



# **Sexual Health Guidance for Children And Young People in Care in Devon**

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# **Sexual Health and Relationships Best Practice Guidance for Children and Young People in Care in Devon**

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## **Introduction**

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- 1.1 All young people have the right to receive good sex and relationships education. It helps to prepare them for a healthy adulthood, prevent unintended pregnancy and sexually acquired infections, and supports the development of fulfilling, non-abusive personal relationships. Young people in care are less likely to receive guidance and support about sexual relationships. It is therefore vital that their sexual health needs are considered and addressed by carers and staff.
- 1.2 The White Paper Care Matters: Time for Change (2007) emphasises the fundamental importance of good health and well-being for children in care. It also points to evidence that children in care often have poor sexual health and may be more vulnerable to involvement in risky sexual activity, exploitative and abusive relationships, and early parenthood.
- 1.3 The Devon Young People's Sexual Health Strategy 2008-2012 demonstrates Devon's commitment to work with all partners to help to achieve a shared vision of an environment in Devon which promotes positive sexual health for all young people.

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## **2. Purpose**

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- 2.1 The guidelines apply to carers and staff providing services to young people in care within Devon. They may also be of interest to a range of others, including young people in care, carers and their families. They outline the duties, responsibilities and rights, set out in law and national guidance, and how these can be applied, when providing information and directing young people in care to sexual health services.

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## **3. Responsibilities and Consultation**

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- 3.1 It is acknowledged that young people in care have a huge contribution to make to the services they receive, especially in the area of sexual health. This guidance has been enriched by the openness, and honesty shown by young people in the South West in sharing their experiences. There is an ongoing commitment to the participation of young people in care in developing and reviewing policies and guidelines which affect their lives.
- 3.2 Young people in care have the right to receive the best possible information and advice about their sexual health, and the opportunity to work through any difficulties they may experience.

3.3 Sexual health is a complex area of work, which can engender strong feelings. The knowledge and behaviour of some young people in care is well beyond their years. It is often difficult for carers and staff to know how to respond appropriately.

3.4 Individual supervision of carers and staff promotes confidentiality by reducing the need to discuss details of a young person's sexual behaviour in other forums such as staff meetings and carer support groups. These meetings will remain useful settings for considering values and opinions.

3.5 Best practice is to:

- ensure ongoing support, supervision and training so that you accurate and value-free advice is provided to young people in care
- use supervision to discuss feelings and moral dilemmas as well as whether concerns should be followed up through child protection procedures
- be aware that some young people in care will have previous experiences of abuse and involvement in risk-taking activities, which will influence their response to discussions about personal relationships and sexuality
- exercise extreme caution in sharing personal life experiences with young people in care as they may be misrepresented and misunderstood
- be aware that it may be appropriate to share the feelings and emotions that have been experienced to demonstrate how these can be dealt with in a positive way
- follow 'Safe Care' guidelines to help minimise the risk of false allegations, and reduce the risk of misinterpretation of behaviour
- challenge poor practice of staff and carers

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## **4 Aims and Objectives**

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4.1 The aim of this guidance is to enable carers and staff to positively and proactively promote the sexual health of young people in care

4.2 Objectives of this guidance are:

- to give guidance and information to carers and staff
- to clarify the roles and responsibilities of carers and staff
- to ensure consistency of practice across the county

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## **5. Outcomes of Guidance**

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5.1 Outcomes – it is hoped that by the time young people leave care they will be able to:

- consider their choices, behaviour and responsibilities in their sexual and personal relationships

- have sufficient self esteem to value themselves and others
- understand the need for safer sex and to practice this if sexually active
- value their sexual orientation
- communicate and negotiate effectively about sex and relationships
- access information, advice and support services appropriate to their age, needs and sexual orientation so that they can enjoy good sexual health
- have the knowledge and ability to protect themselves and their sexual partners from unintended pregnancy and sexually transmitted infections
- recognise and avoid exploitative and harmful relationships

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## **6. Principles and values**

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- 6.1 Young people have the right to experience relationships based upon mutual respect, and to be comfortable with their own sexuality and development. They have a right to make mistakes, and to learn from those mistakes. They are entitled to receive advice and guidance that promote positive relationships and their sexual well-being.

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## **7. Recognising discrimination and valuing difference**

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- 7.1 Carers and staff need to recognise the different forms of discrimination in society and pay particular attention to those young people who may be discriminated against, isolated and marginalised. This may be due to their gender, sexual orientation, race, physical or mental ability, religious belief or cultural identity.
- 7.2 Disabled young people may experience subtle forms of exclusion that can result in them receiving a service that does not meet their needs. Disability does not reduce a young person's natural desires for healthy interpersonal relationships and sensual experiences.
- 7.3 Best practice is to:
- give advice and information in a clear and accurate manner that is appropriate to the young person's age, ability, ethnicity, culture, sexual orientation, religion and gender
  - make sure it is relevant and accessible for that particular young person
  - try to use materials that fit with the young person's learning style
  - make sure information and advice is not heterosexist
  - appropriately challenge sexual harassment, inappropriate behaviour and discriminating behaviour by staff and carers, and other young people.

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## **8. The need for sexual and relationship work with children and young people in care**

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8.1 There are several issues that affect young people in care:

- research indicates that young people in care often have poor sexual health and may be more vulnerable to involvement in unwanted sexual activity, abusive relationships, and early parenthood
- interruptions and gaps in education together with changes of school may cause young people in care to miss sex and relationship education
- young women in care are more likely to become young mothers than the general population of young women aged 16 to 24, and less likely to have the support of their family to help them cope
- young men in care are more likely to become young fathers than their peers who are not in care
- care leavers who are parents report wide variations in access to sexual health advice before they became pregnant and many fear involvement with services that could help them in case it leads to their child being taken away
- young people with low levels of educational achievement who leave school without qualifications are at a higher risk of becoming teenage parents. This is often the case for young people in care
- young people in care are more at risk of sexual exploitation and abuse through prostitution
- living in local authority care or running away from it can put young people at increased risk of becoming involved in prostitution
- low levels of self esteem and the wish to be accepted can lead to young people in care giving in to pressure to engage in early or unwanted sexual activity
- young people in care are more likely to have experienced early trauma and/or attachment difficulties

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## **9. Working with parents of young people in care**

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9.1 The Children Act 1989 emphasises the importance of working in partnership with parents on all matters concerning their child's upbringing. For Children in Care this can be complicated as parental responsibility can be shared with the local authority. Many parents (not just the parents of young people in care) are relieved if someone reliable and appropriate takes responsibility for sex and relationships education. Very few parents withdraw their children from the sex and relationships education provided in schools. It is unlikely that parents will object to young people in care being given sex and relationship education by carers and staff if they are informed and consulted.

9.2 Best practice is to:

- encourage young people in care to involve parents in decisions regarding sexual matters, without pressurising them to do so

- where appropriate and possible, gain parental consent to engage young people in care in specific work. If it is unclear as to who has parental responsibility it should be discussed with the young person's care manager.
- keep parents up-to-date about the nature of sex and relationships education and reassure them that it will be given appropriately and responsibly, take account of the child's age and maturity.
- find out from parents what young people have already learned as they have been growing up, and provide what they need to know as they get older
- ensure information is similar to the framework used in school

### 9.3 Potential areas of conflict are:

- parents who have a particular cultural background or religious beliefs will need to be reassured that their views and beliefs will be respected as far as possible
- where there is conflict, the welfare of the young person is paramount and their need for knowledge and support to make informed choices about their sexual health and sexual behaviour will be considered as a priority, and advice may, after consultation and consideration, be given against parental wishes
- some young people's behaviour may be outside the norms or beliefs of their birth family, or a young person's sexuality may be unacceptable to them

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## **10. Access to Sexual Health services**

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- 10.1 Some young people who want to access sexual health services, experience embarrassment, shame, lack of information and fear about the confidentiality of services. These can all be barriers to them accessing the support and information they need.
- 10.2 Encouraging the use of sexual health services by the young person will not only protect their sexual health, but could also address issues of self-esteem, assertiveness and risk.
- 10.3 Sexual health services are free throughout the county and are provided through:
- Sexual Health Clinics
  - General Practitioners
  - Genito-Urinary Medicine Clinics (GUM)
  - Some Youth People's Health drop-ins
  - NHS Health and Social Care website, NHS Direct and Connexions website (see Appendix)
  - pharmacies
  - Children in Care Nurses can give advice directly to young people, carers and staff

- 10.4 Up to date information on local services is available from the Sexwise helpline 0800 28 29 30 or visit [www.ruthinking.co.uk](http://www.ruthinking.co.uk)
- 10.5 The number for textphone (for people with hearing impairments) is 0800 328 1651.

