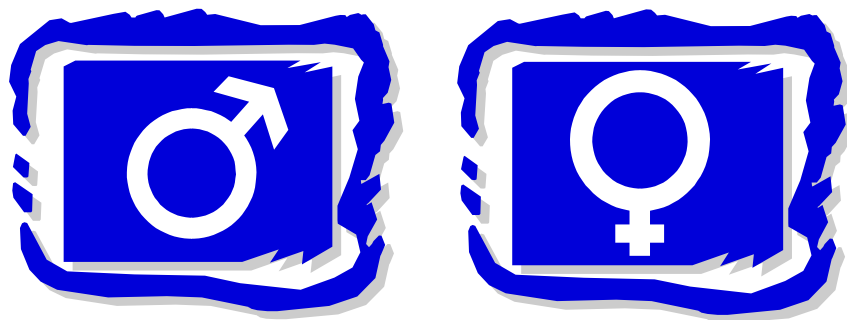


SEXUAL HEALTH POLICY AND PRACTICE GUIDELINES



Updated 2006

Revised 2004

1999 Somerset County Council

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Welcome

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SEXUAL HEALTH POLICY AND PRACTICE GUIDELINES

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INTRODUCTION

The Somerset Youth Service is part of Somerset Children and Young People's Directorate and provides opportunities for young people to participate in informal education programmes. The Service is committed to delivering provision that responds to a variety of needs, identified locally and at a county level.

There are 86,956 young people 11 - 25 years in Somerset (2003 figures), 46,283 are between the ages of 13 – 19 years. Youth work is mainly provided for young people aged 13 – 19.

Health Education features as a priority in Somerset's youth work curriculum and staff development, and is supported through partnership work between the Somerset County Youth Service and the Somerset Specialist Health Promotion Service.

Policy and Guidelines

The policy and guidelines have been developed to support the staff team, offering them a framework for practice which is informed by the 'Purpose and Values' of the Youth Service and current legislation. This framework aims to provide staff with the consistency and confidence they need to deliver sexual health education and information to young people.

This document is divided into three sections for easy access of information.

Section one: Sexual Health Policy

This section focuses on the purpose and values of the Service, the policy aims and objectives, sexual health education and the law, confidentiality, staff training, policy implementation and evaluation.

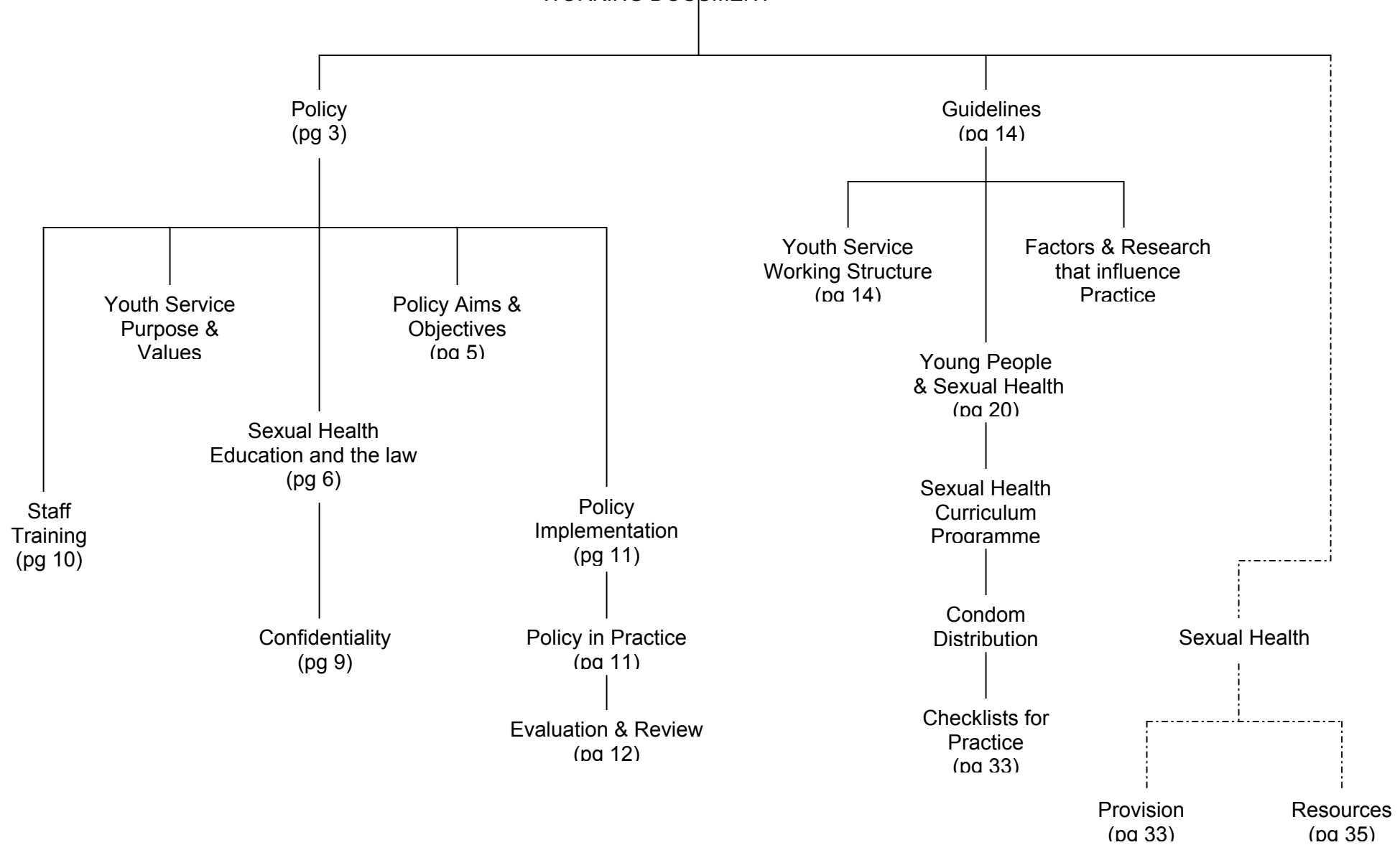
Section two: Sexual Health Guidelines

Section two looks at the Youth Service's working structure, factors and research that influence practice, young people, sexual health curriculum programme, condom distribution and basic checklists for practice.

Section three: Sexual Health Provision and Resources.

This section makes reference to provision and resources that are available to the Somerset Youth Service in order to support the implementation of their Sexual Health Policy and Guidelines.

SOMERSET SEXUAL HEALTH POLICY AND PRACTICE GUIDELINES WORKING DOCUMENT



SECTION ONE
SEXUAL HEALTH POLICY

‘It is important that information relating to sex and sexuality is given within a context that stresses the complexity and value of human relationships.’

‘Consideration of values and attitudes is closely related to the fostering of social skills.’

