Delivering Best Practice on Relationships and Sexual Health For Staff and Carers Working with Children and Young People Who are Looked After

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1. Introduction and Background

Renfrewshire Council and NHS Greater Glasgow and Clyde are committed to addressing the health and wellbeing of children and young people that are looked after either at home or away from home and in residential care or foster care. [1, 2]

Compared to the wider population of children and young people, those who are looked after often experience poorer health and wellbeing outcomes. One of the areas where this can be most profoundly experienced is in their relationships, sexuality and sexual health. It is therefore crucial that the important adults in the lives of children and young people are able to respond and intervene appropriately to the evolving and changing needs that children and young people have.

This document has been developed with a view to it providing a basis for enhancing the practice of everyone who has a role in supporting looked after children, to enable them to meet the very significant needs that looked after children and young people present with their sexual health and relationships.

By implementing this guidance, we are demonstrating our intention to support the delivery of continuous and consistent high level of best practice within Renfrewshire. Importantly this guidance represents our commitment to promoting healthy relationships and positive sexual health and wellbeing to all children and young people.

This guidance is therefore designed to foster a culture among staff that normalises discussion of relationships, puberty and sexual health, and helps staff to change young people's perceptions so that they have the knowledge, attitudes and practical skills to delay sexual relationships until they are physically and emotionally mature enough to handle the consequences of a sexual relationship.

There is a tendency in society when speaking about sexual health with children and young people to focus solely on the negative aspects of sexuality, in the hope that this will dissuade and scare young people from engaging in such activity. Whatever the rights and wrongs of such an approach, it is clearly not effective, as growing numbers of young people become sexually active at an early age. This guidance therefore seeks to promote a more balanced view of human sexuality by acknowledging that sexual experiences should be about mutual pleasure, intimacy and respect. Staff and carers should help young people to realise that these goals are best achieved when they are older, have the maturity to know 'who they are' and they have the skills and confidence develop healthy, happy relationships.

> (Sexual Health is) A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled
>
> World Health Organisation
> Working Definition of Sexual Health

2. Aims, Objective and Principals

The overarching aim of this guidance is:

- To provide information, guidance and best practice examples for staff and carers to enable them to provide children and young people with advice, information and guidance about relationships, sexual health, and sexuality**.**

The objectives of this guidance are to enable children and young people to:

- Make decisions and informed choices.
- Be aware and understand possible protective and negative consequences in relation to their sexual health, relationships and wellbeing.
- Enable young people to know how and where they can obtain contraception and advice about how to use.
- Develop into adults who can enjoy their sexuality in a safe and healthy manner.
- Gain skills and confidence in coping with relationships and sexual matters.
- Know where, when and how to access sexual health services as well as other forms of confidential support and advice.

This guidance should enable staff and carers to:

- Give accurate and informed advice to young people.
- Talk confidently to young people about sex and relationships.
- Access ongoing support and training.
- Be respectful and responsive to diversity (e.g., race, gender, disability, religion and sexuality) and have the confidence to challenge any negative attitudes.

Relationships and sexual health education should:

- Be delivered in an environment that is supportive and safe.
- Be done in a manner appropriate to young people in terms of their developmental stage, learning ability and previous knowledge and experience.
- Be delivered in an anti-discriminatory context.
- Not perpetuate shame, guilt or prejudice.
- Respect, promote and support the rights of young people.
- Help young people understand their responsibilities in acknowledging the rights of others.
- Ensure that young people have the right to confidentiality unless it meant that not passing on information could harm others or themselves.

3. Organisation and Management
3.1 Professional Boundaries

Staff and carers need to be mindful of the fact that it is through the trusting relationships developed with children and young people in their care that they are best placed to provide them with opportunities to safely discuss and explore their emerging sexuality and sexual behaviour. These relationships and discussions must, at all times, be undertaken in a professional context and within existing guidelines and codes of practice.

Staff and carers must always ensure that their relationships with children and young people are safe, caring, respectful and sensitive, and are maintained within appropriate professional boundaries. Under no circumstances would it be acceptable for staff or carers to engage in a personal or sexual relationship with a child / young person.

Some children and young people have a limited knowledge of sexual health and relationships and a basic lack of understanding of how their body works. Many children and young people who are accommodated have experienced abuse, whilst some may become involved in high-risk behaviours. Both of these may distort their responses when working with them around sexual health and relationships. Staff and carers therefore should always bear in mind the child / young person's background when offering any guidance on sexual health and relationships, whether responding to general questions or undertaking specific work on certain topics. Any planned work with children / young people should form part of their care plan.

It is inappropriate for staff and carers to share information relating to their own personal intimate relationships and sexuality. Inappropriate use of personal information has been used to prime and groom young people towards abusive and exploitative relationships. If staff or carers have any doubts then they should discuss them with their line manager or link worker.

Some male staff find the concept of having discussions with children and young people, (especially young women), concerning. Male staff can be concerned that in doing or seeking to undertake this work that their motives for doing so will be questioned. Male staff should therefore be encouraged and supported to see this as a positive and necessary part of their role. This can contribute to an improved culture of openness while giving young people the chance to benefit from having positive male role models.

Staff should be mindful that in conversations with children / young people the use of humour should be used carefully and not reinforce stereotypes about gender, sexual orientation or sexual behaviour.

When working with children and young people on sexual health and relationship issues, staff and carers should be mindful of existing practice-guidance on safeguarding issues e.g. codes of conduct, dress codes, children and young people's rights to privacy, whistle-blowing procedures etc. For residential staff and foster carers in provision directly provided by the local authority, reference should be made to existing guidance on safe caring.

3.2 Care Planning and Reviews

The health and education of children and young people are important issues that must be addressed throughout the care planning and review process. In planning and managing care plan reviews local authorities should balance the requirements of accountability and information-sharing with children and young people's rights to privacy and normality. Reviews should be managed so that children and young people and their parent(s) are able to see a review as helpful rather than intrusive. Sexual health issues can be very private and sensitive topics and a review is not the best place to discuss these issues in depth. However, general issues in relation to sexual health and education of children and young people should be included in the planning and review process.
Any proposed work in the care plan should be more general and shaped by the expressed needs and concerns of children and young people, alongside their existing levels of knowledge and sources of information.

Children and young people should be encouraged to take an active role in choosing the person who will be supporting them around sexual health matters. Choices around the sex of the adult, ethnicity and sexual orientation should be accommodated as much as is practicable.

Where staff need to discuss the specifics of young people's behaviour and sexual health matters this should be done using the risk assessment process

Some young people's behaviour places them in danger and presents a risk to others. In such cases local child protection procedures should be followed, with a review of the action plan linked to the existing care plan reviews.

3.3 Confidentiality

This is an issue that causes great anxiety and concern for children and young people, staff and carers alike. It is essential that the boundaries of confidentiality are clearly understood by all. Children and young people have the right to expect that all personal information should be kept in confidence.

In cases of suspected or actual abuse, or whether general health or safety of that child / young person, or others, may be an issue, local child protection procedures will apply.

Best Practice

It may be an idea to have a 'notice' displayed in rooms where one to one discussions take place. Here is a suggestion on how a notice could be worded

Confidentiality Information

- **You will be treated as a responsible Individual**
- **You will be believed in no matter what you are thinking about**
- **In all decisions to do with your confidentiality your best interests are most important**

The information you give will not be discussed without your say or written consent, unless a staff member feels you are at harm from yourself or someone else. Staff will discuss this with you and a decision will be made about what to do next. You will be kept informed as much as possible.

3.4 Working with Birth Parents and Extended Carers

All parents, foster carers, kinship carers will be made aware of this guidance through routine contact with staff.

The views of parents without parental rights and responsibilities and other people who the local authority consider relevant e.g. a relative with whom the child is placed away from home, must also have their views considered.

During a child / young persons life, there may be occasions when issues relating to sexual behaviour or its outcomes are not communicated to staff and carers. Decision making on this matter should take into account the views of the young person, and their overall "best interests". In general, staff and carers should encourage and support children and young people to share information with their parent(s) where it is safe to do so. Information should not be shared with parents of young people aged 16 -18 years against their wishes.

It should also be noted that in Scots Law a child under the age of 16 has the legal capacity to make decisions on health interventions, provided they are capable of understanding its nature and possible consequences. This is a matter of clinical judgement and will depend on the age, maturity of the child, the complexity of the proposed intervention, its likely outcome and the risks associated with it.

Best Practice

- This policy will be made available, in appropriate format, to parents and carers.
- Parents and carers will have a clear route through which they can discuss any concerns about the implementation on this policy with respect to the young person.
- Religious and cultural views of parents and carers need to be taken into consideration but overall the young persons best interests come first.
- The child / young person's right to confidentiality when seeking information will be explained to parents, bearing in mind the child's age and level of understanding.

3.5 Implementing and monitoring the guidance

Children and Young People

Children and Young people in Renfrewshire will be given informed about this guidance and how they can access it.

Staff and Carers

Staff and Carers will be issued with the guidance and will be supported, trained and supervised on practice issues.

Monitoring

The effectiveness of this guidance will be monitored and reviewed. The process will aim to gain the views of staff, carers and young people on the effectiveness of the policy and incorporate and changes arising from legislation and best practice.

Best Practice

- Guidance is only effective if it is put into practice. The information contained within this document will be shared with staff, carers, children and young people.
- This should also be available to children and young people in other languages and through other forms of communications e.g., BSL and Braille where necessary.

4. Normalising Discussion of Relationships & Sexual Health Between Adults and Children & Young People

4.1 Early Messages

From early childhood, children absorb all types of messages from the world around them. In particular, they learn about being a boy or girl, their bodies and rules about behaviour. If they learn about these topics from the trusted adults in their lives, they are more likely to learn messages that are accurate and helpful. A key element of this document is to encourage staff and carers to view sexual health & relationships learning as part of routine child development. It acknowledges that children and young people are sexual beings and that they require guidance as they are growing up to help them understand the world and their place within it. It is important therefore that the 'building blocks' for positive sexual health & development (most of which are not explicitly sexual) are put in place in an age-appropriate manner throughout childhood.

Just like parents, some staff and carers may not be immediately comfortable with the idea of talking with children about sexual health and well-being. They may be unsure where to start, how to pitch input or have worries that such matters are not suitable for children who may have already experienced neglect or abuse at an early age or who have additional support needs. However, it is very important that staff and carers use training opportunities to work through these issues. Creating a healthy dialogue on sexual health & relationships, listening to children and welcoming their questions and comments are the best means we have of protecting children. It is even more important that children who are looked after and accommodated know that they can broach such subjects with the trusted adults in their lives.

What pre-school children need to know is basic but provides them with some early protective messages around ownership of their bodies, names and social rules about private parts and about appropriate / inappropriate secrets and touching. It is also useful to encourage them to talk about emotions, feelings, and friendships. Staff and carers should also be mindful of the fact that children learn from how adults behave, what adults do not say and the opinions they express. It is important therefore that staff and carers are aware of the verbal and non-verbal messages that children receive about expectations, gender roles, relationships, problem solving etc.

Children, particularly those who have difficulty forming relationships, who have attachment difficulties or who have experienced neglect, will benefit from staff and carers clearly showing concern for their safety and health before adolescence begins. How children will respond to puberty and to sexual health and relationship education will largely depend on their early experiences and the quality of the parenting they have received.

Best Practice

Staff and carers should try to answer all questions sensitively and honestly, in an age-appropriate manner. If more detailed information is required they should seek appropriate support or information.

- Staff should, where appropriate, ensure parental involvement in the same conversations.
- Children should be encouraged to take care of and respect their bodies and other peoples, with this being reinforced by rules e.g. “no-one is allowed to hurt anyone else here”.
- Staff and carers should use the proper names for private body parts with children

- Staff and carers should sensitively use issues in the media as an opportunity to open a discussion about particular topics.
- Staff and carers therefore need to role model problem solving, whether that is about dealing with relationships or difficult emotions.
- Staff and carers will ensure children know their safety and health are important.
- Staff and carers should seek advice and support for children with problematic sexualised behaviour.

4.2 Puberty

Puberty can be an exciting but also a confusing and embarrassing time for children and young people due to the physical and emotional changes they experience as their bodies develop into adulthood. It can be particularly stressful for children and young people who may have difficulty in trusting adults or who are less likely to enjoy positive relationships with their peer group. Puberty may also bring a range of emotions and reactions from children and young people and it can be a time when they develop unhealthy eating patterns and lifestyles.

Staff and carers should prepare children and young people in advance for both the physical and emotional changes they will experience during puberty and reassure them that puberty is a normal experience. Young people need a basic understanding about their bodies and how they work before puberty starts. Whilst the onset of puberty varies, it can begin as early as 9 years of age. Age appropriate reading material can help prepare young people for the changes they will experience and provide a focus for discussions with staff and carers. Young Women need to be prepared for menstruation, vaginal discharge and breasts starting to grow. Young men need to be aware that their voice 'breaks' deepens; their penis will grow, erections, muscle growth, 'wet dreams' and Adam's apple growth will all occur during puberty. Hormonal and emotional changes, mood swings, growth of body hair, tiredness, awareness of sexuality and masturbation are likely to affect all young people.

It is really important that girls are fully prepared for the physical and emotional changes that can occur when they start to menstruate. Some girls can start their periods at the age of 9 so it is important not to delay learning about this important part of girls' development. Some young women may require additional support including health care to manage the physical and emotional impacts of menstruation. This might include accessing a GP or other health practitioner. Young women that have experienced sexual abuse may require more intensive support to manage menstruation.

Unfortunately menstruation can be referred to in negative terms, as something to be ashamed of and not to be discussed openly. Because of this some young women can view menstruation with anxiety and some young men can use it as a source of inappropriate humour. It is therefore important that staff and carers discuss menstruation in general terms openly and positively with all young people and always challenge negative remarks, inappropriate jokes and ridiculing behaviour especially involving sanitary products. A similarly level of openness should occur in respect of changes experienced by young males.

