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1 Introduction and Background

1.1 The context

We are aware from research and our own practice experience that many looked after children and care leavers have experienced several of the ‘risk factors’ for teenage pregnancy as identified in the Teenage Pregnancy Report (Social Exclusion Unit, 1999). These risk factors include: living in poverty, low educational achievement, truancy or school exclusion, being sexually abused, experiencing mental health problems, being in trouble with the police and belonging to a black or minority ethnic group.

Based on data so far England has seen a reduction in the baseline rate from 46.66 in 1998 to 39.2 in 2009 - a reduction of 18%. The East Riding had seen a reduction in the baseline from 34.7 in 1998 to 29 in 2003 – a reduction of 16% but has since seen a slow increase in the rate rising to 34.7 in 2009, (Rates are per 1,000 female population aged 15-17). 50% of conceptions end in a termination, which suggests that, a considerable number of teenage pregnancies are un-planned and unwanted.

Locally, efforts have been made to address sexual health risk factors through the East Riding Teenage Pregnancy and Young People’s Sexual Health Partnership Board developing a strategy based on nationally recognised good practice and recommendations.

The aims of the strategy are:

- To reduce under18’s conception rate by 45%:
- To reduce the number of sexually transmitted infections in the under 18’s:
- To ensure Sex and Relationship Education is improved.

To achieve these aims:

- Extensive sexual health training is available for all staff in the East Riding:
- Access to sexual health provision has been improved and promotion of service provision increased:
- Advice, guidance and sexual health provision for the most vulnerable young people including young people in care, has become more focused.

1.2 What do we mean by sexual health?

Sexual health is defined by the World Health Organisation as:
‘The integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are enriching and that enhance personality, communication and love’

1.3 Why talking about sex and relationships is important

Talking about sex and relationships enables young people to build self-esteem, to explore their values and attitudes, and to make informed decisions about their behaviour, personal relationships and sexual health. It gives them the opportunity to develop social skills, including assertiveness and negotiation, which can also be used in other areas of their lives.

1.4 The aims of this guidance

It is known from a variety of studies that young people frequently want to talk about sex and relationship to someone that they can trust. Foster carers, residential workers and social workers have a responsibility, regardless of their personal views, to promote and safeguard the health and welfare of looked after young people.

In order to be able to feel confident in doing this, staff should have a clear framework that describes service expectations and the support available to achieve them.

1.5 This framework cannot be prescriptive as there are many “grey areas” where knowledge and opinion conflict and each child’s situation has to be considered individually. This policy provides an outline of East Riding of Yorkshire Council’s Services stance on personal relationships and sexual issues relating to Looked After Children. It is designed to support staff and carers already addressing issues around sex and relationships and to achieve confidence for all staff in working together to promote the sexual health and well being of children and young people in their care.

2 The Needs of Looked After Children

Generally most parents and professionals believe that we should prepare children adequately for an adult life in which they can enjoy and take responsibility for their sexuality.

2.1 Looked After Children and Young People may have experienced many traumatic events including neglect, sexual, physical and emotional abuse often perpetrated by their parents
and carers. This may distort their understanding of sex, sexuality and personal relationships, resulting in low self-esteem and inappropriate sexual behaviour. Their damaging experiences may mean that they lack the necessary skills and confidence to negotiate and sustain positive personal relationships. They are also less likely than other young people to get guidance and support about sex and relationships from their parents and carers, and it may be difficult for them to find a safe environment where they can talk about these issues with other significant adults.

2.2 Because Looked After Children and Young People may have had different placements and changes in schools, or may have been excluded from school completely, they are more likely to have missed school based sex and relationships education sessions. They may also have not had an opportunity to build long term relationships with their peers and even if they do develop friendship networks, they cannot rely solely on these for accurate and objective information and support about sexual health and relationships.

2.3 For these reasons Looked After Children and Young People, including those leaving care, are more vulnerable to experiencing early pregnancy, sexually transmitted infections and sexual exploitation.

This demonstrates the importance of ensuring that Looked After Children and Young People are accessing appropriate sex and relationships education whether it is within formal or informal education settings.

3 Values Statement

3.1 Promoting the Health of Looked After Children (2002) stipulates that social work professionals and foster carers have a key role and a professional duty in ensuring that Looked After young people, including under 16 years olds, and care leavers, are encouraged to seek contraceptive and sexual health advice if it appears that they are, or are likely to be, sexually active.

3.2 East Riding of Yorkshire Council believes that sex and relationships education must:

- Be based on the belief that the welfare of the child is paramount
- Be an integral part of the learning process, beginning in childhood and continuing into adult life
• Be for all children, young people and young adults, including those with physical, learning or emotional difficulties

• Encourage exploration of values and moral issues, consideration of sexuality and personal relationships, and the development of communication and decision making skills

• Foster self-esteem, self-awareness, a sense of personal responsibility, and the skills to avoid and resist unwanted sexual experience

• Be child and young person centred. All young people have the right to be able to discuss sex and relationships in a safe and supportive environment.

• Give due consideration to the child or young person’s religious persuasion, racial origin, cultural background and the wishes of the young person and their parents.

• Provide support, information and education informally and formally

• Respect the right of young people to confidentiality and to privacy except in specific circumstances. Refer to section 7. Confidentiality and Disclosure

4 Working with Parents

4.1 The Children Act (1989) emphasises the importance of working in partnership with parents on all matters concerning their child’s upbringing. Consistency and understanding between the different care givers will always benefit young people, particularly in the area of sex and personal relationships.

4.1 Parents and carers will need to be informed about how sex and personal relationships will be addressed with Looked After Children and Young People and be given an opportunity to discuss any concerns about such information. Parents and carers may welcome the opportunity to discuss this with other adults and contribute to the child or young person’s sexual health and personal relationships education. Some parents may have religious and cultural beliefs that affect their views about sex and personal relationships. These need to be acknowledged and respected whilst maintaining a commitment to non discriminatory values and practice.

4.2 It is important to ensure that information about a child’s sex and relationships education is available to their parents in an
appropriate format e.g. first language, large print or through the use of an interpreter.

4.3 The Children Act (1989) states that parents have responsibilities and that the welfare of a child is paramount. Parents therefore need to be appropriately informed and consulted about sexual matters concerning their child. If a parent is reluctant to allow their child to access information about sex or personal relationships, then management, staff and carers, in consultation with the young person, must decide what is ultimately in their best interests.

It is essential that parents understand that if their child is considered to be capable of seeking independent advice on personal, sexual or health matters then he or she is entitled to do so without the parents’ knowledge or agreement.

4.4 Staff and carers should work in partnership with parents whenever possible and appropriate, as is made clear in the Children Act. However, staff and carers do not have a duty to inform parents of evidence or suspicion of sexual activity.

5 Confidentiality and Disclosure

5.1 The best interests of the young person are paramount and confidentiality boundaries must be agreed which ensure that young people feel safe and are confident about asking for support. Personal information regarding sex, sexuality and relationships remains confidential and should only be shared with others on a ‘need-to-know’ basis with the consent of the young person. This is fundamental in promoting positive sexual health and relationships education to young people. The term ‘need-to-know’ refers to personal information that is considered essential for staff to share in order to safeguard the well being of the child/young person.

5.2 Young people should be informed if and how any information they choose to divulge will be recorded, who will have access to it and whether it will need to be passed on to other people.

5.3 The young person’s right to confidentiality should be respected unless a worker believes them to be at risk of significant harm or of them or their behaviour harming someone else, in which case child protection policy and procedures should be followed. In these exceptional circumstances, the young person should be informed of why and how their confidentiality will be broken and the young person should be supported through the process.
5.4 Each agency is likely to have its own policy with regard to confidentiality and the sharing of information. For this reason staff and carers, as well as young people, need to be clear about the boundaries of confidentiality in respect to whichever organisation they are working with. This needs to be expressed in appropriate language and there should be further explanations as to exactly how information is recorded, shared, stored and used and for what period of time in accordance with the Data Protection Act.

For further information refer to procedures on Confidentiality, Case Recording and Subject Access to Records

6 Religion and Culture

6.1 Staff should be guided by the child or young person to ensure that due consideration is given to their beliefs and/or any religious faith. They should be helped to develop, according to their capabilities, a sense of personal and collective responsibility towards themselves and others.

6.2 Religious and cultural differences may affect how sexual and personal relationships information is given. This does not mean that children and young people should be denied the benefits of such information.

6.3 Staff and carers need to be sensitive to and informed by different cultural and religious norms in relation to sex and sexuality. Staff and carers will need to be aware of the influence of prejudice, stereotyping and generalisations in relation to different cultures and sexual practices. This area should be explored in staff and foster carer training and development.