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## **11. Contraception**

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- 11.1 The many forms of contraception available to young women include contraceptive pills, implants, patches and injections. Advice about the suitability of different methods for the young person, taking into account their age, sexual activity, health and reliability is provided through Sexual Health Clinics and General Practitioners.
- 11.2 Contraception is available to under 16s and the practitioner will assess the young person under Fraser Guidelines. Young people under 16 have the same right to confidential advice and treatment as those over 16.
- 11.3 Enabling a young person who is, or will be sexually active, to access contraception is seen in law as an act of protection and not collusion. The provision of condoms by staff and carers can be an appropriate response to safeguard the sexual health of a young person, following discussions with them.
- 11.4 Health professionals who do not offer contraceptive services to under-16s should have arrangements in place for them to be seen quickly elsewhere.
- 11.5 Emergency hormonal contraception, 'morning after pill' is available to young women including those under 16 years, where there has been unprotected sex or a failure of contraceptive method e.g. a condom splits. It should be taken within three days (72 hours) of intercourse, however the earlier it is taken the more effective it is likely to be (EHC is taken in the form of a of a tablet).

Emergency contraception can be obtained free from:

- Sexual Health Clinics
- General Practitioners
- some Young People's Health Drop-ins
- most pharmacists (check if they taking part in the scheme for free supply)
- Accident and Emergency departments

### **Intrauterine Device (IUD) as Emergency Contraception**

- 11.6 If it has not been possible to take emergency hormonal contraception within three days of unprotected sex, it is possible to have an IUD (Intrauterine Device also known as the coil) inserted by a trained health professional up to five days after unprotected sex to prevent an unplanned pregnancy.
- 11.7 Best practice is to:
- ensure that the young woman is seen at a clinic, GP surgery pharmacy or 'drop-in' to receive advice and treatment

- Take care the opportunity to discuss issues around sexual health and contraception, and offer support in negotiating safer sex and accessing appropriate contraception

### **Condom Provision**

- 11.8 Providing condoms to sexually active young people plays a vital role in promoting sexual health, preventing pregnancy, reducing sexually acquired infections and offers an opportunity to give information and help about sexual health in its wider sense. Condoms, when used correctly, provide protection against most sexually acquired infections for young men and women, as well as reducing the risk of conception.
- 11.9 Any young person male or female, under or over 16 years, of any sexual orientation is entitled to be treated with respect and sensitivity when asking about sexual matters and especially when asking about condoms. Information leaflets, a range of condoms and condom demonstrators should be available to facilitate discussions and learning.
- 11.10 A worker involved in issuing condoms should first access the 'Sex and Relationships Training programme', which is provided at regular intervals. They will follow a condom protocol to ensure appropriate demonstration and distribution, and to ensure that the availability of condoms is in line with other policies and procedures.
- 11.11 Condoms are widely available without prescription and can be supplied free to young people through numerous settings, for example:
- Sexual Health Clinics
  - GUM Clinics
  - Young People's Drop-ins

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## **12 Sexually acquired infections**

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- 12.1 Having unprotected sex, penetrative or oral, without using a condom can lead to the transmission of sexually acquired infections.

The numbers of young people with sexually acquired infections is increasing. The largest increases are in young people aged between 16 and 25

- 12.2 Many sexually acquired infections have no symptoms and can be spread and caught without knowledge of their existence. Most however have serious long-term consequences such as infertility.
- 12.3 Best practice is to:
- inform young people about the available services, and support and encourage them to use them, accompanying them where appropriate
  - encourage sexually active young people to attend a GUM Clinic or Sexual Health Clinic even if they have no symptoms
  - respect confidentiality if the young person does not wish to discuss their concerns and treatment with others ( see section on confidentiality)

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### **13. The National Chlamydia Screening Programme**

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- 13.1 Chlamydia is the most commonly diagnosed sexually acquired infection in males and females under 25 years of age, with one in ten testing positive. Often there are no symptoms, so people may not know they have it. Left untreated, Chlamydia can have serious health consequences such as pelvic inflammatory disease, infertility and joint pain.
- 13.2 The Chlamydia Screening Programme was established to address the growing numbers of young people with Chlamydia. It aims to promote the early detection and treatment of asymptomatic infection, prevent the development of future problems and reduce onward transmission of the disease.
- 13.3 Testing is free, confidential and available in many NHS and youth-friendly settings across Devon. It involves a self-taken test. The results can then be emailed, sent by letter or texted to the person. Treatment is free and simple, consisting of a short course of antibiotics. The Devon programme will be aiming to engage all under 25's in opportunistic screening.

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### **14. HPV Vaccination**

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- 14.1 The HPV (Human Papilloma Virus) vaccination programme offers protection to girls against cervical cancer. All girls aged 13 and over will be offered the vaccine
- 14.2 Young people in care will be offered the vaccine in schools, colleges and clinic sessions for those not in education

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### **15. Pregnancy Testing.**

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- 15.1 The early identification of pregnancy is important. This provides time for the young woman to explore and understand the options available and to make an informed choice about the outcome of an unplanned pregnancy.
- 15.2 It enables early access to antenatal care if the pregnancy is to continue and so increases the likelihood of a healthy mother and baby. If the decision is made to have an abortion then it is essential that the young woman has early access to these services.
- 15.3 If a young woman suspects she is pregnant it is preferable for her to have a pregnancy test at a Sexual Health Clinic, Young People's Health Drop-in or GP surgery local service than to do a self test. Unless her period is already overdue it would be too early to do a pregnancy test but may not be too late for emergency contraception.

By attending a clinic for the test, a young woman can receive the appropriate information and support whether the test is positive or negative. Therefore, do not actively encourage the purchase of home pregnancy testing kits, although a young woman has the right to do so if she chooses.

#### **Negative pregnancy test result**

- 15.4 Carers and staff need to encourage a visit to a Sexual Health Clinic or a Young People's Health Drop-in as this will provide an opportunity for the young woman to discuss future contraception and find a method that she is happy with. It will also give an opportunity to have screening for sexually acquired infections.

## Positive pregnancy test result

15.5 The first priority is to make sure the young woman has speedy access to a service providing unbiased information on her options. When pregnancy is confirmed the young woman has three options open to her:

- continue the pregnancy and keep the baby
- continue the pregnancy and place the baby for adoption
- end the pregnancy by having an abortion

15.6 Best practice is to:

- refer the young woman to her GP and midwife for antenatal care, if she decides to continue with the pregnancy
- give an opportunity for further discussion of the test result as a decision made under pressure to continue with the pregnancy or have an abortion can later lead to regret
- be non-judgmental - personal feelings and beliefs may get in the way of practical and non-judgmental discussion and may influence a young woman's decision
- get support and advice for yourself in order to appropriately support the young person
- encourage the young woman to discuss with her social worker
- encourage and support her in discussing with GP or doctor at sexual health clinic
- foster carer may need support from Children in Care Nurses or their own social worker (see confidentiality section)

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## 16. Pregnancy and keeping the baby

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16.1 A young woman in care who is pregnant may face additional difficulties and is not likely to have the support of her birth family. Equally the choice to have a baby may be a positive and planned one.

16.2 The young woman needs guidance and support to enable her to make informed choices about her future and her child's future and every effort should be made by all to view her decision to keep the baby as a positive one.

16.3 Best practice is to:

- discuss the role the young woman sees or wants the father to have before and after the birth
- reassure the young woman that she will be offered support to care for her baby, as many young women who are in care fear that their baby will be taken away from them
- make the young woman aware of her right (or requirement if of compulsory school age) to continue to pursue her education or training

- help the young woman clarify issues about the health of the unborn child or any child protection issues when the child is born, and about how such risks will be managed

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## **17. Working with young men in care who are fathers**

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- 17.1 Support to young fathers may be neglected. It can be a difficult area of work because the choice and responsibility in decisions relating to the baby lies with the young women. Regardless of how the young woman views the situation, young fathers still need to be supported.
- 17.2 It is important that carers and staff provide equally positive regard to the position of the father, compared to the mother. They still need access to information and advice, and where appropriate, in close conjunction with the work being undertaken with the mother.
- 17.3 Best practice is to:
- support the young man in identifying what he wants his role to be - if this conflicts with what the young woman wants, this will need careful handling by carers and staff, especially where the young woman is also in care
  - support the young man to deal with his thoughts, feelings, hopes and fears
  - help him, where appropriate, to play an active role in the child's life and consider what support he will need in order to enable him to do this
  - help to clarify his lack of legal rights as well as his choices and responsibilities in relation to his child
  - seek advice about other ongoing support services available locally.

