East Dunbartonshire
Community Planning Partnership

East Dunbartonshire

POLICY DOCUMENT

ON SEXUAL HEALTH FOR CHILDREN & YOUNG PEOPLE WHO ARE LOOKED AFTER WITH ACCOMPANYING PRACTICE GUIDELINES

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PART 1. THE POLICY

1. INTRODUCTION

Children and young people require the important and trusted adults in their lives, especially their parents and carers to provide them with information, guidance and reassurance about growing up, puberty, relationships and sexual health. it is well evidenced that where children and young people receive this positive communication they have better outcomes. For young people who are looked after away from home in residential care or foster care, young people leaving care or young people looked after at home this positive communication and relationship with adults may be lacking and, as a consequence of adverse childhood experiences, often experience poor sexual health outcomes.

East Dunbartonshire Council and East Dunbartonshire Health and Social Care Partnership have worked in together to produce and jointly agree this policy which aims to support staff to provide appropriate learning, information and guidance to children and young people, while protecting them from harmful and adverse experiences. It is designed to facilitate a practice culture 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 grow into healthy relationships. This is especially important for looked after children and young people as they may have received inappropriate or distorted learning about relationships, sexuality and sexual health.

An important emphasis for this policy is to facilitate an environment in which young people are enabled to seek the best outcomes for themselves through the provision of accurate information, developing practical skills and, through discussion with positive adult role models, consider their own value base in relation to their sexualities, relationships and wellbeing.

Staff therefore need to be able to:

- ensure that planned proactive work is in place for all looked after children and young people which takes account of their prior learning and experiences
- manage situations which arise in the lives of looked after young people in ways which are in the best interests of the young person

In undertaking such work, staff will need to feel supported and be clear about their role and its limits. This requires a climate where communication in respect of sexual health and relationships issues are normalised and routine. Staff and carers will need to reflect on their own values and attitudes regarding relationships and sexual health and how these are communicated to children in their care. It is intended that staff and carers will be provided with learning opportunities to help to think through these issues and to gain confidence and competence in their practice.

2. POLICY AND LEGAL FRAMEWORK

Legal Framework

In developing this guidance, cognisance has been taken of the various laws, and guidance that already exists which community planning partners are required to operate. Many of these relate to children in general e.g. the Children's (Scotland) Act 1995, the United Nations Convention on the Rights of the Child (ratified by the UK in 1991), the Age of Legal Capacity (Scotland) Act 1991, the Criminal Law Consolidation (Scotland) Act 1995, the Human Rights Act 1998, the Sexual Offences (Scotland) Act 2009 , the Equality Act 2010, Getting it Right

for Every Child 2012, Equally Safe 2014 , the Children & Young people (Scotland) Act 2014 and the National Guidance for Child Protection in Scotland 2014

Others more specific to children in particular circumstances include Child Protection Procedures, the Regulation of Care (Scotland) Act 2001, the Support and Assistance to Young People Leaving Care (Scotland) Regulations 2003 , Guidance on the Looked After Children (Scotland) Regulations 2009, Part 9 Corporate Parenting in the Children & Young people (Scotland) Act 2014, Statutory Guidance on Part 9 (Corporate Parenting) of the Children & Young people (Scotland) Act 2014, Getting It Right for Looked after Children & Young People Strategy 2015, and the Pregnancy and Parenthood in Young People Strategy 2016.

The Sexual Offences (Scotland) Act 2009 in Scotland specifies that young people under the age of 16 cannot consent to sexual activity and that having sex with a young person of either sex under the age of 16 is a criminal offence regardless of the age of the person being charged.

This policy and practice guidance should be used in conjunction with the **'East Dunbartonshire Protocol for Sexually Active Young People under the age of 16 and Vulnerable Young People 16 – 21 years"**

3. DEFINING SEXUAL HEALTH

Sexual Health is used in this document as a broad term. The World Health Organisation describes sexual health as:

> *"a state of physical, mental and social well-being in relation to sexuality. It 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."*

The term encapsulates not simply a physical state of wellbeing free from adverse outcomes such as acquiring sexually transmitted infections but also:

- knowing how bodies grow, change and function
- recognising and being able to cope with emotions
- understanding behaviours that are private
- understanding and being able to nurture relationships, be they with parents or carers, with friends or with romantic and sexual partners
- understanding rights and responsibilities
- exploring and expressing sexuality
- recognising healthy relationships and therefore also unhealthy relationships
- recognising and avoiding harmful experiences
- knowing and feeling able to seek help if things go wrong
- knowing the law

4. SEXUAL HEALTH EVIDENCE OF NEED

The sexual health of young people across Scotland remains among the poorest in Western Europe[1-2].

The most recent summary of views of the experiences of young people and parents[3] across the NHSGGC area including East Dunbartonshire highlights that:

- There are issues relating to the impact of digital lives and sexting, with a lack of awareness about the law and sexting.
- Young people do not have a good understanding of sexual consent, as outlined in Scottish Law, or how to communicate and recognise consent in sexual situations
- There is concern that a percentage of heterosexual anal sex for young people aged sixteen to twenty four is not consensual.
- There is a need to ensure that parental and carer support for boys of upper primary school age about Relationships, Sexual Health and Parenthood Education (RSHPE) is available.

The 2015[4] Scottish national report of health behaviour in school aged children from data from 2014, reported that by the age of 15, 27% of girls had had sexual intercourse and 24% of boys. This is lower than the previous figures from 2010 and is similar to the figures from 1990 when the first survey results were published.

Amongst those 15-year olds that report having had sexual intercourse, 24% report having sex at the age of 13 or younger, 32% at the age of 14 and 44% at 15 or older. Boys are more likely than girls to report having had sexual intercourse at the age of 13 or younger (34% versus 16%, respectively). Boys are less likely than girls to report that they first had intercourse at 14 years (26% versus 38% respectively).

Of those 15-year olds that report having had sexual intercourse, 58% used a condom (with or without the contraceptive pill) on the last occasion. Around one third of girls (32%) and a quarter of boys (24%) report the use of birth control pills (with or without a condom). Sixteen percent (16%) used both a condom and birth control pills at last intercourse (17% of girls and 15% of boys). Almost one in three (29%), report using neither a condom nor birth control pills at last intercourse (27% of girls and 32% of boys). A minority reported using other methods such as withdrawal or a contraceptive implant.

The circumstances in which young people who have sex under the age of 16 are often very poor, usually involving some form of peer pressure from partners of friends, alcohol or drug use, and having had no or limited discussion with important adults in their life on relationships and sexual health. Many young people who have sexual experiences at such a young age subsequently regret their experience[5].

At the same time young people are growing up in a media culture that is increasingly sexualised and which sexualises children and adolescence.

Therefore it is not surprising that Scotland, in line with the rest of the UK, has the highest number of teenage pregnancies in Western Europe and the third highest rate in economically rich countries[1]. The figures for pregnancies in 2016 for women under the age of 20 show that East Dunbartonshire has a rate of 15.8 per 1000 population which is below the Scottish average of 32.4 per 1000 population[6] and the second lowest rate of all Scottish Local Authority areas.

The 2017 data from Health Protection Scotland[7] shows that young people, particularly women aged under 25, are the group most at risk of being diagnosed with an STI. It is therefore important that adults provide the appropriate information, learning opportunities and guidance to children & young people as they grow up.