Best Practice

Young people should be encouraged to take responsibility for their personal care and hygiene and should have easy access to toiletries, skin care products, sanitary materials and disposal. They should ensure that girls are aware of the range of sanitary products available and how to fit them before their bodies reach puberty.

- Staff and carers should be aware that emotional difficulties e.g. those arising from low self-esteem and/or sexual abuse can affect how young people experience puberty and manage their own self-care.
- Any emerging unhealthy eating patterns and lifestyles should be discussed with the young person's social worker and the carer's link worker.

- Staff and carers need to be familiar with different cultural and minority ethnic practices in relation to puberty.
- Staff and carers will also be available to discuss any issues relating to puberty sensitively and discreetly on a one-to-one basis with both young women and young men.
- Staff and carers will ensure that young women know that GPs (See Appendix 2) and other health services can provide additional support in relation to pre menstrual stress etc.
- Staff and carers should be aware of any gender sensitive issues e.g. allowing a young person to choose between a male or female worker.

4.3 Masturbation

Masturbation is a part of normal sexual behaviour, for both boys and girls who are exploring their emerging sexuality. There is ample medical evidence stating that masturbation does no harm. However, many religions and cultures teach that people should not masturbate and this can cause feelings of guilt and embarrassment. It is important to acknowledge their differing beliefs and ensure young people understand the social conventions associated with sexual behaviour in general and masturbation in particular.

In all situations, staff and carers need to give clear and consistent messages that while masturbation is normal there are times and places when it is not appropriate. Staff and carers should be aware of the importance of language used when talking about masturbation. Young people should be encouraged to use safe and private places and they need to be sensitively made aware of inappropriate touching and how this may cause embarrassment and offence to others.

Staff and carers should be aware that overtly sexualised behaviour or inappropriate sexualised behaviour might be a sign of underlying issues e.g. abuse. In such instances they should raise this with their line manager or supervising social worker to seek advice.

Best Practice

- Staff and carers should have an awareness of their own values and beliefs and discuss any issues in supervision.
- Staff and carers will actively challenge myths about masturbation being harmful, e.g. it will make you go blind.
- Staff and carers will know how and where to obtain and provide appropriate information for young people about masturbation along with all sexual health issues.

4.4 Relationship, Sexual Health and Parenthood Education (RSHPE) in School

All local authority schools, both primary and secondary, are expected to provide age-appropriate RSHPE. Children and young people who are looked after and accommodated can often miss out on this important part of their education either through placement moves or periods of exclusion or through non-attendance of a local authority school. School based education offers an opportunity for staff and carers to open up discussion on sexual health and relationships and, by being informed of what is being taught in school, staff and carers can positively reinforce the learning for the child and young person.

Schools have a legal responsibility to consult with parents and carers on the content and delivery of sexual health and relationships education.

Efforts should be made by staff and carers to work with the school to consult with birth families on the curriculum. The majority of parents support the provision of school based RSHPE and many recognise the need to work jointly with schools. Staff and carers must also play a role in supporting this education. Birth families may object to aspects of the curriculum and may also ask that their child be removed from certain classes. Often some reassurance from the school on the content will overcome this. Staff and carers will make every effort to reassure parents on the need for this class so their child does not miss out, however families may still proceed to ask for their child not to attend. Young people have the right to have their views taken into account and if they wish to attend, staff and carers are expected to work with the school staff on trying to resolve this matter.

If, for any reason, a child young person does not have access to school-based RSHPE, this must be addressed in their care plan.

Best Practice

- Staff and carers should be familiar with the content of the curriculum of a school attended by a child or young person in their care and can use this to support learning.
- Birth families should be informed on the schools education programme as appropriate to the child / young persons care plan. Any parental objection to sexual health and relationships education should be discussed at the young person's review meeting.

5. Addressing Inequalities

People from communities that experience any form of discrimination are more likely to experience ill health. If people grow up only hearing negative messages about themselves then they are likely to experience low self esteem, have less of a sense of their own rights, less likely to feel the need to look after themselves and are more likely to seek approval and affection from any source. In a sexual health and relationships context this often means agreeing to unwanted sex or entering into unequal and unfulfilling relationships to try to numb the feelings of damage caused by discrimination.

All children and young people have the right to grow up with a positive self-identity and be free from discrimination of any kind. No child or young person should be disadvantaged or discriminated against because of his or her race, culture, religion, age, gender, disability, sexual orientation or because of their "looked after " status.

Best Practice

- It is essential that staff and carers have opportunities via training and supervision to discuss their own values and beliefs and how these impact on their work with children and young people. It is important that staff and carers respond positively to 'difference' and that they do not impose their values and beliefs on those in their care.
- Anti-discriminatory practice will be addressed as an integral part of supervision.
- Discriminatory attitudes, behaviours, comments and stereotypes about sex and sexuality will be challenged by staff and carers, whether they are from carers, children and young people or staff.
- It is essential that information is provided to children and young people in ways and formats that best meet their individual and specific needs. In terms of access to information, it is important to use accredited translators, interpreters, sign language interpreters and to provide information in formats which enable young people to fully understand the information provided. Where this information does not exist, this should be raised through line management structures.

5.1 Working with Children and Young People in a Gender-Sensitive Manner

An understanding of gender is important. Traits and behaviours, often described as 'masculine' or 'feminine', are unhelpful. Assumptions and restrictive stereotypes based on what society considers to be male or female ultimately affect children and young people's well-being and safety.
All children and young people have the right to a positive body image and a healthy and confident attitude to relationships, feelings and sexuality. It is important therefore that staff and carers do not actively promote negative stereotypes. Through training and supervision staff will be helped to look at their own values and attitudes and how these translate to children and young people in their care. In addition, staff and carers need challenge negative stereotypes within the care environment.

When working with young men, this means not assuming that they are knowledgeable and confident about sexual matters and do not want to talk about emotions. All young men need advice about safer sex, about negotiating skills and their responsibilities towards sexual partners. In particular, issues around consent and commitment should be discussed.

Some boys and young men, in an attempt to mask low self-esteem or possibly as a result of what they may have witnessed or experienced as children, demonstrate and verbalise very negative attitudes to females that can be carried into their own relationships. In addition, homophobic language and bullying can be used to distance themselves from what they perceive to be feminine traits. These behaviours can become more apparent during adolescence when you men are trying to conform to a sense of 'masculinity' and establish what 'maleness' means for them. Staff and carers, both through what they say and through role-modelling, need to challenge negative perceptions and provide these boys and young men with an alternative way of seeing the world. In particular, the use of violence, whether actual, threatened or verbal, needs to be countered.

In recognition of the different power relationships in society, the approach to working with young women needs to be framed differently. From an early age, young girls need to be given a positive view of their bodies and, as they get older, a positive view of their sexuality and the right to make choices. This approach should promote acceptance and pride of their bodies to counter constant messages that lead to a sense of shame and anxiety. Staff and carers should not assume that young women understand their bodies or how they function. Clear and accurate information is vital.

Young women also need to be taught a range of assertiveness and negotiating skills that emphasises their rights to make choices and to have those choices respected.

Staff and carers need to be mindful that many children and young people may have experienced past abuse that has affected their confidence and abilities to form relationships. Children and young people should therefore feel respected and listened to by staff, believe that anything they raise will be sensitively dealt with and that they will be given appropriate information.

Some children and young people may have distorted ideas about relationships, in particular the use of violence. Staff and carers need to help children and young people move away from such distorted thinking, to learn how to value themselves and to see their own safety as paramount. Staff and carers will support young people to get out of abusive or exploitative relationships, if these occur.

Best Practice

- Discussions with young men and young women need to contain clear factual information about sexuality that take a gendered approach and is delivered in a manner chosen by them and with which they feel most comfortable. Options should include who talks to them, the sex of the person and preferences for a group or individual setting or jointly with a partner.
- For all young people, but particularly when working with young women, staff and carers should emphasise that they should not be defined solely by whether they are in a relationship or not.
- Staff and carers will understand and explore with young men different power relationships in society, particularly exploitative relationships, and encourage them to make safe choices for themselves and their partners. Staff will challenge any sexually discriminatory or abusive practice and support young people to get out of any abusive relationship.
- Staff and carers will provide positive role models and will not exhibit any negative, discriminatory or homophobic attitude.

5.2 Working with Children and Young People with Disabilities

Children and young people with a disability have the same rights, feelings, interests and concerns associated with their personal care, sexual health and relationships and sexuality as all other children and young people. This should not be ignored but needs to be discussed with the child or young person to explore their wishes and feelings.

Children and young people with a disability may be at greater risk of abuse, exploitation and coercion than their non-disabled peers. Staff and carers can appear over protective in their attitudes and need to respect the young person's rights to express their sexuality in a safe and appropriate manner. [4]

For some children and young people the major impact on personal relationships and sexual activity is social and emotional rather than as a direct result of their disability. Children and young people with a disability may experience less independence in their lives that may limit their opportunities to experiment with or experience intimate personal relationships. All children and young people have a right to respect and privacy.

As part of a child or young person's care plan, alternative ways of expressing intimacy may require some explicit and detailed information giving on the part of staff and carers. They will need support and additional training that includes exploring their own attitudes and assumptions about the sexuality of a child or young person with a disability.

Children and young people with a disability who need information, advice and support with issues of sex and sexuality have the right to the same level of confidentiality as other children and young people. This can be a particular issue for young people with a learning disability. In the past sexual health and personal relationships education for these children and young people has been about protecting them from abuse and understanding appropriate behaviour. It is equally important to include knowledge, the use of skills and exploration of attitudes to help them to make positive decisions in their lives.

Best Practice

- Staff and carers should negotiate clear boundaries around physical contact and personal care with the child / young person at a level appropriate to their understanding.
- Staff and carers will need training and access to support and advice from specialist agencies. They may also need access to specific material geared to the variety of abilities and needs of child / young person who has a disability.
- The care plans for all children and young people who have a disability should incorporate sexual development and the young person's views should be taken into account.

5.3 Sexual Orientation

Children and young people will be supported as they identify their own sexual orientation and develop their own sexual identity. Young people have the right to engage in same sex relationships, and for these relationships to be valued and accepted in the same way as heterosexual relationships, however, the issues of age of consent and preventing abuse will be equally relevant here. Staff and carers will recognise the specific needs of young people who identify themselves as lesbian, gay or bisexual, and assist young people to make informed choices about their sexual identity.

Young people may find it difficult to share information about same sex relationships or feelings. Staff and carers will approach these issues sensitively.

Best Practice

- As part of their day-to-day practice, staff and carers should acknowledge sexual diversity and should promote anti-discriminatory practice.
- If a young person comes out to a member of staff or a carer it is helpful to acknowledge their bravery, to offer reassurance and to listen. It is not helpful to make statements about a young person's sexual orientation being a passing phase. Whilst, this can be true for some young people, it implies that it would be better if they were not LGB.
- Staff and carers should deal with the issue of sexual orientation with the utmost sensitivity. Staff should not share information about a person's sexual orientation with others unless not to do so would put the young person at risk of significant harm.
- In relation to violence or harassment, staff and carers will encourage young people to explore the implications of pursuing police action, either in person or through the third party reporting system and support them to do this should this be required.
- If a child or young person has been subjected to homophobic bullying in school, with the child / young person's agreement, staff and carers should inform the school and ensure the school takes steps to address this. If the child / young person does not wish to have the incident taken up directly with the school, the issue should be raised anonymously with the Education Service.

5.4 Transgender and Intersex

Transgender or 'Trans' can be quite a complicated term to understand in the first instance as it covers a range of different circumstances, some of which are similar but some of which differ considerably. Transgender is best understood as an all-embracing 'umbrella' term used by a range of people whose gender identity or expression conflicts with the assumptions and expectations of the society they live in.

People who identify as Trans cover a broad spectrum that includes transsexual men & women (some of whom may undergo surgery re-alignment), trans non-binary people (some of whom may feel they are both, neither or a mixture of gender identities) and people who cross-dress (those who, in parts of their life, dress in clothes associated with gendered norms of the opposite sex but who still identify with their biological sex). A glossary of terms can be found in appendix 6. It should be noted, however, that descriptions and labels change over time and for many children and young people who are beginning to question their gender identity, their situation can be fluid and they may not use or wish to be described under a particular label. It is important that staff and carers are not overly concerned by labels: what is more important is to deal with matters sensitively and be open to listening to the issues raised by the child / young person.

Transsexual is a medical term used to describe when a person's identity is different to the gender they were assumed to be in at birth on the basis of their physical characteristics. (Some within the Trans community would not use this term but prefer the descriptor 'trans'). Some of this group (but not all) may eventually undergo surgery and thus 'transition' to an identity with which they feel more comfortable. The Gender Recognition Act 2004 enables people to be legally recognized and accepted in their new gender role and the Equality Act 2010 offers legal protection against discrimination.
People who identify as Trans can become aware of their feelings about their gender identity at a very young age (as early as 4 years of age) [5]. If a child is indicating that they see themselves as something different to their biological sex, it is important that these issues are raised with the child's social worker and explored further. In addition, Staff and carers should be mindful that for those children who may not conform to expected gender identify roles, puberty, a time of significant body changes, can be a time of anxiety and confusion. Listening to children and accepting their gender-identification are good places to begin to explore a child's feelings and then look at how situations can be managed and what options are open to them. For those young people who may be distressed by developing the physical characteristics of their biological sex, medication to delay the onset of puberty is one possible route to be explored with specialist help. Sandyford staff will be able to offer advice as will the child's GP or LGBT Youth Child and Adolescent Mental Health Services (CAMHS).

It is important not to confuse gender identity issues with sexual identity as they are separate things. Staff and carers should not to make assumptions about to whom a child /young person may be emotionally and physically attracted on the basis of how they express their gender identity. Again, dealing with the child / young person as an individual and listening and discussing matters with them will be the best means of gaining insight into the their world, and therefore being in a better position to offer support.