Guidance: *Supporting Young Fathers: Examples of Promising Practice* (see Appendix)

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## **18. Abortion (termination of pregnancy)**

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- 18.1 The young woman may decide she wants to end the pregnancy by having an abortion. She has the right to make that decision. Young women who are in care have the same rights to confidential advice, information and treatment as other young people.
- 18.2 Most young women do not need formal counselling following abortion, but can find it useful to have the opportunity to think about their current relationships, their aspirations, things about their lives they would like to change and future support needs. This can be especially helpful where pregnancy was accompanied by, or resulted from other problems.
- 18.3 Best practice is to:
- encourage the young woman to talk to her carer and/or birth parents and help to identify a family member or other trusted adult who can offer support
  - respect the young woman's wishes to maintain confidentiality as far as possible: see confidentiality section
  - support the young woman to access timely medical advice on the day of the abortion itself and after the procedure

- help to identify any additional counselling or support needs and help in accessing this
- encourage the young woman to think about future contraception needs and encourage her to access contraceptive services

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## **19. Adoption**

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- 19.1 Even though every effort will be made to support a young woman to keep the baby herself she may come to the decision that she wants the baby adopted.
- 19.2 Carers and staff will need to support the young woman to access advice about placing the baby for adoption, initially through her allocated social worker.

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## **20 Confidentiality**

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- 20.1 Concerns about confidentiality inhibit young people from seeking sexual health advice, and this maybe particularly true for young people in care. They have the same right to confidentiality as other young people. Young people have the right to discuss issues relating to their sexuality with carers and staff, workers from another agency, or not at all.
- 20.2 Maintaining confidentiality for young people in care is more complicated by the fact that they may be living with other young people in residential units or with foster carers and foster carers' own children. Information shared by a young person in care may have an impact on another young person with whom they are living, or there may be child protection concerns.
- 20.3 By providing a safe and respectful opportunity to discuss sexual health matters, it is possible that young people could raise issues that are difficult or uncomfortable for the worker to manage. At all times the worker must remain within the organisation's confidentiality procedure, must operate in the young person's best interest and should seek support through the organisation's supervision procedure.

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## **21. Local Safeguarding Children's Board Guidelines**

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- 21.1 The Devon, Plymouth and Torbay Local Safeguarding Children's Board has produced Guidelines for Health Professionals, working with sexually active young people under the age of 18.
- 21.2 These have been written on the understanding that those working with this vulnerable group of young people will, naturally, want to do as much as they can provide a safe, accessible and confidential service whilst remaining aware of their duty of care to safeguard them and promote their well-being.

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## **22. Health professionals and the Fraser Guidelines**

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- 22.1 Doctors and health professionals have a duty of care and a duty of confidentiality to all patients, including under-16s and young people in care. This includes advice, information and treatment on contraception and abortion. It is possible therefore that information about this goes no further than the health professional and the young person.
- 22.2 Health professionals may provide confidential contraceptive advice and treatment to a young person under 16 provided that they are satisfied that the following (Fraser Guidelines) apply:

- the young person understands the health professionals advice
- the health professional cannot persuade the young person to inform his or her parents (or person with parental responsibility)
- the young person is very likely to begin or continue being sexually active with or without contraception or treatment
- without intervention the young person's physical or mental health or both, is likely to suffer
- the young person's best interests require intervention by the health professional without parental consent

### 22.3 Best practice is to:

- remember that young people in care have the same right to confidentiality as other young people
- give young people in care the opportunity to discuss the meaning of confidentiality in relation to their own circumstances
- maintain the privacy of the young person in care and let them decide what to say and when
- use your judgment to balance the young person's right to confidentiality, with the need to ensure their own and other young people's safety
- inform young people when they first come into care and on a regular basis about the limits on confidentiality for staff and carers
- contact managers and duty workers in other residential units or other area offices for advice about how to deal with a situation (eg whether or not there are child protection concerns) without breaching the young person's confidentiality - this is a difficult area and it is important for staff and carers to seek support and advice for themselves especially where they are concerned
- seek permission from the young person to consent to information being shared when there are concerns and explain why information needs to be shared
- clarify with the young person:
  - with whom information needs to be shared
  - what information will need to be recorded
  - where it will be stored
  - whether the young person can have a copy of what is reported
- where there are child protection concerns for them or for other young people, inform the young person that information will be shared with those who need to know, without their consent
- give reasons for your concerns and the benefits of disclosure

- try to record brief notes of concerns and actions as soon as possible

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## **23. Working with sexualised behaviour**

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- 23.1 Some young people will show inappropriate sexualised behaviour, which will cause concern. There are complex reasons for such behaviour and staff and carers may need specialist support and advice when managing this.
- 23.2 Best practice is to:
- seek support and advice
  - give strong positive messages and images about sexual health and relationships
  - deal with the behaviour in a sensitive manner whilst making it clear it is unacceptable

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## **24. Young people and sexual abuse**

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- 24.1 Some young people may have been victims and sometimes perpetrators of sexual abuse. They may become involved in abusive relationships as a direct result of their early 'mis-learned' experiences. A young person who has been sexually abused will need help to see the difference between healthy and abusive relationships.
- 24.2 Disabled young people face an increased risk of physical, sexual and emotional abuse. Accessible and relevant sexual health information and guidance gives them the knowledge and understanding to make informed decisions about relationships. They are more dependent upon parents and carers for information than their non-disabled peers. They are likely to have less accurate knowledge and this is compounded by fewer social opportunities to reinforce learning.
- 24.3 Best practice is to:
- work with young people to help them to recognise and value healthier, non-exploitative relationships
  - discuss matters with a line manager or supervising social worker if there are child protection concerns
  - handle disclosures sensitively and within the confidentiality guidelines

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## **25. Handling disclosures**

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- 25.1 Carers and staff need to be prepared for a situation where a young person in care chooses to disclose information relating to past (or continuing) abuse. When this occurs child protection procedures must be followed.
- 25.2 Best practice to:
- if possible listen carefully and take the young person seriously, whilst exercising sensitivity and care

- create a confidential space in which to talk
- ensure that a guarantee of confidentiality is not made (see section on confidentiality)
- make notes as soon as practically possible of the detail of what the young person has alleged
- pass the information on to the young person's social worker, as soon as possible, to enable any immediate action to be taken to ensure the safety of the young person or others

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## **26. Working with young people who have sexually abused others**

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26.1 This can be a particularly challenging area of work for carers, staff and parents because of the feelings and emotions it can generate.

26.2 It is however important to note that sexually abusing behaviour is only one aspect of a young person's life. Whilst this behaviour is totally unacceptable, carers, staff and parents need to work with the principle of rejecting the behaviour and not the individual. Working to assess and change this behaviour is specialised work and it may be that specific expertise is needed.

26.3 Best practice is to:

- reject the behaviour but not the individual
- ensure the safety of any other individuals - usual arrangements may need to be supported by specific strategies arising from a risk assessment
- ensure that the background of sexually abusive behaviour remains confidential

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## **27. Abuse through prostitution**

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27.1 Carers and staff need to be alert to any behaviour which might indicate that a young person in care is involved in prostitution or at risk of becoming involved.

27.2 Some indications might include:

- unexplained change in demeanour, appearance or emotional state
- unexplained injury
- periodic absences from where the young person is living; this may be a pattern or irregular
- regular contact from adults who cannot be identified as part of the young person's 'safe' network
- the unexplained appearance of possessions, gifts or money

27.3 It is important to consider other implications of a young person becoming involved in prostitution:

- the potential for violence arising from the activity
- long and short-term health risks, both physical and emotional to the young person

27.4 Best practice is to:

- be aware that it is a small minority of young people in care who become involved in prostitution or the sex industry generally
- be cautious about stating that young people in care are implicated (follow child protection guidelines where you believe this to be the case)
- remember that all young people involved in prostitution, up to the age of 18, are victims of crime and should be treated as such

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## **28. Pornography**

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28.1 Definitions and opinions of pornography vary widely in terms of scope and acceptability. The material usually takes the form of photographs, film, video, DVD material, magazines, books and Internet material, which shows naked or semi-naked people for the purpose of sexually exciting the viewer.

28.2 Material that gives a stereotyped, distorted, or exploitative view of sexuality is widely available in newspapers and magazines, on videos and on the internet, and is commonly purchased or viewed. It is very likely that many young people will get access to such material, particularly via the internet, either deliberately or by accident. At best it can give unhelpful and misleading messages that may be particularly damaging to young people who have been sexually abused. Generally it presents poor images and role models of women and men in society.

