



Relationships and Sex
Education
Policy & Guidance for
Practitioners working in
Medway with Children and
Young People

2009 / 2010

POLICY



1. Aim of the Policy

- 1.1 This policy aims to ensure that within Medway's Children's Trust, the approach to Relationships and Sex (RSE) delivery is young person centred, evidence-based, aligned with legislative guidance, and delivered in an age appropriate manner.
- 1.2 This policy also aims to reaffirm the policy and guidance contained in The Procedures and Practice Guidance for Working with Young People who are Sexually Active (Medway Safeguarding Children's Board, 2008)

2. Objectives

- 2.1 The objectives of this policy are to:
 - 2.1.1 Ensure that children and young people receive age appropriate and high quality RSE in order to support their personal and sexual development.
 - 2.1.2 Ensure that RSE is provided in a safe and supportive environment by a range of organisations ensuring that messages are consistent and evidence based.
 - 2.1.3 Ensure that RSE is delivered in a multi-faceted approach providing young people with the opportunity to develop the confidence and self esteem to resist peer pressure, and negotiate relationships and sexual activity until they feel ready to make safe and informed choices.
 - 2.1.4 Ensure that RSE meets the needs of the total population including those with learning or physical disability or those with sensory impairment.
 - 2.1.5 Provide support and guidance to practitioners working with children and young people to deliver RSE confidently and competently.
 - 2.1.6 Ensure that practitioners are clear of their practitioner roles and responsibilities in providing RSE, ensuring that practitioner boundaries are maintained.
 - 2.1.7 Ensure that all young people in receipt of RSE are aware of local contraceptive and sexual health services, which offer free and confidential information and advice.

2.1.8 Ensure that RSE meets You're Welcome criteria – that young people are involved in the planning and development of RSE delivery to ensure services meet their needs.

2.1.9 Make clear Medway's commitment to supporting practitioners in delivering RSE through clear policies and guidance, training and line management support.

3. Definition

3.1 What is Relationships and Sex Education?

Relationships and Sex Education is life long learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and clarifying attitudes and values. Good quality Relationships and Sex Education helps young people to develop positive relationships, avoid negative outcomes such as unplanned pregnancy and enjoy good sexual health throughout their lives.

(Sex Education Forum, 2008)

3.2 RSE programmes should establish a working agreement, co established by practitioners and young people, to create a safe working environment.

4. Legislative and Policy Context

4.1 National and local documents provide guidance, protocols and standards, some of which have legal and statutory status, for practitioners working with children and young people in relation to delivering sexual health and relationships education and advice.

4.2 In October 2008, The External Steering Group on Sex and Relationship Education's Review of the delivery of Sex and Relationships (RSE) Education in Schools' was published. Key actions announced by the government upon publication of the steering group's report included; Personal, Social and Health Education (PSHE) to become a compulsory part of the curriculum from key stage 1 to 4 (ages 5 to 16). Personal, Social and Health Education will be underpinned by a statutory programme of study that sets out a common core of knowledge and skills that all young people should be taught, including Relationships and Sex Education.

4.3 Legislation and Policy

The Sexual Offences Act (2003)

The Children's Act (1989)

Human Rights Act (1998)

The Children (Leaving Care) Act (2001)
The United National Conventions on the Rights of the Child
The Street Offences Act (1959)
The Prohibition of Female Circumcision Act (1985)
The Data Protection Act (1998)
The Fraser Guidelines

4.4 National Guidance

The National Teenage Pregnancy Strategy (1999)
Healthy Lives, Brighter Futures. The Strategy for Children and Young People's Health (2009)
You're Welcome Quality Criteria

4.5 Local Guidance

Children and Young Peoples Plan (2009)
Medway Teenage Pregnancy Strategy (2008)
The Procedures and Practice Guidance for Working with Young People who are Sexually Active (Medway Safeguarding Children's Board, 2008)
The Medway Sexual Health Strategy (2006)

5. Children and Young Peoples Rights

5.1 The rights of young people are contained within statutory frameworks including the Children's Act (1989) and The Human Rights Act (1998). This policy is committed to ensuring that practitioners operate within a framework that, supports, promotes and respects children's and young peoples rights.

5.2 Young people living in Medway have the right to information and advice in respect of RSE; all practitioners working with young people should uphold these rights. Consideration however, should be made to balance the rights of young people against decisions made to promote their health, wellbeing and safety.

6. Equality & Diversity

6.1 This policy is committed to ensuring equality. No individuals or groups of children and young people should be disadvantaged due to their ethnic origin, age, cultural and religious beliefs, sexual orientation, or disability.