(Framework for Sex Education – Sex Education Forum 1992)

1.1 Somerset Youth Service Purpose and Values

The purpose of the Somerset Youth Service is to provide educational opportunities that enable young people within its target age range to maximise their potential.

This is achieved by encouraging young people to:

- Extend their horizons and develop new interests within a safe environment
- Explore and appropriately respond to challenges, changes and choices
- Understand and influence the relationships they have with others
- Develop the skills needed to participate effectively in their local community and wider society
- Explore a range of perspectives, form opinions, express and promote their views
- Develop skills, gain knowledge and explore and challenge their personal attitudes.

This purpose is underpinned by the following principles and values:

- 1.1.1 **The Youth Service in Somerset is an informal education service** in which young people participate voluntarily. As a result the balance between having fun, the relationship with the youth worker, the programme offered, the delivery style and the progression of young people form the key elements of the process.
- 1.1.2 **a professional service** where all staff and volunteers ensure their work reflects the performance criteria of the service and responds to local need. In turn, the staff themselves are supported and given opportunities for development.
- 1.1.3 **A promoter of equality of opportunity** by actively putting the principles into practice and challenging oppression in all its forms.
- 1.1.4 **an advocate for young people** enabling young people to be heard, understood and responded to within a wider community.
- 1.1.5 **Person centred** in its approach, acknowledging and valuing the young person=s view of his or her world.
- 1.1.6 **Empowering and participative in its approach**, the service sets out to encourage young people to participate in the fullest sense and promotes their involvement in the decisions that affect their lives.
- 1.1.7 **Integral to a network of agencies, which work with young people.** The service is pro active in cooperating with other agencies and voluntary organisations in order to promote and deliver an integrated service to young people. In this way a Youth Affairs approach to provision is promoted.

1.2 Policy Aims and Objectives

1.2.1 The policy **aims** to:

- ensure that Youth Service staff are clear and confident when delivering sexual health education and information to young people.
- offer the Youth Service a framework that extends and supports young people's understanding of sexual health, sexuality and relationships.

1.2.2 The policy **objectives** are to ensure that:

- Staff have access to accurate information training and resources
- Staff are aware of legal requirements and obligations
- Youth provision in the county is informed by the sexual health policy and guidelines.
- Young people in Somerset have the opportunity to receive accurate information and support to increase their knowledge, skills and understanding of their own sexual health, sexuality and relationships.
- Sexual health education and information is provided within a moral framework that considers and respects other people's circumstances, choices and beliefs.
- Sexual health education and guidance is undertaken from a position of trust, with clarity of boundaries and with appropriate confidentiality.

1.3 The Youth Service - Sexual Health Education and the Law

The Youth Service is in a prime position to offer sexual health education and information to young people in a setting that promotes social education. The voluntary nature of the relationship between youth worker and young person means that youth workers are able to offer young people informal and individual support on sensitive issues associated with sexual health, sexuality and relationships. Youth workers should be aware of legislation covering age of consent, contraception, abortion, homosexuality, prostitution and rape.

1.3.1 The Age of Consent

- Prosecution for heterosexual intercourse under 16 years is rare in the UK except where there is a wide age difference. Prosecutions for breaking the homosexual laws of consent are more prevalent. There is no lesbian law of consent in the UK although a lesser charge of indecent assault is possible if an individual is under 16 years of age.
- In England and Wales it is an absolute offence for a man or boy aged 10 years and over to have sexual intercourse with a girl who is under 13. It

is also an offence to have unlawful sexual intercourse with a girl under the age of sixteen unless:

- a) the man believes that he is married to her, or has reasonable cause for such belief,
 - b) he is under the age of 24 and he has not previously been charged with a like offence and believes the girl to be over sixteen or has reasonable cause for such belief.
- The Sexual Offences (Amendment) Act 2000 legalised homosexual acts between men provided that they are both 16 or over in England, Wales and Scotland. In Northern Ireland the age of consent is 16. There is no statutory defence which can be claimed, but the court would assess the background to each individual case.

1.3.2 Sexual Activity

- **Sexual Offences Act 2003.**
The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime.
- **Contraception:**
The Department of Health issued a circular on Family planning (1986) in response to the Gillick case. This circular gave doctors and health professionals guidance on providing advice and treatment to young people under 16 years of age.

For more details on young people, youth work and contraception make reference to appendix one the 'Fraser Guidelines' or the publication 'What Should I do' - section seven. A copy is available from the Youth Service Curriculum and Staff Development Unit at Weir Lodge (tel: 01823 447120).

- Emergency contraception became an 'over the counter' medicine in January 2001, enabling women of 16 and over to buy it from trained pharmacists in addition to it being available free through the NHS.

In some instances school nurses can supply pupils with prescription-only emergency contraception. This is done under the same patient group directions that support nurse-led services in General Practices, Health Centres and Clinics.

Emergency contraception is also available from the Accident and Emergency Departments of some hospitals, local Contraceptive & Sexual Health clinics, Doctors Surgery. See section 'Sexual Health and Provision of Resources'.

- **Prostitution:**

The Sexual Offences Act 1956 makes it illegal for a man to live off the earnings of prostitution. It is also an offence for a woman to assist or exercise control over a prostitute.

It is an offence for a woman to solicit or to loiter in a street or other public place for the purpose of prostitution. Under the Sexual Offences Act 1985 it is also an offence for a man to 'Kerb Crawl' or otherwise solicit a woman for the purpose of prostitution.

- **Abortion:**

In Great Britain legal termination of a pregnancy may be carried out provided that two registered medical practitioners agree that:

- up to 24 weeks - the continuance of the pregnancy would harm the woman's mental or physical health more than having an abortion (the effect another baby would have on the health of any children she has already may also be considered)
- with no time limit - the abortion is necessary to save the woman's life or to prevent serious permanent harm to her mental or physical health.
- with no time limit - there is a high risk that the baby would suffer from physical or mental abnormalities.

(Abortion Act 1967 amended by the Human Fertilisation and Embryology Act 1990)

A young woman under 16 may consent to an abortion without parental knowledge if both the doctors concerned agree that she has sufficient maturity and understanding to appreciate what is involved. But in practice most doctors require the consent of a parent or other responsible adult before procedure is performed. (See appendix three for more details)

- **Rape: Is covered under the Sexual Offences Act 2003**

The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime.

- **Confirming Policy**

Youth workers based in schools are bound by school policies through the day, but their youth work practice outside of school time is guided by Youth Service policies. If in any doubt youth workers should confirm procedures with their line-managers.