7 Body Changes and Growing Up

7.1 The onset of puberty, for both boys and girls can be a difficult and potentially embarrassing experience for young people. It is important to recognise that Looked After Children and Young People may have had fragmented and inconsistent placements and parenting. This affects the level of support and information they would have received. Puberty can also heighten their feelings of ‘being different’. It is important that staff and carers help Looked After Children and Young People through these changes and reassure both boys and girls that all young people experience such changes and that they are a normal part of growing up.
7.2 Puberty can start earlier or later than the typically perceived age range of 10 to 11. It is important that young people are prepared for the changes that will occur rather than simply being given information as and when carers or the young person notice changes. Information about changes associated with puberty for both boys and girls which is appropriate to the young person’s level of understanding should be provided before these changes actually begin to happen.

7.3 Some of the changes that puberty brings may have cultural or social implications for the young person. It is important that they are assisted to manage this. This will include encouragement to take responsibility for their personal hygiene. Consideration should be made to how girls and young women can access sanitary provision in residential settings in order to reduce embarrassment and maintain privacy. This could be done by ensuring sanitary products are available in the bathroom, in the young woman’s bedroom or by enabling the young woman to purchase their own. It is important that any provision reflects a young woman’s individual needs.

7.4 It is good practice for staff/carers to have access to a range of appropriate leaflets around puberty and growing up. These leaflets should be used with a young person in planning meetings in a way that is appropriate to the young person’s level of understanding and situation. For examples of relevant information and resources, staff can contact the LAC Health team.

8 The Legal Position

8.1 Age of Consent

- The age of consent for both heterosexual and same sex relationships is 16 years of age.

- This law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

- The Sexual Offences Act 2003 has defined consent as an active process rather than passive or assumed consent. The Sexual Offences Act 2003 states that “a person consents if she/he agrees by choice and has the freedom and capacity to make that choice”.

8.2 Sexual Offences Act (2003)
These laws are gender neutral:

- The Sexual Offences Act (2003) states that a child under the age of 13 is deemed incapable of giving legally significant consent to any form of sexual activity, this applies to both young boys and young girls. The effect of this will be that anyone found guilty of sexual activity with a child aged 12 and under will be guilty of a non-consensual sex offence.

- The purpose behind the Sexual Offences Act (2003) is to enable the prosecution of abusive and exploitative sexual activity. To achieve this, the Act includes a number of offences that criminalise sexual activity between under 18s and under 16s.

- **Sexual Activity with a child:** This law covers all forms of sexual intercourse with a child under 16 and includes sexual touching of any part of the child’s body, clothed or unclothed, with any part of the offender’s body or with an object. The length of sentence is dependent on whether the offender is over or under 18.

- Other offences to protect under 16s include: causing or inciting a child to engage in sexual activity, engaging in sexual activity in the presence of a child, causing a child to watch a sexual act, meeting a child following sexual grooming and arranging or facilitating a child sex offence.

- Even though the age of consent is 16, there are a number of offences to protect under 18s, as well as younger children from abuse and these include: indecent photographs, abuse of a child through prostitution or pornography, abuse of positions of trust and offences by family members.

The above is an outline only of the legal context and it is important to seek advice from either a line manager or link worker regarding any issues that arise regarding the above in relation to looked after children.

### 8.3 Working with Young People under the Age of 16

8.31 Staff and carers will be aware of looked after young people who are sexually active below the age of consent. It is vital that staff and carers ensure that looked after young people (including under 16s and 13s) and care leavers are encouraged to seek contraceptive and sexual health advice if it appears that they are likely to be sexually active.
8.32 The Sexual Offences Act (2003) has an exception to ensure that teachers, health professionals, social care professionals, sexual health workers, youth workers and parents are not liable when they are acting to protect a child or young person, including those with learning disabilities.

- The exception covers people who are: protecting the child from sexually transmitted infections, protecting the physical safety of the child, preventing the child from becoming pregnant, or promoting the child’s emotional wellbeing by the giving of advice.

- Although the age of consent is 16, young people under 13 have the right to access confidential advice on contraception, condoms, pregnancy and abortion.

- These exceptions do not apply if someone acts to cause or encourage a sexual offence, or a child’s participation in it, or for their own sexual gratification.

The above is an outline only of the legal context and it is important to seek advice from either a line manager or link worker regarding any issues that arise regarding the above in relation to looked after children.

The Fraser Guidelines

8.4 A health professional can give contraceptive advice and treatment to young people under 16 without parental consent if the health professional is satisfied that the young person is competent to understand fully the implications of any treatment and to make a choice of the treatment proposed. The health professional must establish that all of the following criteria are met:

- The young person understands the information given
- The young person cannot be persuaded to inform his or her parents he or she is seeking contraceptive advice
- The young person is very likely to begin or continue having intercourse with or without contraceptive treatment
- Unless he or she receives contraceptive advice or treatment, the young person’s physical or mental health or both are likely to suffer
- It is the young person’s best interests to receive contraceptive advice, treatment or both without parental consent.
- Lord Fraser issued these guidelines in 1985, following the House of Lords ruling in the case of Victoria Gillick v West Norfolk and Wisbech Area Health Authority. They
are known as the ‘Frasier Guidelines’ and apply to doctors and health professionals in England and Wales.

When providing contraceptive and/or sexual health advice or treatment, health professionals would help the young person make an informed choice by discussing the following issues:

- The benefits of the young person informing their parents, carers, social worker or another trusted adult
- The emotional and physical implications of sexual activity, including the risks of pregnancy and sexually transmitted infections
- Whether the relationship is consensual in nature and whether there may be coercion or abuse
- Any additional support needs the young person may have.

8.41 Following guidance from the Department of Health, it has been agreed that the word ‘health professional’ can be interpreted as ‘suitably trained professionals working to these guidelines’.

8.42 The Teenage Pregnancy Unit states that social care practitioners should follow the Fraser Guidelines when providing condoms for contraceptive purposes and the prevention of sexually transmitted infections. Further information about this proactive role is set out in the Enabling young people to access contraceptive and sexual health information and advice: Legal and policy framework for social workers, residential social workers, foster carers and other social care practitioners (2004) published by the Department for Education and Skills and the Teenage Pregnancy Unit.

8.43 Any young person wishing to seek out or receive medical attention should be supported to access an appropriate service e.g. their GP, local Family Planning or Sexual Health Services, their school nurse. Apprehension about visiting services deters many young people from getting early sexual health and/or contraceptive advice. If staff or carers believe a young person is worried about visiting a service and is at risk of pregnancy and/or sexually transmitted infections, they may accompany them to a clinic with the young person’s consent.

9 Contraception

Young people, including under 16s can get free contraceptive advice and/or treatment from:
• Family Planning clinics and Sexual Health clinics (information regarding opening times etc can be found on www.luveyorks.co.uk website.
• Their own GP
• Another GP by asking to register for contraceptive/family planning service only
• Emergency Contraception from some pharmacies, for nearest see website www.luveyorks.co.uk
• Some Secondary Schools, Youth Centres and Children Centres offer advice, information and condoms; see local information leaflets.
• Conifer House opening times can be found on www.luveyorks.co.uk
• The Adolescent Sexual Health Nurse; contact details can be found on www.luveyorks.co.uk

9.1 A health professional can give contraceptive advice and treatment to a young person under 16 without parental consent if the health professional is satisfied that the young person is competent to understand fully the implications of any treatment and to make a choice of the treatment proposed. A health professional will assess a young person’s level of competence by using the Fraser Guidelines. A health professional could be a practice nurse, GP, school nurse, link nurse for looked after children and young people, the nurse or doctor at the local Family Planning or Sexual Health clinic.

9.2 Young people subject to care orders have the same right to confidentiality from health professionals as other young people. This means that they can ask for and access contraceptive advice from health professionals with the same degree of assurance about confidentiality as a young person who is not subject to a care order. The sexual activity of a young person under 16 is not in itself a reason to breach confidentiality. This means that the health professional will not inform a young person’s carer about the information discussed or treatment provided without the young person’s consent.

9.3 Only staff and carers who have been trained, assessed and have certificates in condom distribution should distribute condoms to under 16s in accordance to Fraser Guidelines.

9.4 Looked After young people can also access free condoms from:

• Designated nurse / LAC Health Co-ordinator for Looked After Children and Young People
• Outreach services in some areas, Bridlington, Beverley, Goole.
• Trained staff at the Children’s Homes
- Some Connexions Offices
- Some Children’s Centres
- School Nurse ‘Pop Ins’.