Intersex is a term that is growing in recognition and is now adopted by Scottish Government. Again it is a medical term to describe a variety of conditions in which a person is born with an internal reproductive system, sex chromosomes or external genitalia that do not fit the traditional binary definitions of female or male. In some instances this may be readily apparent at birth whilst in other instances this may not be overtly obvious, e.g. internal reproductive organs or variations in chromosome

characteristics etc, and therefore may not become apparent until adolescence or beyond. In the past, surgical intervention early in infanthood was the common response to babies who were intersex. Babies were assigned to be a 'boy' or 'girl' and raised accordingly. In recent years, this approach is not considered to be in the child's best interests and early surgical or medical intervention is only usually carried out to allow healthy functioning and development and not to 'assign' the child to a particular sex. This approach provides scope for the child to reach their own decision about their sex identification as they move through adolescence into adulthood.

Best Practice

- Staff and carers should ensure that their behaviour and that of others around Trans and intersex children and young people is respectful and that all discriminatory 'jokes', language and behaviours are challenged. It is helpful to explain Trans and intersex issues to all children so they are encouraged to treat people with respect.
- Staff and carers should use the child / young person's choice of pronoun "he" or "she" and use the name chosen by them. If unsure, staff and carers should ask how they wish to be addressed or referred to and support this by asking other staff and children / young people to agree to this. In some cases the young person may not identify with either sex.
- Remembering that Trans children / young people can identify as such throughout childhood and adolescence, staff and carers should advise the child's / young persons social worker at the earliest opportunity. By so doing, appropriate advice can be sought to enable all carers and professionals in the child's / young persons life (including school staff) to offer sensitive and appropriate support.
- The best means of support that residential staff and carers can offer a Trans child / young person is to listen and talk with them so their perspective informs the type and timing of any action that needs to be taken. In particular, staff and carers should discuss with children / young people their feelings in relation to telling parents, other carers and staff or other children / young people about their gender identity and respect and support their decisions.
- It is recognised that Trans issues can raise challenges within a residential or foster care setting due to limits around accommodation, the impact decisions have on other children and young people and the response from other children and young people. However, most issues can be resolved with imaginative thinking and through discussion with those involved. Practical issues like the use of bathrooms, placement type if not a mixed unit, sharing arrangements, how a child / young person can be sensitively supported to cross dress are some of issues that require consideration.
- Staff and carers should ensure that Trans children and young people are made aware of sexual health and broader health issues relating to their biological sex e.g. pregnancy, smear tests, breast examination, testicular examination etc.
- It is important assumptions are not made about a Trans young person's sexual orientation.

5.5 Religion and Culture

Cultures and religions have differing sexual norms. It is important to remember that in all religions and cultures there are a range of views and values held by families, children, young people, carers and staff. Whilst different cultures and religions may have an impact on how and at what age sexual health and relationship issues are discussed, young people should not be denied the benefits of information and support on sexual health and personal relationships education because of religious and cultural values. The content and timing of information and support should be carried out sensitively and take into account the needs and level of understanding of each individual child / young person.

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Best Practice

- In general, staff and carers should inform themselves about the religious and cultural beliefs of all young people in their care. They should not however, make assumptions based on that information. It is important that the interpretation of the information is checked out with the child / young person and their parents, where possible and appropriate.
- Staff and carers should actively challenge discriminatory jokes, language, assumptions and behaviour that oppress and discriminate against any group whether from children, young people, carers or staff. It is not appropriate for communal spaces or offices to be decorated with material that could cause offence to others. In the West of Scotland context it is important that the issues of sectarianism are taken into account.
- Staff and carers need to be aware of the influence of prejudice, stereotyping and generalisations in relation to different cultures and sexual practices. Staff and carers are encouraged to increase their understanding of different religious and cultural approaches to sexual health and relationships through, for example, accessing professional development and through working in partnership with religious/cultural communities.
- Written information should be culturally and linguistically appropriate and should be translated or interpreted into the young person's language.
- It may be appropriate to provide some information in single gender or same faith groups. Children and young people's preferences should be sought on these matters.

5.6 Gender Based Violence

Abuse in teenage relationships mirrors adult domestic abuse in that it happens more to girls than boys, which makes it an equality issue. Staff and carers should be aware that young people they are working with could be involved in abuse in their personal relationships. In order not to collude with the silence and 'secret' nature of domestic abuse, staff should encourage young people to talk about their experiences.

Best Practice

- Recognise that while research shows the majority of cases of abuse happens in heterosexual relationships, it doesn't mean to say that it doesn't happen in same sex relationships.
- Women and Children First in Renfrewshire provides support services to families affected by domestic abuse and will carry out this support in an environment that is identified as suitable.
- Women and Children First Renfrewshire also provides training on domestic abuse. (see appendix 2)

6. Managing Sexual Health Issues in a Care Setting

If a sexual relationship develops between young people in the same placement appropriate information needs to be shared with the young peoples' social workers. Young people should be informed prior to the sharing of this information about the necessity to do so. The young person's social worker has the responsibility to carry out a sensitive assessment to ensure that the relationship is not abusive or exploitative in nature. It is important to remember that adolescence is a period when young people begin to experiment and make choices. It is essential that staff and carers are able to help a young person understand the possible consequences for themselves and others of a sexual relationship within their placement. If a serious, ongoing relationship develops between two young people in a placement then finding a local alternative placement for one of them may be an option. This would enable the young people to continue their relationship within appropriate boundaries

6.1 Supporting Young People to Delay Sexual Experience

It is natural for all young people during adolescence to form attachments, develop crushes and form romantic relationships. It is also natural for adolescents to be curious about sex. It is likely that some young people will embark on sexual behaviour before the lawful age of 16. Evidence shows that young people who are looked after are more likely to have sex before the age of 16 and for the circumstances of their early sexual experiences to be poor, have adverse outcomes and later be regretted. [7]

It is therefore important that routine conversations between staff, carers and young people, and planned learning for young people do not reinforce the assumption that having sex is inevitable and always presents the view that it is possible to delay having sex until the young person is physically and emotionally ready to handle the consequences of a sexual relationship, and that such a relationship is genuinely understood as a positive choice.

It is also important that such an approach is taken whereby young people that have already had sexual relationships understand that they can choose to stop doing so.

Staff and carers should be aware that promoting the idea of delay is not an approach that means being negative about sexuality or sexual relationships. Rather it requires being positive about sexual relationships and framing the positive aspects of sexual relationships in ways that make it clear that sexual relationships are best left until adulthood. This means being clear that if the positive aspects of sexual relationships such as mutuality, a shared sense of intimacy, respect, love or closeness are not present, then the young person is not ready for sexual relationship and that as a staff members or carer, you would want better for the young person.

Staff and carers should understand that this is not the same as an "abstinence" or "just say no" approach which evidence has shown does not work and in some cases brings about poorer outcomes for young people. [8]

Helping young people to build strong non sexual friendships with their peers can help to meet their social and emotional needs, which can mean some young people therefore do not feel the need to have sex which they may perceive as meeting these wider needs.

Staff and carers should be mindful that young people will be most likely to delay sex when they have their information needs met and have a chance to learn and practice assertiveness skills.

Best Practice

- Staff and carers should recognise that if a young person wants to talk about the place of sex in their relationships, this is usually because the young person is not sure that this is what they want and so staff and carers should use these opportunities to have a full discussion with young people about their relationship.
- Staff and carers will be mindful in their discussions of the need to also assess the relationship situation in terms of child protection.
- Staff and carers should not present sexual relationships in general as negative but make sure they are framed as best left to adulthood.
- Staff and carers should reinforce the legal age for sexual relationships.

6.2 Managing Sexual Relationships

If a young person is sexually active the main priority is to ensure that young people are safe and protected. The most effective method of achieving this aim is to improve the knowledge, skills and confidence of the young person themselves so that they learn how to make healthy choices that are respectful of themselves and others.
Young people need to be made aware of the physical risks involved in sexual activity and how these can be minimised. Staff and carers, need to provide unbiased basic information on contraception and protection, where and how services can be accessed and choices and services available to young people. Staff have a responsibility to either signpost or refer a young person, with their permission, to appropriate local service. Staff can make an appointment and/or accompany a young person to an agency which is able to meet their immediate health needs. Such action should be taken in consultation with the young person's social worker.

Staff and carers should ensure that steps are taken to assess the nature of the sexual relationship that the young person is engaged in, to determine whether it involves abuse or exploitation. [9]

Best Practice

- Young people should be prepared for the emotional and physical consequences of sexual activity and encouraged to delay such behaviour until they are ready. In particular staff and carers should challenge common myths around pregnancy and sexually transmitted infections.
- Young people should be made aware of what the law is around sexual activity. This not only relates to the age of lawful sexual intercourse, but also should include issues of consent, assault etc.
- Young people should either be given information, assisted to access information or signposted to appropriate services, to help them appreciate that sex is not just about intercourse but can involve other ways of expressing closeness and intimacy in a relationship.

6.3 Accessing Services and Information

All children and young people have a right to access information and services to meet their immediate health needs.

Young people who are sexually active should be made aware of the importance of having a sexual health check up to ensure good sexual health. Some young people who have not yet engaged in sexual activity may also wish to access a sexual health service for advice or support.

Young people should be made aware that a visit to a clinical practitioner in a health setting and the results of such a visit will remain confidential, unless the young person chooses to divulge information themselves or they give their permission for information to be passed on to someone else. In addition, young people should be made aware that the clinical practitioner will need to satisfy themselves that the young person is competent to understand what is being discussed and that the sexual activity does not appear to involve issues of abuse and/or exploitation.

Young people should be given information about Sandyford and other relevant services.
http://youngpeoples.sandyford.org/
A series of clips have been developed by young people promoting Sandyford Renfrewshire. The clips also contain information young people may find useful such as, how to get to Sandyford (Paisley), what to expect when you get there, information on other services available in the locality that can support young people around sexual health and wellbeing and a comprehensive condom demonstration. All clips have been uploaded onto YouTube, to access; search YouTube for 'NHS Full Feature'. It should be made clear to young people that they do not need to seek permission to access services like Sandyford, but that support is available if required.

Best Practice

- Staff and carers will provide young people with information about sexual health services, how to access them, opening times etc. (See Appendix 2).
- Staff and carers will reassure young people about concerns they may have about accessing services. This might include how they will be treated, confidentiality and if required, they will offer to accompany the young person to an appropriate service.
- Staff and carers will provide young people with the telephone numbers for *confidential help lines* See Appendix 2) (and ensure there are opportunities and private spaces for young people to make such calls)

6.4 Contraception and Protection

All young people need to be advised that proper use of contraception/protection can dramatically reduce their chances of pregnancy or acquiring a sexually transmitted infection (STI). They should be made aware that there are a number of different methods available which offer variable degrees of protection. Depending on the type of contraception/protection used, the young person may require to see a nurse, doctor or other specialist adviser at Sandyford services. It is also important to highlight that no method is 100% guaranteed to prevent either conception or the transmission of an infection and that not having sex is the only way to avoid these things completely.

Whilst a member of staff or a carer may feel disappointed or uneasy about a young person being sexually active or their choice of contraception/protection they are required to put their personal views aside and ensure that the young person receives advice and information about safe practices and protection.

If a young person (whether male or female) is sexually active, staff and carers need to speak with them about the importance of contraception and protection. It is important to stress **both** are needed to avoid an unplanned pregnancy and to protect against STIs. Discussions should therefore include information that hormonal methods of contraception, by themselves, are not sufficient and should always be used with a condom.

Staff and carers are reminded that whilst pregnancy is not an issue for same-sex sexual activity, Condoms should be used for young males.

Condoms are easily available via the Free Condoms Glasgow and Clyde scheme and, when correctly used, can protect against unintended pregnancy, HIV and other STIs. Negotiating their use, knowing how to use them and where to get them are essential for maintaining young people's sexual health and are issues that should be addressed with all young people.

Staff and carers should discuss issues of responsibility and respect with all young people, whether they are sexually active or not. In addition, they should ensure that young men are aware of equal responsibilities for contraception/protection.

For other types of contraception/protection, young people will require to seek specialist advice from a health professional. Young people under the age of 16 years have a right to access health services for contraception/protection. This contact will remain confidential providing that the young person is not thought to be involved in activity that is abusive or

exploitative. Young people do not need to seek permission from their parents or carers as long as they are deemed competent by the medical person to understand the nature and possible consequences, benefits and risks of the treatment under the Age of Legal Capacity (Scotland) Act 1991.

All young people should be made aware of emergency contraception which can be can be taken up to 72 hours (3 days) and that other methods can be used up to five days after having unprotected intercourse and that emergency contraception is more effective the sooner it is used. If a young woman has had unprotected sexual intercourse or if the method used has not worked (e.g. condom splits), staff and carers should advise them about emergency contraception and support them to access this if requested to do so. Most homes have access to free condoms on site in addition to this almost all the pharmacies within NHS GG&C provide free emergency contraception to women over the age of 13 years. Staff should know how to find out the location of out of hours and Sunday opening pharmacies in their area.

If they become aware that unprotected sexual intercourse has taken place, they should act quickly, reassuringly and support the young woman to obtain emergency contraception if requested to do so. In addition, they should prioritise accompanying a young person to a clinic or chemists (See Appendix 2) to obtain emergency contraception, if the young person has requested this or appears to need this level of support.

Best Practice

- In residential settings, a list of local chemists all of which provide free emergency contraception, with their opening hours should be easily accessible for young people to consult. In particular, they should know how to access emergency contraception “out-of-hours”. This information is available on the Sandyford website (See Appendix 2).
- Staff and carers should ensure that all young people are aware in general of contraception/protection including young people with learning disabilities. At a minimum, they should “signpost” young people to services where this advice can be obtained.
- It is not expected that each individual member of staff or a carer should know the details of all methods available. What they should have is a basic working knowledge of the most common forms and what can reduce their effectiveness. Staff and carers can do much to educate themselves through easily available booklets and leaflets (See Appendix 2). They should also seek information, advice and guidance through training and supervision
- Staff and carers should know about the NHS GGC Free Condoms service and other forms of contraception/protection locally. Staff and carers should be aware that some GP’s may not prescribe emergency contraception or other forms of contraception to under 16’s. They should also remind young people to check the sell-by date.
- Chemists signed up to the free condoms scheme can easily be found by using the ‘find a venue’ facility on the Free Condoms Glasgow and Clyde website.
- Sandyford consider LAAC a priority population group; staff and carers should refer young people to their nearest Sandyford clinic rather than their GP

6.5 Pornography

Pornography is sexually explicit imagery that is not used for the purposes of education. Such imagery is now common within society and what would have once been considered 'top-shelf' explicit material is now part of the mainstream. Whilst recognising young people's sexual curiosity, in general, staff and carers should not allow young people to possess or buy any kind of pornographic material. They should ensure that young people and their carers understand the legal implications of possessing and sharing pornographic material. They should help young people to consider the detrimental effects of pornographic imagery and to understand that it portrays negative gender stereotypes, distorted and exploitative views of sex, relationships and women, in particular, which can cause offence. If staff or carers discover young people in possession of such pornographic imagery the young person should be asked to remove it.