Research across the UK shows that whilst children & young people who are looked after and accommodated are identified as having a range of complex health needs, they can experience more disadvantage than their peers in accessing universal and specialist health services[8]. Many looked after and accommodated children have histories of sexual, physical and emotional abuse, contributing to distorted understandings of personal relationships and sex. They can sometimes view sexual activity as a way of receiving love and affection.

Many looked after and accommodated children lack the personal skills and self-confidence to access information and manage healthy personal relationships. Disrupted schooling is a particular feature of the lives of looked after and accommodated children and can lead to significant gaps in schools based RHSPE[9].

Looked after and accommodated children are less likely than their peers to acquire information, support and guidance from parents and carers[10]. Both young women and men with experience of care are more likely to become parents earlier than their peers without a history of care[11-12]. Significant numbers of those involved in prostitution and/or victims of sexual exploitation have previously been looked after and accommodated children[13].

Looked after and accommodated children who are lesbian, gay or bisexual (LGB) are vulnerable to homophobic bullying by their peers whilst accommodated.

5. STRATEGIC COMMITMENT

Staff and Carers looking after Children and Young People in East Dunbartonshire will:

- be supported in implementing this policy through induction, supervision and training processes
- raise with managers matters arising for which they feel that they require additional reflection, guidance or support
- proactively assess and address the needs of all children and young people in their care
- make certain that care plans consider sexual health and relationships matters appropriately
- ensure that children and young people's questions are answered as accurately and quickly as possible
- listen to and consult with children and young people to seek their views on matters affecting them
- respect confidentiality and its limits in their practice

- put their personal values and beliefs to one side where they do not accord with the lawful choices/decisions made by children and young people
- be vigilant for signs of adverse outcomes or harmful situations and respond sensitively and appropriately to them

Children and Young People looked after in East Dunbartonshire will:

- have their sexual health needs assessed and met to the highest possible standard
- have access to age appropriate information and education about sexual health and relationships and be involved in shaping their learning
- if they choose be able to talk about sexual health and relationships with a staff member they feel comfortable with and have their questions answered
- have their right to privacy and confidentiality respected except where it is in their best interests for them to be limited
- be supported to access services that can help them maintain their sexual health and wellbeing

6. IMPLEMENTING THE POLICY

RESPONDING TO SEXUALLY ACTIVE YOUNG PEOPLE

It is recognised that approximately half of all young people become sexually active before the age of 16 years old when such activity becomes lawful. It is known that the earlier a young person becomes sexually active, the more likely their experience of adverse circumstances and outcomes becomes. The circumstances that have led a young person becoming looked after may mean they have an additional vulnerability, becoming involved in sexual behaviour in such adverse circumstances.

Staff and carers therefore need to ensure that where it becomes known or suspected that a young person under 16 is sexually active, that an immediate assessment of their situation is undertaken. Staff and carers will familiarise themselves with the **“East Dunbartonshire Protocol for Working with Sexually Active Young People”** and use the protocol to inform the assessment. Further guidance on working with young people who are sexually active is included in the practice guidance on page 11.

SAFE PRACTICE & PROFESSIONAL BOUNDARIES

Staff and carers need to be conscious that their discussions with young people must, at all times, be undertaken in a professional context, always ensuring that their relationships with young people are safe, caring, respectful and sensitive.

Staff and carers must never engage in a personal or sexual relationship with a young person as this would be the criminal offence of sexual abuse of position of trust. Staff and carers will not share information about their own relationships as this could be misinterpreted. If staff or carers have any doubts about what can be shared then they should discuss them within their line manager.

Some young people may have had little or no prior learning on sexual health matters. Some may have experienced abuse, whilst some may become involved in high-risk behaviours. These factors can distort their responses to work undertaken with them relating to sexual health and relationships. Staff and carers should always consider the young person's specific needs when offering any advice or guidance on sexual health and relationships and planned work with young people should form part of their care plan.

CARE PLANNING & REVIEWS

The care plan or 'pathway plan' for young people leaving care, should be drawn up with the child or young person, their parent(s) and other important individuals and agencies in their life and should reflect their views, even if they are contrary to that of the statutory agencies.

The health and education of children and young people must be addressed throughout the care planning and review process. This requires careful balancing of the requirements of accountability and information sharing, with children and young people's rights to privacy and normality. A review is not the best place to discuss relationships and sexual health matters in depth. However general issues in relation to sexual health and education of young people should be included in the planning and review process.

In planning proactive work, children and young people should have their own views and wishes sought and noted including their choice of which staff members are chosen to undertake the work. Proactive planned work should start from an understanding of any prior learning.

Some young people place themselves in danger and present a risk to themselves or others because of their involvement in risk taking behaviour. In such cases the Child Protection will be applied, with a review of the action plan linked to the existing care plan reviews.

WORKING WITH BIRTH PARENTS AND KINSHIP CARERS

Birth parents, kinship carers and other family members have an important role to play in supporting the wellbeing including the sexual wellbeing of children and young people. While it may be that concerns about the family have led to the young person becoming looked after, parents and family views on learning about sexual health and relationships matters should be sought, unless it is inappropriate to do so.

Parents, foster carers, kinship carers will be made aware of this policy through routine contact with staff. They should be encouraged to work in partnership with staff and carers in reinforcing the learning and decision making on sexual health and relationships matters. This means the young person will, receive consistent messages.

Adults who have parental rights in relation to children who are looked after away from home have the right to have their views considered in the decision-making processes which affect their children.

As young people mature and become more capable of making informed decisions about their lives there may be occasions when issues relating to sexual behaviour or its outcomes are

not communicated to parents. Decision making on this matter should take into account the views of the young person, their evolving capacities to make decisions, the safety of the young person and their overall 'best interests'. In general, staff and carers should encourage and support young people to share information with their parent(s) where it is safe to do so. It should be noted that information should not be shared with parents of young people aged 16 -18 years against their wishes. This is due to the fact that the only responsibility that parents have to their 16 -18 year old children is that of guidance. Guidance is only advice and if the young person does not wish to take advice from his/her parent then confidentiality should be maintained.

A child under the age of 16 has the legal capacity to make decisions on all aspects of health care and interventions provided they are in fact capable of understanding its nature and possible consequences. Health professionals will assess the young person's understanding. Health professionals will always encourage the young person to inform and involve their parents or carers however they will not inform parents/carers of the young person's involvement in health care if the young person wishes this to remain confidential.

In situations where there If there is a difference of opinion between the young person and their parent, where the young person has the capacity to make an informed choice, their decision must be respected and applied even if it differs from the parent's or professional's view.

INVOLVING YOUNG PEOPLE

An accessible easy read version of this policy suitable for young people has been produced and will be made available to all looked after young people.

CONFIDENTIALITY

Children and young people have exactly the same legal rights to confidentiality as adults. This means that confidentiality should be respected unless the young person is at risk of serious harm or it is clear that not sharing information would be counter to the best interests of the young person. In terms of ensuring a an appropriate response between agencies information can be shared between staff however particular care needs to be taken over the sharing of such information. The local authority as the 'corporate parent' needs to ensure that personal sexual health information is not shared with others (staff, carers or agencies) unless there is a clear and good reason to do otherwise.

