All sexual health training opportunities should be a matter of discussion between staff and team managers, from the point of induction onwards.



# Young People, Sexual Health and the Law

## 1. Age of Consent to Sexual Intercourse

Under the Sexual Offences Act (2003), the legal age for young people to consent to have sex remains 16 years, whether heterosexual, homosexual or bisexual.

The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime.

It is not intended that the law should be used to prosecute *mutually agreed* teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

Children under the age of 13 years are not legally capable of consenting to sexual activity.

## 2. Under-age sex and child protection

Research has shown that more than a quarter of young people are sexually active before they reach 16 years. Young people under 16 are the group least likely to use contraception and concern about **confidentiality** remains the biggest deterrent to seeking advice.

Whilst it is not the intention of the Sexual Offences Act 2003 to prosecute mutually agreed sexual activity between two young people of a similar age, staff must be satisfied that the activity is truly consensual and does not involve abuse or exploitation.

Particular care should be exercised if one or both of the young people has a learning disability, as this may mean their capacity to distinguish between a positive relationship and abuse, is reduced.

A disclosure of underage sex is not in itself a reason to break confidentiality unless the child is under 13 years of age.

Guidance should be sought from the Sheffield Safeguarding Children Advisory Service on **0114 205 3535**, if staff are concerned about under-age sex.

## 3. Sexual Exploitation

In any case where there is suspicion that a child or young person is at risk of sexual exploitation, the Sheffield Safeguarding Children protocol on Sexual Exploitation should be consulted and Safeguarding Procedures should be followed.

This can be found at

[http://sheffieldscb.proceduresonline.com/chapters/p\\_sex\\_exp.html](http://sheffieldscb.proceduresonline.com/chapters/p_sex_exp.html)

The Safeguarding Children and Young People from Sexual Exploitation policy in the Sheffield Children's Services Procedure Manual should also be followed and can be found at;

[http://sheffieldcs.proceduresonline.com/chapters/p\\_safeg\\_sex\\_exploit.html](http://sheffieldcs.proceduresonline.com/chapters/p_safeg_sex_exploit.html)

#### **4. The Sexual Offences Act (2003) and the legal position of professionals and others**

The introduction of the Sexual Offences Act (2003) has provided clarity around the roles of social care practitioners, health professionals and any other person who acts to protect a child.

Section 14 (2) and (3) makes clear that a person **does not** commit an offence of arranging or facilitating commission of a child sex offence if s/he acts to:

Protect a child from sexually transmitted infection;

Protect the physical safety of the child;

Prevent the child from becoming pregnant; or

Promote the child's emotional well-being by the giving of advice, provided this is not done for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging sexual activity.

#### **The Act also covers:**

- rape and rape of a child under 13
- sexual assault
- grooming and sexual exploitation
- the extension of the definition of incest
- the 'abuse of trust' clause, making sexual contact illegal between professionals and 16 and 17 year olds with whom they work
- consent to sexual activity where people with learning disabilities are concerned
- prostitution and pornography

#### **5. The Female Genital Mutilation Act 2003 (amended by the Serious Crime Act, 2015)**

As of 31st October 2015, a new mandatory reporting duty requiring specified regulated professionals in England and Wales to make a report to the police came into force. This is where, in the course of their professional duties, they discover that FGM appears to have been carried out on a girl aged under 18 (at the time of the discovery). The duty applies where the professional either:

- is informed by the girl that an act of FGM has been carried out on her, or
- observes physical signs which appear to show an act of FGM has carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

The duty applies to professionals working within healthcare, social care, and teachers. (Adapted from Ministry of Justice Factsheet, Serious Crime Act 2015)

Any reports to South Yorkshire Police, should be made via the 101 number. Guidance can be found at;

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

## **Young People, Sexual Health and Government Guidance:**

Taken from: Enabling Young People to Access Contraceptive and Sexual Health information and Advice - Legal and Policy Framework for Social Workers, Residential Social Workers, Foster Carers and other Social Care Practitioners **DfES Teenage Pregnancy Unit 2004**

**The guidance states that residential staff, care workers, foster carers and social workers can:**

- Talk to young people about contraception and termination,
- Give young people information on contraception and abortion services,
- Send or accompany a young person to sexual health clinics or services,
- Give single condoms to under 16s as part of an information session.