In relation to legally-defined pornographic material (which includes magazines, multi-media imagery and live acts), it is illegal for anyone under the age of 18 years to purchase such material. It is a serious criminal offence to pass or share pornographic material to any young person under the age of 16 years, regardless of the age of the person who is sharing it. Therefore irrespective of the setting young people should not be permitted to possess such material. Depending on the age and understanding of the young person and/or if the images involve the abuse of children, the information regarding its possession should be passed on to the child's social worker. The material should be removed and preserved for possible further investigation by social work and the police.

Staff, parents and carers should be alert to the potential to access pornography through the Internet, mobile phones and DVDs. Staff in residential settings will have clear guidelines and checks on the use of computers in care settings and will check the contents of DVDs. Advice will be given to parents and foster carers to do the same.

Staff and carers will be alerted to any attempts to involve young people in the production of pornographic materials. They will actively discourage this and will seek appropriate counselling and support for any young person who has been involved. Any attempts to involve young people who are under 18 years should be reported immediately to the young person's social worker. Child protection measures will be considered.

Best Practice

Staff and carers will be supported to examine their own attitudes to pornography and have a clear understanding of the negative stereotypical, exploitative and distorted view of sexuality it offers. They will be assisted to understand the poor role model it offers young people and be able to provide them with positive alternatives.

- Staff and carers will be provided with training and ongoing support and supervision around this issue.
- Young people should be helped to understand the distortion and exploitation that is involved in pornography. They should be assisted to be sensitive and confident in how they respond to such materials.
- In cases where staff consider it in the young persons best interests to view any communication devices that may have pornographic material, they should do this with another member of staff present and inform the young person about the need to do this.

6.6 Internet Safety, Social Media and Sexting

The internet has become an integral part of most people's lives, for children and young people who have grown up with internet access as a 'norm' their on-line activities are as important as their off-line ones.

A large percentage of young people's leisure time is now spent using social media, gaming, watching downloads etc. Despite adults concerns about this, many children and young people view this in a positive light. Staff and carers should encourage children and young people to use the internet sensibly and to gain information that will benefit their development. They should also ensure that there is a balance in the amount of time that a child / young person spends in-front of a screen and opportunities they have for physical activity and direct social engagement with others.

Staff and carers need to be alert to the fact that children's internet interactions can be used by people to groom and / or sexually exploit those who are vulnerable. People demonstrating this sexually predatory behaviour may be known to the young person or complete strangers they may also be similar in age or much older. Monitoring young people's use of the internet is difficult, even more so with the prevalence of smart phone technology. In addition tension can be created by the need to balance safety issues and those of children's rights to privacy.

Despite these tensions, staff and carers, like any reasonable parent, need to ensure that safeguards are in place that limits access to inappropriate content and that children's use of the internet is supervised as far as is possible. Staff and carers need to be particularly alert to children's use of social media apps / sites, chat rooms and on-line gaming, both in terms of the information and pictures uploaded and the possibility of meeting people through these connections. It is advisable that discussions about safe internet use begins as early as possible and is not left to when a particular problem occurs. Renfrewshire Council has guidance in place to assist staff and carers in this area: familiarity with this is essential.

Sexting

'Sexting', a broad term used to describe the sending or receiving of sexual messages and images through technology (young people may use different terms to refer to Sexting). Sexting is now commonplace, and is perceived by young people as the norm despite the fact that much of it may be illegal. Whilst initially engaged in on a voluntary basis, research indicates that to even take part in such activity, puts young people under pressure to look right, perform, compete, judge and be judged. Because it has the potential to become a group activity the research goes on to describe it as an activity that permeates and influences the entire teenage network in multiple ways. More specifically, it found:

- Sexting is often coercive and linked to harassment, bullying and violence.
- Sexting is not a gender-neutral practice and girls are most adversely affected. For some young women the pressure to conform is relentless.
- Even younger children are affected. 12

The widespread trend for 'sexting' is an issue that requires on-going discussion with young people. Whilst a young person may believe that they are sharing images privately with a boyfriend / girlfriend or with someone with whom they are flirting, there are numerous examples of these images becoming public and causing great distress. As the sites and methods to share self-generated imagery change constantly, it is very important that staff and carers keep up-to-date with what is happening in young people's lives, the best means of doing this is by talking these issues through with young people. 'Sexting' is

a good topic to raise issues about public / private behaviour, what is acceptable behaviour in relationships, trust, assertiveness etc.
Children's and young peoples use of the internet and social media can be a force for good but can also bring with it significant anxiety and harms. What the above information reinforces is the need to begin comprehensive sexual health & relationships education at an early age so that channels of communication and dialogue are open.

Best Practice

- Internet and social media use should be discussed with children and young people so they are aware of appropriate behaviour and their own personal safety. This particularly applies as children reach adolescence and begin to test out flirting as part of forming relationships as they may be under pressure to begin 'sexting'.
- Staff and carers need to be aware and keep pace with new technology to keep young people safe. They should also regularly check the history on the computer, set clear boundaries when smart phones are bought and supervise, as far as is possible, internet use.
- Familiarity with guidance in this area
- Staff and carers should be aware of web sites that offer support or information to young people on issues of sex, sexuality and sexual health. Young people should be provided with opportunities to view such information in privacy if they wish.
- Staff and carers will be provided with training and on-going support and supervision on these issues. They also have a responsibility to request assistance when required.

6.7 Working with those who have been Abused and/or Sexually Assaulted

Despite the progress that has been made in recent years in acknowledging the extent and nature of childhood sexual abuse, rape and other sexual assaults, circumstances are such that victims are frequently not believed when they disclose incidents of abuse and attitudes still persist in society that the victim was somehow complicit in the abuse. It is vitally important therefore that staff and carers ensure that, in the general messages that they give to children and young people in their care, victims of abuse or sexual assaults are never made responsible for the crimes committed against them. This would also include talking with young men about what "consent" means and challenging attitudes that women who have been raped or sexually assaulted somehow "asked for it" or provoked the incident in some way.

It is known that a proportion of children and young people who are looked after and accommodated have experienced childhood abuse, whether physical, sexual or emotional. It is also known that children and young people in these circumstances can develop distorted thinking about themselves, where responsibility lies for such abusive behaviour and the nature of relationships and roles within them.

Where it is known that a child or young person has experienced historical abuse, it is important that general sexual health and relationships work does take place but is sensitive to this fact and takes place within the young person's care plan. Young people have much to lose in terms of their privacy and self-esteem when talking about sexual health issues in the light of their previous abuse. Staff and carers carrying out this work with the child / young person need to be respectful and encouraging and enable them to negotiate what will be discussed. From the outset, staff and carers should ensure that the child or young person is aware of confidentiality and its boundaries.

It is also recognised that by encouraging staff and carers to talk with children and young people about sexual health and relationships in age and stage appropriate ways throughout their childhood, this may lead to children and young people disclosing both historical and/or current abuse. Staff and carers need to be aware of this possibility and deal with such a situation calmly should it arise. If a young person makes a disclosure of abuse, staff and carers should listen, without prompting or probing, and reassure the young person that it was a positive step for them to talk about such abuse.

If the abuse is historical in nature, staff and carers should discuss with the young person how the matter should be dealt with. This information should be immediately passed on to the young person's social worker. Although the young person may not be at immediate risk the information may have implications for other children.

If the child / young person has been recently abused or assaulted, staff and carers should immediately contact the child / young person's social worker, the duty social worker or standby-by social work services. In such circumstances speedy action is crucial both in terms of gathering potential evidence and for obtaining emergency contraception, if required (See Appendix 2). Depending on the nature of the information, social work services will then make a decision has to how the matter will be progressed.

Irrespective of whether the abuse or assault is historical or current, it is vital that the child / young person is offered appropriate support and counselling. It should be acknowledged that the young person needs to feel some control over the timing of such intervention. Information and contact help lines should be given to them so that they can choose how and when they seek support.

Best Practice

- Staff and carers will need to address their own feelings, views and attitudes about sexual abuse, rape and sexual assault and should have access to appropriate support and agencies when dealing with this complex issue.
- Supporting a child / young person who has disclosed abuse should be a planned piece of work undertaken by those who have experience in this work and must always be supported by supervision, training, information and advice. More specialised or additional support must also be incorporated into the young persons care plan.
- Staff and carers should familiarise themselves or at least know where to get information about the range of services that can offer support. If a young person aged 13 or over has been assaulted within the last week immediate support and forensic evidence is now gathered through the Archway service. (Appendix 2).
- Staff and carers will ensure that if a child / young person discloses rape or sexual assault that they communicate to the child / young person that the matter will be taken seriously and what action requires to be taken.
- Staff and carers will ensure that the child / young person's information is kept confidential from other young people and supported to understand the importance of sharing information in a way that protects them.

6.8 Sexual Exploitation

Sexual exploitation can take many forms. It can include participating in a range of sexual activity for material or emotional rewards e.g. money, gifts, drugs, accommodation or even affection. Often associated with it, is the threat (direct or implied) of violence or coercion. Young people of either sex can become involved in street prostitution that is visible.[14]

However, it is important to note that the majority of exploitative behaviour takes place out of the public view, in flats/houses belonging to adult perpetrators. Equally, it should be remembered that all young people, irrespective of their sex or sexual orientation are vulnerable to sexual exploitation.

Young people who are sexually exploited do not usually become involved by choice, but often for a variety of complex reasons. Young people who are looked after and accommodated are particularly vulnerable to sexual exploitation due to their care backgrounds. [15]

Some may have experienced childhood sexual abuse whilst others have such a poor sense of self and self confidence that they are unable to understand or safely negotiate personal relationships. Young people living in children's houses are particularly vulnerable. It is known that residential units can be targeted by perpetrators and that young people themselves can encourage others to become involved in behaviour that is sexually exploitative.[16]

Young people involved in prostitution are regarded as children in need. They must be cared for as victims of abuse and in need of protection.

Given the particular vulnerabilities of looked after and accommodated young people to sexual exploitation, it is vital that, as a preventative measure, work takes place with all young people who are looked after and accommodated around sexual health and

relationship issues. This need is even more pressing for the most vulnerable young people. Their vulnerability or past abuse should not be used as a reason as to why this work should not be carried out.

Staff and carers need to be aware of what young people are doing in their spare time and who they are associating with. They also need to be alert to a young person being particularly secretive about their whereabouts, any changes in their demeanour or in the appearance of unexplained monies, clothing etc.

For those young people who are, or may be, being exploited, staff and carers need to create safe, supportive and non-judgemental environments to encourage trust and enable young people to speak openly about their experiences. Support and advice around health and personal risks should also be offered.

Recent research indicates that male use of prostitution is not as uncommon as might have previously been suspected. It is important therefore that sexual health and relationships education work, with young men particularly, focuses on the harm caused by prostitution and challenges the notion that sex is a legitimate commodity. [17]

Best Practice

- Through training, support and supervision, staff and carers need to be able to address their own feelings, views and attitudes about sexually exploitative behaviour. They should be able to access specialist support and advice services as required.
- Staff and carers will raise young people's awareness of the need to keep themselves safe from abuse and exploitation and to assist them with developing strategies to keep themselves safe. Young people need to develop an understanding that relationships should be caring, respectful and sensitive with appropriate boundaries.
- For those young people who have been exploited staff and carers will offer understanding and support, to help them explore and deal with their experiences. Young people may benefit from a range of services including advice and counselling for harm minimisation, health promotion and advice on sexually transmitted infections, including HIV.
- If a member of staff or a carer is concerned about the behaviour of a young person, they should discuss matters with the young person's social worker at the earliest opportunity.

6.9 Female Genital Mutilation

Female genital mutilation (FGM) sometimes known as female circumcision is a harmful custom involving injury to the female genital organs or partial or total removal of the external female genitalia. This is usually done as a cultural practice within certain communities and countries. FGM is usually carried out on girls aged between 4 and 13 years of age, but may be carried out from birth to first pregnancy.
Within the communities where FGM is practiced, most women believe that such a procedure is necessary to be accepted within their community.

FGM is a criminal offence in the UK. The Prohibition of FGM (Scotland) Act 2005 also makes it illegal to try to (or attempt to try to) take a girl out of the country for the purposes of FGM. FGM is therefore a serious child protection issue and a form of gender based violence. Staff and carers should be alert to any arrangements of holidays abroad involving young women from countries where FGM is conducted and treat any suspicions around possible FGM as a child protection matter. Staff and carers will be aware that where there are sisters from the same family placed together and one of them has undergone FGM, the other girl will automatically be considered at risk in terms of child protection.

FGM can cause significant physical and psychological distress for girls and young women especially during pregnancy and birth. Staff and carers are most likely to be in a position of caring for a child dealing with the physical and emotional after effects rather than the actual procedure. Women can experience pain during sexual intercourse, infection of the genitals, urine retention, disruption of menstruation, as well as psychological distress such as depression or flashbacks.

Best Practice

- Staff and carers need to be aware that young women from countries where FGM is practiced may have had FGM performed on them in their country of origin or that their birth families may wish to arrange FGM.
- Staff and carers will be alert to signs of FGM such as discomfort or longer than usual time spent passing urine. Where FGM has occurred staff and carers will arrange appropriate medical and emotional health care (see Appendix 2).
- Staff will work sensitively with families to explain the legal position around FGM. If a child protection intervention has occurred the young person may be isolated from their communities and families if they refuse to undergo FGM. Staff and carers will work with families to ensure young women do not become estranged.