Staff should therefore be clear and be able to record:

- what information they need to share,
- why they are sharing information,
- with whom they will share information, and
- where they will share the information

All personal information saved by staff and carers must comply with the General Data Protection Regulation (2018) and the Data Protection Act (2018)

TRAINING, SUPPORT & SUPERVISION

For this policy to be effective staff and carers need to have clarity and confidence in what they are doing. It is essential that appropriate training, support and supervision is provided. Therefore staff should be enabled to attend training on the principles and content of this policy. New staff will be provided with information about the policy during induction and have their training needs in this area assessed and addressed.

Sexual health and relationships issues for children and young people should also form part of the agenda during supervision with line managers. This can provide a space to discuss, review and record decisions and ensure that proactive work is planned and carried out with.

PART 2. PRACTICE GUIDANCE

7. EQUALITIES SENSITIVE PRACTICE

ANTI-DISCRIMINATORY PRACTICE

The UN Convention on the Rights of the Child states that all the rights in the Convention must apply to all children "without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religious or other opinion, national, ethnic or social origin, property, disability, birth or other status" [Article2:1].

People from communities that experience discrimination are more likely to experience ill health. The impact of discrimination can lead people who experience it to:

- experience low self-esteem,
- have less of a sense of their own rights,
- be less likely to look after themselves, and
- 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 young people have the right to grow up with a positive self-identity and be free from discrimination of any kind. No young person should be disadvantaged or discriminated against because of his or her race, culture, religion, age, sex, gender identity, disability, sexual orientation or because of their "looked after " status.

Best Practice

- Staff and carers will 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.
- Staff will use accredited translators and interpreters and to provide information in formats which enable young people to fully understand the information provided if required. Where this information does not exist, this should be raised through line management.

WORKING WITH YOUNG PEOPLE IN A GENDER-SENSITIVE MANNER

This policy acknowledges that an understanding of gender is vital to supporting young people. A gendered approach sees traits and behaviours considered male or female, can be damaging thus forcing males and females into pre-determined, narrow roles. This creates is a gender-imbalance in which, as a result of masculinity, 'male' traits are often associated with power, knowledge, physical prowess etc. whilst feminine traits are associated with weakness, nurturing, intuition and passiveness. In practice, this creates a set of assumptions and negative and restrictive stereotypes that ultimately can affect young people's well-being and safety.

All young people have the right to a positive body image and a healthy and confident attitude to relationships, feelings and sexuality. It is important that staff and carers do not actively promote negative stereotypes. In addition, staff and carers need to explore issues about gender-imbalance and its impact on behaviour and so 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. Staff and carers need to be mindful that many young men may have experienced past abuse which has affected their confidence and abilities to form relationships. Young men 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. 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 heterosexual 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 young men are trying to conform to a sense of 'masculinity' and establish what 'maleness' means for them, including aspiring to masculinised body image. Staff and carers, both through what they say and through role-modelling, need to challenge negative perceptions and provide 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. Again, due to past abuse or what they may have witnessed and experienced in childhood, many girls and young women who are accommodated may have distorted ideas about relationships, in particular the use of violence. Some young women may need to learn the fundamental concept that their bodies are their own and that no-one else can determine what happens to it bar themselves. Staff and carers need to help young women 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 women 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.
- 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 women to get out of any abusive relationship.
- Staff and carers will provide positive role models and will not exhibit any negative, discriminatory, homophobic, biphobic or transphobic attitudes.
- Staff and Carers will ensure that young people have learned about the importance of consent and understood what consent means in the context of relationships.

WORKING WITH YOUNG PEOPLE WITH DISABILITIES

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 young people. This should not be ignored but needs to be discussed with the young person to explore their wishes and feelings.

Young people with a disability may be at greater risk of abuse, exploitation and coercion than their non-disabled peers. Therefore it is essential that staff and carers ensure that they receive comprehensive RSHPE which is informed by childrens' rights to express their sexuality in a safe and appropriate manner[14]. Children need support to develop knowledge and skills to enable them to make positive decisions in their lives. This approach involves proactive consistent education from both home and school environments.

For some young people the major impact on personal relationships and sexual activity is social and emotional rather than as a direct result of their disability. 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 young people have a right to respect and privacy.

As part of a 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 young people with a disability.

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 young people.

Best Practice

- 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 young people who have a disability.
- Staff and carers should negotiate clear boundaries around physical contact and personal care with the young person at a level appropriate to their understanding.
- The care plans for all young people who have a disability should incorporate sexual development and the young person's views taken into account.

SEXUAL ORIENTATION

People who are lesbian, gay or bisexual (LGB) are present in all classes, creeds, cultures and races of the world. Despite greater awareness of diversity in society, young LGB people still experience discrimination. 79% of respondents to a Scotland wide survey said that homophobia was still a problem for Scotland and 52% said that school or education was the place they experienced the most discrimination[15].

These experiences range from overt comments, threats and physical violence to more subtle behaviour that leads to exclusion. It is known that young people who are LGB are more likely to have poorer mental health than other young people. Those who are looked after away from home may experience greater emotional distress and therefore will require comprehensive support.

All young people who are LGB have the same right to explore and express their feelings and pursue happy and fulfilling relationships as everyone else and therefore staff and carers are expected to provide an environment that is welcoming and supportive.

Young people who are LGB go through a process known as "coming out" whereby they acknowledge their sexual orientation first to themselves and then, if they feel ready, to others. Whether it is to parents, staff, carers, friends etc, telling others can be stressful. It is therefore important that staff and carers explore their own beliefs and values from the outset so that they are able to deal with situations sensitively and ensure that the young person is supported throughout these events.

Like all young people who are sexually active, those who are LGB should be encouraged to look after their health and have regular health checks. NHSGGC Sandyford is able to offer a range of advice to staff and young people if required.

Some young people who are LGB explore their sexuality in secret due to concern about others prejudices which can mean that child protection issues can arise. This highlights the importance of talking with children & young people about their online and off line social lives. Parents@sandyford provides more information.

Best Practice

- As part of their day-to-day practice, staff and carers should acknowledge sexual diversity and should promote, with other staff, carers and children and young people in their care, anti-discriminatory practice. They should avoid the use of, and challenge, discriminatory jokes, language, and behaviour. They should not assume that everyone is heterosexual.
- 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. In addition, their feelings can be further validated by staff and carers involving them in the same conversations about relationships that occur with heterosexual young people. 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 weren't LGB
- Staff and carers should deal with the issue of sexual orientation with the utmost sensitivity. They should avoid directly asking a young people their sexual orientation; however staff should finds ways to open discussion on sexual identity in an affirming manner.
- Staff should not share information about a person's sexual orientation without their consent 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 young person has been subjected to homophobic or biphobic bullying in school, with the young person's agreement, staff and carers should inform the school and ensure the school takes steps to address this. If the 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.

Gender Identity

A person's sex is most commonly divided into either male or female and is usually assigned at birth, on the basis of physical differences between male and female bodies. Biological sex is more diverse than this; intersex people are born with variations in their sex characteristics including chromosomes, hormones or genitals that do not fit into this typical definition.