7. Culture and Diversity

7.1 Children and young people have the right to maintain personal and moral values and to be accorded respect for their religious, cultural and political

beliefs. RSE should demonstrate and promote respect for the self and for others as its core value.

8. Sexuality

- 8.1 All young people should be provided with information regarding sexuality including heterosexual and homosexual sexual practices. Young people should be encouraged to develop non-judgemental attitudes in respect to a person's sexuality.

9. Breach of Policy

- 9.1 The Children's Trust and Medway Teenage Pregnancy Partnership endorses this policy. Practitioners will be subject to disciplinary action, if they breach this policy or guidance. Disciplinary action will be in accordance to their own organisations' policies.

10. Implementation and Monitoring

- 10.1 It is the intention of Medway Teenage Pregnancy Partnership that this policy is monitored and evaluated in a systematic, ongoing manner. The Teenage Pregnancy Strategic Co-ordinator will lead the process with the support of key partners within The Medway Teenage Pregnancy Partnership.
- 10.2 Monitoring and evaluation will include feedback from young people and carers and all those vested with the responsibility of working with children and young people.
- 10.3 The policy and its associated guidance will be reviewed and updated as necessary.

GUIDANCE



1. Introduction

- 1.1 This guidance has been developed within an overarching policy for all professionals working with children and young people in Medway. A working group has developed the guidance with representation from key stakeholders, parents and young people. It is intended to support all practitioners working with children and young people in Medway. It is designed to provide a framework for the provision of high quality, age appropriate sex and relationship education (RSE) within the context of legislative requirements.
- 1.2 This guidance has been developed with due regard for legislative guidance and policy outlined in the accompanying RSE Policy.
- 1.3 Individual establishments may wish to utilise additional guidance to support the implementation of this policy or develop their own guidelines. It is however noted that individual establishments, for example, schools should develop their RSE policy in consultation with governors, parents and students. Policies must:
 - 1.3.1 Define Relationships and Sex Education;
 - 1.3.2 Describe how RSE is provided and who delivers it;
 - 1.3.3 Say how RSE is monitored and evaluated
 - 1.3.4 Include information about parents' rights to withdrawal;
 - 1.3.5 Be reviewed regularly.
- 1.4 All practitioners working in Medway should act in accordance to the Procedures and Practice Guidance for Working With Young People who are Sexually Active endorsed by the Medway Safeguarding Children's Board (MCSB, 2008) and their local Child Protection policies.
- 1.5 In relation to children and young people that are "looked after" by the Local Authority, all practitioners working in Medway should target their work in accordance with the Children Act guidance (1989), recognising the vulnerabilities of children in care.
- 1.6 Young people have the right to appropriate education about sex and relationships. Every Child Matters (2003) outlines the expectation that Children's Services involve young people in service development. Young people should be given the opportunity to express their ideas and views for the delivery of Relationships and Sex Education.

2. Background

2.1 Teenage pregnancy is associated with a range of negative outcomes in respect of health, emotional wellbeing and social exclusion. In 1999, the Government launched The Teenage Pregnancy Strategy. This set two goals:

- 1) To halve the rate of conceptions among under 18's in England by 2010 from the 1998 baseline, and to set a firmly established downward trend in conceptions among under 16's.
- 2) To reduce the risk of long term social exclusion for teenage parents and their children by increasing the proportion of parents in education, training and employment to 60%.

The Medway Teenage Pregnancy Strategy shares these goals. A key element of The Medway Teenage Pregnancy Strategy is to ensure effective RSE is delivered to all young people living in Medway to equip them with the skills they require to make safe and informed choices about their personal and sexual health.

2.2 The Local Area Agreement (LAA) sets out the priorities for Medway that have been agreed in collaboration with central government. The under 18-conception rate (National Indicator 112) is part of Medway's Local Area Agreement. The under 18-conception rate is one of the top ten priorities for NHS Medway and also a "vital signs" performance indicator.

2.3 The Medway Sexual Health Strategy (2006) seeks to provide a co-ordinated approach to sexual health promotion, tackling poor sexual health and reducing health inequalities in Medway. In order to promote positive sexual health and well being, people in Medway, regardless of their age, should have access to consistent, accurate and relevant information and advice.

2.4 The Medway Children and Young Peoples Plan (2006) sets out targets for the improvements to make life better for children living in Medway. Improving Personal, Social and Health Education (PSHE), including RSE is a key aspect of this plan.