9.5 Although free condoms are available to young people from a variety of settings across East Riding, it is important to emphasise that the law does not prevent under 16s from buying condoms from pharmacists, shops or vending machines. Nor does it restrict the seller. Any organisation providing condoms to under 16s would assess a young person’s level of competence by using the Fraser Guidelines before condoms are distributed. Refer to section ‘Fraser Guidelines’ for more information. (10.4)

9.6 Any young person accessing external services is entitled to privacy. It must be recognised that young people may be accessing external services and receiving contraceptive and sexual health information and/or treatment without the knowledge of staff and carers.

9.7 If staff and carers are aware that a young woman is taking contraceptives, they should encourage her to take responsibility for her own contraception and advise her to keep the contraceptive safe and away from other young people, for example locked away in bedroom. It may be necessary for staff and carers to make a risk assessment if the contraceptive is not being locked away, the contraceptive is being abused or if the young woman is not taking the contraceptive correctly.

9.8 It is important that a young person’s key worker or another person nominated by the young person provides opportunities to discuss contraceptive use that includes storage of the contraceptive, barriers to using the contraceptive effectively and possible side effects. If staff and carers are aware that a young woman is not taking the contraceptive correctly, the young woman should be provided with information on other types of contraceptives and be encouraged to access her local Family Planning clinic or GP.

9.9 Staff and carers should have easy access to a range of sexual health information including contraceptive and sexual health services, which may also be available to parents. For examples of relevant information and resources, contact the LAC Health team.

10 Teenage Pregnancy
10.1 Young women who become pregnant when they are young are likely to face particular difficulties. Pregnant teenagers report that they face prejudice and criticism about their sexual behaviour from friends, family, carers and other professionals and may conceal the pregnancy because of feelings of shame and embarrassment. Research has shown that this is even more the case for Looked After young women who may be isolated and lack support from friends and family (Corlyon and McGuire 1999). Looked After young women are also more likely to become pregnant at a young age.

10.2 A young woman who has become pregnant in care may experience particular problems - such as placement changes, pre-birth assessment processes and difficulties in accessing ante-natal and parent craft classes.

10.3 Looked After young women who are pregnant need support and guidance to enable them to make informed choices about their future. A young woman who discovers she is pregnant should be put into contact with a health professional at the earliest opportunity. A health professional could be a practice nurse, GP, school nurse, the designated nurse for Looked After Children and Young People, or the nurse or doctor at a Family Planning or Sexual Health clinic. Staff and carers should offer appropriate information and support and where necessary referral on to other organisations that can support pregnant teenagers and/or teenage mothers. It is recommended that looked after young women who are pregnant and/or mothers are referred to the Teenage Pregnancy Support Service who can help facilitate the young woman’s decision around her pregnancy.

10.4 Young people of compulsory school age who are parents-to-be should be referred to the Education Welfare Service whether they currently attend school or not. This is particularly important as becoming a parent often raises the education aspirations for many young people. It is important that social workers ensure that the Care Plan and the Personal Education Plan are reviewed to take account of the young person’s changing circumstances.

10.5 The education and training needs of pregnant young women who are post year 11 should be addressed and kept under review.

10.6 It is important to acknowledge the emotional and social significance of parenthood for looked after young men. They should be offered appropriate information and support and they
can be referred to the Teenage Pregnancy Support service or to a Young Parent’s Support Group at a Children’s Centre.

11 Pregnancy Testing and Options

11.1 Please note that key professionals will need to be aware of any pregnancy for health and safety reasons, including carers and education professionals if young person attends school.

11.2 Professionals should always be alert to safeguarding concerns and consult their line manager/support professional about any action taken.

Free pregnancy tests with immediate results are available from:

- Designated nurse / LAC Health Co-ordinator for Looked After Children and Young People
- Family Planning and Sexual Health Clinics
- Conifer House
- Some youth and community projects e.g. HUSH Club, The Shores Centre, Withernsea.
- Some school nurses and youth workers.

11.3 Pregnancy tests at GPs are usually free but not always available and may involve a wait for the result. Home pregnancy testing kits are reliable but may not be affordable by you people; some pharmacists provide a pregnancy testing service at a lower cost.

11.4 If a young woman suspects that she is pregnant, it would be preferable for her to have a pregnancy test via one of the services mentioned. However, if the young woman is reluctant, staff and carers could purchase a home pregnancy test and support the young person in doing the test. Although home tests are reliable, it would be advisable to have the result confirmed by a health professional.

11.5 If the pregnancy test result is negative a visit to a health professional will also provide an opportunity for the young woman to discuss her contraceptive needs and find a method she is happy with. If the pregnancy test is positive, the first priority is to make sure that the young woman has access to unbiased pregnancy advice on their options of keeping the baby, adoption/fostering or termination of pregnancy (abortion). Whatever the choice the young woman makes, staff and carers should ensure they have the appropriate information to support the young woman to access antenatal care or an NHS funded termination of pregnancy (abortion).
12 **Termination of Pregnancy (Abortion)**

Referral for NHS funded terminations (abortions) are via:

- Family Planning or Sexual Health Clinics
- GPs
- Conifer House

12.1 All women have the right to a termination of pregnancy (abortion) providing they satisfy the criteria of the Abortion Act of 1967 (as amended by the Human Fertilisation and Embryology Act 1990) which are that: the woman is no more than 24 weeks pregnant or that her life is in grave danger by continuing the pregnancy, or ‘there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped’ and that two medical practitioners agree to the termination (abortion).

12.2 A young woman under 16 may have a termination of pregnancy (abortion) without parental consent if the doctors judge the young woman has the capacity to consent in accordance with the Fraser Guidelines. (see above The Legal Position)

12.3 Supporting a young woman who requests a termination of pregnancy (abortion) can be difficult and emotive. Carers should be aware of any personal values or attitudes which may affect this process. Staff and carers must seek support and advice from their manager, and the young woman should be made aware of this.

12.4 A woman does not need the permission of the baby’s father to have a termination of pregnancy (abortion). However, if Looked After young men discover that they are potential fathers, it is important to support them through any potential issues associated with the mother’s decision.

12.5 It is important to note that if a young person is referred to an external agency for pregnancy advice and counselling that some organisations have a pro-life stance. It is the responsibility of staff and carers to find out the stance of an external organisation before referring a young person.

13 **Sexually Transmitted Infections (STI’s)**

13.1 There are a number of infections that can be passed from one person to another during sexual contact. These types of infections are called sexually transmitted infections or STI’s for
short. The majority of STIs are asymptomatic; this means that some people who have an STI experience no symptoms at all. Asymptomatic STIs include chlamydia and gonorrhoea.

13.2 The incidence of STIs and HIV continue to rise in the UK. STIs are a major cause of ill health, which, if left untreated, can have long term physical and psychological health consequences such as ectopic pregnancy, pelvic inflammatory disease, infertility and cervical cell changes. As some STIs are asymptomatic, early detection and treatment after unprotected sex is essential to avoid long term health consequences.

13.3 At least 10% of sexually active teenagers are estimated to have a sexually transmitted infection; chlamydia rates are increasing the fastest among 16 to 19 year old women. Many young people are vulnerable to STIs and unintended pregnancies due to their low levels of self esteem, lack of skills and confidence to negotiate and sustain positive personal relationships and inconsistent sex and relationships education due to placement changes, truancy and non-attendance at school.

13.4 It is important that staff and carers can provide up-to-date information on local contraceptive and sexual health services, including access to free condoms, how to have safer sex and the risks of unprotected sex.

13.5 All staff should access Sexual Health training (minimum of Level 1)

13.6 Young people, including under 16s can get free confidential advice and treatment for sexually transmitted infections (STIs) from:

- Hull & East Riding Sexual & Reproductive Healthcare Partnership (Conifer House)
- Family Planning and Sexual Health clinics.
- Their own GP, although most GPs may offer a limited screening and treatment service
- Sexual Health clinics and GPs may refer on to Conifer House
- CASPHER team
- Some School Nurses
- Adolescent sexual health nurses

13.7 Apprehension about visiting services deters many young people from getting early sexual health advice. If staff or carers believe a young person is worried about visiting a service and is at risk of sexually transmitted infections, they may accompany them to the service with the young person’s consent. If a young person does not want to return to a service for a follow-up appointment, it is important that they continue to receive information and
support. Young people can also access information and support around sexual health and STIs from their school nurse, the designated nurse for Looked After Children and Young People and a variety of youth and community projects. For details of relevant services, refer to the services section.

13.8 A person’s HIV status is confidential and in the case of a competent young person according to Fraser Guidelines, **cannot** be shared without the young person’s consent. This is also true of STIs under the National Health Service (Venereal Diseases) Regulations 1974 and the NHS Trusts (Venereal Diseases) Regulations 1991. If a child or young person is unable to make an informed decision about giving or withholding their consent, the person with parental responsibility must agree to give consent before this information is shared with any other party.