6.10 Young People who demonstrate Sexually Problematic Behaviour

Some young people may display problematic sexual behaviour towards other young people and adults. Sexually problematic behaviour can be considered on a continuum of behaviour ranging from masturbating in public, sexually aggressive language through to inappropriate touching and at the extreme end of the continuum sexual offending. Such behaviour needs to be identified early, properly assessed and appropriate interventions identified.

A young person with problematic sexual behaviours should not immediately be labelled as a perpetrator, but rather the problematic behaviours require to be fully assessed within a context of the young person's experiences and environment.

Some young people may themselves have been the victim of sexual abuse and require appropriate supports and interventions that acknowledge their own abuse experiences. Forensic Child and Adolescent Mental Health Services may be able to provide such support.

Young people with problematic sexual behaviours should be encouraged towards healthier sexual attitudes and practices and should receive the same sexual health and relationship education as other young people. Such support should form an integral part of the young person's care plan, within which staff and carers have a specific role in supporting the young person. Much can be achieved within an understanding and supportive environment.

Staff and carers need to ensure that their own feelings and practices do not prevent young people who display problematic sexual behaviour getting support around sex, relationships and sexual health issues.

Best Practice

- All problematic sexual behaviour will be addressed.
- Staff and carers have a responsibility to ensure that young people who exhibit problematic sexual behaviour access appropriate support.
- Any need for specialised or additional support must be incorporated into the young person's care plan.
- Where specialised work is required, staff and carers must receive support and training in working with the young person to implement the care plan.
- Whilst problematic sexual behaviour is not acceptable and requires to be addressed, staff and carers will work within the principles of rejecting the behaviour and not the young person.

7. Possible Outcomes of Sexual Activity

7.1 Sexually Transmitted Infections (STI's)

Sexually Transmitted Infections (STIs) are infections that can be passed through having unprotected penetrative vaginal, oral or anal sex. Common STIs among young people are genital warts, chlamydia, gonorrhoea and herpes. Some STIs, if left untreated, can seriously damage a person's health or may affect their fertility. Young people should be given accurate information and advice about prevention, treatment and support. Whilst staff and carers should have a basic knowledge about STIs, they should ensure that they are aware of local services and how these are accessed (See Appendix 2).

Some STIs do not have symptoms so a person may not to be aware that they are infected. This message needs to be clearly imparted to young people and emphasises the need to encourage sexually active young people to attend for regular health checks.

If a young person thinks they may have an STI, staff and carers should deal with this in a non-judgemental and supportive manner and either signpost or accompany them to an appropriate medical service. If the young person attends a Sandyford clinic (See Appendix 2) their GP will not be advised of their visit.

7.2 HIV

Particular mention has to be made of Human Immunodeficiency Virus (HIV). Although not exclusively an STI (it can also be passed though sharing injecting equipment or being born to a mother with HIV), it is a serious infection which can weaken the body's natural defence system and affect its ability to fight off common infections. It is mostly the result of having unprotected penetrative vaginal or anal sex. The only way for anyone to find out whether or not they have HIV is to have a specific blood test. In Scotland in recent years, the highest rate of increase in new cases is through sex between men who have sex with men and amongst the heterosexual population that have arrived from countries with high HIV prevalence. [44]

Best Practice

- As with other forms of STI, it is vital that all young people are made aware of HIV and how it transmitted and prevented.
- Staff and carers will ensure that young people are informed that condoms, used properly, considerably reduce the possibility of getting HIV as well as preventing STI and pregnancy.
- Staff and carers should discuss the importance of HIV testing with young people where current or past experiences have made them vulnerable to infection.
- If a young person is considering or requires an HIV test, staff and carers should be mindful of the extra support that will be required
- If a young person has HIV, this does not need to be routinely shared with others.
- If there is a reason for staff members to know that a young person has HIV (administering medication for example), the young person should be involved in all discussions and agreements made in regard to the sharing of this information.
- If a young person is taking treatment for HIV, the level of the virus in your blood is generally very low and it is unlikely that you will pass HIV on to someone else.
- Updated guidance (developed for school settings) has been included in **appendix 7.** This guidance provides useful information and good practice for anyone working with HIV Positive children and young people. This guidance can also be found electronically on CHIVA's (Children's HIV Association) website
- Looking After HIV, Considering the Needs of Looked After Children, (2008) can also be found on CHIVA's website this research looks into the specific needs of LAAC children and young people living with HIV.

7.3 Conception and Options

In many situations, conception can be the first time that staff and carers become aware that a young person in their care has been sexually active. Whilst most of what follows is more pertinent to the care of young women, it should also be remembered that young men who are accommodated will also have feelings and views on conception.

The most common sign of conception is usually a missed period, but can also include nausea and vomiting, soreness or enlargement of the breasts, weight gain etc. It should be noted however, that some women may not have many symptoms and may continue to have periods. Staff and carers will be aware that some young women will be at greater risk of conception, i.e., those with irregular periods, having unprotected sex or those who have expressed a wish to have a baby. The only way for a young woman to be sure that she has conceived is by having a pregnancy test, which are available in chemists or supermarkets or can be done, free of charge, through local sexual health clinics (See Appendix 2) or by the young woman's GP. Results are normally immediate.

It is important that a young person receives support throughout this process. If a test is negative, the young person should also be encouraged to be screened for STI. Staff and carers should use this as an opportunity to talk with them about their sexual activity and delay, emotions and relationships, the safest methods to protect against future unplanned conceptions and STI etc. Whilst other agencies may have been involved, it should not be assumed that all of these topics have been discussed.

If conception has occurred, staff and carers should not make assumptions about the conception e.g. it being planned or unplanned, consensual or the result of abuse or exploitation etc. The young person's social worker should be informed.

At this stage, the young woman should be offered advice, guidance and support to enable her to make an informed choice about what she wants to do. She needs to be given unbiased information, time and space to think through her options. The Looked After and Accommodated Children's Nurse can assist the young woman to think through her options. Staff and carers need to be mindful that they should not impose their own values and attitudes on the young woman at this particularly sensitive time. They may have a view, substantiated or not, about the young woman's abilities to deal with early parenthood. However, this should not get in the way of the decision that the young woman herself needs to make. It should also be noted that the young woman has the right, at any point, to change her mind.

For young people who have a learning disability, it is important to acknowledge that although they may have been unable to make decisions in one area of their life, it does not automatically mean that they are unable to make informed decisions about intimate relationships. The emphasis needs to be on support, encouragement and the development of skills and knowledge.

7.4 Termination of Pregnancy

One option open to the young woman at this time is to seek a termination. Within the UK a termination of pregnancy is legal and safe, and access to it is the same for all women irrespective of age.

A termination can be carried out up to the 24th week of a pregnancy, although locally, terminations are generally only carried out up until 18 weeks. After this time, terminations can still be accessed through the British Pregnancy Advisory Service (see Appendix 2) but this would involve travelling to England for the procedure.
A young woman seeking a termination should be referred to Sandyford, this can be a self referral or through a GP

It is acknowledged that terminating a pregnancy raises strong feelings. However, staff and carers should not allow their own values and beliefs to impact on the information and choices available to young women in their care. If a conflict of interest exists, this should be raised at the earliest opportunity so that alternative advice and support can be offered. Neither should assumptions be made about what a young woman may choose to do. For a variety of reasons, women from all cultures, religions and backgrounds have terminations. Staff and carers' role is to enable a young woman to make an informed choice that is in accordance with her own values and beliefs. It should also be noted that the earlier a procedure is carried out, the less invasive the procedure is for the young woman. Sandyford have a short animated film for young people which provides this information: https://www.youtube.com/watch?v=KksPuM5cokc

It is expected that staff will discuss with the young woman who she wishes to know about the termination. If the young woman has advised that she does not wish her parent(s) to be informed of the termination, and it is deemed in her best interests, there is no obligation for staff or carers to do so.

Young men have no legal say in a young woman's decision whether or not to continue with a pregnancy. It is acknowledged however, that they may have strong feelings about a conception. In these circumstances, staff and carers should discuss with young men their thoughts and feelings and encourage them to offer support to their partner, if appropriate.

7.5 Adoption

Another option open to young women is to proceed with the pregnancy but place the child for adoption. Young women need to be helped to think through this option and how it might be put into practice. They should receive formal support from practitioners specifically trained in these matters. Whilst voluntary adoption may be the young woman's chosen path, the adoption process is not completed until it has been formally approved by the Court.
Once the baby is born, young men who have legal rights and responsibilities in relation to the baby would have to have their views heard if adoption was being considered.

7.6 Caring for the Baby

If the young woman has decided to continue with the pregnancy and to raise the baby, she should be offered every support and assistance to have a happy and healthy pregnancy and to make a smooth and confident transition to parenthood. Options for her future should take place within the usual care planning process. The care plan should pay

particular attention to her additional support needs. Any proposed changes should be planned well in advance and the timing of their implementation should be dealt with sensitively and take into account the amount of "change" that the young woman has already experienced and will experience with the birth of her baby. Where there is significant, identified vulnerability, child protection procedures may be considered.

Best Practice

- Staff and carers should explore their own values and attitudes that may affect the care, support and advice that they are able to give to a young woman who conceives. They may hold particular views on early parenthood, termination and/or adoption. However they are required to separate their personal views from the needs and best interests of the young woman in their care. Staff and carers who feel that they would be unable to separate the "personal" from the "professional" should raise this in supervision with their line manager or their link worker.
- In addition, staff and carers should either have, or know how to obtain information and resources that may help young people reach decisions at this time. Sandyford would also be able to offer advice and counselling.
- It would be helpful if staff and carers were aware of whether the GP with whom the young woman is registered may object to providing information on, or making referral for, a termination. Should such a situation arise, staff and carers need to be familiar with local services e.g. Sandyford (see Appendix 2), and support the young woman to access the alternative.
- All services in Renfrewshire are aware of the Family Nurse Partnership (See 7.8 for more information)

7.7 Working with Young Parents

If a young woman or couple chooses to proceed with a pregnancy, the emphasis for staff and carers should be about supporting the young person to make a smooth and confident transition to parenthood. Young peoples' requests for support should be viewed positively; staff and carers should not automatically assume that such requests mean the young person is not coping. Recognition should also be given to the needs and responsibilities of young fathers and the positive contribution they can make. Where there are clearly identified difficulties, staff have a duty to consider child protection measures.

Young parents face discrimination and staff and carers should help to alleviate the many structural inequalities that early parenthood can bring. In particular care planning should address young women's educational needs and help to plan for the future. It should also address financial and accommodation issues, accessing health services and relationship difficulties, should they arise. Staff and carers should understand the young woman's need for stability at this time and ensure they are involved in the decision making around potential placement moves and choices.

Best Practice

- The young person's care plan will identify an appropriate package of support which is reflective of the young person's individual views and needs and those of their baby. This should include contact with the Special Needs in Pregnancy Team.
- Staff and carers will ensure young mothers and fathers are aware of their individual legal rights and responsibilities in respect of their child.
- Staff and carers will continue to remind young parents of their ongoing sexual health needs including post natal checks and contraception/ protection. They should also encourage and support young people to access community health services.
- Staff and carers should help young parents link into community resources that help counter feelings of isolation.
- Staff and carers should not make assumptions about the sexual orientation of young parents.

7.8 Local Support

Teenage Pregnancy Pathway.
A pathway has been developed for everyone working with young people in Renfrewshire to follow. The Pathway has been developed to support staff in the situation where they are working with a young person who thinks they may be at risk of pregnancy or already be pregnant. See appendix 5 for the Pathway and supporting information.

The Family Nurse Partnership (FNP) is a preventive programme offered to young mothers and their families, 19 years and under, having their first baby. It begins in early pregnancy and is orientated to the future health and wellbeing of the child. The Family Nurses who deliver the programme come mainly from health visiting.
The FNP has 3 overarching goals:

- To improve antenatal health and birth outcomes.
- To improve child health and development.
- To improve the economic self-sufficiency of the family.

See appendix 2 for contact details

8. Scenarios

The following scenarios have been included to show how the policy can provide guidance in real life situations.

The themes covered were suggested by staff working with LAAC children and young people.

The scenarios may help staff understand, and gain confidence, to have honest conversations with the children they are supporting.

1. **A Young person approaches you worried they may have picked up an STI.**

    - Support the young person to access medical help and to do this in a professional and non judgmental way. (See section 7.1; STI's for more information and refer to specialist services section in appendix 2)
    - Use the situation as a prompt to discuss sexual health, relationships and contraception. (See 6.2; Managing Sexual Relationships and 6.4 Contraception and Protection)

2. **Emma has been with you for 5 months. She is 12 years old but looks older. She goes ice skating with friends once a week and has met a boy she likes. You have not met him but you know that they phone and text each other a lot. A friend tells you that her son has seen a topless photo of Emma on Facebook. As far as you know, Emma does not use Facebook as she is too young**.