1.4 Confidentiality In The Youth Service

- Staff should be familiar with Somerset County Youth Services 'Confidentiality Policy'.
- The Youth Service's main priority is the welfare of young people. Relationships between the youth worker and young people are developed and maintained through trust, respect and confidentiality.
- Youth workers should honour young people's rights to confidentiality and confidential information wherever possible. There may be limited circumstances where confidentiality may not be possible. For example all youth workers must work within the guidelines of Somerset County Council Policy in relation to Child Protection.
- If a young person requires more information than a youth worker is able to offer the young person should be referred to an appropriate agency.
- When a young person is referred to another agency the youth worker should be available to act as a link point e.g. giving a contact name and number, offering details about the agency, and maintaining continual support.
- Occasionally, information given in confidence may have to be shared with other colleagues and professionals. A key example of this may be when a youth worker suspects that a young person may be at risk of significant harm or abuse.
- If a young person discloses abuse or if abuse is suspected, reference should be made to the Child Protection Handbook >practice guidelines for youth workers and appropriate procedures must be followed.
- When a youth worker considers there are grounds for breaking confidentiality they must consult with their line-manager before taking any further action.
- Wherever possible young people should be made aware of the circumstances by which confidentiality has to be breached before the situation arises and should be fully supported in these cases.

1.4.1 Confidentiality and Sexual Health

- The law enables youth workers to respect young people's right to confidentiality when discussing personal or sexual matters.
- When working with under 16's confidentiality should be maintained following all the Fraser guidelines. (See appendix one).
- Youth workers need to be able to understand the meaning of confidentiality within the context of clinical provision. They should be able to explain to young people that medical services are implicitly confidential.

1.5 Pregnancy Testing

At present, youth workers should not offer pregnancy testing for or with any young woman who may suspect that she is pregnant. Youth workers may wish to support young people who will not or cannot access professional medical help but need to recognise that this is an area that requires special care for the following reasons:

- Young women sometimes require contraceptive advice as a result of the test or because they are taking other medication.
- Fertilised eggs rejected during menstruation may provide false readings.
- Tests given too soon will not be accurate.
- There could be legal repercussions in the event of an error.

The following guidelines should be used when a young woman thinks that she may be pregnant:

Checklist:

- It should always be the primary aim of the youth workers intervention to help young people gain the confidence to access the appropriate services.
- If necessary youth workers may accompany a young person to a clinic. A full list of clinics is available in section 3.1 of this Policy.
- Somerset Teenage Pregnancy Steering Group has produced a Young Person's Pregnancy Referral Checklist. Please refer to back page of policy.
- Appropriate support should continue to be given to the young person.
- For youth workers working in schools young people need to be directed to the School Nurse for a confidential appointment.

1.6 Staff Training and Support

To support the implementation of this policy it is essential that Somerset Youth Service staff feel confident and clear in all dimensions of sexual health education and information.

Staff have a responsibility to explore their own knowledge, feelings and attitudes through supervision, training and with access to a wide range of up-to-date resources in order to assist their own practice.

1.6.1 Staff Development

- Existing staff and new members of staff are to be made familiar with the Sexual Health Policy and Practice Guidelines.

- Training on sexual health education, sexuality and relationships will feature in the training programme for full-time and part-time staff. Training may include workers reviewing personal feelings and knowledge; looking at stereotypes and prejudices; sex and the law; recognising the issues affecting young people:
 - self esteem/confidence,
 - development of skills,
 - relationships and sexuality
 - sexually transmitted infections
 - unplanned pregnancies and abortion
 - safer sex
 - planned pregnancies, parenting skills, >healthy= sex
 - pressure and coercion
 - young people selling sex
 - young people accessing provision.
- Specialist training in areas such as work with young men, homosexuality, and young people with disabilities may be required.
- A wide range of health education resources relating to all stages in the curriculum development matrix will be developed and made available to staff and young people including teaching packs, videos, books, posters, leaflets and games. These resources can be accessed (on loan) from the Youth Service and other agencies, in particular the Somerset Health Promotion Resource & Information Service, (see page 42).
- Alliances with other health/sexual health agencies and forums are to be encouraged to support and inform the Youth Service staff and young people about sexual health practice and lifestyles.

1.7 Policy Implementation

- Every Somerset Youth Service unit will be issued with a copy of the Sexual Health Policy and Practice Guidelines.
- Staff will receive appropriate support and training to extend their understanding of how to implement the policy and guidelines.
- All sexual health education and information for young people will be underpinned by the policy and guidelines.
- Other agencies involved in sexual health partnership work with the Somerset Youth Service will be informed of the policy and guidelines.
- Voluntary youth groups have the opportunity to adopt this policy, or develop their own in consultation with their own management committee, staff and members. Support may be available from the Youth Service Quality Assurance, Development and Inclusion Team.

1.8 Policy In Practice

Managers of the service and of individual units have a responsibility to see that the policy and guidelines contribute towards effective and consistent practice ensuring that young people:

- experience an environment that supports the development of self-esteem, confidence, and decision making skills.
- develop an understanding of sexual health, sexuality, and relationships in order to foster respect for oneself and other people's feelings, decisions, rights and bodies.
- know the risks associated with sexual activity such as sexually transmitted infections and unplanned pregnancies, and recognise the importance of safer sex.
- recognise that sexual relationships fit alongside other human relationships such as friendship, parenthood and family relationships.

1.9 Evaluation and Review

1.9.1 Evaluating practice

- Staff are responsible for the monitoring and evaluation of practice in their units through appropriate recording and reporting systems. Staff are encouraged to get feedback from young people on their experience of sexual health work undertaken in their units.
- While it is recognised that it is not easy to assess the effectiveness of sexual health education in changing young peoples behaviour, youth workers are encouraged to consider forms of evaluation and research that assess this aspect of the work as well as the actual delivery of education programmes. The Quality Assurance, Development and Inclusion Team will be able to offer advice on potential forms of evaluation.

1.9.2 Evaluating the Sexual Health Policy

- The policy will be subject to annual review to ensure that it is updated in line with legal changes and to ensure it remains relevant to the issues faced by young people and youth workers. The mechanism for the annual review will be the responsibility of the Youth Service Management Team.

SECTION TWO
SEXUAL HEALTH & RELATIONSHIP
EDUCATION GUIDELINES

Sexual Health is a balance between:

**Emotional Health - freedom from fear, shame and guilt,
being comfortable with one' s own and others sexuality,
respecting one' s self and others.**

**Social Health - making choices about sex and
relationships according to personal beliefs and values.**

**Physical Health - freedom from infection and unwanted
pregnancy.**

('Pathways to Sexual Health' - Lothian Health Promotion 1996)

2.1 Practice Guidelines

These practice guidelines are an extension of the policy and have been written to offer staff a base line for delivery of sexual health and relationship education and information.

2.2 Youth Service's Working Structure

Youth work in Somerset is available to all young people living in rural and urban communities within the priority age range of 13 - 19 years. Although the Youth Service is accessible to all, additional resources are targeted to those young people who experience exclusion and are at risk. The Youth Service's priority groups are identified annually through the area action plans.

- young people experiencing blocks to development due to isolation, homelessness, unemployment and marginalisation
- young people involved with crime
- young people whose mental, emotional or physical health is at risk

The Youth Service in there 3 year Strategic Plan set targets that increase opportunities for young people. These targets are being achieved through curriculum input at both service wide and local levels.