3. Glossary

3.1 For ease of reference the following conventions are used throughout this document

3.1.1 “*Carers*” is used to describe those with day-to-day parental responsibility for the child or young person, including parents, guardians and foster carers.

3.1.2 “*Practitioners*” refers to those who work with children and young people in a range of settings both in and out of educational establishments, home environments and community settings including voluntary organisations.

4. Age of Consent

4.1 The Sexual Offences Act (2003) clearly states that in England and Wales the legal age for young people to consent to having sexual intercourse is 16 years of age.

4.2 The Procedures and Practice Guidance for Working with Young People who are Sexually Active (MSCB, 2008) have been endorsed for use in Medway. This guidance is designed to provide a management framework, for all practitioners who come in contact with children and young people, under the age of 18 who are in an ostensibly sexual relationship.

4.3 Arising from a disclosure of sexual activity or an intention to become sexually active by a young person under the age of 18 years, there is a need for practitioners working in Medway to try to ascertain whether the young person in question is being abused or at risk of abuse (MSCB, 2008). Appropriate action should be taken in accordance with Medway Child Protection and Safeguarding Procedures and utilising the risk assessment tool.

4.4 Young people under the age of 13 cannot lawfully consent to sexual activity and there is a presumption that all cases will be discussed with a nominated child protection lead and referred to Children’s Social Care.

4.5 For children aged 13 to 15 the younger their age, the greater the risk, that their behaviour is considered to be harmful.

4.6 Practitioners may lawfully provide advice and guidance to young people including those under the age of 13, in accordance with the Fraser Guidelines. Appropriate action should be taken in accordance with Medway Child Protection and Safeguarding Procedures and utilising the risk assessment tool.

- 4.7 It should not be assumed that those young people over the age of 18 are in a consensual sexual relationship. If a practitioner is concerned that the person in question is being abused or at risk of harm appropriate action should be taken in accordance with Adult Protection Guidelines.
- 4.8 Practitioners may request a consultation on an anonymous basis with a Child Protection Lead if they are uncertain of the appropriate action to take. For example, a practitioner, via their nominated child protection lead, may seek clarification as to whether a relationship falls within the legal definition of a breach of trust, Section 27 Sexual Offences Act.
- 4.9 Practitioners and carers should communicate in an open and honest manner with all young people relating to sex and relationships. Young people need to be aware and able to identify abusive relationships and how to access help and support.

5. Confidentiality

- 5.1 The guiding principle of confidentiality is that personal information about an individual should not be disclosed without the young person's consent, unless a disclosure of harm is made relating to the individual or another person. Issues around confidentiality are fundamental to providing positive RSE. Young people have a right to expect that practitioners should adhere to confidentiality guidelines at all times.
- 5.2 All practitioners will have confidentiality guidelines relating to their area of work, which they should follow at all times when working with children and young people. Practitioners should refer to Procedures and Practice Guidance for Working with Young People who are Sexually Active (2008) for detailed guidance relating to confidentiality and handling disclosures.

6. Fraser Guidelines

- 6.1 The Family Law Reform Act (1969) gives the right to consent to treatment to anyone aged 16 to 18. Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them to fully understand what is proposed.
- 6.2 It is lawful for practitioners to provide contraceptive advice and treatment without parental consent to young people under the age of 16 providing certain criteria are met. These criteria, known as the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords' case and require the practitioner to be satisfied that:

The young person understands the practitioner's advice

The young person cannot be persuaded to inform their carer

The young person is likely to begin or continue having sexual intercourse with or without contraceptive advice or treatment

Unless the young person receives contraceptive advice and/or 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.

7. Practitioner Boundaries and Safe Practice

7.1 Maintaining appropriate boundaries between a practitioner and a young person is particularly important when concerning the provision of RSE.

7.2 Practitioners should not share personal life experiences with young people, which can be open to misrepresentation and misunderstanding by a young person.

7.3 Under no circumstances would it be acceptable for a practitioner to engage in a friendship on a personal basis with a young person or carer whom they are working with outside of work hours. This can include the use of personal mobiles and Social Networking Websites.

7.4 If a practitioner is concerned or in doubt about practitioner boundaries and maintaining safe practitioner practice they should discuss this with their line manager immediately.

8. Safeguarding Sexually Active Young People

8.1 Definition of Sexual Activity

For the purposes of these procedures sexual activity is defined according to Section 9 of The Sexual Offences Act (2003). It should be noted that this definition also applies to child sex offences committed by children and young persons.