- Explore the situation with Emma to find the real facts around what's happened.
- If this is true then discuss with your manager / supervising Social Worker.
- If a picture is circulating on social media, efforts need to be targeted towards removing it. This can be done either by using the reporting mechanism on the specific site and/or by reporting it via The Internet Watch Foundation. Childline can be a useful 'go to' for more specialist support around this issue.
- Legal impactions will be present in this situation as the young girl is under 12 therefore the picture will be classed as child pornography.
- Discussions will need to be initiated to ensure there has been no occurrence of grooming.
- It is an offence for any person to posses, publish, take, make or distribute indecent pictures of a child under the age of 18.
- Make use of the situation to discuss safer use of social media and age appropriate relationships.
- Refer to section 6.6 Internet Safety and Social Media, 6.7 Sexting and 6.8 Sexual Exploitation.
- For legal specific information see link in appendix 4 (Sexual Offences Act)

3. **You have happened to catch a glimpse of something a young boy is looking at on his phone and discovered it is pornographic in its nature.**

    - Understand that under no circumstances should anyone have or be viewing pornographic material in any residential settings.
    - Staff and carers need to engage the young person about the harmful effects the viewing of pornographic material has on the young persons own sexuality and how they view relationships.
    - Both young people and their carers need to be aware of the legal implications in relation to possessing and / or sharing pornographic material.
    - Please refer to section 6.5; Pornography

4. **James (14) has been with you for a year. He has told you that he shared a kiss with Harpreet (15) when they met at a party and have stayed in touch by text since then. James is confused – he says he doesn't want to be gay but can't stop thinking about Harpreet.**

    - Reassure James that being attracted to people the same sex is as normal as being attracted to someone of the opposite sex.
    - Discuss with James in a non judgemental and open way why he is saying that he doesn't want to be gay.
    - Reassure James that information won't be shared in relation to who he is attracted to.
    - Use the opportunity to re-enforce messages about healthy relationships in general.
    - Refer to section 5.3; Sexual Orientation

Appendix 1 – References

1. Renfrewshire Integrated Children's Services Plan 2009 – 2012.
2. Renfrewshire Community Health Partnership Development Plan 2010 – 2013.
3. . UN Convention on the Rights of The Child 1990**.** UN Convention on the rights of the Child, Nov 1989 **-** UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations.
4. WISH – wellbeing and sexual health - The Sexual Health Needs of Young People with Learning Disabilities 2008 NHS Health Scotland.
5. KENNEDY, N. and HELLEN, M. (2010). *Transgender Children: more than a theoretical challenge.* Graduate Journal of Social Science, Volume 7, Issue 2.
6. (Barter 2009). Children and families experiencing domestic violence: Police and Children's social services' responses, Sept 2009, NSPCC, Nicky Stanley, Pam Miller, Helen Richardson Foster and Gill Thomson.
7. The Place of Abstinence in Sex and Relationships Education in Scotland, NHS Health Scotland 2006.
8. National guidance Under Age Sexual Activity 2010) (28) December 03, 2010: National Guidance - Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns. Scottish Govt.
9 NHS GGC Young People – Sexual Health & Well-being: key messages (2015)
10. NSPCC (2012). *A qualitative study of children, young people and 'sexting'*
12. www.ceop.police.uk
13. Where Is She Tonight? NHSGG An Overview of Sex Work in Glasgow and Edinburgh MRC 2000
14 & 15. National Children's Bureau (2005). *Healthy Care Briefing: Sexual Health.* London: National Children's Bureau. March 2006, Published by the National Children's Bureau, 8 Wakley Street, London EC1V 7QE.
16. Challenging Men's Demand for Prostitution in Scotland 2008. A Research Report Based on Interviews with 110 Men Who Bought Women in Prostitution, Copyright:Women's Support Project & Prostitution Research and Education Published in the UK by the Women's Support Project, 28th April 200.
17. Health Protection Scotland - NHS National Services Scotland, http://www.hps.scot.nhs.uk/bbvsti/hivandaids.aspx

Appendix 2 – Specialist Services

Looked After and Accommodated Children's Nurses
Aranthrue Centre
103 Paisley Road
Renfrew PA4 8LH
Tel 0141 886 5921

Sandyford Clinics
For quick information, check here: http://youngpeoples.sandyford.org/

All Sandyford services are available to women, men and young people, of all sexual orientations, for example heterosexual, or gay. They offer information, advice and services relating to a number of sexual, reproductive and emotional issues including:

- HIV Testing
- Pregnancy
- Testing and treatment of sexually transmitted infections
- Counselling
- Hepatitis testing and vaccination
- Free condoms
- Contraception (birth control) including male sterilisation (vasectomy)
- Women's health problems including gynaecology and menopause
- Termination of pregnancy (abortion)
- Rape and Sexual Assault Support

You can either make an appointment by phoning or visiting. There are also times of the day when young people can drop in (go without an appointment) and wait to be seen.

Hubs offer all of the services mentioned above, there is also a satellite clinic is based in Johnstone Health Centre on Wednesday afternoons (check website for up to date times). Johnstone satellite service can provide confidential information, support and advice plus the following clinical services - contraception and emergency contraception, including implants but excluding the fitting of intrauterine methods of contraception; pregnancy testing and onward referral to other services; testing for sexually transmitted infection for people who do not have symptoms; treatment of some sexually transmitted infections and onward referral for treatment of others; free condoms. Intrauterine device removal is offered at satellite clinics. If you are supporting young people who have symptoms that suggest they may have a sexually transmitted infection you are welcome to refer to satellites to discuss but young people will usually need to be seen at one of our Sandyford Hubs or Sandyford Central if treatment is needed

Sandyford Renfrewshire (Hub) 1st Floor New Sneddon Street Clinic 8 New Sneddon Street Paisley PA3 2AD Tel 0141 314 0726	**Sandyford Central (Hub)** 2-6 Sandyford Place Glasgow G3 7NB 0141 211 8130 59

Sandyford Johnstone (Satellite)*
Johnstone Clinic
60 Quarry Street
Johnstone PA5 8EY
Tel 01505 821 322

***Times and days satellites operate can change due to service demands, it is advised, if planning to visit a satellite to check website.**

Dedicated sexual health services are available for young people at all Sandyford services.
Please check website for more details
www.sandyford.org

Emergency Contraception
Emergency contraception is available free over the counter at every pharmacist in Renfrewshire. It is also available within Sandyford during opening hours. You can make an appointment or drop in on weekdays and Saturday mornings. Young people under 18 can access the main young person's clinic at Sandyford Central, Sandyford Hubs and satellites

Sandyford Counselling and Support Services
Counselling is available to both men and women for a range of different issues. Counselling and support services are provided by a team of counsellors and support staff. All services can be accessed by phoning 0141-211-6700, or through the Sandyford main switchboard on 0141-211-8600. Open Monday – Thursday 9.00am-8.30pm and Friday 9.00am-3.30pm

Sandyford Transgender Services (Gender Identity Services)
A range of clinical, counselling and support services for individuals who have gender identity issues. Patients can self refer or be referred by their GP or hospital doctor. All visits are by appointment only. For further information phone: 0141 211 8137.

Steve Retson Project @ Sandyford
A sexual health service for gay men in Glasgow. The Project is based in both the Sandyford Centre every Tuesday Wednesday and Thursday. Same day HIV testing at the Sandyford Centre each Tuesday morning, 9-11am
0141-211-8628

Child and Adolescent Mental Health Services (CAMHS)
Aranthrue Centre
103 Paisley Road
Renfrew PA4 8LH
Tel 0141 886 5921

Forensic CAMHS
136 Stanley Street
Kinning Park
Glasgow G41 1JH

NHS Greater Glasgow & Clyde GP Services
To find a GP surgery and/or health centre in your area go to:
http://www.nhsggc.org.uk

NHS 24
Confidential telephone health advice and information service. Out of hours service to provide patients with health advice and help when GP practices are closed. Access the NHS 24 website to obtain up to date details of pharmacies in your area for standard opening times and other relevant information.
08454 24 24 24. www.nhs24.com

GEMS NHS
GEMS NHS provides out of hours medical advice and care for primary care emergencies, for everyone in Greater Glasgow, that cannot wait until patients own practices are open during normal working hours. Callers will, be offered either a face to face consultation with a doctor at one of the 6 Primary Care Emergency Centres around the city, or skilled professional telephone advice, or a home visit, as clinically necessary.
www.gemsgp.co.uk

ChildLine Scotland – 'The Line' 0800 884444.
Free, help lines for children in trouble or danger.
'The Line' is a special childline helpline for children living away from home. The service operates 3.30pm - 9.30pm Monday to Friday and 2pm - 8pm at the weekend.
Main Child line helpline also available 24 hours, 365 days a year - 0800 1111. Minicom service for children who are deaf or have impaired hearing is available on 0800 400 222. This service operates 9.30am - 9.30pm Monday to Friday and 9.30am - 8pm at the weekend. www.childline.org.uk/

The Children's Champions Board
Renfrewshire Children's Champions Board enables young people who are in residential care, foster care, on a supervision order or getting support from through care and aftercare to have a say in issues that matter to them. Young people on the Children's Champions Board attend monthly meetings where issues that are important to them are discussed. Young people on The Children's Champions Board are then supported to discuss and present their issues at quarterly meetings with senior public service managers (local council, health board, education dept, social work etc). If you know someone who may be interested in becoming a Children's Champion, or for more information, please contact Sharon Glasgow or Nicola Davison on 0141 618 6816.

Renfrewshire Health Improvement Team
(Renfrewshire HSCP)
Health Improvement Team
Provides information and training on a range of health issues related to youth health.
Old Johnstone Clinic
Ludovic Square
Johnstone
PA5 8EE
Tel 01505 821 800

LGBT Youthline 0845 113 0005
lesbian, gay, bi-sexual, transgender or just not sure? Information, advice, support for young people. www.lgbtyouth.org.uk/

National AIDS & Sexual Health Line 0800 567 123 (calls may be charged if made from mobile phones). 7 days a week, 24 hours a day. A 24-hour, free and confidential telephone service with advice about HIV/AIDS, sexual health, STDs, local services, clinics and support services. Translation services available for speakers of UK ethnic minority languages.

Parentline Scotland 0808 800 2222
Free, confidential helpline for parents is open 9am-5pm (Monday, Wednesday & Friday) and 9am-9pm (Tuesday & Thursday). www.children1st.org.uk/parentline/

SupportLine (020) 8554 9004 or info@supportline.org.uk
Confidential emotional support to children, young adults and adults by telephone and email. Working with callers to develop healthy, positive coping strategies, an inner feeling of strength and increased self esteem to encourage healing, recovery and moving forward with life. Also keep details of counsellors, agencies and support groups throughout the UK.

Pharmacies
Call NHS 24 or access the website “search engine”, to obtain up to date details of pharmacies in your area for standard opening times, contact details and other relevant information.
08454 24 24 24 Textphone: 18001 08454 24 24 24 www.nhs24.com/

NHS Greater Glasgow & Clyde, Public Education and Resource Library (PERL)
West House, Gartnavel Hospital, 1055 Great Western Road, Glasgow G12 0XH.
0141-201-4915 PERL@ggc.scot.nhs.uk

Free Condoms Service
Free Condoms offers access to a range of free condoms with minimum embarrassment. There are different venues across Renfrewshire. If you wish to be able to provide a supply of condoms to young people please contact the CDS team.
0141 232 8440 www.freecondomsglasgowandclyde.org

British Pregnancy Advisory Service
To book an appointment, call the national Action line on: 08457 30 40 30 (calls will be charged at a local rate) 8am to 9pm Monday – Friday; 8.30am to 6pm on Saturday; 9.30am to 2.30pm on Sunday. www.bpas.org

The Archway
The Archway Glasgow is a 24hr service which brings together forensic examiners, counsellors and health advisers to assist those who have recently experienced rape and sexual assault. Young people (male and female) who have been assaulted in the last week and are 13 and over can be offered support here. If the assault took place more than a week ago young people will be offered support through Sandyford. Children who are 12 years or under will continue to be dealt with through the Royal Hospital for Children. The Archway is based at the Sandyford, 2-6 Sandyford Place, Sauchiehall Street, G3 7NB 0141-211- 8175 http://www2.sandyford.org.

Family Nurse Partnership
For further information about FNP locally across Renfrewshire, East Renfrewshire and Inverclyde please contact: Anne Burns, FNP Supervisor, Renfrew Health & Social Work Centre, 10 Ferry Road, Renfrew PA4 8RU Tel: 0141 207 7448 E-mail: FNP@ggc.scot.nhs.uk

Special Needs in Pregnancy Service (SNIPS)
This service is jointly run by health and social work to provide intensive support to any expectant mother who may have additional needs.
Paisley Maternity Hospital

Renfrewshire Women's Aid
Violet House
3 Violet Street
Paisley
Tel 0141 561 7030

Women and Children 1st
Women and Children First
Mile End Centre
30 Seedhill Road
Paisley
PA1 1SA
0300 300 0345

Renfrewshire Reconnection is a project delivering group based services for women and children who have experienced domestic abuse in Renfrewshire. Cedar is one of the main programmes delivered by the service and forms an integral part of Safer Renfrewshire's Strategic Plan. Renfrewshire Reconnection works with a range of partner agencies from social work, education and health to deliver the Cedar group work programme. Renfrewshire Reconnection can also offer individual therapeutic work for those children not ready for Cedar or who may not fulfil the criteria.

Renfrewshire Reconnection
Mile End Centre
30 Seedhill Road
Paisley
PA1 1SA
0300 300 0345

Referrals: accepts referrals by phone from any agency or directly from a child or family member.