2.2.1 Curriculum Development Matrix

The Youth Service's curriculum is guided by young people's voluntary participation and social education needs.

A Curriculum Development Matrix has been developed to give structure to a service that works along side young people's individuality, personal development and increasing responsibility. The Youth Service recognises that young people have a range of different learning styles and individual experiences that influence their decisions and life styles. (See Matrix - appendix two)

The curriculum areas, which are seen as assisting young people in developing personal skills, confidence and social awareness are:

<i>Health</i>	<i>Independence</i>	<i>Global Youth Work</i>
<i>Relationships</i>	<i>Equal Opportunities</i>	<i>Environment Creativity</i>
	<i>Environment</i>	

2.3 Factors and Research that influence Practice

Although the Somerset Youth Service develops its curriculum programme primarily to meet the needs of young people in Somerset, national and local influences also assist in shaping the structure and the provision of the service. Government strategies and legislation, together with national and local research, work towards implementing change. With this information the Youth Service can assess how best to meet young people's sexual health needs.

2.3.1 'Our Healthier Nation'

The Department of Health issued the Health of the Nation White Paper in June 1992. The paper set out health targets, which included reducing the rate of conception among under 16's and reducing the incidence of gonorrhoea.

The Government has a new public health strategy. The Department of Health has published a consultative Green Paper on public health called 'Our Healthier Nation' (February 1998). Their aim is to contract for better health and to address the social inequalities in health. Under this contract the Government and local communities, including health authorities, local authorities, businesses, the voluntary sector and individuals will work together in partnership to reduce ill health and disease. Sexual health is not specifically emphasised in this paper, but it does state that there is a need for local initiatives to reduce teenage conceptions. An action plan on teenage pregnancy has been set up by the Department of Health, and a national strategy was launched in 1998.

2.3.2 Young People's Sexual Lifestyles in Somerset

A survey report, 'Changes in the Drug Use and Sexual Lifestyles of Young People in Somerset 1990 – 1996', was commissioned by the Somerset Health Authority and undertaken by University of Exeter (February 1997). This report looks at young people's lifestyles and their health implications. Earlier surveys were undertaken by the University of Exeter in 1986 and 1990. The 1996 survey was prompted by the Somerset Health Authority's need to up-date its knowledge on young people's sexual lifestyles with respect to HIV prevention and more general sexual health. As with the 1990 survey the report also contains findings concerning psycho-active drug use.

Summary of Survey Findings on Sexual Lifestyles.

During the period of 1990 -1996 the sexual lifestyles of young people in Somerset aged 16 - 24 has shifted towards:

- earlier ages of first intercourse
- very slight increase in levels of casual sex
- small increase in the frequency of intercourse
- strong increase in the numbers of sexual partners

Overall there have been small changes towards a more open and liberal pattern of sexual lifestyles. A strong pattern in young people's sexual culture is still one of serial monogamy with low levels of partner change. There is evidence that there has been a positive trend towards a higher level of contraceptive use, and in particular condoms. The most negative feature of the findings was the element of pressure and coercion imposed in some sexual relations. As there continues to be a broad range of sexual lifestyles and attitudes, there is a need for more flexible strategies of sex education to respond to the views and needs of all young people.

2.3.3 Teenage Pregnancy Strategy

In March 2001 Somerset Health Authority published Somerset's Teenage Pregnancy report published by the Social Exclusion Unit in June 1999.

- Somerset's target is to reduce the rate of pregnancies among under 18's by 50%. This means a reduction from 38.7 per 1,000 in 1998 to 19.4 per 1,000 by 2010.
- The strategy and programme of interventions build on earlier work undertaken in Somerset in response to an earlier local Teenage Conception Strategy published in 1998.

Key recommendations in each of the four areas are:

Media

- Develop local media plan to support national campaign.
- Develop and maintain relevant information resources and expand web based information

Sex and Relationship Education

- Establish minimum standards for S&RE provision.
- Prepare for new expectations of Personal, Social and Health Education.
- Expand provision of parents evenings.

Better Contraception, Advice and Information Services

- Continue to expand provision of accessible primary care services for young people, meeting new NHS criteria for effective services.
- Increase availability of family planning training for nurses.
- Review and strengthen community nursing services, particularly school nursing.
- Expand user involvement in service development.
- Ensure implementation of the Sexual Health Policy for Looked After Children and develop health advice within the Designated Nurse role.

Better Support for Teenage Parents

- Review county policy on education for school age mothers, including childcare.
- Build clear links with Connexions Strategy.
- Extend supported housing provision.

2.3.4 National Strategy for Sexual Health and HIV

This is a strategy that will modernise sexual health and HIV services in the UK. It will address the rising prevalence of sexually transmitted infections (STIs) and of HIV.

Unintended pregnancies and STIs can have a long lasting impact on people's lives. There is a clear relationship between sexual ill health, poverty and social exclusion. There is an unequal impact of HIV on gay men and on certain minority ethnic groups. There are long standing variations in the quality of sexual health services across the country. The strategy aims to raise the standards of services.

HIV remains a life threatening condition. There is still no cure. The introduction of drug therapies has improved the lifespan of people infected with HIV. This has presented new and difficult challenges for those involved in their treatment, support and care. The strategy acknowledges and aims to address the complex issues associated with HIV.

The strategy aims to:

- reduce transmission of HIV and STI's
- reduce the prevalence of undiagnosed HIV and STIs.
- reduce unintended pregnancy rates
- improve health and social care for people living with HIV; and
- reduce the stigma associated with HIV and STIs

The strategy proposes to:

- Provide clear information so that people can take informed decisions about preventing STIs, including HIV.
- Ensuring there is a sound evidence base for effective local HIV/STI prevention.
- Setting a target to reduce the number of newly acquired HIV infections.
- Developing managed networks for HIV and sexual health services, with a broader role for those working in primary care settings and with providers collaborating to plan services jointly so that they deliver a more comprehensive service to patients.
- Evaluate the benefits of more integrated sexual health services, including pilots of one-stop clinics, primary care youth services and primary care teams with a special interest in sexual health.
- Begin a programme of screening for Chlamydia.
- Stress the importance of open access to GUM services
- Ensure a range of contraceptive services for those that need them.
- Address the disparities that exist in abortion services across the country.
- Increase the offer of testing for HIV.
- Increase the offer of hepatitis B vaccine.

- Set standards for the treatment of STIs and for the treatment, support and social care of people living with HIV.
- Set priorities for future research to improve the evidence base of good practice in sexual health and HIV.
- Address the training and development needs of the workforce across the whole range of sexual health and HIV services.