14 Sexual Activity

14.1 Masturbation

14.12 Staff and carers need to give clear, consistent messages that while masturbation is healthy and normal, there are times and places where it is not appropriate. The use of safe, private places, for example the young person’s bedroom, with the door closed should be encouraged.

14.13 Some religions and cultures teach that people should not masturbate and this can lead to guilt and embarrassment. While acknowledging and respecting religious and cultural beliefs, it is important to reassure young people there is no medical evidence that masturbation causes any physical harm.

14.2 Inappropriate Behaviour

14.21 Children and young people may display inappropriate sexual behaviour towards other children and young people. This behaviour may be exploitative, abusive and illegal. It is essential that whilst the behaviour is clearly unacceptable that the child or young person is not labelled a perpetrator and immediate steps are taken to assess and address the behaviours.

14.22 Living in either residential or foster 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. Positive relationships between young people in placement should be valued as long
as they are not exploitative. Such relationships enable young people to form significant relationships and explore issues regarding respect and boundaries. They have the same rights to sexual information and trust as young people in relationships outside placement. Looked After young people have a right to and deserve confidentiality, respect and privacy concerning their personal relationships.

15 Pornography

15.1 There is no clear, shared understanding about what constitutes "pornography". In September 2009, Brook, Centre for HIV and Sexual Health, FPA and the National Youth Agency produced ‘Young people and Pornography, A Briefing for Workers’. The briefing identified Collins English Dictionary definition of pornography as ‘writing, pictures, films, etc designed to stimulate sexual excitement’. There is a very wide continuum of understanding of the term from mildly erotic photographs through to exploitative images of abuse involving, for example, children and animals. Helping young people to think about definitions of ‘pornography’ is one of the tasks workers have when engaging in discussions on this topic.

15.2 What young people tell us:

The briefing highlighted that findings from anecdotal reports, from a range of professionals who work with young people tell us that whilst many young people see pornography in negative terms as degrading and leading to pressure to take part in unwanted sexual practices, there is also an acknowledgement that, because of its explicit nature, it is used to gain greater knowledge of sex.

In a survey for the Channel 4 programme Sex Education versus Pornography:

- Two thirds of 13-17 year olds said that they have viewed pornography
- 60% of teenagers said that pornography has an impact on their sex lives and affects their self-esteem and body image
- In a survey of over 400 young people carried out by the working group, the majority of the respondents said that adults should raise the issue of pornography with young people by talking, listening and discussing the issue with them.

Pornography as an issue is a legitimate subject area for workers to discuss with young people because of the effect it can have on young people’s sex and relationships education, their
understanding of sex and sexual health and the impact on their self-esteem and body image.

15.3 Pomography and the law

Whilst every effort has been made to ensure this information is accurate and up to date, please note that it does not, and is not intended to, amount to legal advice.

15.31 In general, owning or viewing pomography that involves people 18 years old and over is not illegal. A child or young person under the age of 18 watching pomography is not committing an offence (although clearly there may be safeguarding implications). Producing or publishing pomography (as opposed to owning and viewing) is an offence under the Obscene Publications Act (1959/1964) if it is likely to “deprave and corrupt” those viewing it. (Taken from ‘Young People and Pomography, A Briefing for Workers’ written by Brook, Centre for HIV and Sexual Health, FPA, The National Youth Agency 2009.)

15.32 Recent legislation has made it illegal for anyone to possess “Extreme pomography” – a term introduced in Part 5, Section 63 of the Criminal Justice and Immigration Act 2008, which made possession of such images a criminal offence from 26 January 2009. It refers to pomography which is “grossly offensive, disgusting or otherwise of an obscene character”, and portrays any of the following:

- an act which threatens a person’s life
- an act which results, or is likely to result, in serious injury to a person’s anus, breasts or genitals
- an act which involves or appears to involve sexual interference with a human corpse
- a person performing or appearing to perform an act of intercourse or oral sex with an animal (whether dead or alive)

15.33 The Protection of Children Act (1978 and amendments) makes it illegal to take, make, distribute, show or possess an indecent image of a child. A child is defined as a person who has not reached the age of 18, although the offence now includes images of people “who appear” to be under 18, and also includes “pseudo-photographs”. Accessing an indecent image is considered as “possessing” the image, meaning that a defendant can be charged if he or she accessed an image online even without saving it. Marriage or being in an “enduring family relationship” could be a defence against this offence as long as the photograph is not shown to a third party. So, for example, a 17 year old young man showing someone a topless
picture of his 17 year old girlfriend, or wife, would be committing an offence.

15.34 The Sexual Offences Act 2003 (and amended) - as well as making illegal a range of sexual activity with children and young people under 16, the Act includes a number of clauses which have impact on young people and pornography. 

Section 12 makes it an offence to cause someone aged under 16, to watch a third person engaging in sexual activity or to look at an image of a person engaging in sexual activity. Where the young person is aged 13 or over but under 16, the prosecution must prove that the defendant did not reasonably believe that the young person was 16 or over. Anyone, then, who shares any pornographic film or image with a young person under 16, would commit this offence.

Section 47 makes it an offence to pay for the sexual services of a child (in this case someone under 18). Whilst the clause is designed to stop child prostitution, there are cases, for example, of young people engaging in sexual activities (such as stripping) on webcam in return for mobile phone credit. This would constitute an offence for the onlooker, regardless of their age.

Section 48 covers causing or inciting child pornography. Again the age of a “child” is anyone under 18, and there is no requirement for there to be any financial gain, so any filming on a mobile phone of sexual activity, say at a party or indeed within a sexually active couple under 18, could be classed as an offence. Please note that while the police may not pursue investigations into the activities of young people of similar ages taking pictures of one another where this is consensual, it is nonetheless illegal. It can be a useful input into discussions with young people to highlight that offences associated with indecent images of children relate to young people up to the age of 18 and that what they might consider normal flirting activity on webcam or in a chat-room could be classed as a sexual offence.

Further information:
www.parliament.uk
www.homeoffice.gov.uk
Sexual Offences Act 2003 Access on-line
www.cpsi.gov.uk/legal/s_to_u/sexual_offences_act/
www.opsi.gov.uk/Acts/acts2003/ukpga_20030042_en_1

15.4 Supplementary guidance

15.41 The making, distribution and viewing of child sexual abuse images is instrumental in the ongoing sexual abuse of children, within
organised abuse (sexual exploitation, sex rings and trafficking), within and outside the family and with adults and children, both known and unknown. Online abuse cannot be separated from offline abuse.

15.42 The distribution of child abuse images continues to grow (a recent UK police operation seized over 750,000 images). Research shows that in the UK, over eight million children have access to the internet and a high proportion of these children (1 in 12), have met someone offline who they initially encountered in an online environment.

15.5 Definition and legislation

15.51 The UK legislates against the production, distribution and possession of abusive images of children (also known as child pornography). It is an offence to take, permit to be taken, make, possess, distribute or advertise indecent images (photographs or pseudo-photographs) of children (Protection of Children Act 1978 [England and Wales] as amended by the Criminal Justice and Public Order Act 1994.

15.52 An indecent image of a child is a visual record of the sexual abuse of a child, either through sexual acts by adults, other children (or which involves bestiality), or children posed in a sexually provocative way.

15.53 It is a serious arrestable offence to seek out images of child abuse. The making of (this includes the voluntary downloading of) and possession of such images carry maximum sentences of ten and five years respectively.

16 Technology

The majority of young people are very confident in the use of technology, much more so than the parents/carers trying to look after them and protect them.

Young people do not view technology with the same concerns as adults and can not understand those concerns, also as seen in the Pornography section young people’s attitude to what adults may deem as inappropriate may differ from an adults.

Internet Access

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

16.12 Monitoring the use of the internet by young people is difficult, although it is possible to install software that limits access to adult sites. Staff and carers are responsible for monitoring internet access of their children and providing information on accessing appropriate sites. It is advised that foster carers use software to block access to certain sites and to filter information received on the computer. Internet access within children’s homes is supported by the East Riding of Yorkshire Council’s School Improvement Service.

16.13 Staff and carers should be mindful of the positioning of computers in terms of being able to become familiar with how young people use the internet. This is particularly important if a young person uses a computer in the privacy of their bedroom. It is important that staff and carers provide opportunities to work with young people on the internet so that they become aware of the sites visited, familiar with the patterns of use by young people and the amount of time spent online.

16.14 Any concerns about what is being viewed by young people on the internet should be raised with the young person in the first instance. Positive use of the internet should be discussed, as should the reasons why the young person is visiting certain sites. If pornographic material is being viewed then staff and carers should refer to the section ‘Pornography’ in this policy.