Gender is socially constructed and refers to the attitudes and behaviours that a given culture associates with a person's biological sex. Gender identity is a person's internal and subjective sense of their gender. As children grow up their awareness about their sex and gender evolves gradually. As their understanding about themselves and other people develops, children and young people lear to identify their own and others' gender. Gender identity development is shaped by psychological, social and biological influences.

Most children and teenagers will identify with the gender they were assigned at birth. This is known as cis-gender. In recent years gender identity has had a much higher profile and the way in which gender is expressed has diversified. Transgender is an umbrella term for those people whose gender identity or expression differs in some way from the gender assigned to them at birth. This includes transsexual, non-binery and cross-dressing people.

Some children can experience feelings of distress or discomfort due to a mismatch between their gender identity and their biological sex. This is known as Gender Dysphoria. How to support these children depends, in part, on the child's stage of development, the severity of their distress and how much of an impact it is having. Gender Dysphoria does not refer to children who have a passing interest in the behaviours and interests typical of the other gender. Research suggests that most prepubertal children who experience dysphoria about their gender in childhood will have stopped feeling this way by the time they reach adolescence.

Some teenagers will experiment with their gender expression but not experience dysphoria or discomfort in relation to this.

For children who feel discomfort about their gender, puberty is an important time. For some young people the onset of early physical changes that occur during puberty lead to a reduction in their gender dysphoria, as they become more comfortable with their biological sex. Others experience increased feelings of discomfort. Research suggests that most people who experience significant gender dysphoria during adolescence will continue to feel this way as they progress into adulthood.

Some transgender people decide to engage in a process of transition. This may involve social changes such as adopting a new name and different pronouns ("he", "she", "they"). Some transgender people decide to seek medical transition through the use of hormone therapy and surgery. Both social and medical transition can be helpful in reducing the feelings of dysphoria.

The NHS service in Scotland for children and young people experiencing gender dysphoria is based at Sandyford Central in Glasgow. The service is delivered by a multi-disciplinary team including Clinical Psychology, Psychiatry, Occupational Therapy and Counselling.

Best Practice

- Staff and carers will ensure that their behaviour and that of others regarding gender identity is respectful and that all discriminatory jokes, language and behaviours are challenged.
- No-one can predict if a child's behaviour or feelings about their gender will persist into adolescence. Staff and Carers should accept children for who they are now, and support them to explore and understand their own development at a pace that is comfortable to them.
- Staff and Carers should acknowledge that puberty can intensify feelings of discomfort and unhappiness for children experiencing gender dysphoria and will ensure they provide additional support, appropriate to the young person.
- Staff and carers will discuss with young people their feelings in relation to telling parents, carers, staff or other young people about their gender identity and respect and support their decisions.
- Staff and carers will use the young person's choice of pronoun "he", "she" or "they" and use the name chosen by them. If unsure, staff and carers will ask the young person how they wish to be addressed to and support this by asking other staff and young people to agree to this. In some cases the young person may not identify with either gender.

WORKING WITH YOUNG PARENTS

Young women become pregnant in their teenage years for a variety of complex reasons. Young people living in the most deprived Scottish areas are five times more likely to experience a pregnancy and 13 times more likely to continue the pregnancy as someone living in the least deprived areas[8]. In addition young people who are looked after and accommodated or care leavers are also more likely to experience pregnancy while they are teenagers. A significant minority of young women plan their pregnancies with the majority of these tending to come from areas of high deprivation. This decision can be influenced by emotional gaps in their upbringing; an attempt to gain control in their lives or a perception that motherhood offers them a positive role in society, particularly when other opportunities are perceived to be poor[1].

Young parents face considerable disadvantage. The general view in society is that teenage pregnancy is a “negative” thing and a tone blaming young women can often be perceived. Young women who become pregnant may internalise these negative perceptions and this can have a major bearing on how they deal with their pregnancy and when and how they approach services. Staff and carers will actively challenge such views.

Once a young woman or couple chooses to proceed with a pregnancy, the role for staff and carers should be supporting the young person to make a smooth and confident transition to parenthood. Whilst some young people’s previous life experiences may leave them ill equipped to deal with the responsibilities of early parenthood, it is important to avoid assumptions and to assess individual’s needs and capabilities. In particular, young people’s 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.

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 her 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.

Please consult the **“East Dunbartonshire Guidance for Schools to Support Young Pregnant Women and Young Parents to Remain in Education”.**

Best Practice

- The young person's care plan will identify an appropriate support package 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 (SNIPS) and, if appropriate, the NHSGGC Family Nurse Partnership.
- 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.

UNACCOMPANIED MINORS

Young people who are unaccompanied and seeking asylum may present particular challenges to staff and carers in that there may be a lack of clarity about their histories or indeed their age. They may be unable to divulge information regarding their background or how or with whom they travelled to the United Kingdom. In addition the uncertainty regarding the achievement of refugee status, the right to remain and fear of deportation does not assist this process.

It is known that many young people in this position have experienced major physical, psychological trauma, rape and sexual assault as a result of war or during their journey to this country. Some of these young people may have been smuggled or trafficked and placed under great pressure not to disclose the circumstances of this. Such experiences can have a profound impact on young people's physical and mental well being. Whatever their individual circumstances, it is likely that these young people will be traumatised by the loss and/or separation from their families and friends, some of whom may be left behind.

Young people in this position may have specific sexual health issues e.g. pregnancy, abortion, female genital mutilation, HIV, sexual transmitted infections etc that may either be historical or may require to be addressed promptly. Whilst mindful of confidentiality and the need for sensitivity, some of these issues maybe pertinent to their asylum claim.

Safe care issues for unaccompanied young people encompass all those identified for the indigenous population; however there are additional aspects that may expose them to exploitation by individuals or groups who may be able to put them under pressure. Young unaccompanied minors may find support from members of their community but can also be placed under undue pressure regarding cultural or religious practices they may not now wish to follow. Staff and carers should therefore not make assumptions regarding their thoughts and wishes.

Best Practice

- Staff and carers should make every effort to understand and be sensitive to the particular circumstances of individual young people. This includes offering a gender and culturally sensitive approach as a matter of course.
- Staff and carers will ensure that young people are supported to clarify their legal position.
- Staff and carers will support young people to access appropriate health care and specialist health services.
- Staff and carers should ensure that young people have access to interpreting services as the need arises.

RELIGION AND CULTURE

It is recognised that in our society individuals and groups can be discriminated against on the basis of their religious beliefs and cultural values. Staff and carers can play a vital role in challenging such behaviour by ensuring that a young person's cultural or religious beliefs are taken into account in all aspects of their care. Local authorities are required to take into account issues of culture and religion when identifying a placement. This can be raised during care planning and the young person's views must be taken into account.

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 and 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 young person.

Research has shown that within this context, the anxieties of staff and carers providing information about sexual health and relationships have hindered discussions. As many parents from all religious and cultural backgrounds feel ill equipped and sometimes unwilling to educate their own children in an area where they themselves may have received little formal education, assumptions about parental responses need to be discussed.