Appendix 3 Resources and Useful Websites

Resources

NHSGGC has a dedicated library and directory you can borrow resources and publications from. They also have a wide range of free leaflets / posters and general health promotion information for young people. Orders can be made online at http://www.phrd.scot.nhs.uk/HPAC/Index.jsp

If you wish to visit the library, that can be found at,
NHS Greater Glasgow & Clyde, Public Education and Resource Library (PERL)
West House, Gartnavel Royal Hospital, 1053 Great Western Road, G12 0YN
0141-201-4915
PERL@ggc.scot.nhs.uk

Useful Websites
For staff and carers

Sandyford
Local Sexual health information, links to Free Condoms Glasgow Clyde and up to date opening times and venues for accessing services
http://www.sandyford.org

CEOP
Excellent website for both professionals and young people. Includes training materials if you are interested in developing sessions for raising internet saftey / social media /online protection awareness session with young people
http://www.thinkyouknow.co.uk

NHS 24
Health Information and self care (Scotland)
Free phone 111
http://www.nhs24.com

NHS Inform

NHS inform provides a co-ordinated, single source of quality assured health and care information for the people of Scotland**.**
Free Phone 0800 22 44 88
www.nhsinform.co.uk

Avert
HIV/AIDS site offering personal stories, history section, young and gay section, statistics and lots more.
www.avert.org.uk

Children's HIV Association
www.chiva.org.uk

Family Planning Association
Offers information on contraception and sexual health, including news, campaigns, help and advice.
www.fpa.org.uk

LGBT Youth Scotland
Provide a range of services and opportunities for young people, families and professionals who aim to increase awareness and confidence; as well as reducing isolation and intolerance.
www.lgbtyouth.org.uk

Parents Enquiry Scotland
Information for parents if your child is gay, bisexual, lesbian or transgender.
www.parentsenquiryscotland.org

Useful Websites

For young people

Sandyford
Local Sexual health information, links to Free Condoms Glasgow Clyde and up to date opening times and venues for accessing services
http://www.sandyford.org

Childline
Advice and information with online and telephone helpline
www.childline.org.uk

Think You Know
Website for professionals and young people provided by CEOP (Child Exploitation and online Protection Centre)
http://www.thinkyouknow.co.uk

LGBT Youth
Dedicated space to support LGBT young people
www.lgbtyouth.org.uk

Family Planning Accosiation
Sexual Health advice and information
www.fpa.org.uk

Brook
Sexual Health advice and information
www.brook.org.uk

BBC Kids Health
BBC Body and mind matters for young people.
www.bbc.co.uk/health

Get Connected
Free confidential helpline giving young people in difficult situations emotional support and access looking for.
www.getconnected.org.uk

Condom essential wear
Young people site offering straight talking questions, answers, advice and information.
www.condomessentialwear.co.uk

Teenage Health Freak
Informative and interesting health information for teenagers.
www.teenagehealthfreak.org

Get The Lowdown
Advice and information covering all aspects of youth health
www.getthelowdown.co.uk

Appendix 4
http://www.scotland.gov.uk/Publications/2010/10/sexualoffencesactguidance

Appendix 5 Renfrewshire Teenage Pregnancy Pathway (also contains useful service directory)

Renfrewshire Teenage Pregnancy Pathway and Supporting Information
July 2014

Contents Page

Preventing Teenage Pregnancy in Renfrewshire

1. Background

The need to address teenage pregnancy in Renfrewshire has been identified by the Renfrewshire Sexual Health Strategy Group and Renfrewshire Children's Services Partnership. The Sexual Health Strategy Group representatives include Community Planning Managers and Directors from across Renfrewshire. Together they strive to plan, deliver and develop service provision and education which promotes positive sexual health and relationships among the population.

It is now universally agreed that teenage pregnancy is not primarily a sexual health issue, although sexual health improvement has a role to play. However change cannot be achieved through a focus on sexual health alone.

The causes are multi-factorial however; evidence clearly shows the association between teenage pregnancy and areas of deprivation.

- A teenage female living in a deprived area is four times more likely to experience a pregnancy than someone living in one of the least deprived areas.

- The number of deliveries for young women living in deprived areas is over 10 times that of those living in affluent areas.

- The number of terminations of pregnancy to those young women living in deprived areas is almost double the rate of young women in affluent areas.

While not every teenage pregnancy is a negative experience, for most its results contributes to a number of negative outcomes including poorer educational attainment, lack of qualifications, higher likelihood of reliance on state benefits, higher likelihood of lone parenthood, poorer mental health outcomes and repeating a cycle of deprivation.

Babies born to teenage mothers also tend to have a lower than average birth weight. The infant mortality rates are higher than for babies of older women with a lower rate of breastfeeding. There is a greater risk of living in a lone parent household. The risk of poverty, poor quality housing and poorer nutrition increases. Daughters of teenager mothers are more likely to go on themselves to become teenage mothers so potentially continuing the cycle of poor outcomes.

All staff working with young people in Renfrewshire whether in statutory or voluntary sector services have a great level of positive influence in the lives of young people. Therefore all staff working with young people have a role in helping young people to avoid teenage pregnancy. This means staff should be aware of the circumstances which can lead to teenage pregnancy and be able to identify young people whose behaviour and circumstances lead staff to be concerned about their risk of teenage pregnancy.

2. Relevant Principles, Policy, National Guidance and Renfrewshire Protocol

All key staff and their managers have a duty to have a sound awareness of the underpinning principles to ensure our children are protected from harm. These principles include United Nations Convention on the Rights of the Child (UNRC) and Getting it Right For Every Child (GIRFEC). Staff and their managers also have the responsibility in ensuring all employees are aware of relevant child protection policies and reporting pathways.

At a national level, Reducing Teenage Pregnancy is required by a range of policies and strategies. The main ones being The Scottish Government's Sexual Health and Blood Borne Virus Framework 2011-2015 and Better Health, Better Care Action Plan (Scottish Government 2007).

The Scottish Government has produced National Guidance on Underage Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns. Adhering to this guidance, Renfrewshire CHP has produced our own Local Protocol. Both these documents and this pathway will provide front facing staff with sufficient tools, advice and guidance when supporting a young person who may be worried they are pregnant.

3. Statistics

Teenage pregnancy rates in Scotland are among the highest in Europe. In Greater Glasgow and Clyde, Renfrewshire shares the highest rate of teenage pregnancy in 13-15 year olds with Glasgow City at 5.8 per 1,000 population (3 year average for 2008, 2009 and 2010). This rate is more than 25% above the Greater Glasgow and Clyde average of 4.6 per 1,000 population (ISD, 2011). For 15-19 year olds, the rate for Renfrewshire is 58 per 1,000 population over the same time period.

There is a strong deprivation gradient observed with teenage pregnancies: young women in the most deprived areas are up to 5 times more likely to become pregnant than those in the most affluent areas. Furthermore higher delivery rates and lower termination rates are recorded amongst the most deprived groups. For example, Ferguslie Park area shows consistently higher rates of teenage pregnancy than a more affluent area such as Ralston – 59 pregnancies compared with 16 pregnancies amongst 15-19 year olds between 2008-12.

4. Purpose of Prevention of Teenage Pregnancy in Renfrewshire

4.1 Support

This report provides a skeleton of information which should be followed by all key partners working with young people. This may include:

- Teaching staff and Council Youth Services Team
- Home Link staff
- Staff working with young people who are looked after or accommodated
- Community Youth Workers working within the third sector
- Primary Care staff working with young people
- Parents

The pathway recognises the importance of prevention and education for young people themselves, as well as parents and teachers.

The pathway highlights the importance for staff and managers working with young people to have a knowledge and understanding of National Guidance and Local Protocol and to be able to have this knowledge and guidance at hand when supporting a young person who thinks she may be pregnant.

The pathway also seeks to ensure all partner organisations are referring to appropriate Primary Care Services.

4.2 Prevention

Renfrewshire is fortunate to have a suite of existing resources which assists in the education around positive sexual health, parenting and relationships. The list provides examples (but is not exhaustive) of work currently being supported/developed/rolled out across Renfrewshire.

Wherever the journey on the pathway ends, young people should be supported, valued and given the most up-to-date information and advice available. Education around positive sexual health and relationships and parenting also needs to be continually included as part of any intervention.

Teaching Staff	• Within Curriculum for Excellence, "Relationships, Sexual Health and Parenthood" is one of the 6 organisers in the Health and Wellbeing curriculum area and identifies specific experiences and outcomes for children and young people. • A large cohort of Renfrewshire teachers in both primary and secondary establishments have received comprehensive training on delivering sexual health and relationships education. • Renfrewshire's Relationships, Sexual Health and Parenthood Curricular Resource Pack covering Primary 1 to S6 year stages, has recently been updated and implemented in Renfrewshire schools. This pack provides guidance and information on how to deliver sessions in both primary and secondary schools. The pack also provides support to schools on how parents can be engaged in pupils learning so key messages can be reiterated at home. The pack will also be made available to Council Youth Service staff so they too can plan community learning around key messages learned in school. The pack provides teachers with the tools to complement the training they have received. Having teachers deliver the sessions themselves reinforces the message to young people that education around relationships, sexual health and parenthood is a normal part of human development.

	• Additional education Sessions can be organised by the Health Improvement Children and Young People Team for students who have additional support needs. • Health improvement resources (leaflets, posters, lesson plans and visuals) to support teachers can be sourced from the Children and Young People Team. • Within education young people at risk of pregnancy once identified will be supported under the EST framework procedures. If appropriate a pupil plan will be opened following an assessment carried out using the My World Triangle and Risk Matrix. The plan developed from this assessment is reviewed on a regular basis to ensure appropriate supports are in place. If necessary an IA will be opened.
CHP Health Improvement (Children and Young People Team)	• The Children and Young People Team work with all partners to ensure they can access up-to-date and relevant health promotion information. • The Health Improvement Team can provide targeted basic sexual health and relationship prevention and education sessions in a variety of community settings. • For those organisations that are willing to facilitate their own sessions, a stock of resources to support sessions can be hired from our resource library. The team will also provide guidance as to what the best workshops are to use in certain settings. • Local services (Sandyford and Free Condoms) are always promoted within Renfrewshire by the team at all events and sessions. • Capacity building with partners is also embedded into our everyday work.
Looked After and Accommodated Children (LAAC)	• Renfrewshire Sexual Health Strategy Group is currently developing a policy and practice guidance document for staff around sexual health and relationships for staff working with children and young people who are looked after. • A training plan for staff working with Looked After children and young people is being developed to support the delivery of the policy. • Sessions can be organised/sourced by Health Improvement Children and Young Peoples team for young people who are looked after.

	• Health improvement resources (leaflets, posters, lesson plans, website lists and visuals) can be hired from the Children and Young People Team. • Relationships, Sexual Health and Parenthood Curricular Resource Packs will be made available to staff working with Looked After Children houses to enforce learning from within the school setting. • The service aims to make sure that children who are looked after and accommodated have access to the full range of resources including: • assessment; • treatment; • health education; • referral to other health services. This can include sexual health information and support to access sexual health services.
Youth Work Staff (Voluntary and Statutory)	• Comprehensive training on sexual health and relationships issues including training on how to identify young people at risk of teenage pregnancy can be provided to all youth service providers. • Support developing sessions around relationships, sexual health and parenting for use in community settings. • Sessions can be organised/sourced by Health Improvements Children and Young Peoples team. • Health improvement resources (leaflets, posters, lesson plans and visuals) to support teachers can be hired from the Children and Young Peoples Team. • Relationships, Sexual Health and Parenthood Curricular Resource Packs will be made available for use to enforce learning from within youth work settings. • A Group work pack on Sexual Health and Relationships can be provided to all youth services with specific training on its use to be provided.
Parents/Carers	• As part of 'The Talk Together' initiative in Renfrewshire Libraries, parents are being given support to talk about growing up with their child around often difficult subjects, such as puberty, in the form of a book collection. The book collection features 10 books suitable for pre-fives to pre-teens and are available for individual loan.

	They can be borrowed from the following libraries: Erskine, Ferguslie Park, Foxbar, Johnstone, Paisley Central and Renfrew. Out with these libraries, parents can make a request in person for delivery to their own library or online via the library website www.renfrewshire.gov.uk . The initiative complements existing school success in helping parents and their children to communicate on topics such as growing up, puberty, relationships, sexual health and keeping safe. Parents can also take part in workshops in their local area to assist them in how to start conversations with their children about such topics. Workshops can include the following: • taster session to raise awareness with parents about the importance of their role as educators on this topic; • media influences; • age and stage appropriateness; • puberty; • answering children's questions; • sex and the law and internet safety. An additional session is available on contraception, STIs and an open session to cover unanswered questions or topics. For further information on workshops please text or phone 07920286896 or visit www.sandyford.org/parents. • Renfrewshire parents can access Triple P (Positive Parenting Programme).
Specialist Sexual Health Services	Specialist sexual health services are provided across NHS Greater Glasgow and Clyde by Sandyford. In Renfrewshire the main clinic is located at New Sneddon Street Clinic in Paisley and offers welcoming and confidential holistic service to all young people. The clinic is available Monday to Friday on a walk in basis with a dedicated 'young people only' slot available in the afternoon. Young people who have additional vulnerabilities, or others staff consider may be at risk of pregnancy, will be fast tracked through the service on arrival. The service provides a broad range of sexual services including testing and treatment for sexually transmitted infections and counselling. In relation to prevention of pregnancy, young people can be provided with appropriate methods of contraception based on their

	needs. With emergency contraception available if they have had unprotected sex in the last 120 hours. Pregnancy testing, assessment and referral for termination of pregnancy are also available. Two additional Sandyford services are available in Johnstone Health Centre and Renfrew Health Centre. Clinic times and details are available at www.sandyford.org Young people may also be able to access routine contraception, pregnancy testing, emergency contraception or referral for termination of pregnancy through their GP. Emergency Contraception is also available free of charge at all pharmacies in Scotland. These methods are effective at preventing conception up to 72 hours after unprotected sex. Free Condoms Young people can also access free condoms from a wide range of providers across Renfrewshire. To access the nearest supplier visit www.freecondomsglasgowandclyde.org
University of West of Scotland Reid Kerr College	• Free condom distribution • Staff to promote Sandyford services

5.Directory of Services and Other Useful Contacts

The table below provides contact information for services that offer support to pregnant teenagers and young parents, including young fathers.