16.15 The internet can be used to talk to other people through chat rooms. Staff and carers should make all young people aware of the dangers of using chat rooms and advise the young people not to reveal personal information and encourage the use of a nickname. It is important that young people understand that other people in chat rooms may lie about their age and that they could be adults trying to trick them. Personal safety should be discussed with the young person and young people should be strongly discouraged from pursuing any meeting via the Internet. (for more guidance see Appendix K)

16.16 It is important that staff and carers know if a young person has a personal email address and who the young person sends emails to and from whom they are receiving them. A young person with an email address may be exposed to emails of a pornographic nature by receiving junk mail. It is important that staff and carers are able to inform young people of the possibility of them seeing or being sent sexually explicit emails and are able to support young people to filter their emails.
16.17 It is important that young people feel able to discuss it with their carers if they have received sexually explicit emails, have accidentally accessed an inappropriate website or have had a conversation in a chat room that has worried them without embarrassment or fear of sanctions.

16.18 Do not use personal IT equipment with young people in your care, always use work IT equipment.

16.19 For further information on how to keep children safe on the internet visit www.thinkuknow.co.uk and refer to the good practice guidance.

16.2 Videos, DVDs, Games, Pay-TV and Smartphones

16.21 Whilst it is important that young people have access to a wide range of technology it is also important that the material accessed is age appropriate.

16.22 Within residential settings, staff and carers should ensure that young people have access to videos, DVDs and console games with the appropriate certificate for their age. Within foster care settings, this may prove more difficult. However, foster carers are responsible for assessing the appropriateness of videos, DVDs and console games used by children and young people in their care.

16.23 If pornographic material is being viewed then staff and carers should refer to the section ‘Pornography’ in this policy.

16.24 The development of the new generation of mobile phones and smartphones means that young people can have instant private access to the internet and social networking sites. It is important that the subject of appropriate use and internet/e-safety is discussed with the young person. (For further information see Appendix E-H: the East Riding Safeguarding Board: www.thinkuknow.co.uk)

16.3 Sexting

“Sexting” is the act of sending sexually explicit messages or photos electronically, primarily between cell phones. (Wikipedia 2009)

16.31 Professionals in all agencies working with children, adults and families should be alert to the possibility that:
• A child may be / already have been abused and the images of this distributed on the internet or by mobile telephone;
• An adult or older child may be grooming a child for sexual abuse, including for involvement in making abusive images. This process can involve the child being shown abusive images;
• An adult or young person may be viewing and downloading child sexual abuse images.

16.4 Concern about an adult

16.41 Professionals may identify a concern through a relationship with a child or an adult, from visits to the family home or from information shared by the victim’s friends or family.

16.42 A professional who has a concern should discuss this with their line manager and / or their agency’s nominated safeguarding children adviser.

16.43 A concern about an adult should be shared even where there is no evidence to support it. Consultation about the adult with children’s social care and the police should take place. The police must consider the possibility that the individual might also be involved in the active abuse of children and their access to children should be established, including family and work settings.

16.44 All staff have responsibilities for ensuring children are safeguarded and that they behave safely as follows:
• Work and behave safely and responsibly at all times to fulfil your duty of care and not abuse in any way your position of trust.
• Respond to any concerns about a child’s wellbeing that you may have or which are brought to your attention in line with school (if applicable) and ERSCB child protection policies and procedures.
• Respond in the same way to concerns that involve the behaviour of other adults/ professionals by following procedures for ‘Whistle Blowing’ as outlined in the school CP policy (if applicable) and LA/ERSCB Guidelines.
• Review your own practice, follow policies and procedures and seek advice when unsure.
• Understand that it is professionally and morally unacceptable for staff not to carry out these responsibilities.

16.5 Allegations against colleagues

Professionals in all agencies should be aware of alerting indicators amongst their subordinates and colleagues, and follow the East Riding Safeguarding procedures on Safer recruitment and Allegations against staff (see section 26 on Professional Boundaries: Abuse of Trust).
17 Blood Borne Viruses

Information taken from the Department of Health document ‘Children in Need and Blood-borne Viruses: HIV and Hepatitis’

This 2004 document replaced the previous guidance on prevention and testing in Children and HIV- Guidance for Local Authorities (1992) and includes advice about hepatitis B and C.

17.1 The document covers:
- the legislative framework
- transmission of HIV, hepatitis B and hepatitis C
- preventing blood-borne virus transmission
- testing for blood-borne viruses and the provision of information, advice and support to children with blood-borne virus infections and their families
- useful sources of information and advice

17.2 The emphasis within the guidance is on ensuring that the particular circumstances of children and their families at risk of, or affected by, blood-borne viruses are addressed sensitively and positively. The aim is to encourage professionals involved with children and their families to work in partnership with them.

17.3 The following hygiene precautions are recommended as safe practice and follow the principles of universal infection control precautions, whereby all blood is treated as potentially infectious regardless of source. These are common-sense precautions that will protect against blood-borne viruses and other infections that may be transmitted via blood and body fluids. They should be incorporated as standard practice in all settings at all times. Carers and staff may require training on standard infection control precautions.

17.4 Standard infection control precautions
- Always keep cuts or broken skin covered with waterproof dressings;
- Avoid direct skin contact with blood or body fluids;
- If blood is splashed onto the skin, it should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed immediately with plenty of water;
- If a sharps injury is sustained or blood is splashed into the eyes or mouth, or on to non-intact skin (e.g. eczema) medical advice should be sought promptly;
- Wear disposable gloves when contact with blood or body fluids is likely;
- Always wash and dry hands after removing gloves;
• Always wash and dry your hands before and after giving first aid;
• Never share toothbrushes and razors as they might be contaminated with blood;
• Teach children about avoiding contact with other people’s blood as soon as they are able to understand how to protect themselves;
• Teach children to wash and dry their hands before meals and after using the toilet

18 Sexuality and Sexual Orientation

18.11 An individual’s sexuality is not just about whom they choose to have sexual relationships with. It is about people, their lives and their place in society. Lesbian, gay and bisexual young people are statistically more likely to commit suicide than heterosexual young people. They are usually unsupported in relation to their developing sexuality and receive little support of a targeted nature. Isolation, loneliness, frustration and invisibility are common feelings for young lesbian, gay and bisexual people. It is useful to note that these feelings also relate to the experiences of many Looked After young people, whether they are lesbian, gay, bisexual or heterosexual.

18.12 Young people have the right to have same sex experiences and/or relationships. Young people have the right to explore, determine and be supported in defining their own sexual orientation and identity, be it lesbian, gay, bisexual, heterosexual, transgender or questioning. They should not be subject to the values and attitudes of others in relation to their sexuality. Staff and carers need to take account of the needs of young people who are gay, lesbian bisexual or transgender for sexual expression and relationships. The aim should be to enable and support young people to make informed choices. (see Children Act 1989)

18.13 Staff and carers need to be aware of the effects of expressing negative attitudes about sexual identity. Staff should not make value judgements about a young person’s sexuality and expression; such comments can seriously affect their feelings of self worth. Looked After young people have the right not be subjected to the sexual attitudes, personal views and values of individual staff and carers.

18.14 It is not for staff or carers to speculate about why young people may have same sex experiences and/or preferences and may be positively unhelpful for them to do so. Similarly, not taking a young person’s sexuality seriously may also be unhelpful and add to feelings of low self-esteem.
18.15 Looked After young people, particularly those who are gay, lesbian, bisexual, questioning or transgender may have significant gaps in their knowledge regarding safer sex. Those who are sexually active may consequently engage in unprotected sex and risk contracting sexually transmitted infections, including HIV. Staff and carers have a duty to ensure that such young people have appropriate information on self-esteem and safer sex – this may be in the form of one to one discussion, leaflets, books and signposting/referral to other agencies. It is not appropriate to send young people to other agencies as the only means of dealing with these issues. Staff and carers should allow time to talk and explore issues with the young person and look at other sources of information and support.

18.21 Homophobia is common among young people and many gay, lesbian, bisexual, questioning and transgender Looked After young people are subjected to verbal, emotional and physical abuse. As with other forms of discrimination, staff and carers are expected to challenge homophobia and acknowledge the value and validity of same sex relationships.

18.22 Young people who are gay, lesbian, bisexual, questioning or transgender may fear and even (unacceptably) experience homophobia from staff and carers, which stops them requesting information and support. They may find it too difficult to reveal same-sex feelings or relationships. Staff and carers need to be sensitive to this and not assume that all young people in their care are heterosexual. All staff should model appropriate supportive behaviour at all times.

18.23 Young people have the right to support and acceptance as they identify their own sexual orientation and develop their sexuality. Staff and carers should be aware of confidentiality when working with lesbian, gay, bisexual, questioning or transgender young people. A young person has the right to decide who they ‘come out’ to and this information should not be discussed with others.

19 Young People with Disabilities

19.1 It is essential that staff and carers recognise that young people with disabilities have the same rights to recognition, support and information regarding sex and relationships as other young people.

19.12 Young people with both physical and learning disabilities may face prejudice and preconceptions concerning sex and
relationships. Their feelings may be ignored and their sexuality denied by others who feel it is inappropriate for disabled young people to explore their sexuality or have sexual feelings. Carers should openly acknowledge the existence of these prejudices to ensure issues of sexuality and relationships are discussed and not ignored.

19.13 Young people with disabilities are entitled to the same level of confidentiality as other young people. They have the same rights to privacy and to develop their sexuality as their non-disabled peers. Staff need to be able to provide clear and consistent boundaries on physical contact and sexual behaviour without attaching stigma to the feelings of the young person. This may need to be balanced with a need to provide intimate personal care and should be negotiated with the young person.

19.14 For staff and carers of disabled young people there needs to be a range of training support. This is to ensure they are able to assist with exploring feelings and issues relating to sex and relationships, including appropriate sexual boundaries and protecting themselves from abuse and exploitation. Work with young people should also include exploring relationships with both disabled and non-disabled people and making choices. For those with physical disabilities, it should include looking at alternative appropriate ways of expressing intimacy and exploring their bodies.

19.15 If some issues do not at first sight seem to be relevant to disabled children and young people, further discussion with managers and specialist professionals should explore the reasons. A reluctance to address issues such as sexual activity may relate to the values of staff, parents and carers. Hence, the importance of examining our own attitudes towards the sexuality of disabled young people.
20 Sexuality and Learning Disability

- As for all young people, the age of consent is 16 and access to information and advice should comply with the Fraser guidelines.

- All young people with learning disabilities have a right to information and the opportunity to have the same chances of fulfilling and enriching life experience irrespective of ability and sexual orientation. Information about sex and relationships need to be given in a structured and consistent way at a level appropriate to the young person’s understanding.

- In acknowledging that people with learning disabilities have the right to sexual expression, sex and relationships education will need to include:
  - Ensuring young people are aware of appropriate sexual boundaries
  - Ensuring young people know how to protect themselves from abuse and exploitation
  - Understanding private and public behaviour
  - Exploring relationships with both disabled and non-disabled people
  - Making choices
  - Safeguarding against the risks of sexually transmitted infections, HIV and unintended pregnancies.

- Children and young people with learning disabilities may have different learning needs and thinking processes. Sex and relationships education might need to be highly explicit and always needs to be person centred. These young people are less likely to make use of informal, unstructured social learning opportunities and tend not to pick up cues, ask questions or acquire information from friends in the same way as their non-disabled peers. Poor language development can also make their understanding of abstract concepts, such as privacy, difficult. Sex and relationships education may also take more time and will need to be repeated in order to reinforce the messages and check their understanding.

- Staff and carers working with young people with learning disabilities will need to access specific sex and relationships education materials geared to the variety of abilities and needs of the young people. There are a number of professionals in the East Yorkshire who can assist with identifying appropriate materials such as learning disability nurses and education staff.

21 Sexuality and Physical Disability

Sexual Health Guidance for Staff and Carers Working with Looked After Children and Young People
August 2011
• All young people with a physical disability have a right to advice and counselling regarding physical and emotional needs, including sexual relationships with others. These rights apply to all young people with physical disabilities, irrespective of the level of assistance required or their sexual orientation.

• For most young people with a disability, the major impact on relationships and sexual activity is social and psychological and a lack of independence and opportunity may limit their experiences of personal and sexual relationships. Therefore, facilitating their assertiveness and their right to choose their sexual identity and relationships is fundamental.

• In acknowledging that people with physical disabilities have the right to sexual expression, sex and relationships education will need to include:
  
  o Ensuring young people are aware of appropriate sexual boundaries
  o Ensuring young people are aware how to protect themselves from abuse and exploitation
  o Exploring relationships with both disabled and non-disabled people
  o Making choices
  o Looking at alternative ways of expressing intimacy and exploring their bodies
  o Safeguarding against the risks of sexually transmitted infections, HIV and unintended pregnancies.

It is equally important to include awareness and knowledge, the practice of skills and exploration of attitudes with young people to help them make positive decisions in their lives.

• Children and young people with both learning and physical disabilities have different learning processes and sex and relationships education may need to be highly explicit. This is particularly important when exploring issues around alternative ways of expressing intimacy or exploring their bodies. Providing sex and relationships education may also take more time than with other groups of young people and will need to be repeated in order to reinforce the messages and check their understanding.

• Staff need to be able to provide clear and consistent boundaries on physical contact and sexual behaviour without attaching stigma to the feelings of the young person. This may need to be balanced with a need to provide intimate personal care and should be negotiated with the young person at a level appropriate to their understanding.
22 Children and Young People Who Have Been Sexually Abused

- Young people who have been sexually abused require additional understanding and attention in the delivery of sex and relationships education if the damaging and inappropriate experiences of the past are to be replaced with more positive messages.

- Young people who have been sexually abused may be or feel marginalised by mainstream sex and relationships education. Delivery of individualised programmes of sex and relationships education is the preferred option and this will frequently lead to discussion about the previous abuse. This is likely to be within a context of low self esteem, risk taking and inappropriate learnt sexual behaviours. Discussion will clarify these and explore the issues in a wider, more open and constructive framework.

- The setting for such work is extremely important, particularly where trust has been seriously undermined in the past. Young people have much to lose in terms of their privacy and self-identity when talking about sexual health and relationships in the light of their previous abuse. Those carrying out this type of work with young people need to be respectful and encouraging to the young person and enable them to negotiate what will be discussed, how this will be done, how this will be recorded and be agreed in advance. The aim of the work should be to create a respectful, encouraging and empowering experience for the young person (for additional information on chat room grooming and offline abuse, see Appendix K).

- Supporting young people who have been sexually abused is specialist work; staff and carers must always be supported in this direct work by access to training, support and supervision.

- Staff and carers should give the young person telephone numbers of nationally/locally reputable listening agencies or known professionals for use between sessions in case the young person experiences distress brought about by discussions and are unable to talk to staff and/or carers. There may be the possibility of flashbacks whilst undertaking sex and relationships education and the young person’s welfare and emotional well being are paramount.

23 Sexually Exploited Children and Young People
The National Working Group for Sexually Exploited Children and Young People defines sexual exploitation as:

‘Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through use of technology without the child’s immediate recognition; for example the persuasion to post sexual images on the internet / mobile phones with no immediate payment or gain. In all cases, those exploiting the child / young person have power over them by virtue of their age, gender, intellect, physical strength and / or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social / economic and / or emotional vulnerability’

- Sexually exploited children are rarely visible on the streets and are only a small part of the bigger picture of sexual exploitation of children by adults, other children and young people. A growing number of the young people are being sexually exploited by adults and older young people via the Internet. This method of grooming children for abuse has contributed to the invisibility of the sexual exploitation of children (ERSCB Policies and procedures vol. 3; section 5.8)

- Sexual exploitation involves both girls and boys under the age of 18. The children involved must be regarded as potential victims of abuse. Increasingly, victims are children under 16 years of age, from all communities and cultures and include a significant proportion of looked after children. Vulnerability and low self esteem are the most common factors amongst children who are at risk of being sexually exploited. Strong links have been identified between prostitution, running away from home, human trafficking and substance misuse (ERSCB Policies and procedures vol. 3; section 5.8).

- Many young people in this situation will have been subject to past or current abuse in the home or elsewhere, which can make them particularly vulnerable to sexual exploitation.

- Girls and young women and boys and young men of any sexual orientation may become involved in sex work which may involve much more that the exchange of money for sexual services. Other ‘rewards’ include gifts, affection, drugs or accommodation and peer pressure can often be equally important.
'Girls, in particular, are often coerced into sexual exploitation by an older man who targets an individual. They may see him as their boyfriend, and become physically and emotionally dependent upon him. This may be reinforced by the use of alcohol and drugs. Over time, access to friends and family becomes restricted and the child becomes alienated from agencies which may be able to identify and interrupt the abuse. This is often referred to as the grooming process.' (ERSCB Policies and procedures vol. 3; section 5.8).

- Sex work is a stigmatised criminal activity and those involved often face negative attitudes and hostility from others. This, along with fear of speaking out, may make young people reluctant to be open about their involvement and may prevent them from obtaining the services they need.