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 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 young people, carers or staff. 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 sex or same faith groups. Young people's preferences should be sought on these matters

8. NORMALISING DISCUSSION OF RELATIONSHIPS & SEXUAL HEALTH BETWEEN ADULTS AND CHILDREN & YOUNG PEOPLE

EARLY MESSAGES

Staff and carers have a role to educate children and young people in a way that helps them to view sexual health and relationships as a normal part of 'growing up' and making that transition to adolescence and adulthood. Staff and carers should therefore acknowledge that children and young people are sexual beings and that they require guidance to help them understand and be ready for the physical and emotional changes they will experience from puberty onwards. Learning about relationships and, in particular, gender roles, begins at an early age. In addition, good self-esteem, an internal locus of control and the skills that teenagers require are all learned in their formative years. It is important therefore that the 'building blocks', which are not explicitly sexual at all, are put in place in an age-appropriate manner throughout childhood. The parents@sandyford provides information and resources about how to talk with children at each age/stage.

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. Many parents find talking with their children about sexual health and well-being challenging. When it comes to children and young people who are looked after, staff and carers may have additional worries about raising such issues when children in their care are already vulnerable, may struggle to trust or communicate with adults or have a range of unmet emotional needs due to previous poor parenting. It can be tempting to defer talking about their emerging sexuality, particularly with children who are emotionally immature or who have special needs.

However, all children absorb messages about sexuality regardless of whether adults choose to talk to them about it or not. When adults do not talk to children what children learn from friends or from the media is often distorted or untrue. In addition if adults do not talk to children this communicates a message to children that sexuality is wrong and something to be ashamed of. This will inevitably make it more difficult to discuss such issues when they do arise. 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.

With this in mind, staff and carers need to encourage and support children to identify their own and others peoples' emotions, to talk about and identify their feelings and encourage them to talk about relationships and friendships. In addition they should ensure that children know the proper names of parts of the body, including private body parts. Staff and carers should be familiar with the language individual children use for parts of their body.

Staff and carers should also be mindful of the fact that children learn as much from what adults do not say as from what they do say. They also learn from what they see around them in their daily lives. Staff and carers therefore need to role model problem solving, whether that is about dealing with relationships or difficult emotions.

The most important means of getting information across to young people on an on-going basis will be through staff and carers themselves. In relation to ensuring that young people have access to practical information about services, help-lines etc., staff and carers need to develop methods of providing information for young people that are discreet, sensitive and accessible within their particular care setting. However, what are of more importance are the indirect messages that staff and carers provide. Attention therefore should be given within the care environment to setting an appropriate tone and normalising discussions about sexual health and relationships and appropriately using opportunities that occur in everyday life to explore issues.

Best Practice

- Staff, carers and parents will be offered training on how to open up discussion with children and young people in age appropriate way.
- Staff and carers should actively prepare to talk to children about growing up by gathering resources to support this discussion and by actively seeking early opportunities to do so.
- 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.
- Staff and carers should use anatomically correct names for body parts.
- 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 sensitively use issues in the media as an opportunity to open a discussion about particular topics.
- 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.

PUBERTY

Puberty can be an exciting but also a confusing and embarrassing time for young people due to the physical and emotional changes they experience as their bodies develop into adulthood. It can be particularly stressful for 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. Children 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. It is common for children to experience emotional changes related to puberty, 1-2 years before they experience physical changes. Age appropriate reading material can help prepare children for the changes they will experience and provide a focus for discussions with staff and carers.

Girls need to be prepared for menstruation, vaginal discharge and breasts starting to enlarge.

Boys need to be aware of voice breaks or deepening, penis enlargement, erections, muscle growth, ‘wet dreams’ and Adam’s apple growth. Hormonal and emotional changes, mood swings, growth of body hair, tiredness, awareness of sexuality and masturbation are likely to affect all young people.

Girls should be 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 similar level of openness should occur in respect of changes experienced by young males.

Best Practice

- Staff and Carers should help children to learn about and prepare for the changes at puberty in advance of the onset of these changes
- 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 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.

MASTURBATION

Masturbation is a part of normal sexual behaviour for both boys and girls who are exploring their sexuality and indeed continues throughout most adult's lives. Some 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

RELATIONSHIPS, SEXUAL HEALTH AND PARENTHOOD EDUCATION (RHSPE) IN SCHOOL

All children and young people in Scotland, whether primary, secondary or as an Additional Support for Learning school, are expected to receive age-appropriate RSHPE in line with Curriculum For Excellence. East Dunbartonshire Council has a policy on RSHPE in Schools which staff and carers will benefit from familiarising themselves with.

Children and young people who are looked after 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.

Efforts should be made by staff and carers to work with the school to make sure birth families are informed about curriculum content. The vast majority of parents support the provision of school based RSHPE and many recognise the need to work jointly with schools. Staff and carers must play a role in supporting this education. As per the Education (Scotland) Act 1980 parents have the right to withdraw their child from particular lessons. Often reassurance from the school on the content will overcome this. Support and information on this topic area is available at parents@sandyford

If, for any reason, young people do not have access to school-based relationship sexual health and parenthood education 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 based education programme as appropriate to the young persons care plan. Any parental objection to sexual health and relationships education should discussed at the young person's review meeting.
- Every school has a designated LAC senior member of staff that can provide staff and carers with advice and guidance if required.

9. WORKING WITH YOUNG PEOPLE WHO ARE, OR WHO ARE PLANNING TO BE, SEXUALLY ACTIVE

It is important that staff and carers create an atmosphere of openness and honesty within the care setting so that children will feel able to seek advice and guidance at any time and on any subject. If staff and carers have proactively raised sexual health and relationships as a topic for discussion, they will be better able to offer guidance to those in their care. Some young people may have experienced sexual abuse before becoming looked after and staff will need to exercise sensitivity in raising the issues.

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 their early sexual experiences to be poor, have adverse outcomes and later be regretted.

It is 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. The view must always be presented 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[16].

Staff and carers should consider the role that building strong non sexual friendships between young people 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 their information needs are met and have a chance to learn and practice assertiveness skills.

The Youngpeople@sandyford site has a section on being ready for sex which might be useful to look at with young people.

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 use 'teachable moments' to give young people key messages about healthy relationships and sexual consent
- 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.

MANAGING SEXUAL RELATIONSHIPS

Creating an atmosphere of openness and honesty within the care setting about sexual health & relationship issues will help both children & young people to feel able to seek advice and guidance at any time on any subject and staff and carers to raise issues and offer guidance to those in their care.

By talking about boundaries and expectations and providing children with opportunities to achieve, to establish solid friendships and to increase their self-confidence etc., looked after and accommodated children will be less likely to seek affection and status from inappropriate and premature sexual relationships.

However during adolescence, young people, whether accommodated or not, often engage in behaviours against their carers' wishes and which place them at varying degrees of risk. In the context of sexual health and relationships, 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 skills and confidence of the young person themselves so that they learn how to make healthy choices that are

respectful of themselves and others. Given that young people who may have experienced rejection and/or abuse may struggle to appreciate the consequences of their actions and be lacking in self-esteem it is incumbent on all staff and carers to discuss with young people issues around emotions, relationships, commitment, consent etc.

In addition to the emotional and attitudinal aspects of relationships, young people need to be made aware of the physical risks involved in sexual activity and how to minimise these risks Staff and carers, within their capabilities, need to provide unbiased basic information on contraception and protection, how services can be accessed and choices and services available to young people. There is a responsibility to either signpost or refer a young person, with their permission, to appropriate local services. It is within the law, without parental consent or knowledge, to provide information, to make an appointment and/or to accompany a young person to an agency which is able to meet their immediate health needs. This action should be taken in consultation with the young person's social worker.

Staff and carers are reminded that, alongside the responsibility to meet the young person's immediate health needs, there is an additional responsibility on the local authority to assess the nature of the sexual relationship that the young person is engaged in, to determine whether it involves abuse or exploitation[17].

The young person's social worker has the responsibility for ensuring that this assessment is carried out in a sensitive way. Given their relationship with young people, staff and carers will be asked to contribute to this process. In all cases staff and carers will follow the Child Protection Procedures for East Dunbartonshire.

The Youngpeople@sandyford site has a section on healthy relationships which might be useful to look at with young people.

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.

SEXUAL RELATIONSHIPS IN PLACEMENT

Caring for young people in either residential or foster care during their sexual development can present particular challenges. It is recognised that relationships which develop between young people in the same placement may be of a sexual nature. These may be opposite or same sex relationships. While staff and carers will be sensitive and non-judgemental about these issues, sexual relationships between young people living in the same placement can be challenging for staff and other young people.

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.

If one or both of the young people are under 16 then the young people will not be able to continue a sexual relationship while in placement. If they are both over the age of 16 and staff have agreed that the relationship is not detrimental or harmful to either of the young people concerned, then it is possible for the relationship to continue. Staff and carers will need to work with both young people to ensure they observe appropriate boundaries of behaviour.

ACCESSING SERVICES

All young people who are or are planning to be sexually active have a right to access services to meet their immediate health needs. Staff and carers should be aware of the need for those who are accommodated by the local authority to have equal access to health provision as other young people. 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.

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. 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 the range of options about where they can seek help and advice if, and when, they need it. It should be made clear to them that they do not need to seek permission to access such services but that support is available. They should be made aware of both general and specialist services particularly those geared towards young people's health.

Both young people and staff and carers can seek advice and information from the LAC Nurse on a range of issues. Depending on their own knowledge, level of confidence and the relationship with the young person, general health advice may be given by staff and carers.

The Youngpeople@sandyford site has a section on young people clinics which might be useful to look at with young people.

Best Practice

- Staff and carers will provide young people with information about sexual health services, how to access them, opening times etc. http://youngpeoples.sandyford.org/young-peoples-clinics/
- 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 II) and ensure there are opportunities and private spaces for young people to make such calls.

CONTRACEPTION & PROTECTION

All young people need to be advised that proper use of contraception/protection can dramatically reduce their chances of pregnancy or acquiring an 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. It is important to highlight that no method is 100% guaranteed to prevent conception or the transmission of an infection and that not having sex is the only way to avoid these things completely. The Sandyford website provides information about contraception methods.

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 heterosexual 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 the need to avoid an unplanned pregnancy and to protect against STIs. Discussions should therefore include information that popular methods of contraception such as the pill, the implant, the injection, by themselves, are not sufficient.

Staff and carers are reminded that whilst pregnancy is not an issue for same-sex sexual activity, protection such as condoms should be used.

Male and female condoms are the most easily available, non-prescribed form of protection 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. The NHSGGC Free Condoms Service provides information on where free condoms are available.

Local consultations with young people have highlighted gender-specific attitudes around condom use that need to be addressed. Male attitudes about condoms affecting their enjoyment of sex, only using them if they 'think' the female might have an infection or only if the female raises the issue, all need to be challenged. Young womens' perceptions of condoms being the responsibility of the male and the age-old problem of young women's possession of condoms casting aspersions on her 'reputation' all mitigate against the safe use of condoms[18].

It is important that staff and carers discuss issues of responsibility and respect with all young people, whether they are sexually active or not. 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 clinician 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 the two types of available emergency contraception. They should be given information about how the two methods work (that oral contraception can be taken within 72 hours and that a coil can be fitted up to five days after having unprotected intercourse) and that emergency contraception is more effective the sooner it is used. The sexual health emergencies page on the NHSGGC Sandyford website provides more information on this.

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. They should prioritise accompanying a young person to a clinic or pharmacy (chemist) to obtain emergency contraception, if the young person has requested this or appears to need this level of support.

Emergency contraception does not protect against STIs and so additional checks may be required. Emergency contraception is not the same as a medical termination

Best Practice
• Staff and carers should ensure that all young people are aware of contraception/protection at an age appropriate to their individual maturity, understanding and need, including young people with learning disabilities. If it is appropriate and they feel confident enough, they should discuss safer sex with young people in an open and non-judgemental way. They should 'signpost' young people to services where this advice can be obtained. • Staff and carers need to ensure that they have up-to-date and accurate knowledge on the various issues relating to contraception/protection. 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 the Sandyford website or booklets and leaflets. They should also seek information, advice and guidance through training and supervision. • Staff and carers should know where to obtain free condoms and other forms of contraception/protection locally. They should familiarise themselves with the Free Condoms service and how young people can access this. 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 on condoms.
• The majority of pharmacies (chemists) in East Dunbartonshire provide free emergency contraception and if not will be able to signpost to suitable alternative • The young people should also know how to access emergency contraception 'out-of-hours'.
• If the need for emergency contraception has arisen, staff and carers should use this as an opportunity to talk about sexual activity and delay, emotions and relationships, planned methods of contraception/protection etc. Whilst other agencies may have been involved in this particular episode, it should not be assumed that all of these topics were discussed with the young person.

POSSIBLE OUTCOMES OF SEXUAL ACTIVITY

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. Their prevalence in the under 25 population is rapidly growing[9]. Some STIs, if left untreated, can seriously damage a person's health or fertility. It is vital that all young people who are accommodated, at an age appropriate to their individual maturity, understanding and need, and are given accurate information 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 to access them.

It is important for staff and carers to be aware that some STIs do not have signs and symptoms and 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 signpost or accompany them to an appropriate medical service. If the young person attends an NHSGGC Sandyford clinic their GP will not be advised of this visit.

If the possibility of an infection has arisen, staff and carers should use this as an opportunity to talk about sexual activity and delay, emotions and relationships, the safest methods to protect against future infection i.e. the use of condoms or femidoms. Whilst other agencies may have been involved, it should not be assumed that all of these topics were discussed with the young person.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV is a virus which attacks the immune system, and weakens your ability to fight infections and disease[19].

HIV is found in body fluids – blood, semen, vaginal and anal fluids and breastmilk. It is most commonly transmitted by:

- Having anal or vaginal sex without a condom
- Sharing needles and syringes
- Sharing water, spoons, filters and other paraphernalia used to inject drugs
- From an infected mother to her baby during pregnancy, birth or breastfeeding
- Contaminated blood and blood products
- You cannot catch HIV from sweat, urine, sneezing or social contact such as touching, shaking hands or sharing dishes. There is no cure for HIV, but there are treatments to enable most people with the virus to live long healthy lives.

HIV treatment when taken properly reduces the amount of virus in the body to such a low level that the potential for onward transmission is virtually zero.

Despite these advances people living with HIV can still experience a great deal of stigma and prejudice.

Who gets HIV?

HIV can affect anyone and you can't tell by looking at someone if they are living with HIV, so it is possible that staff, carers or young people could be living with HIV.

There is no risk posed to others in the care setting by people living with HIV as HIV cannot be transmitted by normal forms of contact involved in providing care. People who know they are living with HIV will usually be taking treatment meaning they have greatly reduced virus in their bodies. Therefore standard precautions should be used in providing care to all young people regardless of their HIV status.

Staff and Carers who treat people living with HIV differently and less favourably are acting unlawfully under the Equality Act 2010.

Testing

The only way for someone to know if they have HIV is to have an HIV test. Tests are provided free and in confidence at GPs and at NHSGGC Sandyford services.

Results at Sandyford are usually available within 48 hours. People diagnosed with HIV are then fast tracked into appropriate care.

It is now possible to buy HIV test kits although only one product is currently licensed in the UK (Biosure) and if a young person chooses this method of testing and test is reactive, then staff and carers should support the young person to access their GP or Sandyford to have the test result confirmed and ensure speedy referral for care.

Prevention and Care

Staff and carers should make young people aware of HIV and how it is transmitted and prevented. HIV is most commonly acquired through having unprotected sexual intercourse although a small number of people acquire their infection through sharing injecting equipment.

Best Practice

- Young people should know that condoms and femidons used properly considerably reduce the possibility of getting HIV as well as preventing STI and pregnancy
- Staff and carers should particularly ensure that young people originating from sub Saharan African countries and sexually active young gay or bisexual men are provided with information about HIV in culturally appropriate ways.
- 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, particularly during any wait for results or managing the test result whether negative or positive.
- Staff and carers should always discuss with the young person whether or not they wish anyone else to know about their HIV test or HIV result.
- If a young person in placement is living with HIV and does not want other staff to know their HIV status they have a right for that information not be shared. Staff should not share a young person's HIV status without having discussed this with their line manager.
- In a residential setting, due to the nature of shift work, this may require more than one member of staff being aware of the young person's status to ensure appropriate level of care in administration of medication and attending appointments.
- Any member of staff not involved in these tasks should not be informed of the young person's status.
- Staff will ensure the young person is aware of which members of staff are aware of the young person's HIV status.
- Staff and carers may therefore need to find ways of sensitively administering medication that requires to be taken regularly in a way that protects confidentiality.
- They should also ensure that the young person is enabled to access appropriate emotional support regarding their condition.
- Young people living with HIV need to be made aware of the implications on their health of not keeping medical appointments.

CONCEPTION AND OPTIONS

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 this guidance is pertinent to the care of young women, it should also be remembered that young men 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. 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 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's. 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 STIs 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. Sandyford staff 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 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.

TERMINATION OF PREGNANCY

One option open to the young woman is to seek a termination. In the UK a termination is legal and safe, and access to it is the same for all women irrespective of age. Doctors will use the Age of Legal Capacity (Scotland) Act 1991 to assess a young woman's competence to come to a decision in her own right and termination will only be carried out if two doctors confirm legal grounds are satisfied. A termination on social grounds can legally be carried out up to the 24th week of a pregnancy, although in NHSGGC terminations are generally only

carried out up until 18 weeks. Women have more choice and control when they have an abortion under 9 weeks of pregnancy. Sandyford have a short animated film with information for young people.

After this time terminations can still be accessed through the British Pregnancy Advisory Service but this procedure would involve travelling to England. If a young woman is considering termination of pregnancy as an option, then time is important in decision making as it is best for the young women to have this procedure within 9 weeks of pregnancy.

It is acknowledged that within society the issue of terminating a pregnancy raises strong feelings. However, staff and carers should not allow their own values and beliefs to impinge 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 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 that they may have strong feelings about a conception. Staff and carers should discuss with young men their thoughts and feelings and encourage them to offer support to their partner, if appropriate.

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 and counselling 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.

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 to have a happy and healthy pregnancy and to make a smooth and confident transition to parenthood. Options for the young women’s future should take place within the usual care planning process. The care plan should pay particular attention to her additional support needs e.g. through the NHSGGC Family Nurse Partnership and the Special needs in pregnancy service. Any proposed changes should be planned 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 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 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. 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 link worker.

Staff and carers should know how to obtain information which may help young people reach decisions at this time .The NHSGGC Sandyford website is a good source of information with the clinics able to offer advice and counselling.

TOPAR (Termination of Pregnancy Assessment and Referral) Clinics for women who are pregnant and want to discuss their pregnancy options are available at NHSGGC Sandyford. http://www.sandyford.org/emergencies/abortion-services/

It would be helpful if staff and carers were aware of whether the young woman's GP 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. NHSGGC Sandyford and support the young woman to access alternative services.

10. ISSUES OF HARM & ABUSE

Pornography is sexually explicit imagery that is not used for educational purposes. Such imagery is common within society and what was once considered "top-shelf" explicit material is now mainstream. Whilst recognising young people's sexual curiosity staff and carers should discourage young people from possessing any kind of pornographic material. Staff, parents and carers should be alert to the potential to access pornography through a variety of media including the Internet, and mobile phones. Staff in residential settings will have clear guidelines and checks on the use of digital devices in care settings. Advice will be given to parents and foster carers to do the same.

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, which can cause offence. The young people@sandyford site has a section on pornography which might help this discussion.

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, multimedia 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 investigation by social work and the police.

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

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.

Where staff consider it in the young persons best interests to view any devices that may have pornographic material, they should do this with another staff member present and inform the young person about the need to do this.

INTERNET SAFETY / SOCIAL MEDIA

Since this guidance was originally produced, the internet has become an integral part of most people's lives: for children & young people, who have grown up with internet access as a 'norm', with their on-line activities as important as 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 & young people view this in a positive light. Staff and carers should encourage children 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 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 be similar in age or much older. Monitoring young people's use of the internet is difficult, especially with the prevalence of smart phones. Tension can be created by the need

to balance safety issues and children's rights to privacy. Despite the tensions, staff and carers, like any reasonable parent, need to ensure that safeguards are in place, that limit access to inappropriate content and that children's use of the internet is appropriately supervised.

Staff and carers need to be particularly alert to children's use of social media apps / sites, chat rooms and on-line gaming, 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.

'Sexting', a broad term used to describe the sending or receiving of sexual messages and images through technology, is now common and 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, local research indicates that to even take part in such activity, puts young people under pressure: to look right, compete, judge and be judged. Because it has the potential to become a group activity, the research describes it as an activity that permeates and influences the entire teenage network in multiple ways. More specifically, it found:

Problems and threats come from their friends and peers rendering commonplace advice about internet use, approaches from strangers etc. redundant.

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.

Ever younger children are affected. 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. Youngpeople@sandyford has a section called nude selfies that might be a useful prompt for this discussion.

Children's 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 so they are aware of appropriate behaviour and their own personal safety. This particularly applies as young people reach adolescence and begin to test out flirting and relationships and may be under pressure to begin 'sexting'.

The Law is clear that it is an offence to take, share, threaten to share or force a person to look at intimate images without their consent. The law also states that you cannot send written communications with sexual content (for example emails or text messages) without consent from the person receiving them.
It's against the law for anyone to take, have or share a sexual photo of anyone aged under 18. This means taking, sending and sharing indecent images is illegal under the age of 18. It's also illegal to take, have or share an indecent image of anyone else under 18.

Staff and carers need to keep pace with new technology to keep young people safe. They should also check the computer histories, set clear boundaries when smart phones are bought and supervise, as far as possible, internet use.

It should be noted that there are legal limitations on staff and carers accessing emails sent and/or received by young people.

The Child Exploitation and Online Protection Centre (CEOP) is also a reliable source of advice and information.

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 support and supervision on these issues. They also have a responsibility to request assistance when required

WORKING WITH THOSE WHO HAVE BEEN ABUSED, RAPED AND/OR SEXUALLY ASSAULTED

Despite the progress that has been made in acknowledging the extent 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 persist in society that the victim was somehow complicit in the abuse. It is vitally important that staff and carers ensure that, in the general messages that they give to children & young people in their care, victims of abuse or sexual assaults are never made responsible for the crimes committed against them. This would 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.

A proportion of children & young people who are looked after and accommodated have experienced physical, sexual or emotional childhood abuse. It is also known that children & 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 young person has experienced historical abuse, it is important that general relationships and sexual health 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 light of their previous abuse. Staff and carers carrying out this work with the young person need to be respectful and enable the young person to negotiate what will be discussed. 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 & young people about sexual health and relationships in age and stage appropriate ways throughout their childhood, this may lead to children & 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 young person has been recently abused or assaulted, staff and carers should immediately contact the young person's social worker, the duty social worker or East Dunbartonshire Social Work Emergency Service. In such circumstances speedy action is crucial in terms of gathering potential evidence and for obtaining emergency contraception, if required. Depending on the nature of the information, social work will make a decision as to how the matter will be progressed.

Irrespective of whether the abuse or assault is historical or current, it is vital that the young person is offered appropriate support and counselling. It should be acknowledged that the young person needs to dictate 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 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 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 gathered through the NHSGGC Archway service.

Staff and carers will ensure that if a young person discloses rape or sexual assault that they communicate to the young person that the matter will be taken seriously and what action requires to be taken.

Staff and carers will ensure that the 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.

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 can become involved in street prostitution which is visible. 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. 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 units 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.

Staff policies already are in place to manage issues where the sexual exploitation of young people has occurred. Staff and carers need to be familiar with their contents, in particular, indicators of concern. NHS Greater Glasgow and Clyde also has a formal policy in respect of prostitution, seeing it as a form of commercial sexual exploitation and rejecting the view of prostitution as work which merely requires legalising and regulating. Young people involved in prostitution are 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 which addresses sexual exploitation. 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.

Such sexual health and relationships education work, with young men particularly, should focus on the harm caused by prostitution and challenges the notion that sex is a legitimate commodity. 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.

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 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.

The youngpeople@sandyford site has a useful section of sexual exploitation which may help with these discussions.

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 and advice on STIs including HIV.

If a member of staff or a carer is concerned about a young person, they should discuss matters with the young person's social worker at the earliest opportunity.

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.
- 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.

YOUNG PEOPLE DEMONSTRATING 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 behaviours need 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.

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.

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.
- Staff and carers will always refer to child protection procedures.

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APPENDIX 2. USEFUL SERVICES, RESOURCES AND CONTACTS

Sandyford: NHS Greater Glasgow & Clyde Sexual Health Services

All of the services below 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:

- Pregnancy
- Testing and treatment of sexually transmitted infections
- HIV Testing
- Counselling
- Hepatitis testing and vaccination
- Free condoms
- Contraception (birth control) including emergency contraception and male sterilisation (vasectomy)
- Women's health problems including gynaecology and menopause
- Termination of pregnancy (abortion)
- Rape and Sexual Assault Support
- Gender Identity Service
- Clinic for people who sell or exchange sex

www.sandyford.org

0141 211 8130 (to make an appointment)

Young People @ Sandyford

Dedicated sexual health service for young people aged 17 and under. You do not need to make an appointment as all the clinics are drop-ins.

https://youngpeoples.sandyford.org/

Free Condom Service

Free condoms are available to anyone who wants them in venues across East Dunbartonshire and Greater Glasgow and Clyde.

http://www.freecondomsglasgowandclyde.org/

Sandyford Termination of Pregnancy and Referral (TOPAR) Services

https://www.sandyford.org/emergencies/abortion-services/

0141 211 8620

NHS Greater Glasgow & Clyde Pregnancy Central Booking Line

You should make an appointment with a midwife as soon as possible.

0141 232 4005

East Dunbartonshire Social Work Services

https://www.eastdunbarton.gov.uk/health-and-social-care/services-children-families
0141 777 3000

LGBT Youth Scotland

Information, advice and support for young people including youth groups.
www.lgbtyouth.org.uk
0141 552 7425 (Glasgow telephone number)

LGBT Helpline Scotland

Information and support by LGBT Health & Wellbeing.
https://www.lgbthealth.org.uk/helpline/ (online webchat available Tuesdays 3-9pm)
0300 123 2523 (available Tuesdays and Wednesdays 12-9pm)
helpline@lgbthealth.org.uk (email anytime and they will get back to you during office hours)

Childline

www.childline.org.uk
0800 1111

Talking Together Book Collection

This special book collection is available in all East Dunbartonshire Libraries and is aimed at parents and carers to support them to confidently 'chat' with their child about growing up, relationships and sexual health. The books have a colour coding system to assist parents and carers to select the most suitable material for the developmental stage of their child. These books are neither intended nor promoted at children to read on their own, but rather are for parents and carers to use alongside their child.

https://www.edlc.co.uk/libraries

APPENDIX 3: GLOSSARY OF TERMS

The term **'looked after'** includes all children and young people who are subject to supervision requirements and live with parents, family members, as well as looked after and accommodated children who live with foster carers, in residential schools, residential establishments or secure care (Scottish Executive 2007).

Reasons for supervision requirements include the child or young person experiencing a lack of parental care, where there is a risk of offences being committed against them. Children and young people can also become looked after if they commit an offence; being out of parental control; non-attendance at school; or 'falling into bad associations or exposed to moral danger'.

Most children and young people are looked after through a supervision requirement, naming their parent, and remain at home or with extended family members. Where a supervision requirement names a residential establishment or foster carer, children and young people are "looked after and accommodated". Where a supervision requirement has a condition of residence naming a relative, this is known as kinship care.

Children and young people can move in and out of looked after status and, when they are looked after, can experience several different placements. However, it should be remembered that children and young people who are looked after and/or accommodated are a highly heterogeneous group and require suitable, appropriate and accessible services that are responsive to their needs.

The term **"Corporate Parenting"** is the collective responsibility of local authorities, their elected members and their stakeholder partners for all children and young people in their care. It constitutes the formal and local partnerships needed between all departments and services and associated agencies, who are responsible for working together to meet the needs of looked after children and young people. The Regulations and Guidance on Services for Young People [ceasing to be looked after by local authorities] gives a simple, but very clear definition of Corporate Parenting as "this means that the local authority should look after these children as any other parents would look after their own children. The role of corporate parenting is not restricted to social work department of the local authority but applies to all departments and agencies who should recognise their own responsibility to promote the welfare of looked after children and young people and ensure that their needs are adequately addressed by each department."