2.3.5 **Young Women Selling Sex in Somerset – Prostitution.**

‘Prostitution’ is usually understood to mean the involvement (this can include incitement, coercion, encouragement and/or peer pressure) of young people into providing sexual services in exchange for some form of payment such as money, drink, drugs and other consumer goods or even a bed and a roof over one’s head for the night.’ *Green (1992) – ‘One Way Street’*

In 1997 Somerset Health Authority funded a brief research project to determine the extent of female prostitution in Somerset and to look at the accessibility of sexual health services for this client group. Research was undertaken by Somerset Sexual Health Services and the Health Authority and led to a short report being published ‘Female Sex Workers in Somerset’ - February 1998.

A pilot project was funded by the Somerset Health Authority, for Somerset Sexual Health Services, Bridgwater and Taunton Detached Youth Work Teams to continue to develop initiatives and relations with young women selling sex in Somerset. The aim of this work was to:

- provide young women working in the sex industry access to accurate, user-friendly resources on a wide range of issues relevant to the risks associated with their lifestyles.

(Extracts taken from funding proposal for ‘working with Young People that sell Sex in Somerset’ - 1998)

2.3.6 **Work with Boys and Young Men**

In 1994 the Sex Education Forum (London) hosted a seminar addressing the subject of boys, men, fatherhood and sex education. In October 1996, the Forum held a second seminar, to support the needs of boys and young men in sex and relationships education. Here are some of the findings:

Boys and young men learn much of what they know about sex from male friends. Discussion of sex within the peer group often takes place through the telling of sexual conquests (real or not) where there is no place to show ignorance. Talking in groups tends to limit the opportunities for talking about feelings, emotions and fears. It is very apparent that the needs of boys and young men are not being met, and there are good reasons why this has to be addressed:

- There are serious implications for their emotional and sexual health, which could lead to an inability and reluctance to access help and guidance. The suicide rate amongst young men nationally, continues to increase.
- Boys tend to get less sex education than girls within the family. A focus on reproductive aspects of sex education does not interest boys as much as girls. Boys and young men are unlikely to seek out information or advice on sex from health professionals as they feel they are expected to know. This can reinforce the message that sex education and information does not apply to them.
- There continues to be a high rate of HIV infection amongst young gay men and also a high rate of unplanned pregnancies amongst young women.

There needs to be a focus on increasing young men's awareness in taking responsibility of their own sexual behaviour and sexual choices. Much of the behaviour we see in adolescent boys and young men results from the experience they have in early socialisation and gender role modelling. All aspects of school life and other educational settings need to promote a range of positive masculinities, this is important given the increasing number of boys who grow up without a consistent male role model.

Somerset Working with Boys and Young Men Network (SWBYMN)

One initiative in Somerset that aims to develop work with boys and young men is currently being developed. A small multi-agency group has been meeting to identify ways in which male workers can develop and enhance their own knowledge, skills and confidence in working with boys and young men. The multi-agency group has identified a number of steps to progress this area of work as follows:

- To recruit male workers from a range of agencies with an interest in developing work with boys and young men onto the network.
- The SWBYMN will identify a number of key issues appropriate to developing work with boys and young men in Somerset. These issues will include specific skills needed by male workers to progress this work.
- The SWBYMN will meet on a regular basis to disseminate good practice, provide support to members, share information, develop specific project work with boys and young men and seek funding opportunities.
- The SWBYMN will arrange specific events to ensure dissemination of practice to agencies, and to ensure that work by women with boys and young men is recognised and valued.

2.3.7 Work with Young Women

Somerset County Youth Service makes young women welcome by:

- Challenging sexist attitudes and behaviour amongst staff and young people in wider society.
- Positive images relating to young women being displayed in Youth Service premises.
- Support for young women being given sensitively and with acceptance by Youth Workers who are trained in Sex and relationship Education.
- Ensuring that Youth Workers involved in Sex and Relationship education work are comfortable with their gender and that of others.
- Considering the needs of young women when planning programmes.

Young Gay Men, Lesbians and Bisexuals

Research has suggested that many lesbians and gay men have felt unsupported by the sex education they receive, and that they experience levels of isolation during their time at school. Suicide and mental health problems can arise from such isolation. Findings indicate that young people are keen to understand more about these areas in sex education programmes.

(Extract taken from 'Developing and Reviewing a School Sex Education Policy' – Sex Education Forum April 1994.)

A survey of lesbians, gay men and bisexuals found particularly high levels of homophobic violence, harassment and verbal abuse amongst those aged under 18 years of age.

48% had experienced violence, 61% had been harassed and 90% had been called names because of their sexuality. 50% of violent attacks involved fellow students and 40% of these attacks had taken place at school. 'Queer bashing' - Stonewall 1996.

2.3.8 Young People with Different Disabilities

Students with special educational needs are entitled to receive sex education at school. The Department for Education Circular 5/94 indicates:

'Children and young people with learning difficulties are entitled to the same opportunity as other children to benefit from sex education. They may need more help in coping with the physical and emotional aspects of growing up, learning what sorts of behaviour are acceptable and being prepared against unacceptable behaviour by adults.'

The Education Act 1993 granted children and young people with disabilities an equal right to school based sex education.

2.3.9 Sex Education In Schools

In England and Wales the 1993 Education Act (came into force in September 1994) built on previous legislation and requires maintained secondary schools to:

- provide some sex education (biological and reproductive elements) as specified in the mandatory National Science Curriculum.
- provide a sex education curriculum (not part of the mandatory curriculum) which includes HIV/AIDS and other STIs to all pupils.
- develop a sex education policy which describes the content, style and teaching methods used. The governors have responsibility for the policy which must be made available to parents and reviewed regularly.
- allow parents the right to withdraw their children from all or part of the sex education curriculum but not from sex education in the mandatory Science Curriculum

Schools were required to take action to introduce new arrangements for sex education in September 1994 (DFE Circular 5/94). All maintained schools were asked to ensure that their policies and practice on sex education reflected the requirement of Section 46 of the 1986 Education Act.

2.4 Young People and Sexual Health

Sexual health is much more than safer sex. It is a balance of emotional, physical and social attributes associated with sex and sexuality, and this differs for each individual dependant on their own values, beliefs and experiences.

Young people live in a society where they have to tackle inequality, oppression and discrimination, this can affect their ability to take full control of their sexual health. Young people have a right to sexual health and this should be encouraged through access to education, information, provision and support.

Research has stated that young people feel their sex education does not prepare them sufficiently enough to meet the difficulties experienced in personal relationships. They are frustrated by the lack of opportunity to discuss issues concerning sexuality, relationships, feelings, pregnancy and parenthood. Many feel that it is too little too late.

(Young People and Clinics: Dept. of Sociology University of Bristol 1995)

Information on sex, safer sex, sexually transmitted diseases and contraception is essential, but it is of little value unless young people understand how it relates to them as individuals. Some young people are at the risk of making less positive decisions because of the influence of peer pressure, myths and social attitudes. Good practice must consider the complex issues surrounding sexual health: lack of knowledge, fear, indifference, exploitation, prejudice, stereotyping, homophobia, alcohol and drug misuse, low self esteem and peer pressure.