28.3 Best practice is to:

- refrain from criticising a young person found in possession of pornographic material
- explain that many people find this sort of material distasteful and why
- when appropriate, have a further discussion about pornography and explore the young person's feelings and attitudes towards it with advice on sexual health information sources
- further action, such as removing the material or preventing access to it, should be discussed with the young person, taking into account their age and maturity, the other children around etc
- The government organization Child Exploration Online Protection Centre (CEOP) gives advice to parents, carers and professionals about safe internet use. [www.ceop.gov.uk](http://www.ceop.gov.uk).

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## **29. Identity and Self-Esteem**

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29.1 Building self-esteem allows young people to value themselves as individuals. It enables them to work out their identity in terms of who they are, what they believe, feel and think about in the world they inhabit. This can positively influence behaviour by giving them the confidence to make decisions based on informed choices, supported by information and advice from staff and carers.

29.2 Factors that influence identity can be both enabling and destructive. If young people face disadvantage and discrimination it can negatively affect how they feel about themselves and how they behave.

29.3 Disabled young people face particular challenges. It may be more difficult for them to take control and make choices, especially those who need help with personal and intimate care.

29.4 Best practice is to:

- encourage young people to speak positively about themselves
- help them to find words for their feelings
- focus praise and comments on the young person's achievements and behaviours rather than their physical appearance
- ensure that they have a safe, private space
- encourage young people to identify what damages their self esteem and support the young person to look at ways of boosting their self confidence
- help them find creative solutions to their problems
- show your continuing commitment to them
- help them develop social networks
- encourage and support them to do the best they can in school
- support their involvement in arts and leisure activities

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## **30. Gay, lesbian, bisexual and trans-gendered sexuality**

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30.1 Young people who are gay or lesbian may fear or experience homophobia from professionals, which hinders them from 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.

30.2 It is important to challenge homophobic comments in a positive manner, as by not challenging comments or statements it reinforces negative feelings.

30.3 It is not for carers or staff to speculate about why young people may have same sex preferences, and it may not be helpful to do so. Similarly, not taking a young person's sexuality seriously may also be unhelpful and add to feelings of low self-esteem.

30.4 Young people in care, particularly those who are lesbian, gay or bisexual 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 acquired infections, including HIV.

30.5 Best practice is to:

- support young people's rights to have same sex encounters and relationships from the age of 16
- be aware of the effects of expressing negative attitudes about sexual orientation
- acknowledge that value judgments about a young person's sexuality can seriously affect their feelings of self worth

- enable and support young people to make informed choices
- ensure that young people have appropriate information and support about safer sex – this may be in the form of one-to-one discussion, leaflets, books and referral to other agencies
- gain support, information and advice from local organizations
- be available to the young person to discuss their sexuality

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## **31. Culture, religion, spirituality and ethnicity**

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- 31.1 Carers and staff need to be sensitive to, and informed by, different racial, cultural and religious norms in relation to sex and sexuality. They will need to be aware of prejudice, stereotyping and generalisations in relation to diverse communities and the impact this can have on young people's sense of self.
- 31.2 Carers and staff may need to be guided by the young person in care to ensure that due consideration is given to their beliefs or religious faith. The young person may need help to develop, according to their capabilities, a sense of personal and collective responsibility towards themselves and others.
- 31.3 In addition, it is important for carers and staff not to impose their own individual moral, ethical or religious beliefs, including personal views regarding sexuality and sexual behaviour, on young people.
- 31.4 Best practice is to:
- consider how beliefs and cultural background affect the advice given to young people
  - be aware that the child/young person may come from a culture of different values and beliefs
  - find out as much possible about the young person's religion rather than make assumptions
  - remember that in all cultures and religions there are a range of views, values and interpretations
  - consider who is best placed to support the young person when their behaviour, or choices may conflict with your own beliefs
- 31.5 Further information on the key values underpinning the major faiths as well as the Humanist movement can be found in *Faith, Values and Sex & Relationships Education (2002)*. Section 3 provides each faith's ethical perspective on a series of topics including contraception, homosexuality, puberty and abortion.

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## **32. Young people with disabilities**

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- 32.1 Sexuality is a core part of all individuals and should not be denied. There should be opportunities for young people with disabilities to explore their sexual identities and have their sexuality acknowledged. They may face particular barriers in growing up and becoming independent, as their experiences of direct and indirect discrimination may lead to a lack of self-confidence. They

may experience isolation from others of the same age and from the opportunities their non-disabled peers enjoy.

- 32.2 Young people with disabilities have the same rights as any other young person to information, advice and guidance. This may need to be more explicit, may take more time and may need to be repeated. Young people with disabilities are less likely to access informal, unstructured social and sexual learning opportunities. They may also need support in talking about their disability and how this may affect their sexual behaviour.
- 32.3 Some young people with disabilities are more at risk of sexual abuse and exploitation and, therefore, need to be appropriately informed about their sexual health and relationships. Intimate personal care with no sexual intention may give rise to sexual arousal and this must be dealt with sensitively, with adequate safeguards in place for the young person and carers.
- 32.4 Sex and relationships education for children and young people with disabilities should not be restricted to helping them to protect themselves from abuse and to understanding appropriate public behaviour, but to maximise their chances of a fulfilling and enriching life experience. It should be based on the specific needs of the young person and rooted in the context of personal relationships, health and hygiene, rights and responsibilities.

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### **33. Young people with learning disabilities**

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- 33.1 Carers and staff should have the opportunity to consider their own attitudes, values and anxieties about young people in their care becoming sexually active.
- 33.2 Some guidelines are as follows:
- ensure that the young person understands that there are clear boundaries between what is private and what is public - this would avoid the confusion which causes some young people with learning difficulties to masturbate in public and which is a common concern for carers and staff, that sometimes can be attributed to the learning difficulty rather than the lack of clear boundaries
  - Staff and carers must be consistent in their response to young people's behaviours and requests for information
  - Young women must be included in decisions about contraception before the decision is "made for them" and they are given longer-term contraceptives without their knowledge or consent

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### **34. Young people with physical disabilities**

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- 34.1 Young people with physical disabilities may receive confusing messages that they are not expected to be sexually active, and this can lead to feelings being suppressed or denied. This can lead to an assumption that as sex is never mentioned or discussed, it is not an area of concern for the young person. It is therefore all the more important for carers and staff to send clear messages that sex and sexual relationships will be supported.
- 34.2 Carers and staff should also consider the needs of visually impaired young people and make sure information is available in Braille or large text; and for hearing impaired young people, make sure that they have the language and communication skills necessary to discuss sex and relationships information.

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## **35. The right to complain for children in care**

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- 35.1 Children in care have the right to complain about the services they receive. It is anticipated that most complaints are resolved informally but young people in care can access the formal complaints process.
- 35.2 The independent organisation Reconstruct can provide advocacy services for Devon children in care. The advocate will visit the young person to find out on their behalf what their rights and responsibilities are. They will check that the young person understands the processes and procedures applicable in their situation and support them to make their views known and/or to make complaints. They will assist them in getting the help, support and services which they need.
- 35.3 In addition, an advocate is offered when a formal complaint is being made.
- 35.4 Independent Reviewing Officers have a role in ensuring that any contentious issues are addressed through the review process.

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## References/ Bibliography

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BMRB International (2003) Evaluation of the Teenage Pregnancy Strategy: Tracking Survey report of nine waves of research. London: BMRB International

Haydon, D 'Teenage Pregnancy and Looked After Children or Care Leavers – Resource for teenage pregnancy co-ordinators' (2003)  
[http://www.dfes.gov.uk/teenagepregnancy/dsp\\_content.cfm?pagelid=140](http://www.dfes.gov.uk/teenagepregnancy/dsp_content.cfm?pagelid=140)

Chase, E and others (2004) 'Rescue Remedies: Teenage conception among young people looked after by local authorities', *Community Care*, 1523, 40-41.

Kieran, K (1995) Transition to Parenthood: Young mothers, young fathers – associated factors and later life experience, LSE Discussion Paper WSP/113. London: London School of Economics.

Swann, S and others (1998) *Whose Daughter Next? Children abused through prostitution*. Barkingside, Essex: Barnardo's.

Cusick, L and others (2004) 'Vulnerability and involvement in drug use and sex work', *Home Office Findings*, 207.

Corlyon, J and McGuire, C (1997) *Young Parents in Public Care: Pregnancy and parenthood among young people looked after by local authorities*. London: National Children's Bureau.

Social Exclusion Unit (1999) 'Teenage Pregnancy' HMSO

Department of Health (2004) *Choosing Health: Making healthy choices easier*. London. TSO.

Lynch, J and Blake, S (2004a) 'Exploring the links between sex, alcohol and other drugs in young people's lives'. A briefing for practitioners', *Spotlight Briefing*, July 2004.