**Under no circumstances would it be acceptable for any professional to engage in a sexual relationship with a young person in their or another's care.**

# **Working with young people around sex and relationships**

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

All children and young people looked after (including those with disabilities) need sex and relationships education appropriate to their age and understanding.

Young people receive sex and relationships education formally and informally from a variety of sources including parents, teachers, school nurses, GPs, their peers, the media, and religion.

Whilst this is traditionally offered at school, those caring for children should not assume this is happening and, especially where schooling has been interrupted, the carers must check it has not been missed and must provide an alternative where necessary. The carer should seek support in this from the Support Worker, Social Worker, School Nurse or Specialist Nurse for LACYP.

School-based SRE is most effective when augmented by discussion with parents, and those caring for looked after children and young people need to provide similar opportunities. Parents and those with parental responsibility have the right to see a school's SRE policy and curriculum. Foster carers without Parental responsibility may be denied access to the SRE policy and in this instance support from the Support Worker or Social Worker should be sought.

## **2. Promotion of healthy relationships**

The range of information provided to young people looked after on personal relationships should develop from simple concepts to more complex issues as the young person matures and their understanding increases. It is important that the programme is not just based on facts about sex and sexuality but also includes an understanding of different kinds of relationships (families, friends etc) values, attitudes and moral issues.

Whilst it is best practice to involve parents and seek parental consent when talking to children and young people about sex and relationships, the need to safeguard or promote their welfare is paramount, and may require the provision of information and education without specific parental consent.

Where parents are having significant contact with their children whilst they are being looked after, they should be encouraged and supported to talk to them about sex and relationships. Parents may well need support in this from the Support Worker or Social Worker.

Young people looked after and care leavers need to know to whom they can turn for non-judgemental support and unbiased advice. They also need to be reassured that information will only be shared or recorded where it can be shown to be relevant to their health, welfare and safety. Information should only be shared with the agreement of the young person unless there are Child Protection or safety concerns.

The particular needs of gay, lesbian, bisexual young people, and those unsure of their sexual orientation, must be addressed. Consent from the young person must be sought before any referral to another agency can be made.

The particular needs of young people with physical and/or learning disabilities must be addressed.

The particular needs of young people who have direct or indirect experience of violent or abusive relationships must be addressed.

Support must be sensitive to the cultural and religious influences of the young person and their family.

### **3. Accessing sexual health services**

Social care staff and carers must keep themselves informed about the range of local sexual health services available. Information is available from the Sexual Health Sheffield at [www.sexualhealthsheffield.nhs.uk](http://www.sexualhealthsheffield.nhs.uk). Information about local services which offer support, advice and treatment relating to pregnancy testing, contraception, emergency contraception, sexually transmitted infections, abortion and relationships must be readily available to all looked after young people and care leavers in poster or leaflet form or via recommended websites. Young people must be able to access this information discreetly.

Where staff and carers have reason to believe that a young person is sexually active or about to become sexually active, they should provide them with information about local services. Staff and carers should establish whether the young person has any concerns about seeking advice and they should offer support to minimise risk-taking. This may include accompanying them to a Sexual Health clinic, GP practice or pharmacy, if that is their wish.

Staff can provide basic information about contraceptive methods, sexually transmitted infections (STIs) and abortion but must ensure it is accurate and up-to-date. Staff and carers need for training in this area will be monitored through employee development reviews and foster care annual reviews. Specific advice and diagnosis must be provided by an appropriate health care professional.

If a looked after young woman, who believes she might be pregnant, is reluctant to access her GP or the local contraception and sexual health clinic, she should be supported to take a home pregnancy test. It is important that, following a positive result, the young woman is encouraged to make early contact with the Specialist Nurse LACYP or another appropriate health care professional for advice, whether her intention is to continue with the pregnancy or to seek a termination.

### **4. Independent living**

Care leavers, although older, must not be assumed to have the necessary knowledge and skills to maintain good sexual health, and support should be offered to this group of young people.

### **5. Sexual Relationships between young people in placement**

Although carers need to recognise and respect the feelings experienced by young people, sexual relationships between young people in placement are not to be encouraged. Being Looked After in residential care is a unique experience that can highlight many feelings and emotions. This can present particular challenges during times of sexual development whilst living with people who are not birth family.

Young people need to know the difficulties relationships in placement can present and be informed of the implications of having a sexual relationship with another person in the same household.