2.4.1 Individual Development

Youth work practice encourages individuality, participation, self-development and where possible offers confidentiality, which makes it a key setting for allowing young people to:

- develop self esteem, confidence and decision making skills, for managing relationships confidently and effectively.
- achieve self awareness by exploring and understanding their decisions and actions, in order to make positive choices and take full responsibility.
- extend their communication, negotiating and problem solving skills so they can manage their thoughts and actions well, handle and resolve conflict peacefully and defend their own values.
- foster respect and acceptance of themselves by putting their own view forward, but listening, supporting and accepting others= points of view
- work with others in creating positive changes for the world around them, to take the initiative, to have a say and to promote sexual health care to others.

2.5 Sexual Health Curriculum Programme

The aims and objectives of a sexual health curriculum programme for the county will be based on an assessment of young people's needs generally, but adapted to respond to local settings.

Any 'programme of activity' should be shared with line managers and other team members as part of the initial planning.

2.5.1 Considerations for Good Practice

Focussing on Young People

- Wherever possible young people should be encouraged to participate in the development, delivery and evaluation of a programme of activities.
- Appropriate support must be available to young people when they place themselves in new learning situations.
- Young people participating in sexual health curriculum activities must do so within clear ground rules and where confidentiality is paramount.
- Young people should be encouraged to process the information and experiences from a programme of activity by reflecting on what is being said, sharing what they already know, and by assessing how beneficial this information is to their lives.

- Programmes must acknowledge and understand the existence and nature of adolescent sexuality and it is important that all sections of the community are considered e.g. young gay men, lesbians, young people with disabilities, young people with different cultures and beliefs.
- It is apparent that young men miss out on sexual health education and information for a range of reasons. Pathways to addressing these issues are necessary in order to balance up the provision that exists for both young women and young men. National coverage of boys and young men falling behind in education, and the increase in the suicide rate amongst young men strongly suggests that positive male role models need to be working consistently along side young men

Environment

- The environment for delivery is a main consideration. Young people need to feel comfortable and safe to question, discuss and explore the issues that interest them.
- Practice indicates that sexual health education is more effective in single gender groups, although there may be times where mixed gender groups are more appropriate.
- Opportunities for young people to work in small groups should be made available. Large groups can affect young people's confidence and ability to speak out.

Youth Work Practice

- It is essential that youth workers feel adequately informed and comfortable with the area of sexual health, the issues that this may raise, and the young people they are working with.
- Workers have a responsibility to explore their own feelings and attitudes and should take advantage of the opportunities to do this through training, supervision and with mutual support from colleagues.
- Clear and accurate information is essential using language that does not mystify, confuse or offend them, equally using the language that young people are familiar with themselves.
- Offering scenarios and hypothetical situations allows young people to distance themselves from their own personal issues which they may not be prepared to share in a group setting. There is a need to be clear about the difference between fact and opinion.
- A non-judgmental approach, listening to all opinions, accepting differences and assuming diversity is essential. Group members may be split in their beliefs and knowledge and this may require careful facilitation.

- If an answer to a question is unknown, time should be taken to find out the facts and bring young people up to date.

2.5.2 Categories for Sexual Health Education

A sexual health education programme should give all young people the opportunity and encouragement to:

- acquire a range of information
- clarify values, attitudes and behaviour
- *develop personal and social skills*

Listed below are many areas that could feature in sexual health education and this can be added to:

<p>Adolescent Development Physical body changes Emotional and social changes Exploring personal identity Changing values and priorities</p>	<p>Relationships Relationships - family and friends Platonic and sexual relationships Responsibility within relationships Communication skills Peer pressure Sexism/oppression Decision making skills Body language Media influences Tolerance and acceptance Moral values</p>
<p>Sexual Health Developing Self-esteem/image Contraception Emergency Contraception Teenage Pregnancy Parenthood Abortion Sexually Transmitted Infections (HIV/AIDS) Cervical Cancer Breast examination Testicular examination Influences on sexual behaviour (alcohol, drug, other) Sexual health provision/resources</p>	<p>Sexuality Sex in a relationship The right not be sexual Sexual lifestyles Sex and the law (age of consent) Exploitation and coercion Cultural and religious factors</p>

2.5.3 Providing Sexual Health Education and Information

Education and information for young people must be appropriate to their growth, development and needs.

There are many approaches and methods that can be used to inform and engage young people on sexual health education, information and provision.

Programme ideas should be developed to provide opportunities for reactive as well as pro-active work. Listed below are a selection of approaches that can be considered:

- Active workshops as part of a planned programme of health education
- An information area with leaflets, posters, books, resources and guidance (with ongoing display)
- Guest speakers and educators
- Games, quizzes, exercises, roleplay and work packs
- Road Shows on the mobiles
- Resource backpack for street work
- Young people's participation in local and national campaigns alongside other agencies
- Young people contributing to the development (with other agencies) of resources for young people
- Young people involved in local research or policy development
- The arts to promote information and experiences e.g. theatre, music, exhibitions, displays, murals
- Young People's Health Conference
- Peer education training and practice

2.5.4 Evaluation

- All programmed sessions should be evaluated against the initial aims and objectives to assess if practice has been effective for young people and staff.

This can be undertaken verbally with young people or with the aid of a questionnaire.

- This information should be shared with line managers as part of an overall annual evaluation of the Sexual Health Policy and Practice Guidelines.

2.6 Condom and Information Distribution

Condom and information distribution is part of a wider commitment to promote sexual health education to young people in Somerset. The issues raised by condom distribution and education involves moral, cultural and legal considerations and is often of a sensitive nature. Checklist '2.7.2' is given to support all workers involved in sexual health education and information

2.6.1 Purpose of distribution

- Provide young people with accurate information and resources needed to ensure a positive approach to sexual health and safer sex practice.
- Offering young people a safe environment to talk in confidence and without judgement about their sexual health needs, using familiar language and allowing trusting relationships to evolve.
- Encouraging young people to develop their own decision-making, negotiation and communication skills in relationship to their sexual health.
- Supporting young people in locating the appropriate professional services to ensure their sexual health short term and long term.

2.6.2 Contraception

At 16 young people acquire the right to refuse or consent to medical treatment. At 16 young people can choose their own doctor for all their health needs. So handing out condoms with information and guidance about contraception services to over 16's is permissible.

However there are often cases when a young person under 16 approaches a youth worker to ask for condoms or other contraceptive information. This is an example of when the 'Fraser Guidelines' (Appendix One) should be applied.

2.7 Basic Checklists for Practice

A whole range of situations involving young people consistently present themselves to youth workers e.g. A young person leaving home to live with a boyfriend without telling a parent; a young woman seeking some information about an abortion; a young man unsure of his sexuality and needing someone to talk to; a young person of 14 trying to find some condoms. This can be very much the nature of youth work.