*A person aged 18 or over (A) commits an offence if-
He intentionally touches another person (B)
The touching is sexual, and either-
B is under 16 and A does not reasonably believe that B is 16 or over, or
B is under 13*

*A person is guilty of an offence under this section, if the touching involved
Penetration of B's anus or vagina with a part of A's body or anything else,*

The penetration of B's mouth with A's penis
Penetration of A's anus or vagina with a part of B's body, or
Penetration of A's mouth with B's penis

- 8.2 The above definition does not provide a definition of non-penetrative intimate sexual touching and the extent to which sexual activity or touching is considered to be intimate will require a judgement by the practitioner(s) concerned.
- 8.3 Practitioners are advised that understanding and implementing the Sexual Offences Act 2003 requires expert knowledge and it is the responsibility of the police and the Crown Prosecution Service to make decisions about whether a criminal offence has been committed and whether a criminal prosecution should ensue.

9. Working with Carers

- 9.1 The Children's Act (1989) places emphasis on working with carers on all matters concerning children and young peoples upbringing. Consistency and understanding between practitioners and carers is essential when delivering RSE.
- 9.2 Carers should be informed of the content of the RSE programme available to their child and given the opportunity to make recommendations. The content detail should be outlined within the RSE Policy endorsed by the relevant establishment and / or environment. Practitioners should always acknowledge and respect carer's religious and cultural beliefs.
- 9.3 Carers have the right to withdraw their children and young people from all or part of the RSE provided at school except those parts contained in The National Curriculum.
- 9.4 Carers can often find communicating with their children about sex and relationships a difficult task. As part of The Medway Teenage Pregnancy Strategy all carers should be given the opportunity to access Speakeasy training. Speakeasy aims to equip carers with the knowledge and skills they require to communicate effectively with their children about sex and relationships in the context of everyday lifestyle. For information please go to www.mixitonline.co.uk
- 9.5 It is essential to ensure that children and young people are always informed and consent gained before a disclosure about their sexual health and/or activity is made to another agency or their carers. All cases should be reviewed on an individual basis and consideration be made as to whether a disclosure to a carer could result in a child being made placed at risk of further harm.

10. Building Self Esteem and Raising Aspirations

- 10.1 Teenage pregnancy and the early onset of sexual activity is strongly linked to low educational attainment, self-esteem and aspirations (DoH, 2006). It is important that RSE programmes are multi-faceted and include work to raise young peoples self-esteem and aspirations.

11. Use of Materials

- 11.1 The teaching of RSE may require practitioners to use educational materials / resources. Materials used should be in accordance with the PSHE framework and the law. Inappropriate images should not be used nor should explicit material not directly related to explanation.
- 11.2 Practitioners should ensure that children and young people are protected from materials, which are inappropriate.

12. Puberty

- 12.1 Children and young people need to be prepared for puberty; Puberty is often a difficult time for young people who can feel anxious and confused by both physical and emotional changes they are experiencing.
- 12.2 RSE should start at an early age, in an age appropriate manner. This will ensure children and young people are aware of the physical and emotional changes, which can be experienced during puberty. Practitioners and carers should provide reassurance that such changes are a normal part of their transition to adulthood.

13. Sexual Awareness

- 13.1 Male and female masturbation is a part of normal sexual behaviour, particularly for young people who are exploring their emerging sexuality. Guilt and embarrassment can be engendered from some societal groups; there is a wealth of medical evidence stating that there is no harmful effect from masturbation.
- 13.2 Practitioners working with young people should provide accurate information and young people should not be made to feel guilty or embarrassed about masturbation. It is important, however, for young people to recognise the social conventions associated with sexual behaviour and masturbation, in that it is a private activity.

14. Contraception

- 14.1 Knowledge of the different types of contraception, and where to access local contraceptive services is an important aspect of an RSE programme. Practitioners should have adequate knowledge to give young people accurate information on contraception, including emergency contraception.
- 14.2 In the first instance, practitioners should advise sexually active young people under the age of 16 about the law relating to sexual activity and the benefits of delaying their first sexual experience and negotiating sexual activity.
- 14.3 Practitioners should always encourage young people to discuss their decision around sexual activity and contraceptive choices with their carers. This is in accordance with the Fraser Guidelines outlined in Section 11.
- 14.4 Practitioners should provide information relating to contraceptive methods along with information relating to local services, which offer free, confidential contraceptive, and sexual health services.
- 14.5 It is recognised that some young people may find it difficult to access contraceptive and sexual health services. A practitioner may accompany a young person to access contraception and/or sexual health advice and treatment providing:

The practitioner has the authorisation of their line manager and / or their head of service

The practitioners is working within the operational instructions for their service

The practitioner has explored all other alternatives and has completed a full risk assessment

The practitioners is acting in accordance with the Fraser guidelines and The Procedures and Practice Guidance for Working with Young People who are Sexually Active (MSCB, 2008)

If practitioners are using their own vehicles they need to ensure adequate car insurance regarding the transport of young people is in place for the practitioner and the car is road legal.