Blake, S and Katrak, Z (2002) *Faith, Values and Sex & Relationships Education*. National Children's Bureau

Devon, Plymouth and Torbay Local Safeguarding Children's Board: *Guidelines for Health Professionals – Working with sexually active young people under the age of 18*.

DfES/TPU (2004) *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*.

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## **Associated Documentation**

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### **Care Matters: Time for Change (DFES 2008)**

This White Paper sets out the steps that the Government will take, together with local delivery partners, to improve the outcomes of children and young people in care. It builds on the conclusions of four working groups established to investigate best practice in supporting those in care to reach their potential by providing excellent parenting, a high quality education, opportunities to develop their talents and skills, and effective support for their transition to adulthood.

### **The Children Act 1989**

Councils with Social Services responsibilities have a duty to safeguard and promote the health of children and young people. The provision of sex and relationships education is part of this duty. Guidance and regulations to the Act (Volume 4) states that 'the experience of being cared for should also include the sexual education of the young person'.

### **The European Convention on Human Rights**

The Convention has now been incorporated into all forms of UK law through the Human Rights Act 1998. The convention protects a series of fundamental rights including the right to privacy and freedom from discrimination.

### **United Nations Convention on the Rights of the Child**

By ratifying this instrument in 1991 the UK governments have committed themselves to protecting and ensuring children's rights.

Relevant articles are:

Article 2 – the right not to be discriminated against in any way

Article 3 – the right to the best decision made for them with their interest being the primary consideration

Article 12 – the right to express their views freely and be listened to

Article 16 – the right to a private life

Article 17 – the right to access information and materials from a diversity of national and international media sources aimed at promoting well-being

Article 24 – the right to the highest attainable standards of health and access to such health care services

### **Every Child Matters (DFES 2004)**

An overarching strategy for children, which aims to ensure that every child has a chance to fulfill their potential. Through the following five outcomes:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

- achieve economic well-being

### **Healthy Care Programme**

The Healthy Care Programme, funded by DFES and developed by National Children's Bureau, is a practical means of improving the health of young people in care through partnership working and participation by young people and their carers. Services are audited against standards and action plans put in place to improve health and emotional well-being outcomes for young people in care.

### **Education of Young People in Public Care - Guidance, published by DoH, Quality Protects and DfEE (1999)**

This guidance assists local authorities in their tasks of safeguarding and promoting the education of children in public care. It sets the framework for each child to have a Personal Education Plan and for each school to have a designated teacher for children in public care. Sex and relationships education forms an integral part of the National Curriculum and it is important that children in public care do not miss out on this as a result of disrupted care and education.

### **Promoting the Health of Looked after Children (DH 2002).**

This guidance supports the development of an effective and flexible system which will address health inequalities, assess health needs, and produce individual health plans for all looked after young people.

It is written in the context of a holistic model of health, which:

'... represents a shift away from a health care system based on annual 'medical' towards a more holistic assessment of a young person's health care needs. These assessed needs refer to both physical and emotional health, including health promotion'.

### **Children (Leaving Care) Act 2000**

This amendment to the Children Act was implemented in October 2001. The amendment arose out of widespread concern that young people left care too early, were not given the appropriate support, guidance and assistance and that the outcomes for this group of young people were poor. The amendment and the associated regulations and guidance ensures that all care leavers must have their needs assessed, have a pathway plan up to age 21 (or 24 if they are in education/training at 21) and a personal advisor to help and support them. There are specific expectations that health, including sexual health and education needs, are covered within the assessment and plan, and support must include support for young parents who are care leavers.

**The National Minimum Standards for Children's Homes** (Care Standards Act 2000) (DH 2002) require that each child is provided with guidance, advice and support, appropriate to the child's age, needs, culture and wishes in relation to sex and relationships education.

In May 2000 the Government issued joint guidance from the Department of Health, Home Office, Department for Education and Skills, and the Welsh Assembly called **Safeguarding children involved in prostitution** – supplementary guidance to working together to safeguard children. This guidance should ensure that local

authorities act quickly and sensitively in the best interests of the children concerned so that preventative strategies can be put in place.

**The Teenage Pregnancy Unit** is taking forward the ten-year Action Plan from the Social Exclusion Unit, to reduce the number of teenage conceptions. It highlights those among vulnerable young people, including those who are looked after.

**Contraceptive and sexual health information and advice:** Legal and Policy Framework for Social Workers, Residential Social Workers, Foster Carers and other Social Care Practitioners' for those working with looked after children and vulnerable young people is now available on their website: [www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk).

**The Department of Education and Skills Sex and Relationships Guidance for Schools** (July 2000) supports SRE work in schools and as part of the national curriculum. It emphasises the importance of effective sex and relationships education if young people are to make responsible and well informed decisions about their lives. It clarifies what schools are required to do by law, offers guidance on developing an SRE policy, tackling sensitive issues and confidentiality and outlines some practical strategies for teaching SRE.

**The National Healthy School Standard, NHSS**, includes a national framework and standards around sex and relationships education (SRE) in schools.

#### **People Like Us – (Utting 1997)**

Report of review of safeguards for children living away from home. This makes clear the importance of age-appropriate sex education and the need for protocols to be drawn up by care agencies.

#### **Fostering National Care Standards Standard 12**

Foster carers have a role in promoting the health of young people in their care and helping them to access the services they need.

**The Sexual Health Flower**

A young person’s sexual health involves more than just practicing safer sex and avoiding infections or unintended pregnancy.

Sexual health has been described as a “flower” with petals that show the many aspects of being a sexual person. As the flower shows, sexual health involves relationships with ourselves, those around us, and the wider society in which we live.

Negative life experiences can affect every petal of this flower and lead to lower self-esteem, high risk-taking and difficulty in establishing and maintaining healthy relationships with others.



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In caring for a young person it is important to recognise that interventions to encourage a young person to become sexually healthy should not focus solely on the avoidance of pregnancy or infection. Development of sexual health can and does take place through a range of experiences. Carers and staff have many opportunities to positively influence the development of it.

Young people can be encouraged to explore their bodies in non-sexual ways. Physical activities, exploring self-image, trying non-invasive, safe touch such as hand massage, dancing and even trying new foods can all help a young person gain confidence in themselves as a sexually healthy person.

Helping young people to develop and maintain friendships with others of their own and the opposite sex can also help to delay sexual activity. It may also avoid young people feeling that they are only valued if they engage in sexualised behaviour.

Sexual health is therefore an integral part of the total care that a young person is receiving.

Adams, J and Painter, C (2004) *Sexual Health Flower taken from Explore, Dream, Discover – working with holistic models of sexual health and sexuality, self esteem and mental health*. Centre for HIV & Sexual Health, Sheffield.

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### **Ten strategies for supporting delay of early sex and resisting pressure to have unwanted sex**

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Although the age of consent to sex is 16, and the average age of first sex for both sexes is 16, a quarter of girls and a third of boys have sex under 16. Research shows that levels of regret, non-use of contraception and risk of conceiving under 18, are considerably higher among young people who begin sex before they are 16. The following strategies are taken from the “Lets Leave it till Later” training programme, developed for the Teenage Pregnancy Unit.

They are to:

- address and build strong friendship skills
- building a sense of rights, self-esteem & aspirations
- offer drama, excitement and alternatives to sex
- address gender issues and work with boys and young men
- assertiveness skills, dealing with pressure, lines to say “no”
- ensure excellent SRE including condoms, sexuality, contraception, how to access services and lots of work on relationships
- work imaginatively with parents/carers
- give them ‘trigger’ thoughts
- work on sensuality and the senses
- give young people the whole picture

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**A checklist for when a young person might be ready to have sex**

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The checklist is as follows:

- You feel you could say no and that would be OK – but you still want to do it
- You have made a special connection with someone – and both feel it
- You know your own mind and know it's right
- You may have some anxieties about it – but not any fear
- Nobody's forcing you, pressuring you or coercing you
- You know you won't regret it – as much as you ever can know that
- You don't need someone else's permission
- You're not doing it just to keep up with your friends
- You've agreed you're both in love and want to take this next step together
- You've been going out for months and have done everything but and can't wait
- You aren't wanting to have sex to keep a boyfriend/girlfriend or just make you popular
- You have talked about it together, discussed using condoms and contraception, and agreed what happens next and whether or not to tell your friends afterwards
- You each want it for yourselves – not just because the other person does or to please them

You are probably ready when you can answer “yes” to at least most, if not all, of these.

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### Age-appropriate information

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Exploration of, and information on, the following topics can be given to children and young people, taking into account their maturity and levels of understanding.

Particular attention needs to be paid to the needs of disabled young people for whom literature may not reflect themselves or their lifestyles. Video and DVDs can be a popular medium particularly for disabled young people. These allow them to watch more than once to reinforce the message, and can be less embarrassing than discussion in a group.