In the event of a sexual relationship developing between looked after young people such information should be treated with respect and only key people should be involved / informed, e.g. manager, social worker, or key worker.

If young people are known to be having a sexual relationship within a placement, allocated social workers should always be informed so that the situation can be assessed, primarily to ensure the physical and psychological welfare of all young people involved.

## **6. Diversity**

Concerns about early, unplanned pregnancy can lead to a concentration on the contraception needs of young heterosexual women/men having sexual intercourse. Staff and carers need to be equally alert to the information and advice needs of boys and young men, of gay, lesbian, bisexual young people and of those involved in sexual activity other than vaginal intercourse, where there is still a risk of sexually transmitted infections (STIs), though not of pregnancy.

Young people need a safe environment in which to discuss relationships and sexual health. Teasing, gossiping, bullying, inappropriate language and racist, sexist or homophobic attitudes (whether coming from staff or other young people) can all undermine a sense of safety and must be challenged.

## **7. Staff and Carers Values and Attitudes**

All staff and carers will have personal experiences or beliefs which may lead to particular attitudes, for example, towards pre-marital sex, parental rights, terminations and relationships. Whilst personal beliefs must be respected, professional practice requires an open and morally neutral approach. If social care staff or carers are uncomfortable with addressing these issues then this should be discussed with line managers or social workers respectively.

Staff will need to explore their attitudes so that they can decide whether they are able to work objectively within the agreed values framework of the authority or organisation. Staff and foster carers have a responsibility not to undermine any work that is being undertaken with young people by imposing their personal views.

Managers must ensure that those involved in the care of looked after children and young people and care leavers are adequately supported and able to deal with any awkwardness or discomfort they might have whilst working on this highly personal subject.

## Appendix 1 – Fostering and Adoption Service

Whilst the focus of this policy is on Looked After Children living in a residential setting it also applies to children living in foster care and children placed with their adoptive families. This is a very different living environment and the relationship built up between foster carers and the children is in many ways characterised by a more informal setting. Implementation of this policy should therefore take into account the following points:

- Foster carers need to be equipped with the skills, information and confidence to deal with sexual health issues and therefore should be given the same training opportunities as other professionals.
- Though foster carers are highly professional, some will be comfortable addressing Sexual Health issues with young people and some will not. Therefore a flexible approach to this issue is required.
- Foster carers work with children in isolated circumstances therefore, they may need to be supported by other professionals in dealing with sexual health issues, or they may feel that in some cases it would be more appropriate for another professional to deal with this issue altogether.
- Each foster placement and each child is different and this makes it difficult to generalise about what support will be needed. While it will be appropriate for a foster carer to give advice or distribute condoms to a young person in some circumstances; it may be that this task would be better left to a Support Worker, or Social Worker. In assessing who would be the right person to take up this issue, the needs and wishes of the young person and the ability of the foster carer to meet those needs will be paramount.
- Some foster carers will feel able to distribute condoms to children, and some will not. This issue is even more difficult for some foster carers if the child is under sixteen. There may be cultural or religious reasons why the subject of sex and contraception is problematic. If the foster carer feels unable to address these sensitive issues then this should be discussed fully with the Social Worker and a multi agency approach taken. It may be more appropriate for another professional to fulfil this role.
- Although foster carers may well be distributing condoms, in cases where they are not comfortable with the monitoring of supply and recording of this process it is important for the support worker or social worker to ensure that the necessary recording takes place.
- Children in foster care who are over the age of sixteen should not be referred to the Specialist Residential Nurse for Looked after Children if they seek condoms and sexual health advice.
- There is also no need to record any condoms given to children over sixteen by their foster carers.

## Appendix 2 – Permanence and Through Care Service

Whilst the focus of this policy is on Looked After Children aged thirteen to sixteen years, there is a large group of young people aged sixteen plus who are supported by the Permanence and Through Care service.

Young adult care leavers will often still need support around the issue of sexual health and contraception. This policy is relevant to this group of young people but needs to be applied in a way that acknowledges that care leavers are young adults.

Permanence and Through Care support is a different kind of service to residential care and the way that professionals from this service work with and build up relationships with the young people is different.

A more flexible approach is required to meet the needs of these young people and reflects good practice within the Permanence and Through Care team. To this end the following points should be noted.

- All staff working with care leavers should be trained to give sexual health advice if required. However a young person may not always wish to approach a named support worker but may have a more appropriate relationship with another team member or a social worker. It may even be more appropriate for a young adult to get advice and support from another agency eg. GP.
- If a young person approaches a member of the team for sexual health advice then the recording of this should be minimal.
- All members of the Permanence and Through Care team should undergo appropriate training and the team would be an appropriate point to distribute condoms from. However, care leavers over sixteen years should have access to condoms without this being recorded to the same extent as for a child under sixteen.
- It will not be necessary to refer care leavers over sixteen to the Specialist Nurse for Looked After Children if they access condoms from the Permanence and Through Care team.



## **Appendix 3 – Disabled Children’s Respite Services**

This policy will also apply to disabled children who are looked after on a respite care basis. However because of the level of disability of young people in the disability service respite homes there are particular issues that need to be considered.

- Disabled children are just as likely to need support around sexual health issues as able bodied young people however there are particular issues around communication needs and levels of understanding of the young person that need to be taken into consideration. All residential staff should be equipped to deal with sexual health issue with young people and so require training. However, given the particular needs outlined above and the development of strategies to meet those needs have to be reflected in any training given to staff on this issue.
- Residential services providing respite care to disabled children work very closely with the parents or carers of the young people and any strategies to manage sexual health issues need to be developed in partnership with parents / carers.

## **Appendix 4 - What do children and young people need to know?**

Children and young people need a balance of simple, 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. Both informal and formal discussions need to take place in a safe, anti discriminatory environment, and take into account the young people's religious and cultural values.

### **Children under 11 will need opportunities to:**

- Talk about and name feelings and emotions
- Know the names of parts of the body and how they work
- Talk about relationships
- Prepare for puberty, understand body changes and be able to manage periods
- Have misunderstandings corrected
- Be able to ask for help and support
- Understand appropriate and inappropriate touching
- Learn how to handle abusive situations

### **Children over 11 and young people will need opportunities to:**

- Develop interpersonal skills such as listening, asking questions and making decisions
- Receive accurate, easy to understand information about sexual development, sexuality, sexual response and desire, reproduction, birth, contraception, abortion, STIs including HIV and AIDS, and safer sex
- Be able to express and manage their emotions
- Understand the importance of personal relationships and respect for self and others within relationships
- Explore their own attitudes to themselves and others, and develop a values and moral framework
- Understand the effect of sex and gender roles
- Learn how to avoid and resist unwanted sexual pressures
- Know how to access confidential information and advice about sexual health and personal/emotional issues
- Know how the law applies to sexual relationships
- Know it's OK to wait until you are really ready

## Appendix 5 - Talking about sex and relationships

The following provides practical guidance on talking about sex and relationships.

### Prepare yourself first

Develop your confidence in talking about sex and relationships: arrange some training for yourself, or practise by talking with carers or your friends and family. Find a language that you feel comfortable with. Young people don't seem to want adults to talk their language:

*'You know, it's better when they [adults] just feel confident. It's awful when they are patronising just because they're embarrassed'.*

Develop your knowledge by reading leaflets or other relevant materials aimed at the group or individual you are working with. Discuss the subject with your colleagues and talk with the specialist nurses for LAC. Through these processes you will find a tone and style you feel comfortable with. Be honest about your own limitations.

Remember that children and young people learn by example, so you need to ensure caring and respectful relationships in the residential home. Maintain respect and your sense of humour. Never laugh at young people but laugh with them when you are both embarrassed or get it wrong.

Reassure and constantly remind children and young people that 'there is no such thing as a silly question'.

Listen, don't judge: don't rush in with advice, or tell them what you would have done.

*'Sometimes it's difficult – you need to ask something – but then you have to handle them getting worried and anxious and they end up telling you what to do – it's rubbish'. (young person)*

Know your own boundaries – be aware of what you are prepared and equipped to talk about.

Challenge prejudice – so many children and young people are bullied because they are perceived to be different. It damages the emotional development of the young person who is being bullied as well as the young person who is jeering at or hurting others. Also, bullying makes the environment emotionally and physically unsafe for everyone.

It is important to create a safe environment. It is sometimes easier to use hypothetical but authentic scenarios and situations. Talk about other people's relationships and decisions in the media, or in the soaps with questions like:

What do you think they should have done? How do you think they might feel?

### Take advantage of unexpected opportunities

Read books, leaflets and watch videos and programmes together. You can then discuss and explore ideas together. Talk whilst you are doing something else: washing up, tidying up and/or driving somewhere.

Distinguish between responsible and sensationalist messages from the media.

## **Answer questions**

Listen rather than tell – don't lecture. Don't forget the boys. Male staff and foster carers must get involved.

Answer the question as it is asked – 'I don't know, let's look it up in one of our books or ask someone'. 'That's a great question, let's talk about it later' – and make sure that you do. Check that you have understood the question.

## **Start early**

Children need to know and be prepared for changes and feelings before they happen. Remember that children and young people will be affected by your earlier refusal to answer questions and may be unwilling, too frightened or too angry to ask again.

## **Admit if you don't know**

It's OK to say 'I don't know the answer to that one – let's find out about it together!' Training can help you to practise your responses and explore the issues and your own values system.

There are resources to help you – videos, leaflets and books for children and young people. Remember, that if you feel confident, you will enjoy it and will be offering the people you work with a positive attitude to sex, sexuality and relationships.

## Appendix 6 - Gillick Competence and Fraser Guidelines

**Gillick Competence** is a term used in medical law to describe when a minor may be able to consent to his or her own medical treatment, despite a young age.

**The Fraser Guidelines** deal only with **contraception** and focus on the desirability of parental involvement and the risks of unprotected sex.

These criteria, known as the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords and require the professional giving advice or condoms to be satisfied that:

- the young person will understand the professional's advice.
- the young person cannot be persuaded to inform their parents.
- the young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment.
- unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer.
- the young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Although these criteria specifically refer to contraception, the principles are deemed to apply to other treatments, including abortion.

These criteria were outlined by Lords Fraser and Scarman in 1985, in the House of Lords' ruling in the case of *Victoria Gillick v West Norfolk and Wisbech Health Authority and Department of Health and Social Security*.

Further information can be found in the Sheffield Children's Services Procedure Manual, policy 5.1.4 Delegation of Authority to Foster Carers and Residential Workers, found at;

[http://sheffielddcs.proceduresonline.com/chapters/p\\_del\\_auth\\_fc\\_resid.html](http://sheffielddcs.proceduresonline.com/chapters/p_del_auth_fc_resid.html)

## Legal and Policy References

**The Children Act 1989** provides a duty to safeguard and promote the health and well-being of looked after children.

[http://www.opsi.gov.uk/acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm)

**Children (Leaving Care) Act 2000** makes provision about children and young people who are being or have been looked after by a local authority.

<http://www.legislation.gov.uk/ukpga/2000/35/contents>

**Children Act 2004** provides the legislative base for the Change for Children agenda.

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

**Sexual Offences Act 2003:** Whilst this sets the legal age for young people to consent to have sex at 16, it is not the intention of the law to prosecute mutually agreed sexual activity between two young people of a similar age, where there is no evidence of abuse or exploitation. <http://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/rape>

**Disability Discrimination Act 2005** requires local authorities to ensure that services and access to services are not discriminatory.

<http://www.legislation.gov.uk/ukpga/2005/13/contents>

**The Fraser Guidelines (House of Lords ruling in the case of Victoria Gillick v West Norfolk and Wisbech Health Authority 1985)** confirm that health care professionals can provide contraceptive advice and treatment to under 16s without parental consent where they are satisfied that they meet certain criteria, as outlined above. See link below for guidance from the NSPCC.

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

**Promoting the health and well-being of looked after children.** Statutory Guidance for local authorities, clinical commissioning groups and NHS England (March, 2015) sets out a framework for the delivery of services from health agencies and social services to more effectively promote the health and wellbeing of children and young people in the care system.

<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

**Enabling Young People to Access Contraceptive and Sexual Health Information and Advice (DFES Teenage Pregnancy Unit 2004):** is a legal and policy framework for social workers, residential social workers, foster carers and other social care practitioners

<http://www.chimat.org.uk/resource/item.aspx?RID=57826>

**Working Together to Safeguard Children (2015)** HM Government

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

**Sheffield Children's Services Procedure Manual** can be found at

<http://sheffielddcs.proceduresonline.com/chapters/contents.html>

This includes the policy on Health Care Assessments and Plans (5.5.1) and the policy on Personal Care and Relationships (5.5.2).

The **E Safety policy** can be found at

<http://intranet/structure/cyps/policies-procedures/social-care-pp/cpmanual>