15. Signposting to Specialist Services

- 15.1 Some young people may require the support from specialist services. In all such cases practitioners should direct young people to mainstream contraceptive and sexual health services where they can be assessed and appropriately referred to specialist services including psychosexual counselling, termination services and other appropriate services.

16. The Medway C-Card Condom Distribution Scheme

- 16.1 The Medway C-Card Scheme is a co-ordinated condom distribution network. It provides swift, easy and confidential access to free condoms for young people aged 13 to 18, which is supported by sexual health advice, and signposting to comprehensive contraceptive and sexual health services.
- 16.2 Condoms when used correctly provide protection against unintended pregnancy and sexually transmitted infections. Practitioners working with young people where it is clear that a young person intends to engage in sexual activity, or is in an ostensibly sexual relationship should provide information about correct condom use and where to access them. Provision of this advice should be seen as an act of protection and not facilitation of sexual activity. Updated lists of venues participating in The Medway C-Card Scheme are available at www.ruthinking.co.uk or www.mixitonline.co.uk
- 16.3 There is an overriding commitment from Medway, as part of The Medway Teenage Pregnancy Strategy, that all practitioners working with young people will offer The Medway C-Card Scheme. Practitioner's wishing to undertake The C-Card training should seek the support from their manager and contact The Teenage Pregnancy Team.
- 16.4 An appropriate risk assessment should be completed if the young person is under 18 years and appropriate action taken if there are any concerns. Guidance on risk assessment can be taken from 'Procedures and Practice Guidance for Working with young people who are sexually active' (MSCB, 2008).

17.0 Emergency Hormonal Contraception

- 17.1 Emergency hormonal contraception can be taken up to 72 hours after unprotected sexual intercourse. Young women may obtain free emergency hormonal contraception following a consultation with a health practitioner from contraceptive and sexual health services, GP's or pharmacists.

17.2 If practitioners or a carer become aware that a young person has engaged in unprotected sexual intercourse, they should provide support in order to access emergency contraception as soon as possible. Updated lists of venues offering free emergency contraception are available at www.ruthinking.co.uk or www.mixitonline.co.uk

17.3 Emergency hormonal contraception is not recommended as a regular method of contraception. Young people should be signposted to seek further information and advice from contraceptive and sexual health services or their GP relating to their future contraceptive method.

18. Preventing Sexually Transmitted Infections / Safer Sex

18.1 Sexually Transmitted Infections (STI's) are a major cause of ill health that can cause both long-term physical and psychological health consequences. The rates of STI's are highest among young people. Teaching about safer sex practices is an important element of The National Sexual Health Strategy (2001).

18.2 In order to prevent an STI, young people need to be given information and advice on safer sex practices, STI's including HIV and AIDS and local sexual health services. In addition, young people should be made aware of alternatives to penetrative sexual intercourse, encouraged to negotiate sexual activity and supported to take responsibility for their sexual health.

18.3 Updated lists of contraceptive and sexual health services are available at www.ruthinking.co.uk or www.mixitonline.co.uk

19. Chlamydia Screening Programme

19.1 Chlamydia is the most common sexually transmitted infection in young people between ages of 15 - 25 years affecting 1 in 10 young people in the United Kingdom who have been tested (NCSP, 2008). Chlamydia usually has no symptoms but can cause long-term problems such as infertility.

19.2 The National Chlamydia Screening Programme (2008) aims to opportunistically screen all sexually active young people under 25. Practitioners should encourage young people, whom they are working with to undertake regular Chlamydia Screening.

19.3 Local information on The Chlamydia Screening Programme is available at www.whatsinyourpants.co.uk or www.mixitonline.co.uk

20. Pornography

- 20.1 People under the age of 18 cannot legally purchase materials that are sexually explicit and Medway Teenage Pregnancy Partnership does not support its use or availability. Similarly, DVD's, television, computer and games software that are classified by censorship age (e.g. PG, 15, etc.) or "for adults only" may not be bought or viewed by anyone under the classified age.
- 20.2 There is a range of definitions and opinions of pornography. Images of naked bodies are not necessarily pornographic. Pornographic materials containing sexually explicit images can give a stereotyped, distorted view of men, women, boys and girls and can be offensive and damaging to young people and potentially give young people unrealistic expectations of sexual activity.
- 20.3 Practitioners or carers with any concerns, including those relating to the demonstration of inappropriate sexual behaviour should discuss this with a nominated Child Protection Lead and act in accordance with 'Procedures and Practice Guidance for Working with young people who are sexually active' (MSCB, 2008).

21. Internet

- 21.1 In the 21st Century, the Internet has changed the way in which we live. Young people are increasingly using the Internet for information, advice and as a method of communication. There are however, several risks associated with Internet use by children and young people including, grooming, exposure to explicit adult material such as pornography, or online bullying.
- 21.2 The Child Exploitation and Online Protection (CEOP) Centre is part of UK police and is dedicated to protecting children from sexual abuse. Educational programmes are available online for both Practitioners and carers and can be accessed by visiting www.ceop.gov.uk

22. Pregnancy Testing

- 22.1 It is imperative that a young woman who suspects that she is or is at risk of being pregnant is encouraged to access mainstream contraceptive services as soon as possible.
- 22.2 Practitioners should always encourage young people to discuss their situation with their carers. This is in accordance with the Fraser Guidelines outlined in Section 11.

- 22.3 Practitioners are able to support young people to access non-judgemental health services through offering support and assistance, which may require transportation providing that:

The practitioner has the authorisation of their line manager and / or their head of service.

The practitioner is working within the operational instructions for their service.

The practitioner has explored all other alternatives and has completed a full risk assessment.

The practitioner is acting in accordance with the Fraser guidelines and The Procedures and Practice Guidance for Working with Young People who are Sexually Active (MSCB, 2008).

If practitioners are using their own vehicles they need to ensure adequate car insurance regarding the transport of young people is in place for the practitioner and the car is road legal.

- 22.4 When a young woman refuses or is unable to access a specialist service practitioners are able to assist and encourage her to carry out a self-administered home pregnancy test provided:

The practitioner has undertaken appropriate training.

The practitioner has the authorisation of their line manager and / or their head of service.

The practitioner is working within the operational instructions for their service.

The practitioner has explored all other alternatives and has completed a full risk assessment.

The practitioner is acting in accordance with the Fraser guidelines and The Procedures and Practice Guidance for Working with Young People who are Sexually Active (MSCB, 2008).

23. Pregnancy Options

- 23.1 Once pregnancy is confirmed, a young woman and her partner should be supported to access unbiased, non-judgemental support and guidance. All pregnancy options should be explored with the young person. Specialist support can be offered from mainstream contraceptive and sexual health

services. Information on local contraceptive and sexual health services is available at www.whatsinyourpants.co.uk or www.mixitonline.co.uk

- 23.2 Practitioners should always encourage young people to discuss their situation with their carers. This is in accordance with the Fraser Guidelines outlined in Section 11.

24. Termination of Pregnancy

- 24.1 If a young woman decides that she does not wish to proceed with their pregnancy they should be supported by practitioners in a non-judgemental manner.
- 24.2 Practitioners should always encourage young people to discuss their situation with their carers. This is in accordance with the Fraser Guidelines outlined in Section 11.
- 24.3 Practitioners are able to support young people to access termination services through offering support and assistance, which may require transportation providing that:

The practitioner has the authorisation of their line manager and / or their head of service.

The practitioner is working within the operational instructions for their service.

The practitioner has explored all other alternatives and has completed a full risk assessment.

The practitioner is acting in accordance with the Fraser guidelines and The Procedures and Practice Guidance for Working with Young People who are Sexually Active (MSCB, 2008).

If practitioners are using their own vehicles they need to ensure adequate car insurance regarding the transport of young people is in place for the practitioner and the car is road legal.

25. Continuing a pregnancy

- 25.1 If a young woman decides that she wishes to proceed with her pregnancy practitioners should support them in a non-judgemental manner. All young parents should be referred to The Supporting Young Parents Integrated Team, which offers specialist services for young parents in Medway including midwifery and health visiting services (Appendix 2).

25.2 Practitioners should always encourage young people to discuss their situation with their carers. This is in accordance with the Fraser Guidelines outlined in Section 11.

26. Working with different groups of young people

26.1 Although all young people should be given equitable access to the provision of RSE, some groups of young people require a considered approach when delivering RSE.

27. Working with children / young people with a learning / physical disability

27.1 RSE should be inclusive and meet the needs of all young people including those with a learning / physical disability. Relationships and Sex Education should be relevant and provide information and support for young people to ensure they can make safe informed decisions regarding their personal and sexual health. It is important to ensure that information is presented in a format that all young people are able to understand i.e. the use of pictures, Braille, sign language etc.

27.2 Carers of children with learning / physical disability may lack confidence in discussing topics around RSE with their children and young people. All carers should be offered the opportunity to complete Speakeasy training – see section 17.

27.3 Some practitioners may feel they lack confidence in being able to deal with these matters. In this instance, practitioners should seek support from specialist services or The Teenage Pregnancy Team.

28. Working with boys and young men

28.1 Boys and young men are less likely to access information and advice in relation to their health and wellbeing and can be reluctant to ask for help and advice (Lloyd and Forest, 2001). Boys and young men often report that RSE can exclude information on contraception and pregnancy.

28.2 Practitioners should ensure that RSE meets the needs of boys and young men and addressing their uncertainties about where to obtain contraceptive and sexual health information and advice.

29. Working with Black Minority Ethnic (BME) Groups

29.1 Young people from Black and Minority Ethnic (BME) communities may experience barriers, due to cultural issues, with regards to RSE but also accessing contraceptive and sexual health services. Furthermore,

evidence suggests that children from BME communities are less likely to talk to their parents about RSE (DfEE, 2000)

- 29.2 The National Strategy for Sexual Health and HIV (2001) highlights that BME groups are more likely to suffer from poor sexual health. Practitioners should therefore work to ensure that all young people have access to high quality RSE and are supported to access contraceptive and sexual health services.
- 29.3 Practitioners have a responsibility to ensure that young people have equitable access to RSE. Language barriers may be overcome by using an interpreting service, which is available both at NHS Medway and Medway Council.

30. Working with Refugees and Asylum Seekers

- 30.1 Refugees and asylum seekers are reportedly at risk of having experienced sexual violence, trafficking and exploitation, en route to the UK or indeed once they are in the UK (GLA, 2004). If such a disclosure is made, practitioners should act in accordance with the Fraser guidelines and The Procedures and Practice Guidance for Working with Young People who are Sexually Active (MSCB, 2008).
- 30.2 Practitioners should be aware that language barriers may be overcome by using an interpreting service, which is available both at NHS Medway and Medway Council.

31. Working with lesbian, gay, bisexual and transgender young people

- 31.1 Practitioners working with lesbian, gay, bisexual and transgender (LGBT) young people should maintain an awareness that this group are at increased risk of suicide, alcohol and substance misuse, emotional difficulties, self harm and unwanted pregnancies (IGLA, 2006)
- 31.2 LGBT young people are at risk of homophobic bullying within a range of environments and may experience hostility, rejection and sometimes violence (IGLA, 2006). It is of paramount importance that LGBT young people are supported to develop a positive sense of their own sexuality.
- 31.3 Practitioners may be uncertain as to how to respond to the specific needs of this group of young people and should seek advice from a sexual health practitioner and/or a Child Protection Lead.

32. Working with Young parents

- 32.1 Nationally 20% of under 18 conceptions are second and subsequent pregnancies. There is a wealth of evidence which shows teenage pregnancy is associated with negative outcomes in respect of physical and emotional health and wellbeing and economic stability (Department of Health, 2008).
- 32.2 Local specialist programmes are in place to aim to raise the aspirations of young parents, re-engage young parents in education, employment or training in order to reduce their risk of long term social exclusion and prevent unintended subsequent pregnancies.

33. Delivery Settings

- 33.1 All practitioner groups have a role to play in the delivery of RSE. The content of a RSE programme is significantly affected by the contextual setting.

34. School

- 34.1 Sex and relationship education should be supported by a school's wider curriculum for personal, social and health education and citizenship programmes. This should be undertaken in primary and secondary schools.
- 34.2 All schools will have their own individual RSE policy. Practitioners working within schools need to ensure that they adhere to the RSE and confidentiality policy of the school and / or the head teacher's instructions and in particular in relation to child protection procedures.

35. Non School Settings

- 35.1 The provision of Relationships and Sex Education in non-school setting should complement school-based learning. This allows issues to be raised in a flexible informal setting.
- 35.2 Consideration should be made that young people attending non-school settings may have missed mainstream Relationships and Sex Education for various reasons.
- 35.3 A range of practitioners can provide RSE in non-school settings from the wider community including health practitioners, community and voluntary sector and peer educators. It is important that all practitioners are

encouraged to participate in training to enable deliver RSE in a confident and competent manner.