#### Pre-school children

These children can be supported to understand 'private' parts of the body, inappropriate touching, and modesty.

#### Children aged 4 to 7 years

These children can be enabled to:

- understand simple rules around personal safety – 'just say no', who to ask for help, resisting pressure when feeling uncomfortable, safe places to play
- know the names of external parts of the body including agreed names for sexual parts
- talk about and name feelings and emotions
- understand the process of growing from young to old including answering questions truthfully but without sexual detail
- understand family relationships – i.e., a grandmother is a father's mother
- talk about friendships
- understand that they have control over their actions and bodies
- identify and be able to talk with someone they trust

#### Children aged 8-11 years

These children can be enabled to:

- understand how the body changes as the child approaches puberty and how to manage the changes, and by 11, ensure all children and young people know about puberty for both sexes
- where it is clear that children will start puberty earlier than this, staff and carers need to ensure children are appropriately informed and prepared
- take appropriate risks, when to say no, and when to seek help

- resist pressure from peers and adults to behave in risky or unacceptable ways
- be aware of the different types of relationships, partnerships, marriage, friends and families
- form and express opinions and to listen to other people's viewpoint and beliefs
- recognise and challenge stereotypes
- be able to talk about relationships and feelings

### **Young people aged 11-14 years**

These young people can be enabled to:

- manage the physical and emotional changes of puberty in a positive way
- be provided with information, which includes the opportunity to talk about human reproduction, including periods, pregnancy, sexually acquired infections and contraception and where to access further advice and support
- resist pressure to have early or unwanted sex
- understand the meaning and boundaries of confidentiality
- recognise the stages of emotions in relation to loss and change caused by divorce, separation and family break-up and how to manage their feelings
- understand that good relationships can promote mental wellbeing
- have a clear understanding of the law relating to the sexual behaviour of young people
- respect the difference in relation to gender and sexuality
- understand what rights and responsibility means in a relationship

### **Young people aged 14-16 years and above**

These can be enabled to:

- be fully informed about the health and emotional risks of early sexual activity, the link with the use of alcohol, and risks from spiked drinks
- make informed choices about their mental health and well-being and lifestyle
- be provided with a range of health information and local services, including contraceptive and sexual health services
- feel confident in accessing a range of health services, including sexual health services, with a clear understanding of the meaning of confidentiality

- develop and use assertiveness skills in relationships and be aware of exploitation
- set standards of behaviour that are acceptable to partners, particularly in respect of domestic violence
- understand the roles and responsibilities of a parent

### SEX AND THE LAW

#### Age of Consent

The age of consent to sex is 16 for opposite sex and same sex relationships. It is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

Where the two parties are close in age, and the sexual activity is mutually agreed, a prosecution may be less likely to be in the public interest than if one party is much older than the other. However, such decisions are a matter for the Crown Prosecution Service, and need to be considered on a case by case basis.

The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they do not want.

#### Under-16s and the Fraser Guidelines

Under-16s can obtain confidential advice, information and contraception if they are considered legally competent. This has remained the same under the Sexual offences Act 2003. The health professional must establish that all of the following criteria are met and that:

- the young person understands the health professional's advice
- the health professional cannot persuade the young person to inform his or her parents or to allow the doctor to inform the parents that 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
- the young person's best interests require the health professional to give contraceptive advice, treatment or both without parental consent

**The Fraser Guidelines** specifically refer to contraception but the principles also apply to other treatments, including abortion. They refer to doctors but also apply equally to other health professionals in England and Wales.

#### Other professionals providing information and education

Youth workers, residential staff, care workers, foster carers and social workers can provide young people, including under-16s, with information about contraceptive methods and sexually acquired infections. This is part of social care professionals' duty to promote and safeguard the health and welfare of young people (Children Act 1989). Social care professionals and carers can also engage in informal discussions prior to supporting a visit to the local contraception or sexual health service. They

should also make young people aware of emergency contraception, where to access it and how to use it effectively.

The Sexual Offences Act 2003 makes it an offence for anyone to arrange or facilitate anything that would lead to a child sex offence. Section 14 (2,3) of the Act **makes it clear that a person does not commit the offence of arranging or facilitating commission of a child sex offence if s/he acts to:**

- a) Protect the child from sexually transmitted infection
- b) Protect the physical safety of the child
- c) Prevent the child from becoming pregnant, or
- d) Promote the child's emotional well being by the giving of advice

**This exception covers not only health professionals but anyone who acts to protect a child, including social care professionals and carers.**

### **Young People under the age of 13**

The Sexual Offences Act does not prevent the provision of confidential sexual health advice and treatment to young people under 16, **including those under 13**. For example, many under-13s may be interested in condoms but may not be sexually active. Their interest in them may be appropriate and they should be given relevant information, a chance to handle condoms and to ask questions.

In rare circumstances, a young person under 13 may be sexually active. The Local Safeguarding Children's Board guidelines state that in all cases where the sexually active person is under the age of 13, there must be a discussion with the named professional for Safeguarding Children (Working Together 2006). There must also be a discussion with Children and Young People's Services (Social Services) who would make an enquiry to the Child Protection Register and will consult with partner agencies, including the police, as appropriate. This is because sex with someone under 13 is a serious offence and indicates a risk of significant harm to the child, who is deemed unable to give consent to sexual activity. The discussion with Children and Young People's Services must be raised with the young person, highlighting the supportive and non-judgemental aspect.

Action to be taken when a girl under 13 is found to be pregnant will be guided by the in-house protocol of Children and Young People's Services and police, but will always be the subject of a discussion with Children and Young People's Services.

### **Local Government Act 1988 - The Repeal of Section 28**

Since November 2003 Section 28 of the Local Government Act (1988) (which prohibited 'promoting homosexuality as a pretended family' was removed from the statute book after much campaigning to repeal it.

For vulnerable and looked after children and young people, in the Children Act 1989, the section *Enabling young people to build and maintain relationships with others: sexual relationships* it states 'The needs and concerns of gay young men and women must also be recognised and approached sympathetically'. In the section *Enabling young people to develop their self esteem* it states 'Gay young men and women may require very sympathetic carers to enable them to accept their sexuality and to develop their self esteem.'

### **The Children Act 1989 guidance and regulations and sex education**

“The experience of being cared for should include the sexual education of the young person. This is absolutely vital since sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood.”

“Those responsible for the sexual education of young people will need to bear in mind the particular needs of different young people: the fact that young people with mental or physical disabilities have sexual needs should be acknowledged, for instance. And young people who have been abused, or have been in touch with abused young people, may need special counselling if they are not to regard sexual feelings as a matter of shame or to regard sexual relationships as impersonal and exploitative. The needs and concerns of gay young men and women must also be recognised and approached sympathetically.” Volume 4: Residential Care.

## **SEXUAL OFFENCES ACT 2003**

### **Sexual intercourse with someone under 13**

A child under 13 does not, under any circumstances, have the legal capacity to consent to any form of sexual activity so rape would be committed if a person intentionally penetrates with his penis the vagina, anus or mouth of a child under the age of 13. Whether the child agreed to have sex is irrelevant.

Section 5 makes it an offence. This charge, like the corresponding adult offence, redefines the physical act of rape by including penile penetration of the mouth.

Rape and rape of a child under 13 are the only offences in the Act which can only be committed by a man, because they relate to penile penetration.

### **Grooming a child or young person under 18 with the intention of meeting for sex, even if a meeting never takes place, is a child sexual offence**

The Sexual Offences Act 2003 makes it an offence for a person intentionally to arrange or facilitate any action which he intends to do, intends another person to do, or believes that another person will do, in any part of the world, which will involve an offence being committed against a child. Arrangements might be made over the Internet or by telephone but can also result from personal contact between one person who wants to find a child to abuse and another person who is in contact with a child or children.

### **Sex with an adult relative (incest)**

Sex with an adult relative (incest) involving close blood relatives is an offence at any age. A “relative” is defined in subsection 2 as a parent, grandparent, child, grandchild, brother, sister, half brother, half sister, uncle, aunt, nephew or niece.

The Sexual Offences Act has extended legislation to include non-blood relatives in sexual activity with a child family member.

**Sexual activity with a child family member** makes it an offence for a person intentionally to touch a family member aged under 18, where the touching is sexual.

Whether or not the child consented to the activity is irrelevant. The fact that a child aged 13 or over gives ostensible consent to sexual activity is only relevant inasmuch as it may absolve the defendant of a non-consensual offence such as rape or sexual assault.