- Staff and carers need to develop an understanding of the issues involved as well as recognising and addressing their own personal feelings, values and attitudes towards those involved in sex work. This facilitates the development of a relationship built on trust and openness which may give the young person the opportunity to disclose their experiences. The attitudes that they may have developed about themselves (e.g. a sense of sexual worthlessness, low self-esteem) will also need to be addressed through care plans and direct work delivered by staff and carers.

- **Staff should access the ERSCB website for the Safeguarding Procedures and Guidance Volume three, section 5.3., which gives further guidance on appropriate action concerning sexually exploited and trafficked children and young people.**

- **Staff and carers can provide a lifeline for a young person abused through sexual exploitation. Young people may disclose information that is painful, traumatic or sensitive. Staff and carers must recognise that negative attitudes or responses to these disclosures may stop a young person seeking help and support in exiting a potentially life-threatening situation.**

### 24 Children and young people who pose a risk to others

The information that a Looked After young person has been identified as posing a risk, or potential risk, to children is sensitive and confidential. The information should be shared with the minimum number of key staff and carers necessary to:

- Meet the needs of the young person who has been identified as posing a risk or potential risk to children
• Protect vulnerable individuals with whom that young person mixes either in the residential or foster care setting.

Generally, other young people should not be told of the perpetrator’s background. The only situation where information should be revealed is when the nature of a relationship has developed to such a point where there is an identifiable likelihood of ‘significant harm’ or abuse. Such situations require sensitive handling both of the offender and the other party in order to protect both.

The harm caused to children by the harmful and bullying behaviour of other children can be significant. This may involve single incidents or ongoing physical, sexual or emotional (including verbal) harm perpetrated by a single child or by groups/gangs of children.

Significant harm is defined as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

In addition, children and young people of both genders can direct physical or emotional violence towards their parents, carers and/or siblings as well as towards other children. Such abuse should be subject to the same safeguarding children procedures as apply in respect of children being abused by an adult. Children who harm others should be held responsible for their harmful behaviour and professionals responding to them should be alert to the fact that they are likely to pose a risk to children other than the current victim.

Children who harm others are likely to have considerable needs themselves. Evidence suggests these children may have suffered significant disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. (ERSCB: volume 3 section 5).

All professionals must notify Local Authority Children’s Social Care when there is a suspicion or an allegation of a child having harmed another child, young person or an adult. (ERSCB volume 3 section 3). This includes concerns about sexually harmful behaviour.

A specialist consultation and assessment may be needed, for example by the Specialist Children’s Assessment Service or the specialist social worker for children who present a sexual risk. Children’s social care will progress this if needed. Carers, teaching staff, parents and other professionals will be advised of recommended actions for their service in terms of risk and behaviour management.
25 Professional Boundaries

- Maintaining appropriate boundaries between staff, carer and young people is particularly important where sexual health and personal relationships are concerned. It is inappropriate for staff and carers to share information relating to their own personal relationships and sexual behaviour as the young person could misinterpret this. If there are any doubts, staff and care should discuss these with their supervisor.

- Looked After young people should be enabled to experience emotional well being, feel loved and valued and be supported by a network of reliable and affectionate relationships. This needs careful consideration as a Looked After young person may misinterpret what a carer considers as ordinary physical contact and offering affection.

- It is important for staff and carers to take responsibility for their own behaviour.

- There needs to be open communication between staff, carers, foster carers and young people about what is acceptable touch and behaviour. Staff and carers need to give young people clear messages about acceptable touch and behaviour and to offer non-sexualised ways of offering affection.

- It is an offence, which will result in dismissal, for a staff member or carers to engage in a sexual relationship with a young person in their care.

- Each children’s home should have a written statement regarding staff conduct and contact with young people and their families outside working hours. Ongoing relationships with young people who are no longer the responsibility of the local authority can be a valuable source of support, particularly in respect of care leavers. However any contact with such young people must always be discussed and agreed with the member of staff’s line manager and be part of an agreed arrangement or care plan with the manager and social worker.

- Individuals should be aware of their service’s child protection procedures, including procedures for dealing with allegations against adults. All allegations must be taken seriously and properly investigated in accordance with local procedures and statutory guidance.

- Adults should always feel able to discuss with their line manager any difficulties or problems that may affect their relationship with young people so that appropriate support can be provided or action can be taken.
26 **Foster Carers**

- Expectations of foster carers are the same as those made of residential staff and social workers and the content of this policy applies equally to both.

- However, fear of allegations of abuse may make it more difficult for foster carers to carry out sex and relationships education confidently and training has often centred on what to do if a foster child makes allegations of abuse against a carer. The National Foster Care Association believes that in the light of this, emphasis should be placed on creating circumstances in which the risks of allegations can be minimised. This is discussed in further detail in the National Foster Care Association publication ‘Safe Caring’ and carers should discuss this issue with their fostering social worker.

- Foster carers will need to consider the impact of fostering and their role as a sex and relationships educator 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.

- Foster carers will be given training on sex, relationships and sexuality to equip them with the basic knowledge, skills and awareness to provide sex and relationships education.

- Sex and sexuality issues will be addressed in the assessment process and in the annual reviews of foster carers.

- The role of the Fostering and Adoption Teams are crucial to the support of foster carers. The Fostering and Adoption Teams will take lead responsibility in partnership with appropriate agencies, for ensuring the training, resourcing and support of all foster carers.

27 **Looking After Children” Documentation**

**Core Assessments, Care Plans / Pathway Plans, Placement Plans and Reviews**
27.1 Children under 10 years of age need to receive age appropriate information that covers the following:

- Talking about and naming feelings and emotions
- Knowing the names of parts of the body and how they work
- Talking about relationships
- Preparation for puberty, understanding body changes and being able to manage periods
- Developing an understanding about the body and how it works and checking and correcting any misunderstandings or anxieties
- Being able to ask for help and support
- Understanding appropriate and inappropriate touching
- Raising awareness of abusive situations/self protection measures

27.2 Children and young people over the age of 10 years will need opportunities to:

- Develop interpersonal skills such as listening, asking questions, making decisions, conflict resolution, negotiation, supporting and assertiveness
- Receive accurate, easy to understand information about sexual development, sexuality, sexual response and desire, reproduction, birth, contraception, health and hygiene, sexual orientation, abuse, sexually transmitted infections including HIV/AIDS and safer sex
- Be able to express and manage their emotions and behaviour
- 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 to avoid and resist unwanted sexual pressures and keep safe from sexual and physical abuse
- Know how to access confidential information and advice about sexual health and personal/emotional issues
- Develop skills to enable them to take responsibility for their behaviour
Appendix A

"E Safety 10 Top Tips" for Residential Staff

1. Check your personal website – is it set to private? If it isn’t, change it now

2. Never share your personal website details with any child or young person you have any care or responsibility for, no matter how old they are

3. If a child or young person has already accessed your personal website, inform your line manager now

4. Never use your personal digital camera or mobile phone to take photographs on trips or outings

5. Never store photographs of children and young people in your care on your personal computer or laptop,

6. Do not give your personal contact details, whether e mail address or mobile phone numbers, to any child or young person in your care

7. Never use your personal mobile phone to contact or text a child or young person

8. Only use equipment such as mobile phones or laptops provided by the Children’s Social Care Services to communicate with children and young people for professional reasons and in accordance with your premises policies

9. Make sure you know and fully understand the Acceptable Use Policy in your team

10. Do not assume ‘It could never happen to me’

Appendix B

“E Safety 10 Top Tips” for Foster Carers

11. Do you have a personal social networking site? If you do, check it now— is it set to private? If it isn’t, change it now.

12. Never share your personal website details with any child or young person you meet through your work, no matter how old they are.

13. If a child or young person has already accessed your personal website, inform your fostering social worker now.

14. Be cautious when using your personal digital camera or mobile phone to take photographs of any child or young person in your care.

15. Be aware of how and where you store photographs of children and young people in your care on your personal computer or laptop.

16. Be mindful of who you give your personal contact details, whether email address or mobile phone numbers to.

17. Be cautious when using your personal mobile phone to contact or text a child or young person.

18. Do not leave mobile telephones or computers unattended and be aware of which internet sites children and young people in your care are accessing.

19. Make sure you know and fully understand your Safe Caring Policy.

20. Do not assume ‘It could never happen to me’

Appendix C

“E Safety 10 Top Tips” for Casual Workers & Domiciliary Care Staff

21. Do not give your personal contact details, whether email address or mobile phone numbers, to any child, young person or family that you are working with.

22. Never use your personal mobile phone to contact or text a child, young person or family that you are working with.

23. Never share your personal email details with any child, young person or family you have any care or responsibility for, no matter how old they are.