36. Contraceptive Services on Educational Sites

- 36.1 There is a wealth of national evidence to support the development of community sexual health outreach nursing services and on site sexual health services in education settings. The Department of Health's public health policy; Choosing Health (2004) explains the benefits of enhanced access to services in schools and highlights the Healthy Schools and Extended Schools Programme as key drivers for service development.
- 36.2 The Teenage Pregnancy Unit has clearly recommended easier access to contraceptive and sexual health services. As a key factor in reducing teenage conceptions as part of The Medway Teenage Pregnancy Strategy, Medway is committed to the development of Contraceptive Services on educational sites.

37. Health Professionals

- 37.1 Health Professionals working with children and young people have a key role in supporting RSE programmes. When working in schools, health professionals are expected work within the school's RSE policy and / or the head teachers' instructions. When health professionals are however, working in consultation with young people, as part of their own professional role, they should act in accordance with their own professional code of conduct.

38. Pharmacists

- 38.1 Pharmacists are experts in medicines and work out of Pharmacies, which are sometimes referred to as chemists. Pharmacists play a vital role in providing quality healthcare to patients within the local community.
- 38.2 Some pharmacies offer the Emergency Hormonal Contraception Scheme and are signed up to The Medway C-Card Condom Distribution Scheme as part of local enhanced services.
- 38.3 All pharmacists and practitioners working within local pharmacists should be able to offer sexual health information and advice and be aware of local contraceptive and sexual health services.
- 38.4 If a pharmacist or practitioner working within the pharmacy is unable to offer the young person the service they require, they should signpost the young person to further local services.

39. Children Centres

- 39.1 Children Centres are community venues that host a range of services for families and children from the antenatal period to the first five years of life. Children Centres are ideally placed in community settings that are recognised as safe, accessible and welcoming for parents, including young parents.
- 39.2 In recognising the role that carers have in talking to their young people about sex and relationships, Children Centres are encouraged to promote the uptake of Speakeasy training which aims to provide carers living in Medway with the confidence and skills they require to talk to young people about sex and relationships.
- 39.3 Medway Children Centres provide many tailored services specifically for young parents, branded under the Step4ward umbrella. Young parents are at risk of second unplanned pregnancies, which increases their risk of negative outcomes in respect of their physical and emotional wellbeing and economic stability.
- 39.4 It is the overriding commitment, as part of The Medway Teenage Pregnancy Strategy that all Step4ward young parent groups provide RSE, and are able to signpost young parents to comprehensive contraceptive and sexual health services. In addition, all Children Centres delivering The Step4ward Programme will participate in Medway's C-Card Condom distribution scheme, as part of a discrete service, which is conducted in an appropriate manner with consideration to the individual setting.

40. Support, Supervision and Training

- 40.1 Practitioners working with children and young people should ensure that they undertake on going training, including Child protection, basic awareness of contraception and sexual health and other relevant training, as part of continuing their practitioner development.
- 40.2 The Medway Teenage Pregnancy Partnership offers training on basic awareness of contraception and sexual health including The Medway C-Card Condom Distribution Scheme and delivering RSE. Practitioner's wishing to undertake the training offered by The Medway Teenage Pregnancy Partnership should seek the support from their manager and contact The Teenage Pregnancy Team.

41 References

Medway Safeguarding Children's Board (2008) Procedures and Practice Guidance for Working with Young People who are Sexually Active.

Children Act Guidance (1989)

DfEE (2000) Sex and Relationship Education Guidance. Department for Education and Employment.

Department of Health (2004) Choosing Health.

Department of Health (2007) Multi-agency working to support pregnancy teenagers.

Department of Health (2008) Teenage Parents: Who Cares? A guide to commissioning and delivering maternity services for young people.

Every Child Matters (2003)

GLA (2001) Greater London Authority Support Unit

Healthy Lives, Brighter Futures. The Strategy for Children and Young People's Health (2009)

Medway Sexual Health Strategy (2006)

Lloyd, T. & Forest, S. Boys and Young Men Literature and Practice Review, Health Development Agency, 2001

Sex Education Forum (2008) Are you getting it right? A toolkit for consulting young people on sex and relationships education. National Children's Bureau: London.

The Medway Children and Young People's Plan (2006)

The Medway Teenage Pregnancy Strategy (1999)

The Sexual Offences Act (2003)

The Human Rights Act (1998)

The Law and Family Reform Act (1969)

The Children (Leaving Care) Act (2001)

The United National Conventions on the Rights of the Child

The Street Offences Act (1959)

The Prohibition of Female Circumcision Act (1985)

The Data Protection Act (1998)

The National Teenage Pregnancy Strategy (1999) Social Exclusion Unit: London

The National Strategy for Sexual Health and HIV (2001)