The definition of familial relationships extends beyond the immediate blood relatives of the child to cover more distant family members who are, or who have been, part of the

child's household or who are, or have at any time held a position of trust in relation to the child. In addition, the prohibited relationships include those who live in the same household as the child and who are regularly involved in caring for, training or supervising or being in sole charge of the child.

The definition of the family unit is drawn into three categories -

- core family members, including adoptive relationships (parents, current or former foster parents, grandparents, brothers, sisters, half-brothers, half-sisters, aunts and uncles) - this offence may be committed as long as the victim is under 18, so for example, even where A is no longer a child's foster parent, he will commit an offence by having sex with that child while the child is under 18
- wider family members who live, or have lived, in the same household as the child or who are, or have been, regularly involved in caring for, training or supervising or being in sole charge of the child (stepparents, cousins, stepbrothers and stepsisters, current or former foster siblings). Where the relationship with the child ceases (for example, where A ceases to be the partner of the child's mother), the offence will still be committed if A has sex with the child while the child is under 18
- and other persons who are living in the same household as the child and who hold a position of trust or authority in relation to the child at the time of the alleged offence (e.g. a lodger who regularly baby-sits the child) - this category of relationship differs from the other two categories in that an offence will not be committed if A has a lawful sexual relationship with the child after the familial relationship has ceased, even where the child is under 18

### **Consent and People with Learning Disabilities (included in the category of mental disorder)**

It is important to appreciate that where a person with a mental disorder is able to consent freely to sexual activity, they have the same rights to engage in consensual sexual activity as anyone else.

### **Offences committed against persons with a mental disorder**

These offences apply in cases where the victim is unable to agree to the sexual activity because of a mental disorder which impedes their choice or it might appear that the victim had agreed to the sexual activity but because of a mental disorder which makes them vulnerable to inducements, threats or deceptions or because they are in a relationship of care their consent was not or could be deemed not to have been freely given.

### **Protection of vulnerable 16 and 17 year olds under the Sexual Offences Act 2003**

A new set of offences specifically dealing with the exploitation of children through prostitution and pornography provides **protection for all children up to the age of 18**.

### **Sexual contact between professionals and consenting 16 and 17 year olds**

Under the Sexual Offences (Amendment) Act 2000 it became an offence for a person over 18 who was in a **position of trust in relation to someone under 18**, to have sexual intercourse (vaginal or anal), or engage in any other sexual activity with them. This has been re-enacted in the Sexual Offences Act 2003 and the roles extended. Positions of trust include, for example, employment in a residential home or detention centre or in an educational establishment.

The offence covers all children under 18, however it is principally designed to protect young people aged 16 and 17 who, even though they are over the age of consent for sexual activity, are considered to be vulnerable to sexual abuse and exploitation from particular classes of persons who hold a position of trust or authority in relation to them.

### **Pornography**

The Sexual Offences Act 2003 amends the Protection of Children Act 1978 so that the offences under that Act of taking, making, permitting to take, distributing, showing, possessing with intent to distribute, and advertising indecent photographs or pseudo-photographs of children will **now also be applicable where the photographs concerned are of children of 16 or 17 years of age.**

### **Prostitution**

Paying for sexual services of a child makes **it an offence for any person intentionally to obtain for himself the sexual services of a child aged under 18.**

This offence is targeted at the recruitment into prostitution or pornography of a child who is not engaged in that activity at the time. This covers both first time recruitment, and re-recruitment of a child who has previously been involved but is not currently involved at the time. (Where the child is already involved in prostitution or pornography, the offence of controlling a child prostitute or a child involved in pornography at section 49 will be the appropriate one to charge.)

The offence would be committed where a 'pimp' makes a living from the prostitution of others and encourages new recruits to work for him. It could also cover where the defendant forces the victim to take part in child pornography for any reason (for example in order to pay the rent for the accommodation they share).

The offences are not committed where the defendant reasonably believes that a child in reality aged 13-17 is aged 18 or over. It will be for the prosecution to prove that A did not reasonably believe that the child was aged 18 or over. Where the child is aged under 13, the defendant will commit the offence regardless of any reasonable belief about the child's age.

### **Gender Recognition Act 2004**

The Gender Recognition Act allows transsexual people to re-register gender – this is called gender recognition. A person's re-registered gender – in the Act their acquired gender – becomes their legal gender for all purposes, including the capacity to marry in the acquired gender. A replacement birth certificate will be available in the acquired gender (and in the person's new name). The Act includes a provision to prohibit the disclosure of information that a person has re-registered gender.

### **The Bichard Inquiry – Recommendations**

The Bichard Inquiry Report on child protection procedures, record keeping, vetting and information sharing has drawn attention to the risks involved and poor practice, in failing to take sufficiently strong measures to deal, in particular, with Ian Huntley's relationships with 15 year old girls, when he was in his twenties. The Inquiry Report suggests that the Department for Education and Skills should issue national guidelines on how to distinguish between cases where the normal requirement to notify the police applies and those cases in which exceptional circumstances may apply. It is

suggested that these could draw upon criteria adopted by a local protocol developed by Sheffield Social Services.

**Devon, Plymouth and Torbay Local Safeguarding Children's Board** has produced guidelines based on these criteria. They are designed to assist those working with young people to identify where relationships may be abusive and the young people may need the provision of protection or additional services. In looking at the facts of the relationship, **power imbalances are very important and can occur through differences in size, age and development and where gender, sexuality, race and levels of sexual knowledge are used to exert such power.** In order to determine whether the relationship presents a risk to the young person, the following factors should be considered:

- whether the young person is competent to understand, and consent to, the sexual activity they are involved in
- the nature of the relationship between those involved, particularly if there are age or power imbalances as outlined above
- whether overt aggression, coercion or bribery was involved including misuse of substances as a disinhibitor
- whether the young person's own behaviour, for example through misuse of substances, places them in a position where they are unable to make an informed choice about the activity
- any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship
- whether the sexual partner is known by the agency as having other concerning relationships with similar young people
- whether the young person denies, minimises, or accepts concerns
- whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with behaviours considered to be 'grooming' as per sexual exploitation

### Organisations, websites and help lines

#### **Sex Education Forum**

8 Wakely Street

London

EC1V 7QE

Tel: 020 7843 6052

[www.ncb.org.uk/sexed.htm](http://www.ncb.org.uk/sexed.htm)

Provides publications and resources, as well as an information helpline for professionals involved in sex and relationship education.

#### **Family Planning Association**

2-12 Pentonville Road

London N1 9FP

Tel: 020 7837 5432

Helpline: 0845 310 1334 (9-7 mon-fri)

[www.fpa.org.uk](http://www.fpa.org.uk)

Provides training, consultancy and resources for professionals, as well as leaflets for young people.

#### **Brook**

421 Highgate Studios

53-57 Highgate Road

London NW5 1TL

Tel: 020 7284 6040

Helpline: 0800 018 5023

[www.brook.org.uk](http://www.brook.org.uk)

Provides a free helpline for young people giving information on contraception, pregnancy, counselling and infections, and resources for young people and professionals.

#### **Likeit**

A site addressing a wide variety of issues relevant to young people. Accessible and colourful with information and games.

[www.likitis.org.uk](http://www.likitis.org.uk)

#### **British Pregnancy Advisory Service**

Provides various contraceptive services and abortion. The site provides accurate information about abortion methods and specific information about its services.

Tel: 01564 793225

Action Line: 08457 30 40 30

[www.bpas.org](http://www.bpas.org)

**Fostering Network**

87 Blackfriars Road  
London SE1 8HA  
Tel: 020 7620 6400

[www.thefostering.net](http://www.thefostering.net)

The UK's leading charity for everyone with either a personal or professional involvement in fostering.

**Who Cares Trust**

Kemp House  
152-160 City Road  
London EC1V 2NP  
Tel: 020 7251 3117

[www.thewhocarestrust.org.uk](http://www.thewhocarestrust.org.uk)

Linkline: Freecall 0500 564570 – mon, wed, thurs 3.30-6.00pm. The Who Cares? Trust works to improve the day-to-day lives of children and young people in and preparing to leave public care.

**British Agencies for Adoption and Fostering**

Skyline House  
200 Union Street  
London SE1 0LX  
Tel: 020 7593 2000  
[www.baaf.org.uk](http://www.baaf.org.uk)

The leading UK charity working for children separated from their birth families.

**Barnardo's**

Head Office  
Tanners Lane  
Barkingside  
Ilford  
Essex IG6 1QG  
Tel: 020 8550 8822

[www.barnardos.org.uk](http://www.barnardos.org.uk)

**Education for Choice**

2-12 Pentonville Road  
London N1 9FP  
Tel: 020 7837 7221

[www.efc.org.uk](http://www.efc.org.uk)

The website includes up to date and accurate information on abortion as well as downloadable factsheets, news briefings and links to useful websites.