24. If any child, young person or family has already accessed your personal email, inform your line manager now.

25. Never use any personal camera or mobile phone to take photographs of the child or young person you are supporting.

26. Never store photographs of children and young people in your care on your personal computer or laptop.

27. Only use equipment provided by the Children’s Social Care Services or your employing agency to communicate with children and young people for professional reasons and in accordance with policies.

28. Do not leave mobile telephones or computers unattended and be aware of which internet sites children and young people in your care are accessing.

29. Do not have contact on social networking sites with any child, young person or family you are supporting.

30. Do not assume ‘It could never happen to me’.
Finally, if you have other questions, contact [http://www.cybersmart.org](http://www.cybersmart.org), [www.thinkuknow.com](http://www.thinkuknow.com), [www.digizen.org](http://www.digizen.org) or [http://www.childnet.com](http://www.childnet.com) for further information.

### Appendix D

**“E Safety 10 Top Tips” for People who work with Children**

31. Do you have a person social networking site? If you do, check it now— is it set to private? If it isn’t, change it now.

32. Never share your personal website details with any child or young person you meet through this centre, no matter how old they are.

33. If a child or young person has already accessed your personal website, inform your line manager now.

34. Never use your personal digital camera or mobile phone to take photographs on trips or outings.

35. Never store photographs of children and young people in your care or from this centre on your personal computer or laptop.

36. Do not give your personal contact details, whether email address or mobile phone numbers, to any child or young person in your care or from this centre.

37. Never use your personal mobile phone to contact or text a child or young person from this centre.

38. Only use equipment such as mobile phones or laptops provided by the Council to communicate with children and young people for professional reasons and in accordance with your premises policies.

39. Make sure you know and fully understand the Acceptable Use Policy in this centre.
40. Do not assume ‘It could never happen to me’


Appendix E

Research Highlights for Children’s Online Safety - 10 March 2011 (www.education.gov.uk/ukccis/ Sharing Personal Images and Videos among Young People)

Sharing Personal Images and Videos among Young People

Aims
This study defines ‘sexting’ as the act of sending sexually explicit photographs or videos, primarily between mobile phones. This study aimed to measure the prevalence of sexting practices among young people at key stage 4 (14-16) age in the UK. This research was motivated by a perception among management and safeguarding teams in schools that instances of ‘sexting’ are increasing.

Key Findings
- Young people are very confident in the use of digital technology to take and distribute images. Of the 535 respondents, 79% stated they have used digital technologies to take images and videos, and 78% of respondents say that they have distributed images and videos with a mobile device.
- Young people’s attitude towards what might be considered an inappropriate image may differ somewhat from the adult population - 40% do not see anything wrong with a topless image, and 15% do not take issue with naked images.
- ‘Sexting’ is prevalent among young people, with around 40% saying they knew friends who carried out such a practice.
- 27% of respondents said that ‘sexting’ happens “regularly” or “all of the time”.

Sexual Health Guidance for Staff and Carers Working with Looked After Children and Young People
August 2011
56% of respondents were aware of instances where images and videos were distributed further than the intended recipient, though 23% believe this distribution is intended to cause upset.

30% of young people knew people who had been adversely affected by ‘sexting’.

27% believe young people need more support and advice related to ‘sexting’ and 70% said that they would turn to their friends if they were affected by issues related to ‘sexting’.

24% of young people would turn to a teacher for help if they were affected by issues related to ‘sexting’.

Policy Context
There is increasing concern that children and young people are sharing explicit images with peers, often via a mobile device. This practice is often referred to as ‘sexting’. Children and young people who take, self-generate indecent or explicit images of themselves are breaking the law. There is also concern that explicit images are shared more widely than the intended recipient, leading to bullying and its consequences for children and young people involved.

This research demonstrates that children and young people are familiar with ‘sexting’ as a practice among their peers while also highlighting a desensitisation of sexual content and a lack of awareness of the possible consequences of sharing explicit images with peers. It would also suggest a need for the inclusion of ‘sexting’ awareness lessons in schools.

Methodology
Data was collected via an online survey, disseminated to schools across the south-west of England. Schools responded to confirm whether they would engage in the survey, and carried out the surveys in class. While the original intention was for anyone aged 11-18 to respond, in reality schools who responded constrained dissemination of the survey to key stage 4 students. In total, 18 schools across the South West participated in the survey with 535 respondents in total.

Background
This research was motivated by anecdotal observations of members of the eSafety group within the South West Grid for Learning that there was a growing prevalence of incidents related to sexting being reported by schools. It aimed to develop the anecdotal observations into a measured piece of research that quantified the scale of the phenomenon and provided evidence to highlight the issues faced by children, young people and professionals with responsibility for their care when dealing with sexting. The detail of this research was published by the South West Grid for Learning in January 2010.

Sources
http://www.swgfl.org.uk/Staying-Safe/Files/Documents/sexting-detail

Sexual Health Guidance for Staff and Carers Working with Looked After Children and Young People
August 2011
Appendix F

(Adapted from East Riding of Yorkshire Council & East Riding Safeguarding Children’s Board Guidance for School Safe Working Policy)

Power and Positions of Trust

Do not use your position
- to intimidate, bully, humiliate, threaten, coerce or undermine children or young people
- to form or promote relationships which are of a sexual nature, or which may become so.

Do
- be aware that behaviour in your personal life may impact upon your work with children and young people
- follow professional codes of conduct at all times
Do not
- behave in a manner, which would lead any reasonable person to question your suitability to work with children or act as a role model.
- openly discuss in any media, the internal and personal matters of the service in a way which can compromise your position and the reputation of the service within the community
- enter into discussions with young people about your private & personal affairs beyond a reasonable professional level

Do not
- give personal contact details to children or young people, including mobile telephone numbers, email addresses or website/social networking sites
- use the internet or web based communication channels including social networking sites, mobile phones, web cams or written communication of any kind to send personal messages to a child/young person
- use or access social networking sites of pupils.

Do
- ensure that gift received or given in situations which may be misconstrued are declared
- only give gifts to an individual young person as part of the agreed reward system

Do
- report and record any incidents or indications (verbal, written or physical) that suggest a child or young person may have developed an infatuation with you or another adult
- always maintain professional boundaries

Communication with Children and Young People (including the Use of Information Technology)

Do
- only use equipment e.g. mobile phones, provided by the service to communicate with children.
- only make contact with children for professional reasons and in accordance with the above.
- report any personal and inappropriate communication by a child or young person to you as soon as possible
• give personal contact details to children or young people, including mobile telephone numbers, email addresses or website/social networking sites
• use the internet or web based communication channels including social networking sites, mobile phones, webcams or written communication of any kind to send personal messages to a child/young person
• use or access social networking sites of young people.

Social Contact

Do
• ensure that social contact with children or their families in the community in your private life does not undermine appropriate working relationship.
• report any concerns you may have arising from contact with children or their families in the community or in your private life
• consider the appropriateness of the social contact according to your role
• be aware that social contact can be misconstrued as grooming

Do not
• have secret social contact with children and young people or their parents
• establish or seek to establish social contact with pupils or their families to pursue or strengthen a relationship with young people

Sexual Contact

Do
• ensure that your relationships with children and young people clearly take place within the boundaries of a respectful professional relationship
• be aware that sexual relationship with a pupil under 18 is a criminal offence, regardless of consent

Do Not
• have sexual relationships with any young person
• have any form of communication with a child or young person which could be interpreted as sexually suggestive or provocative i.e. verbal comments, letters, notes, electronic mail, phone calls, texts, physical contact
• make sexual remarks to, or about, a child/young person
• discuss your own sexual relationships with or in the presence of children or young people

Physical Contact

Do
• be aware there are occasions when it is entirely appropriate staff to have some physical contact with a child
• be aware it is crucial that in all circumstances, staff should only touch children in ways which are appropriate to their professional or agreed role and responsibilities.
• be aware that even well intentioned physical contact may be misconstrued by the child, an observer or by anyone to whom this action is described
• never touch a child in a way which may be considered indecent
• always be prepared to report and explain actions and accept that all physical contact be open to scrutiny

Do Not
• indulge in horseplay

Activities that require Physical Contact

Do
• always explain to a child the reason why contact is necessary and what form that contact will take
• follow recommended guidance and protocols
• conduct activities where they can be seen by others

Behaviour Management and Physical Intervention

Do
• adhere to the organisation’s behaviour management and physical intervention policy
• avoid physical intervention whenever possible
• record and report as soon as possible after the event any incident where physical intervention has been used.

Do Not
• use force as a form of punishment
• use sarcasm, demeaning or insensitive comments or degrading treatment