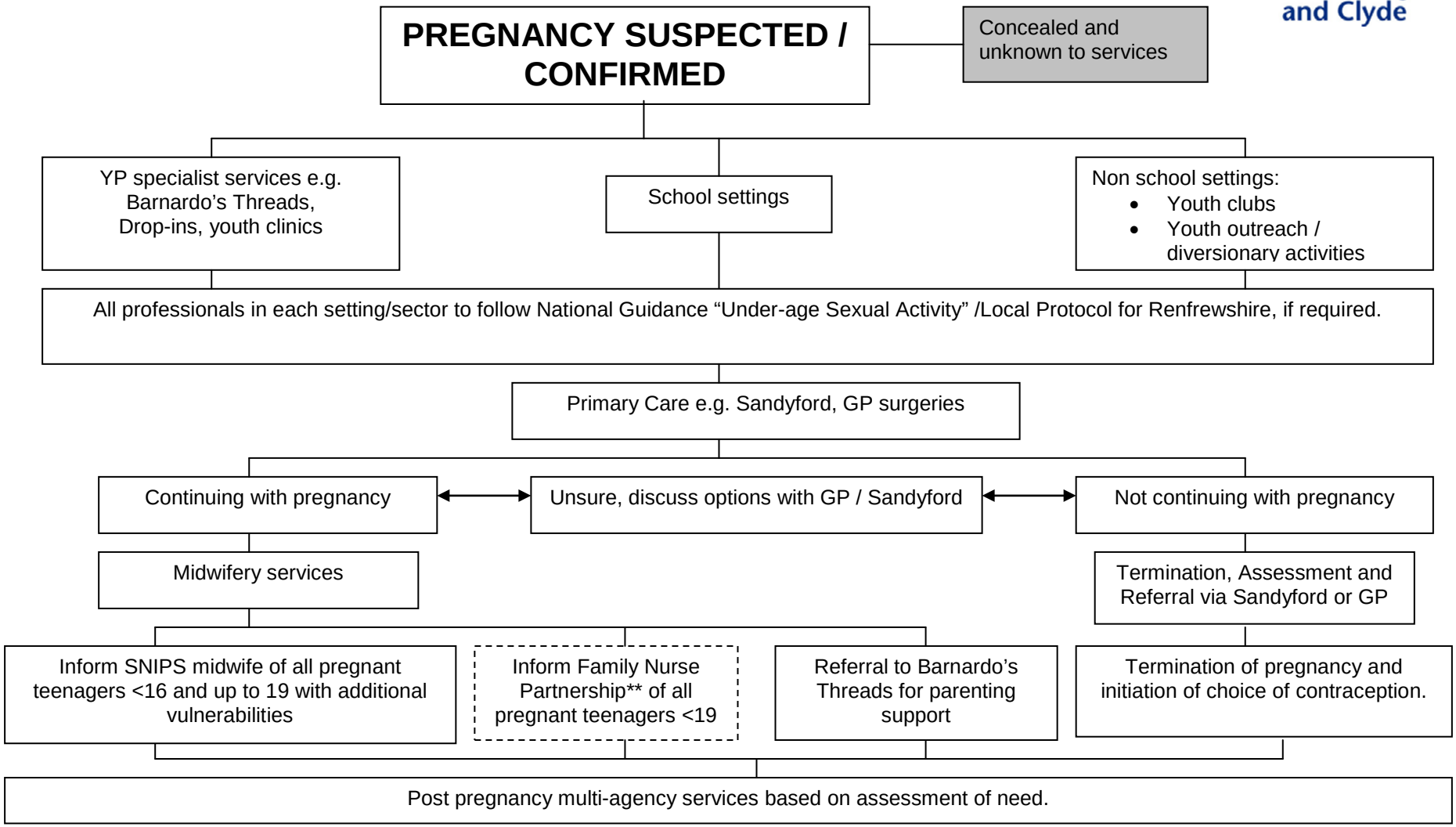
NAME	CONTACT DETAILS
Sandyford Renfrewshire	**New Sneddon Street Clinic (HUB)** 1st Floor 8 New Sneddon Street Paisley PA3 2AD 0141 314 9402 **Johnstone Health Centre (satellite clinic)** 60 Quarry Street Johnstone PA5 8EY 0141 314 9402 http://www.sandyford.org 0141 211 8130
Family Nurse Partnership	Renfrew Health and Social Work 10 Ferry Road, Renfrew PA4 8RU 0141 207 7719
Senior Training Officer (Sexual Health)	NHS Greater Glasgow and Clyde West House Gartnavel Royal Hospital 1055 Great Western Road Glasgow G12 0XH 0141 211 0639
Children & Young People Health Improvement Team	Renfrewshire CHP Old Johnstone Clinic 1 Ludovic Square Johnstone PA5 8EE 01505 821800

SNIPS (Special Needs in Pregnancy)	Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN 0141 314 6199

OTHER USEFUL CONTACTS

NAME	CONTACT DETAILS
Free Condom Scheme	www.freecondomsglasgowandclyde.org/home.aspx
GGC Child Protection Unit	Ground Floor, Office Block, Queen Elizabeth University Hospital, 1345 Govan Road, G51 4TF 0141 451 6605
Public Health Resource Unit (PHRU)	West House, Ground Floor, Gartnavel Royal Hospital Campus 1055 Great Western Road Glasgow G12 0XH http://www.phru.net/perl/default.aspx
Homelink	Renfrewshire Council Education & Leisure Services 0300 3000 3300 / 0141 842 5000
Social Work	Renfrewshire Council 0300 300 1199 Out of Hours Emergency No: 0800 811 505 / 0141 305 6970
Barnardo's Threads	4 Lochfield Road Paisley PA2 7RG 0141 884 6696

TEENAGE * PREGNANCY PATHWAY



There should be a continuous assessment throughout pregnancy as to whether child protection concerns exist and ensure the protocol for failed appointments is adhered to.

During pregnancy and post pregnancy, young person's social needs should be considered including housing, financial, education, further training and employment.

Appendix 6

Transgender - Glossary of terms

(Taken from material produced by LGBT Youth Scotland).

Term	Definition
Sex	The categories in which humans and most other living things are divided on the basis of their primary sexual characteristics (chromosomes, internal and external genitalia / organs and hormones) and their secondary sexual characteristics that usually develop later during puberty.
Gender	The social roles and personality characteristics that society normally attributes to masculinity or femininity. The terms girl / woman and boy / man, assigned at birth on the basis of biological sex, have many socially constructed expectations, standards and norms that limit and can oppress people's gender expression.
Gender identity	A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.
Transgender	In the UK this is used as an all-embracing umbrella term for those whose gender identity or expression conflicts with the 'norms' expected by the society they live in. Included in the overall transgender category are transsexual people, non-binary gender identities and cross-dressing.
Transsexual	A medical term to describe when a person's gender is different to the gender they were assumed to be at birth on the basis of their physical characteristics (sex). Some people who identify as this term, but not all, will then have medical treatment, such as hormone treatment or surgery, to bring their physical appearance more into line with their gender.
Cross dressing	This is a term used to describe people who, some of the time (not permanently), dress in clothes associated with their opposite gender, as defined by socially accepted norms, but the person still identifies with their biological sex. This is sometimes used interchangeably with the term transvestite.
Non-binary gender	Gender identities that don't fit within the 'accepted' binary of male and female. People can feel they are both, neither or a mixture of gender identities. Many view gender as a one dimensional spectrum with male on one end, female on the other and androgyny in the middle, but the reality is often more complex.

Cisgender	A person who, by nature or by choice, conforms to gender / sex based expectations of society (also referred to as ‘gender normative’.
Intersex	People who are born with sex chromosomes, external genitalia or an internal reproductive system that are not considered ‘standard’ for either male or female. This definition is a medical model, although some people proudly identify with this term.
Transition	A complicated, multi-step process that can take years as transgender people align their anatomy with their sex identity and / or their gender expression / identity.
Passing	This term refers to a person’s ability to be regarded at a glance to be either a cisgender or a cisgender woman. Typically this involves a mixture of physical gender cues (e.g. hair style or clothing) as well as certain behavioural attributes that tend to be culturally associated with a particular gender.
Gender dysphoria	The condition of feeling one’s emotional and psychological identity as male or female to be different to one’s biological sex.
Transphobia	The irrational fear of, aversion to or discrimination against transgender people
Sexual Identity / orientation	Sexual identity or orientation is a combination of emotional, romantic, sexual or affectionate attraction to another person.

Appendix 7

HIV in Schools: a summary of the good practice guide to supporting children living with and affected by HIV

Magda Conway

Children living with and affected by HIV are attending UK schools. In January 2015, a survey of paediatric HIV health teams showed that in 89% of cases, schools had not been informed that they had a pupil living with HIV. Of those schools that were informed, 33% had been without the consent of the child or family and 46% initially responded in a negative way towards the child (CHIVA 2015).

A survey of teachers undertaken by Ipsos Healthcare, showed that although over 80% were concerned about the pastoral care needs of pupils living with HIV, there is a considerable amount of misunderstanding of how HIV is passed on, with 52% listing spitting/biting as a route of transmission, and only 40% correctly identifying the main ways children living with HIV in UK schools have acquired HIV (Ipsos Healthcare 2014).

A child living with HIV in a school:

- **Poses no risk**
- **Presents no additional insurance issues**
- **Requires no additional resources**

What they do face is a high level of stigma, the impact that this stigma can have on their well-being, and the additional complications that managing a long-term health condition may present to a family.

'Notifiable diseases' are those that people are legally required to report, as coming into everyday contact with someone with one would pose a risk of onward infection. HIV is a 'non-notifiable disease' because all people living with HIV, including pupils and staff in schools, present no risk of onward transmission in every day contact. If there were any concerns about people in the school community posing a risk of onward

infection, HIV would not be a non-notifiable disease and pupils and staff would be legally required to report their HIV status.

Following this guidance is simple, effective, and does not incur any costs for a school. Everything that a school needs to do in order to effectively support children living with HIV already exists within established systems. The key to understanding the realities of living with a highly stigmatised illness, and working with children and families to meet their needs and uphold the level of confidentiality that they want and that is legally afforded to them.

Key Facts:

There are just over 1,000 children living with HIV in the UK and Ireland (National Survey of HIV in Pregnancy and Childhood 2015), and over 25,000 who live in a family with HIV (CHIVA 2015)

HIV CANNOT be passed on through normal daily contact which includes playing and normal childhood interactions.

- The vast majority of HIV positive pupils in education in the UK acquired HIV from their mothers during pregnancy, birth or breast-feeding.
- A pupil (or teacher) living with HIV poses no risk to the school community.
- There has NEVER been a case identified of a child passing HIV to another child, teacher or member of the school community within a school.
- People living with HIV are able to live long, healthy lives.
- Confidentiality is critical to people living with HIV, due to the stigma that is still present in society.

Stigma

The term stigma is often used when talking about HIV. Stigma refers to the devaluing, shaming, blaming or punishment of particular individuals or groups. Stigma taps into existing prejudices and often further marginalises people. For HIV, stigma comes from HIV being associated with sex, disease and death, and with illegal or culturally taboo behaviours such as drug use.

Stigma is harmful to the individual and can lead to HIV positive or affected children feeling shame, guilt and isolation. It can also lead individuals or institutions to discriminate, causing direct harm or violating children's legal and human rights, such as by denying services or entitlements.

What schools have to do (the law)

Children living with HIV are legally defined as 'disabled' and are therefore protected against discrimination in education by the **Equality Act 2010**.

The Children and Families Act 2014 sets in law a duty to support pupils with medical conditions in maintained schools, academies, free schools and Pupil Referral Units (PRU)

This guidance will help you meet your legal duties in various relevant areas:

- Equality
- Confidentiality
- Health & Safety
- Bullying
- Statutory duties to promote children and young people's wellbeing
- Supporting pupils at school with medical conditions

What schools need to do

School should be a place that every child can access without fear of discrimination and where children and families can seek support. Those living with HIV may experience associated physical and mental health issues and take a strict daily regime of medication that often leads to side effects. Children living with HIV have often faced bereavement and poverty, and can have additional caring responsibilities in their home.

School needs to be a place where it is safe to be living with HIV and where families feel safe to share this information. An HIV-friendly school can be achieved through a holistic approach that promotes a caring, supportive and inclusive environment. As those with HIV fear negative judgements, direct reference to HIV in schools' policy documents and other relevant communications with parents/carers (along with other health conditions) will ensure that all those in the school community are aware of the school's position in wanting to support a child living with or affected by HIV. Examples of these policies and statements that could be included can be found in the full guidance.

What schools want to do

Schools want to be places where all children are safe and able to equally access education. They are places where children's attitudes and understanding of the world are developed; therefore schools should model an educated and calm response to HIV, as they would with any other health condition.

What schools should do when an HIV disclosure is made

This model follows the format and statutory guidance provided by the DfE regarding children with medical conditions in schools: (Annex A)

Research has shown that 33% of disclosures to schools happen through a third person without the families consent. If this happens, the first step is to establish whether that person has the family's consent, and if not, to speak with the family, in order to inform and reassure them.

The head teacher designates a staff member to coordinate a meeting with the parent/carer, child and HIV health or social care practitioner, to discuss the child's medical and/or pastoral support needs.

Draw up agreed support plan, to include confidential information storage and sharing, and dates to review this plan.

Consider the information or training needs of the designated staff member to improve their knowledge of HIV. This could be reading this guidance in full, or a conversation with a paediatric HIV practitioner.

If a child tells you about their own or their parent/carer's HIV infection, reassure the child that this information will be kept confidentially amongst specific staff in the school, and agree who will inform the parent/carer that this information has been shared (further information in the full guidance).

It is important that all staff discuss, and are aware of, the procedures for HIV disclosure, before it happens. This presents the opportunity to:

ensure that staff's HIV knowledge is up-to-date; reassure staff by repeating information about routes of transmission; and firmly establish the need for confidentiality. It may be helpful to get support from a local health promotion unit, health advisors from local sexual health clinics, or a local paediatric infectious diseases nurse or doctor.

Checklist for developing an HIV Friendly School

To develop policies for supporting children living with or affected by HIV, start by asking the following questions:

- Is HIV mentioned in school policies – such as policies for inclusion, and sex and relationships education (SRE) policies – and in school documents such as the prospectus or mission statement?
- Are you following universal first aid procedures?
- Who are your named first aiders and when is their training review date?
- Do all staff, including teachers and support staff, have a basic understanding of HIV transmission and an awareness of the stigma faced by those living with, or affected by, the virus?
- Is HIV awareness part of your school development plan?
- Can opportunities be created in your school to promote HIV awareness across the school community?

These questions could be considered in a whole staff meeting or by governors as a way of raising awareness of the key issues for schools in becoming HIV friendly.

For the full guidance on supporting the needs of children living with and affected by HIV in UK schools, please visit www.chiva.org.uk/our-work/schools. For additional support contact either your local paediatric HIV team or the Children's HIV Association.