**Connexions**

Website giving confidential advice support and information to 13 to 19 year olds

[www.connexions-cd.org.uk](http://www.connexions-cd.org.uk)

**ruthinking and sexwise**

The Teenage Pregnancy Unit website and helpline provides a range of sexual health information for young people.

Helpline: 0800 28 29 30 (7am – midnight)

[www.ruthinking.co.uk](http://www.ruthinking.co.uk)

**Maternity Alliance**

2-6 Northburgh Street

London EC1V 0AY

Tel:020 7490 7639

Information and support for pregnant women and new parents on services, benefits and rights.

[www.maternityalliance.org.uk](http://www.maternityalliance.org.uk)

**National Council for One Parent Families**

255 Kentish Town Road

London NW5 2LX

Tel:020 7428 5400

Helpline: 0800 018 5026 (mon-fri, 9-5)

[www.oneparentfamilies.org.uk](http://www.oneparentfamilies.org.uk)

### Young People in Care who are Parents

It is good practice for staff/carers and the young mother/father to find out about and to be aware of local young parent groups, services provided by family centres and children's centres and Sure Start projects. It is also essential that good relationships are encouraged and maintained between the young mother and the midwife/health visitor.

It is a statutory requirement that a young mother continues her education until she reaches school leaving age. She will be entitled to 18 weeks authorised absence (maternity leave) from school to cover time immediately before and after the birth. The policy for the education of school age mothers states the procedures for supporting a pregnant /young mother in school and is available from the Education Welfare Service.

Care to Learn is a funded child care scheme aimed at under mothers who are under 20 years. A Connexions personal advisor will assist a young parent to access the scheme. It is crucial that this process is started early, potentially before the baby is born, as it may take time to seek both childcare and a college/work based learning/training place.

It may be more beneficial, if childcare is needed, to look at a childminder rather than a nursery. Childminders can be cheaper, more flexible and could also provide support to the young parent themselves. Support in finding suitable childcare is available from the Childcare Referral Adviser 01392 385539 or Devon Information on Services for Children (DISC) Tel: 0800 056 36 66.

[www.dfes.gov.uk/teenage-pregnancy](http://www.dfes.gov.uk/teenage-pregnancy)

Gelder, U *'Boys and Young Men: 'Half the Solution' to the Issue of Teenage Pregnancy. A Literature Review'* (2002)

## Equality Impact RAPID Assessment Form

### To be completed for all Policies, Strategies & Service Development

Name of strategy, policy or project: Sexual health Guidance for Children and Young People in Care in Devon
Locality and service area covered: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Employees</li> <li><input checked="" type="checkbox"/> Patients/clients/service users</li> <li><input checked="" type="checkbox"/> Partnerships/organisations</li> <li><input type="checkbox"/> Visitors</li> <li><input type="checkbox"/> Staff from other organisations</li> </ul>
<i>Name and contact details of officer completing assessment:</i> Telephone no: Lesley Cuthbert  Email address:lesleycuthbert@nhs.net
1. What is the main purpose of the strategy/policy/project (or the changes you want to make to it)?  To improve the sexual health of children and young people in care
2. What are the main activities of the strategy/policy/project?  To promote consistency, give information and sign post to services. To promote best practice
3. Who is intended to benefit from the strategy/policy/project, and how? Children and young people in care Foster carers Families Staff It is hoped that all the above can benefit from the guidance by increasing awareness of sexual health issues for young people in care, giving practitioners suggestions for best practice and carers and birth families information about sexual health issues.
4. Is the strategy/policy/project consistent with the Trust's equality policies? e.g. Acceptable Behaviour, Whistle Blowing, Zero Tolerance, Equal Opportunities  x <input type="checkbox"/> Yes

<input type="checkbox"/> No <b>IF NO, COMPLETE AN INTERMEDIATE ASSESSMENT</b>
<p>5. Is responsibility for the strategy/policy/project shared with another service, Trust or organisation?</p> <p>x <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>6. If yes, what responsibility and which bodies?</p> <p>Children and Young Peoples services and the Children's Trust to ensure it is disseminated and used.</p>
<p>7. Have they completed an EIA? <b>Please provide a copy</b></p> <p>Attached</p>
<p>8. Will this policy/service consultation be available in other formats, other languages. Braille, British Sign Language. Audio/video tape or statement acknowledging services are available in other formats. <b>Please detail formats that are available</b></p> <p>The guidance is presently printed in English, either in electronic form or printed format.</p>
<p>9 a) Is there likely to be any positive or negative impact on different sections of the community or employees?</p> <p>Positive impact for young people in care</p> <p><b>IF THERE IS LIKELY TO BE AN IMPACT COMPLETE AN INTERMEDIATE ASSESSMENT</b></p>
<p>9 b) Could you minimise or remove any negative impact?</p> <p>Explain how:</p>

9 c) Could you improve the strategy, project or policy's positive impact?

- Increase participation with young people in care and care leavers
- Use this document alongside The Devon Sexual Health Strategy (2008)

Explain how:

- Meet with individuals and groups of young people in care to discuss the best ways of implementing the guidance and ways that it might change in the future
- The Devon Sexual Health Strategy is a partnership document, that will drive forward changes to the present sexual health services.

## Equality Impact **INTERMEDIATE** Assessment Form

What impact is the strategy/policy/project likely to have on different sections of the community or employees? **Please use the table below**

	Impact – ✓ box	Reason	Are there additional factors that could contribute to the negative impact? If so, what are they?	Evidence/Consultation
Gender	+      -      none			
• Women	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Men	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Ethnic Group				
• Asian or Asian British people	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Black or Black British people	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Chinese people	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Gypsy or Roma People	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Irish People	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• People of Mixed Heritage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• White People	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• People of other ethnic backgrounds	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Asylum Seekers and Refugees	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
People with physical disabilities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
People with sensory or learning disabilities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Deaf People who use British Sign Language	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
People with mental health needs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Lesbians, gay men and bisexual people	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Trans people	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Age	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Older people (60+)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

	Impact – ✓ box	Reason	Are there additional factors that could contribute to the negative impact? If so, what are they?	Evidence/Consultation
Younger people (17-25) and children	X <input type="checkbox"/> <input type="checkbox"/>	Guidance to be implemented across Devon.		Young people were consulted to form the Guidance.
People of different faith groups or beliefs including non-believers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Travellers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

**Notes:**

- Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when assessing positive and negative impacts.
- The categories relating to ethnicity include those used in the 2001 census. Consideration should be given to the needs of specific communities within the broad categories such as Bangladeshi people and to the needs of other communities such as Turkish/Turkish Cypriot, Greek/Greek Cypriot and Polish that do not appear as separate categories in the census.
- An adverse impact does not necessarily require action to be taken. Actions must remain in proportion with the benefits that could be achieved and resources available to complete them. If adverse impacts are identified and actions for improvement are not proportionate, the reasons for not taking action should be detailed and open to challenge.

	<p align="center"><b>Does the Function/Policy/Project</b></p> <p>1. <b>Eliminate discrimination?</b>  2. <b>Promote equal opportunities?</b>  3. <b>Promote good community relations?</b>  4. <b>Not applicable</b></p>	<p>Is there evidence or reason to believe that some groups could be negatively affected?</p> <p>How much evidence do you have?</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Little</td></tr> <tr><td>2</td><td>Some</td></tr> <tr><td>3</td><td>Substantial</td></tr> </table>	0	None	1	Little	2	Some	3	Substantial	<p>Is there any public concern that the function or policy is being carried out in a discriminatory way?</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Little</td></tr> <tr><td>2</td><td>Some</td></tr> <tr><td>3</td><td>Substantial</td></tr> </table>	0	None	1	Little	2	Some	3	Substantial	<p><b>Priority</b></p> <p>(add columns 2 &amp; 3)</p>
0	None																			
1	Little																			
2	Some																			
3	Substantial																			
0	None																			
1	Little																			
2	Some																			
3	Substantial																			
	1	2	3	4																
<b>RACE</b>	2	0	0	2																
<b>DISABILITY</b>	2	0	0	2																
<b>GENDER male/female</b>	2	0	0	2																
<b>Lesbian Gay Bisexual Transsexual</b>	2	0	00	2																
<b>RELIGION / BELIEF</b>	2	0	0	2																
<b>AGE</b>	2	0	0	2																

**IF THE PRIORITY SCORE IS GREATER THAN OR EQUAL TO 3 THEN PLEASE COMPLETE A COMPREHENSIVE ASSESSMENT**

**Please sign and date this form. One copy should be attached to the original policy/strategy/service change.**

Signed:

Date: