



**Hampshire Children's Trust**

**Sex and relationships  
education policy for young  
people, including support for  
teenage parents**

**November 2010**



**Hampshire**  
County Council

[www.hants.gov.uk](http://www.hants.gov.uk)

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# Policy statement

*Hampshire Children's Trust is committed to ensuring that children and young people in Hampshire have the information, education, guidance, support and services they need to develop relationships based on respect for self and others and to maintain their sexual health.*

*Relationships and sexual health are central to the emotional health and well being of children and young people and form a key part of the Hampshire Children and Young People's Plan.*

This policy reflects statutory requirements and non-statutory guidance provided by the Department of Health (DH), Department for Education (DfE) and Teenage Pregnancy Unit (see appendix 2) and links with other key Hampshire policies (see appendix 1). It also underpins the Hampshire Teenage Pregnancy Strategy and is set within the context of the Hampshire Children and Young People's Plan. It applies to everyone in Hampshire working with children and young people aged 0 – 19 years or up to 25 years of age for young people with additional needs and care leavers in further education.

The underlying principles of the policy are:

- all children and young people, irrespective of sexual orientation, have an entitlement to good quality education about relationships and sexual health within school and other settings
- all sex and relationships education (SRE) work should be seen as a key part of prevention and early intervention and sit within the wider health and well-being agenda
- all individuals and agencies working with children and young people have a responsibility for promoting relationships based on respect for self and others, and sexual health
- keeping children and young people safe and protecting them from abuse, in line with the Sexual Offences Act 2003 (see appendix 3) and safeguarding procedures (see appendix 7)

- all children and young people have a right to confidentiality (see appendix 6) unless their safety is being compromised, in line with *the Information sharing and confidentiality policy*.  
[www.hants.gov.uk/informationsharing](http://www.hants.gov.uk/informationsharing)
- enabling children and young people to make their own informed choices in maintaining relationships and sexual health
- respecting the needs of young people, taking into account their religion, ethnicity, culture, gender, sexual orientation, age, health or disability and in line with equal opportunities
- responding to the needs of individuals and groups, including the needs of vulnerable children and young people.
- all children and young people, including teenage parents, are able to access accurate information (see appendix 9) and appropriate services and effective support.

# Aims of the policy

- To promote a coherent and consistent approach to SRE in all settings, which supports the physical, emotional and social development of children and young people.
- To improve the sexual health and well-being of children and young people in Hampshire.

# Objectives of the policy

- To promote consistent messages about SRE and the underlying values and principles that support it, particularly around:
  - relationships
  - sexual health services
  - contraception
  - pregnancy
  - termination of pregnancy
  - sexually transmitted infections (STI), including human immunodeficiency virus (HIV)
  - sexual orientation
  - support for young parents
  - inappropriate sexual behaviour
  - unwanted sexual attention
  - abusive relationships
  - pornography
  - exploitation
  - dangers of the Internet.
- To ensure the children's workforce is trained to deliver SRE and has access to support and resources in line with the Workforce Development Training Strategy.
- To provide relevant and accurate information about services and ensure that all groups and agencies, including children, young people and families, are well informed about provision and the pathways to accessing them.
- To ensure that all groups and agencies work together to deliver the aims and objectives of this policy.
- To ensure an approach which meets both the entitlement of all children and young people and the needs of specific groups.
- To ensure young people are aware of, and are able to exercise, their rights and responsibilities in line with

Fraser Guidelines (see appendix 4) and Equal Opportunities legislation (see appendix 5).

- To clarify the roles and responsibilities of all those working with children and young people in promoting relationships and sexual health, in line with the Children Act 1989 and 2004 (see appendix 8).
- To support and challenge agencies and individuals in fulfilling their roles and responsibilities in promoting relationships and sexual health.
- To provide a clear basis for service specific guidance.
- To provide a basis for quality assurance and performance management.

# Sex and relationships education (SRE)

SRE is learning about the emotional, social and physical aspects of growing up: relationships, sex, human sexuality and sexual health. It should equip children and young people with the information, skills and positive values to have safe, fulfilling relationships, to enjoy their sexuality and to take responsibility for their sexual health and well-being. Within schools, SRE should reflect the requirements of the national curriculum.

The Sex Education Forum believes that good quality SRE is an entitlement for all children and young people and must:

- be accurate and factual covering a comprehensive range of information about sex, relationships and sexual health
- begin in the primary school and be developmental in nature
- reflect the age and experience of children and young people
- start from existing knowledge and experience
- create a climate in which children and young people feel able to discuss relationships and sexual health, for example by establishing and maintaining ground rules
- develop concepts and skills, including social skills such as communication, negotiation and assertion
- stress the importance of communication, respect and equal rights and responsibilities in relationships
- reinforce the message that most young people have not had penetrative sex by the time they are 16 years old
- encourage delay but remain *sex positive*
- promote the use of condoms and contraception by those who do have penetrative sex
- promote access to local sexual health services
- schools, colleges and youth centres should ensure that programmes are taught by trained and confident staff with support from health professionals

- be positively inclusive in terms of gender, sexual orientation, disability, ethnicity, culture, age, faith, belief, HIV status, pregnancy or other life-experience
- be respectful of the realities in which children and young people live so that no one is disadvantaged because of their family or community background
- include the development of skills that enable personal responsibility, support healthy relationships and ensure good communication about sex and relationships
- promote a critical awareness of different social and peer norms and values
- nurture the development of clear values based on mutual respect and care
- ensure that children and young people are clearly informed about where they can get confidential advice and support.

Sexual health is a much broader concept. It has been defined as follows:

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

World Health Organisation, 2002

# Involving parents/carers

Staff should follow the guidelines for parental/legal guardianship involvement which are set out in the Hampshire Children's Trust *Information sharing and confidentiality policy*:

[www.hants.gov.uk/informationsharing](http://www.hants.gov.uk/informationsharing)

All young people should be encouraged to discuss relationships and sexual health issues with their parents/carers. Young people who refuse to inform their parents/carers may, with help, do so at a later stage.

Parents/carers have a valuable role in supporting the young person. However, not all parents/carers will be able to do this. Therefore, services need to consider the support and education needs of parents/carers with regards to relationships and sexual health.

For more information see:

[www.hants.gov.uk/parentsupport](http://www.hants.gov.uk/parentsupport)

# Working with vulnerable young people

Whilst this policy is aimed at improving SRE for all young people, it is important to focus on ensuring that young people most at risk receive early and effective support. These include:

- young people with low educational attainment
- poor attenders
- children in care and care leavers
- young offenders
- young people who identify as being lesbian, gay or bisexual.

Staff providing support for vulnerable young people need to be able to both proactively provide advice and guidance to young people to access specialist services linked with sexual health and to be able to identify risk factors and provide wider support with personal skills and aspirations.

## Children in care/care leavers

It is recognised that children in care and young people leaving care are vulnerable in relation to risky sexual behaviour and consequent unintended pregnancy and/or poor sexual health.

Hampshire County Council's Children's Services Department will work with partners to meet its responsibilities as the corporate parent for children and young people in care and/or foster care by:

- promoting high aspirations
- ensuring stable relationships
- taking time to listen to the voice of children and young people.

All children and young people in care in Hampshire should receive SRE in line with this policy. To meet this role:

- there will be a lead officer for SRE in each residential unit
- all staff (including foster carers and placement officers) should receive universal SRE training and information about healthy lifestyles, local services and referral processes as a minimum
- all children and young people in care should be able to access information, advice and support appropriate to their needs including services within their local community.

## Young offenders

All Wessex youth offending team (YOT) practitioners who work with young offenders will undertake training in SRE and all health workers to also undertake training to be able to distribute condoms, offer Chlamydia screening and pregnancy testing.

Offices in each Wessex YOT area will have SRE and sexual health information available for young people. Information packs for fathers will be available in all team offices. YOT health staff to support distribution of these as required

All staff working with young offenders to have an understanding/knowledge of referral pathway to enable them to signpost and refer young person to appropriate services

# Workforce development

Hampshire Children's Trust should ensure that all staff working with young people receive appropriate universal SRE training. They should be committed to the ongoing professional development of staff in order to improve confidence and competence in delivering SRE and responding to the sexual health needs of young people. Further information can be found in the Hampshire Children's Services SRE Training Strategy and Framework.

Multi-agency SRE training provided by Hampshire Teenage Pregnancy Partnership can be accessed via the county Council's Learning Zone:

[www.hants.gov.uk/learningzone](http://www.hants.gov.uk/learningzone) .

# Appendix 1

## Linking policies

This policy supersedes all previous SRE policies and complements existing policies including:

- Information sharing and confidentiality
- Equality and diversity
- Child protection
- Health and safety
- Confidentiality
- Safeguarding
- Substance misuse.

And is seen as a key component of the *Prevention and early intervention strategy*.

## Appendix 2

### Regulatory and policy context

There is a clear commitment to promote the health and well-being of children and young people, including relationships and sexual health. The National Teenage Pregnancy Strategy, launched in 1999, has two key targets:

- to halve the under 18 conception rate by 2010 (compared to the 1998 baseline)
- to improve the health and social outcomes for teenage parents and their children, with a goal of 60% of teenage parents in education, employment or training by 2010.

A commitment to promoting sexual health is also reflected in other government policies and strategies, including:

- *National strategy for sexual health and HIV implementation action plan*
- *Choosing health: Making healthy choices*
- these targets and priorities now form part of *Public service agreements (PSA)* which set out government priorities for 2008 – 2011, for example:
  - PSA 12 – To improve the health and well-being of children and young people
  - PSA 14 – To increase the number of children and young people on the path to success
- *The Children Act 2004*
- *Youth matters: Next steps* (DfES 2006)
- *The Education and Inspection Act 2006*
- *The Children's Plan: Building brighter futures* (DCSF 2007) and *21<sup>st</sup> Century schools: A world-class education for every child* (DCSF 2008)
- *OfSTED well-being indicators*, September 2009
- *Secondary National Curriculum* (QCA 2007)
- *Healthy lives, brighter futures* (DCSF/DH 2009)
- *Care matters: Time to deliver for children in care* (2008).

## Appendix 3

### Sexual activity and the law

The main piece of legislation affecting this policy is the Sexual Offences Act 2003 which is designed to protect everyone from sexual crimes, especially people who are particularly vulnerable to abuse, such as children and people who do not have the capacity to consent to sex. The Act modernises and strengthens the law regarding rape, assault by penetration, sexual assault, causing a person to engage in sexual activity without consent and sexual offenders.

Specific amendments were made to the Act to ensure that people such as teachers, health professionals, social care professionals, sexual health counsellors and youth workers are not liable to prosecution when they are acting to protect the child or young person, including those with a mental disorder. This means that, for instance, a health professional who provides contraceptives to an under 16 year old, a teacher who promotes contraception as part of SRE or a Connexions personal adviser who accompanies a young person to a health clinic, would be exempted from the offence of 'arranging or facilitating the commission of a child sex offence, providing they were acting to protect the child or young person.'

The definition of rape has been widened to include oral penetration and the offences apply to both male and female victims. The Act puts into law a definition of consent – '*a person consents if s/he agrees by choice and has the freedom and capacity to make that choice*'. The Act also introduces *on-line and off-line grooming offences, date rape drug offences and sexual exploitation offences*.

There is also a new *abuse of trust* offence to protect 16 and 17 year olds. Under the Act it is an offence for a person in a position of trust (aged 18 or over) to have sexual intercourse or engage in any other sexual activity with, or directed towards, a person under the age of 18 for whom they have responsibility. This would apply to professionals working with children and young people engaging in a sexual relationship with a young person with whom they are working.

There are also sexual offence prevention orders (SOPO) and risk of sexual harm orders (ROSO) to assist in the management of sex offenders in the community, so as to increase the protection of actual and potential victims.

The Act provides for a number of offences specifically designed to protect children aged less than 13 years old. They make clear that sexual activity with a child under 13 years old is always unacceptable. The Act also introduces child sexual offences specifically involving ostensibly consensual sexual activity with children aged 13 to 15.

The Act does not assume sexual relationships between young people will be fully consensual because they are the same age, recognising that sexual abuse is committed against children or adolescents by other children or adolescents. However, the Act also recognises that mutually agreed non-exploitative sexual activity between teenagers does take place and that often no harm comes from it. It is not the Government's intention to criminalise such activity. The Crown Prosecution Service will take into account factors such as the age of the parties and whether there is any evidence of coercion or corruption when deciding whether to pursue a prosecution.

## **Pornography**

Pornographic material that gives a stereotyped, distorted or exploitative view of men, women, boys or girls is offensive and may be particularly damaging to young people who have been sexually abused. Viewing such material is contrary to the values and principles underpinning this policy, which include promoting relationships based on respect for self and others.

Criminal Justice and Immigration Act (2008) makes possessing "*extreme pornography*" – defined as any "*extreme image*" produced "*solely or principally for the purpose of sexual arousal*" – illegal.

Young people found in possession of legal pornographic material will not be reprimanded. Professionals should explain that many people find this type of material distasteful.

## **Selling sex, exploitation and prostitution**

Although sexual activity in itself is not an offence over the age of 16, young people under the age of 18 are still entitled to protection under the Children Act 1989. Consideration should be given to issues of sexual exploitation through prostitution and abuse of power in circumstances outlined above. Young people, of course, can still be subject to offences of rape and assault and the circumstances of an incident may need to be explored with a young person.

Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with

an adult in a position of trust or a family member, as defined by Section 27 of the Sexual Offences Act 2003.

## Appendix 4

### Fraser guidelines

The Fraser guidelines covers the provision of contraceptive advice to young people under the age of consent. It applies to non-health professionals as well as health staff when providing sexual health advice and services. The ruling by Lord Fraser in the House of Lords in 1985 identified the criteria that met:

- the young person understands the health professional's advice
- the health professional could not persuade the young person to inform his or her parents/guardian, or allow the doctor to inform them, that he or she is seeking contraceptive advice
- the young person is very likely to begin or to continue having sexual intercourse with or without contraceptive treatment
- unless he or she receives contraceptive advice or treatment the young person's physical and mental health, or both, would be likely to suffer
- the young person's best interests required the health professional to give contraceptive advice, treatment or both, without parental consent.

Department of Health guidance (2004) on the provision of contraceptive, sexual and reproductive health services for young people under 16 years and National Institute for Health and Clinical excellence (NICE) guidance (2005) confirmed doctors and other health professionals have a duty of care, regardless of patient age.

A doctor and health professional is able to provide contraception, sexual and reproductive health advice and treatment (including termination of pregnancy) without parent knowledge or consent, to a young person under 16 provided that:

- she/he understands the advice provided and its implications
- her/his physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest.

Even if a decision is taken to not provide treatment, the duty of confidentiality applies, unless there are exceptional circumstances related to the safeguarding of children and young people.

The guidance also specifies that the personal beliefs of a practitioner should not prejudice the care offered to a young person. Any health professional that is not prepared to offer a confidential contraceptive service to young people must make alternative arrangements for them to be seen by another professional as a matter of urgency.

## **Appendix 5**

### **Equal opportunities**

All services must be provided within a framework of equality, non-discrimination and inclusive practice. The Equality Act 2010 replaces the existing anti-discrimination laws with a single act.

### **Sexuality and disability**

Children and young people with disabilities have the same rights to explore and develop their sexuality as other young people. The Sexual Offences Act (2003) recognises the rights of people with a mental disorder to a full life, including a sexual life. They may however face additional barriers and difficulties when doing so.

There are many myths surrounding the sexuality of young people with disabilities, eg: regarding young people, particularly those with learning disabilities, as *life-long* children. It is important that such views are not imposed on young people and that they are able to explore their sexuality outside of any kind of stereotyping.

Access to appropriate information on relationships and sexual health is also likely to be a barrier to many young people with disabilities. Information and resource material will need to be tailored to the needs of the individual young person. This may involve the use of alternative methods of communication or specifically developed resources.

### **Faith and cultural diversity**

Faith and cultural differences may affect how information, education and services are provided. It does not mean that young people should be denied the benefits of such provision.

Information, education and services should be provided in accordance with the values and principles of this policy. Behaviour or attitudes to relationships and sexual health, which conflict with these values and principles, will need to be challenged.

Where a professional feels they are unable to support a young person due to their own beliefs and values, the professional has a responsibility to sensitively refer the young person to another professional to maintain impartiality in the process and to discuss the issue with their line manager.

## **Gay, lesbian and bisexual sexuality/sexual orientation**

Professionals working with children and young people need to ensure the safe development of lesbian, gay and bisexual young people and be sensitive to their feelings about same sex relationships. Care should be taken with language and behaviour to ensure that stereotypes and negative attitudes are not promoted.

Any discussions should affirm that gay/lesbian relationships are as valid as any heterosexual relationship. This should be reflected in planned programmes of relationships and sex education which will promote understanding of sexuality and respect for diversity. Professionals should not assume that all young people are heterosexual.

Young people who identify as lesbian, gay and bisexual must feel enabled and supported enough to make informed choices about relationships and sexual health through access to appropriate information and services.

## **Gender identity and gender stereotyping**

Professionals working with children and young people need to be aware of the effects of negative attitudes to gender and gender identity, including transgender. Professionals working with children and young people need to challenge narrow gender stereotypes and recognise that some young people will identify with a gender that is different to their biological gender.

Young people who identify as transgender should be supported to access advice and support from appropriate local services:

[www.getiton.nhs.uk/lgbt-community-services](http://www.getiton.nhs.uk/lgbt-community-services) .

Planned programmes of relationships and sex education should help children and young people understand gender, including the issue of transgender, and promote relationships based on respect for self and others.

## **Children and young people who have been affected by abusive relationships**

Children and young people who have been affected by abusive relationships or sexual violence should receive additional understanding and attention during relationships and sex education, to promote the development of relationships based on respect for self and others.

Where children and young people find mainstream relationships and sex education difficult as a result of low self-esteem, risk taking and mis-learnt sexual behaviours, professionals should arrange individualised programmes, which address personal issues.

Professionals should ensure that these children and young people are able to access additional support and counselling.

## **Boys and young men**

The needs of boys and young men can easily be overlooked. Relationships and sex education should consider relationships and sexual health from both a male and female perspective.

Relationships and sex education with mixed gender groups provides the opportunity for children and young people to understand and appreciate issues from the other point of view. However, there may be occasions when additional work needs to be done with boys and young men.

## Appendix 6

### Confidentiality

Young people, including those less than 13 years of age, have the right to confidential advice on contraception, condoms, pregnancy and termination of pregnancy. However, the duty of confidentiality for professionals working with children and young people is not absolute. Where any professional believes that there is a risk to the health, safety or welfare of a young person that is so serious as to outweigh the young person's right to privacy, they should follow local safeguarding children protocols.

Young people under the age of 16 are the group least likely to use contraception and concern about confidentiality remains the biggest deterrent to seeking advice. Publicity about the right to confidentiality is an essential element of an effective contraception and sexual health service. The Sexual Offences Act 2003 does not affect the duty of care and confidentiality of health professionals to young people under the age of 16.

There is no law regarding confidentiality and talking about relationships and sexual health. There may be contractual agreements of employment where professionals working with children and young people are required to notify their organisation if a young person discloses any sexual activity that might be risk to the health, safety or welfare of a young person. However, there is no requirement to inform parents. Professionals must act in the best interests of the young person.

It is essential that young people are aware from the start that any such disclosures involving themselves or any young person will have to be reported. Professionals working with children and young people need to be clear about their local confidentiality procedures and need to be clear about what constitutes abuse. The protocols for safeguarding children agreed by the Hampshire Safeguarding Children Board must be adhered to:

[www.4lscb.org.uk/](http://www.4lscb.org.uk/)

Professionals working with children and young people should treat information as strictly confidential and only share it with people who need to know in order to authorise or provide a service, ie: line manager. Agencies will have information recording procedures.

Efforts should be made to obtain the young person's consent before passing on information about them. If consent is not obtained, the young person should be informed about why information is being passed on, how it will be recorded, who will have access to it and whether it will be shared with other people.

Please also refer to the Children's Trust *Information sharing and confidentiality policy*:

<http://www.hants.gov.uk/informationsharing>

## **Appendix 7**

### **Safeguarding**

Local authorities and their partners have a duty, under the Children Act 2004 and other legislation, to carry out their functions with regard to the need to safeguard and promote the welfare of children. Both the prevention of problems and the protection of children and young people from harm are central to safeguarding.

Prevention requires organisations working with children and young people, their parents or carers to help create the conditions in which children and young people can thrive. Work to promote relationships and sexual health forms part of this, both in terms of universal provision and targeted initiatives.

## Appendix 8

### The Children Act 1989 and 2004 and the role of professionals working with children and young people

All professionals working with children and young people have a responsibility for promoting relationships and sexual health, as reflected in the values and principles identified in this policy (The Children Act 1989 and 2004). Local authorities and relevant partners have a duty to co-operate, under Section 10 of the Children Act 2004, to improve the well-being of children.

Service providers should ensure that these values and principles are reflected in their day-to-day contact with young people and use the opportunities available to provide appropriate information, education, guidance and support.

Professionals working with children and young people have a commitment to:

- work in the best interests of young people, placing the young people's needs, welfare and interests before their own beliefs and values
- work to establish and maintain the trust of young people, providing an appropriate and agreed level of confidentiality in all their dealings with young people.
- promote the rights of young people when working with other voluntary, statutory and community organisations; ensuring there is a coherent approach to support for young people and, where necessary, brokering an advocacy service on their behalf
- engage parents/carers and families in supporting young people, upholding their trust in the service
- uphold the integrity of their profession at all times
- reflect on their own professional practice and take steps to maintain and improve their own knowledge and skills so they are able to continually provide a quality service.

Maintaining appropriate boundaries between professionals working with children and young people and the young person is particularly important in relation to matters concerning personal relationships. While staff need to provide young people with opportunities to safely discuss and explore their emerging sexuality and sexual behaviour, this must at all times be undertaken in a professional context.

It is not appropriate or acceptable practice for staff to discuss their personal experiences or preferences regarding sexual health.

Professionals working with children and young people must only practice within their levels of competence and within recognised professional boundaries. They should not seek to provide direct help and support that they are not trained to give. However, this does not mean that staff should avoid exploring areas of need with young people that fall outside their area of competence. When they do find such areas of concern they should seek advice from line managers/ supervisors and agencies that can provide the specialist support the young person needs. Working this way, in a multi-agency environment, is essential for meeting the needs of young people.

While the opportunities available and the information, education, guidance and support provided will vary from agency to agency, there should be an emphasis on a planned and proactive approach, not merely a response to problems.

## Appendix 9

### Supporting young people to access information, advice and guidance

All children, young people and parents/carers will be able to access appropriate sources of information, advice and guidance. The Hampshire-wide website *Get it on* contains up-to-date information for young people, parents/carers and practitioners on sexual health services in the county. This website should be promoted in SRE work:

[www.getiton.nhs.uk/](http://www.getiton.nhs.uk/) .

A range of materials and resources are available from the NHS Hampshire Resource and Campaign Library:

[www.healthresources.hantspct.nhs.uk/](http://www.healthresources.hantspct.nhs.uk/) .

Local Sexual Health Services for children and young people will work towards meeting the *You are welcome* criteria (DH, 2007).

Relationships and sex education should provide opportunities for children and young people to discuss the range of provision and develop the skills and confidence to access them.

Around 80% of under 18 conceptions are in 16 and 17 year olds, which is the age that most young people become sexually active. It is very important that they have access to effective contraception to prevent pregnancy. Professionals should enable young women who have had unprotected sex to access emergency contraception.

Condoms will be readily and freely available to young people who are or about to be sexually active. The Hampshire *Get it on* condom scheme provides free condoms to young people who are assessed as being Fraser competent. Information on where free condoms are available are listed on:

[www.getiton.nhs.uk/](http://www.getiton.nhs.uk/) .

Young people need to be well informed about STI so that when they choose to become sexually active they can make informed choices about their sexual health. The prevalence of STI is greatest among under 25 year olds. Chlamydia is the most commonly diagnosed sexually transmitted infection. The prevalence is highest in young sexually active adults, particularly females aged 16 – 24 and males aged 18 – 29. It is estimated that one in 12 young people in these age groups have Chlamydia.

Most cases of Chlamydial infection are asymptomatic and remain undiagnosed. Professionals should adopt a non-judgemental approach and ensure that young people are informed about the services available, including the Chlamydia screening programme for under 25 year olds. Professionals should encourage young people (and their partners) to use the local Chlamydia screening programmes:

[www.haveyougotit.nhs.uk/](http://www.haveyougotit.nhs.uk/) .

### **Pregnancy care pathway (see Appendix 10)**

Young women who think they may be pregnant should be offered guidance and support to enable them to access options counselling in order to make informed choices about their future. A risk assessment should be undertaken in line with guidance on safeguarding to decide whether:

- it is a safeguarding issue
- some risks which require monitoring
- no risk.

Professionals working with children and young people should:

- make information available on pregnancy, antenatal care, termination of pregnancy, adoption, and caring for a baby
- ensure impartiality when looking at options and not make assumptions about the young person's decision.
- assist young women in confirming their pregnancy as soon as possible by signposting them to appropriate services (Appendix 1 outlines a generic care pathway)
- make arrangements for young women to discuss options available to them with an appropriate professional (continue with pregnancy, adoption or termination)
- reassure young women that they will be supported throughout their pregnancy and afterwards according to their individual needs.

**Termination of pregnancy** is an emotive issue and one where professionals and some faith groups have deeply held beliefs. It is essential that young people have the opportunity to discuss the issues involved and develop their own view.

Relationships and sex education should provide the context for an honest discussion of termination of pregnancy by providing accurate, impartial and up to date information. Termination of pregnancy should be discussed within the context of young people's lives and emphasise the importance of individuals making informed choices.

Professionals should not promote or advocate a particular choice but ensure that individuals have access to information and support to make their own choice, if necessary.

Professionals working with children and young people have responsibilities in supporting young mothers and fathers:

- professionals working with children and young people should notify Connexions if consent has been obtained, to ensure young parents receive a holistic package of care e.g. housing and benefits. Also to ensure that the Connexions number of teenage parents accords with the Department of Health numbers
- ensure young parents are accessing appropriate health services, eg: midwives and health visitors, and refer accordingly
- enable young people to receive appropriate educational support. There is no evidence that keeping a pregnant girl or young mother in school will encourage others to become pregnant
- explore options around education, employment and/or training and support the young parent with their chosen option
- promote *Care to learn* childcare funding and support the application where appropriate.

It is important to recognise that sexual misconduct and sexual bullying involving children and young people is not uncommon. For example a survey of secondary teachers commissioned by Stonewall confirms that overtly homophobic language appears to be in widespread use in schools.

All services should ensure that there is a policy agreed and understood by all concerned, which confirms that forms of sexual bullying and harassment, from name calling and explicit graffiti to inappropriate touching and coercing others into sexual activity they are not comfortable with, is unacceptable. The Education and Inspections Act 2002 obliges schools to have an anti-bullying policy covering all forms of bullying.

## **Virtual spaces**

The Internet is a key source of information about relationships and sexual health. Professionals should ensure that children and young people are aware of recommended local and national sites providing information and guidance.

SRE should include the use of the Internet and ensure that children and young people are aware of the risks as well as the benefits of mobile phones, social networking and chat rooms, including:

- sharing inappropriate images
- sharing personal information
- grooming.

Discussion may lead to disclosures of abuse or identify possible risks of harm. It is essential that everyone working with children and young people are clear that the protocols for Child Protection, agreed by the Hampshire Safeguarding Children Board, must be followed.

# Appendix 10

## Teenage pregnancy care pathway