Through induction, training and supervision youth workers learn to respond to situations in both a pro-active and reactive manner dependant on the young person's needs. Youth work has a person centred approach and in this way there is often no definitive response. However for the purpose of this policy document there are some basic guidelines that youth workers should

consider when dealing with young people's **sexual health and relationships**. These guidelines take the form of checklists for youth workers to refer to in the course of their practice:

- ***Young People in Relationships***
- ***Condom Distribution***
- ***Young Gay Men, Lesbians and Bisexuals***
- ***Young People with Disabilities***

2.7.1 Young People in Relationships

Young people have contact with the Youth Service voluntarily and informally and on that basis their expectations of what is acceptable behaviour will be different from that of other educational settings.

There are unlimited examples of young people in relationships ranging from close friends, to casual sex and other more permanent long-term relationships. In this context young people need to be clear about what youth work is offering:

Checklist:

- opportunities to develop positive friendships with other young people through a range of social and learning activities
- respect and acceptance for young people's decisions and choices about their life and lifestyles e.g. relationships, friendships, health care, home life, personal activities
- appropriate information, guidance and support for young people through curriculum activities, personal contact and handout information
- consistent confidentiality, unless a youth worker feels that a young person is at risk of significant harm or harming others (see 1.4.)
- when a youth worker is working with young people under 16 years in the area of sex and relationships they will be guided by the 'Fraser Guidelines' (see appendix one)
- clear boundaries for young people in the area of sex and relationships e.g. there can be no sexual activity under any circumstances in a youth service provision
- referrals to other agencies when appropriate

2.7.2 Condom Distribution

Below is a basic checklist for youth workers to consider when distributing condoms and information to young people.

Whenever condoms are distributed a small proforma should be completed (does not require a young person's name) and kept on file to monitor the sexual health needs of young people e.g. condoms, leaflets, discussion, support, referral, other information (see appendix four for copy of proforma).

Staff can order condoms directly from their area offices or from Weir Lodge.

Checklist:

- When dealing with young people under 16 years, workers must be guided by the 'Fraser Guideline' (see appendix one).
- Workers may use their discretion on the numbers of condoms given to a young person at any one time.
- Information should always be given out with condoms. This may vary dependant on the young person's needs. Make sure that a variety of leaflets on contraception, STI's, safer sex, sexual health services are available, accessible and up to date.
- A range of different condoms should be available to meet different needs to cover all kinds of penetrative sex.
- Condoms should carry the CE logo and not be out of date or damaged. Staff should ensure that the condoms are stored in a cool, dry place away from direct sunlight.
- Assess carefully each situation, a young person may be looking for support to reflect on their situation and decisions.
- Workers should feel confident and clear with their knowledge when distributing condoms e.g. how to use condoms safely, sexual health services, safer sex (which is not just about condom use).
- Referrals to other agencies should be offered when appropriate.

Condom Card Scheme

From June 2006 Somerset County Youth Service will begin to distribute condoms to young people using the multi agency Condom Card protocol. The current County Youth Service protocol and the Condom Card protocol will run in tandem until March 2008 when the Condom Card protocol will become the sole protocol. This may occur at an earlier date depending on the County Youth Service achieving a sufficient number of Condom Card trained youth workers to allow Condom Card based distribution at all current delivery points.

2.7.3 Gay, Lesbian and Bisexual Young People

Many young gay men, lesbians and bisexuals move from Somerset to more 'liberal' urban areas. This is prompted by the lack of community links and social provision for these young people in Somerset. For those that remain it is thought that many face isolation, homophobia and a reluctance to be open with their sexuality.

Somerset Gay Health, formerly the Somerset Gay Men's Health Project, can offer support to young, lesbian, gay, bisexual and transgender young people. See appendix

Educational services have sometimes been unclear as to what they can offer to young people because of the Local Government Act 1988 (section 28), but this does not apply to activities which are designed to educate and inform young people about sexual health care.

Checklist:

- young gay men, lesbians and bisexuals have the same right to information support, guidance and opportunity as any other young person
- there should be opportunities for all young people to explore their sexual identity and have their sexuality acknowledged
- confidentiality should be maintained unless a youth worker feels that a young person is at risk of significant harm or harming others (see 1.4.)
- clear boundaries should be in place for young people in the area of sex and relationships e.g. there can be no sexual activity under any circumstances in a Youth Service provision
- discrimination against any young person regardless of their sexuality should be strongly discouraged as in keeping with equal opportunities
- referrals to other agencies should be offered when appropriate

2.7.4 Young Disabled People

The Somerset Youth Service has a policy document for work with young disabled people and this can be referred to separately.

‘Everyone with a disability has the right to informed sex education and the dignity of an acknowledged sexual identity’. (SPOD 1996). Everyone with a disability has a right to form relationships of their own choice.

Checklist:

- young disabled people have the same rights as any other young person.
- there should be opportunities for young disabled people to explore their sexual identity and have their sexuality acknowledged in the same way as their non-disabled peers.
- young disabled people may need support in talking about their disability and how this may affect their sexual behaviour.
- appropriate information, guidance and support should be available to young people through curriculum activities, personal contact and information in an accessible format.
- confidentiality should be maintained, unless a youth worker feels that a young person is at risk of significant harm or of harming others (see 1.4.).
- workers should feel confident and clear with their knowledge and information in the area of sexual health and consider the issues around disability and sexual activity (see section 3.2.)
- when working with young people under 16 years in the area of sex and relationships youth workers should be guided by the ‘Fraser Guidelines’ (see appendix one).
- referrals to other voluntary and statutory agencies should be offered when appropriate.

SECTION THREE

**SEXUAL HEALTH
PROVISION AND RESOURCES**

Young people entering or already in sexual relationships frequently delay seeking contraceptive and sexual health advice, placing themselves at risk of unplanned pregnancy and sexually transmitted infections. Past research has identified the main reasons why young people delay seeking advice as:

- **A lack of information about available sources of contraceptive and sexual health advice**
- **A failure to identify a service appropriate to their needs**
- **Anxiety concerning confidentiality**

**(Promoting Sexual Health Services to Young People –
guidelines HEA 1995)**

SEXUAL HEALTH PROVISION AND RESOURCES

3.1 Sexual Health Provision

Young people receive sexual health education and information at different stages of their development. They may also need encouragement to access other sexual health services for further guidance, care and treatment.

3.1.1 Somerset Based Provision

Sexwise.

Information and advice on sex for 12 to 18 year olds.

Tel: 0800 282930

Website: www.ruthinking.co.uk

Somerset Gay & Lesbian Switchboard

Information, support and befriending.

Tel: 01823 327078

Website: www.somersetgayhealth.com

E-Mail also available: info@somersetgayhealth.com

Sexually Transmitted Infections

Genito-Urinary Medicine (GUM) Special Clinics provide free testing and treatment.

Taunton Musgrove Park Hospital

Appointments: 01823 252222/342623

Health Advisor: 01823 332182

Yeovil District Hospital

Appointments: 01935 384382

Health Advisor: 01935 384705

Bath Royal United Hospital

Appointments: 01225 824617

Health Advisor: 01225 824558

Sexual Health Line

Information and advice on sexually transmitted infections, HIV and AIDS.

Tel: 0800 567123

Brook Young People's Information Line

Free, confidential information.

Tel: 0800 0185 023

Website: www.brook.org.uk

Contraceptive and Sexual Health Service

Information on free services including young people's clinics across Somerset, emergency contraception, pregnancy testing advice and support.

Tel: 01823 331121

For more information on contraceptive and sexual health services for young people, see the Somerset Sex Directory at: www.somerset.nhs.uk

Emergency Contraception

You have three days in which to act to try to prevent a pregnancy. Help is available from any GP who provides contraceptive services, some pharmacies or from Contraceptive and Sexual Health Service (see above). During Bank Holidays, emergency contraception may be obtained through hospital Accident and Emergency Departments.

Other Useful Websites

Information on STIs (including HIV), contraception and emergency contraception.

Website: www.playingsafely.co.uk

Marie Stopes website with general information on sexual health, contraception, pregnancy, termination, emotional issues and more.

Website: www.likeitis.org.uk

For information and support on sexual assault, rape and sexual abuse, you can also contact:

- **THE RAPE CRISIS CENTRE NATIONAL HELPLINE**

For women who have been raped or sexually abused

Tel: 020 7837 1600

- **VICTIM SUPPORT**

Free confidential support to people who have experienced rape or sexual assault, including support through the criminal justice system

Tel: 01823 336523

- **SURVIVORS**

Telephone and face to face support for men who have been raped or sexually abused

Tel: 020 7833 3737

(Mondays 8 7.00pm 8 10.00pm)

- **CHILDLINE**

Free National helpline (24 hours)

Tel: 0800 1111

USEFUL WEBSITES

www.lovelife.uk.com

Wide range of information, advice and games on sexual health issues for young people.

www.avert.org

Good information section on HIV & AIDS for young people. Also gives HIV and AIDS statistics

www.somerset-health.org.uk

Somerset's health and social care website providing information on services throughout the county as well as news and information.

www.teenagepregnancyunit.gov.uk

The governments website dedicated to work around teenage pregnancy.

www.fizzical.org.uk

This site is aimed at teenagers in the Somerset area that are having difficulties with certain parts of their life or just want a bit of advice to help them through a bad patch.

3.2 Sexual Health Resources

Resources and information on sexual health are available to all youth provision in the county. These can be accessed from the Youth Service's resource centre and through the Health Promotion Resource and Information Service (Somerset Health Authority). Both operate a formal loans system. See below for telephone numbers.

3.2.1 Somerset Youth Service Resource Centre

Resources supporting young people's sexual health can be found in these sections at the centre:

- Adolescence
- Counselling
- Curriculum
- Disability
- Equal Opportunities
- Health General
- Health HIV/AIDS
- Health Sexual
- Peer Education
- Personal Development
- Posters
- Relationships
- Sex Education
- Sexuality
- Work with Young Men
- Work with Young Women

For a catalogue and access to resources contact Somerset County Youth Service, Weir Lodge, Staplegrove Road, Taunton. Tel: 01823 447120

3.2.2 Health Promotion Resource and Information Centre

This centre offers a range of leaflets related to sexual health education, information and provision, which are available for all young people.

Posters, videos, books, training packs, games, manuals, and other resources on sexual health are available to youth workers through the loans system. A catalogue of resources which supports young people's different needs can be obtained from the centre. Resources can be sent to the nearest General Practice in your area, for collection.

For more information and a loans form, contact the centre at Somerset Health Authority, The Market Building, Canal Road, Taunton TA1 1PN.

Tel: 01823 334152. email: resources@somha.nhs.uk

3.2.3 Resource Checklist:

- Does it give you the information you need?
- Is it consistent with the Sexual Health Policy and Guidelines?
- Does it fit with your existing methods of health education?
- Do you feel confident and comfortable using this resource?
- Will it appeal to young people?
- Does it respect young people?
- Is it appropriate for their needs in terms of language, values, age, development and culture?
- Is it free from prejudices: racism, sexism, homophobia etc.?
- Will young people benefit from this resource?

3.2.4 Further Contacts

The Sex Education Forum and the National Youth Agency have an information library that has information on sexual health and young people. This includes details on other sexual health education policies and practice, research into different sexual health issues and information on legislation and new government strategies.

- Sex Education Forum - 0171 843 6000
- National Youth Agency - 0116 285 6789

REFERENCES:

- FOCUSING THE YOUTH SERVICE IN SOMERSET 1997-2000 - Somerset Youth Service May 1997
- YOUTH SERVICE AND YOUNG PEOPLE WITH DISABILITIES - Somerset Youth Service July 1994
- CURRICULUM DEVELOPMENT MATRIX -Somerset Youth Service April 1998
- SEX EDUCATION IN SOMERSET SCHOOLS: LEGAL FRAMEWORK, LEA POLICY AND GUIDANCE - Somerset Health Authority/Somerset Education Development Service May 1996
- SEXUAL HEALTH SERVICE PROVISION FOR YOUNG PEOPLE IN SOMERSET - Somerset Health Authority August 1996
- TEENAGE CONCEPTION STRATEGY - Published by Somerset Health Authority January 1998
- SEXUAL HEALTH STRATEGY (DRAFT) - Somerset Health Authority May 1998
- WORKING WITH YOUNG PEOPLE THAT SELL SEX IN SOMERSET - Project Proposal 1998
- CHANGES IN DRUG USE AND SEXUAL LIFESTYLES OF YOUNG PEOPLE IN SOMERSET 1990 -1996 . Department of Geography, University of Exeter
- DEVELOPING AND REVIEWING A SCHOOL SEX EDUCATION POLICY - Sex Education Forum 1994
- WHAT SHOULD I DO - Brook Advisory Centre 1996
- ENSURING ENTITLEMENT: A SEX EDUCATION CHARTER - Sex Education Forum Factsheet No.14 1997
- SEX EDUCATION MATTERS - Issue No. 15 Sex Education Forum Spring 1998
- SUPPORTING THE NEEDS OF BOYS AND YOUNG MEN IN SEX AND RELATIONSHIPS EDUCATION - Sex Education Forum Factsheet No. 11 1997
- SEX EDUCATION - Highlight Sheet No.158 National Children' s Bureau and Barnardos
- PROMOTING SEXUAL HEALTH SERVICES TO YOUNG PEOPLE - Health Education Authority, Guidelines For Purchasers and Providers 1996
- ABORTION - Factsheet No. 13 Family Planning Association September 1997
- ANSWERING YOUNG PEOPLE' S QUESTIONS ON ABORTION - Brook Advisory Centres 1997
- PATHWAYS TO SEXUAL HEALTH - Lothian Health Promotion 1996
- SEX EDUCATION POLICY AND GOOD PRACTICE GUIDELINES (Draft Copy) - Wandsworth Borough Council Youth and Recreational Service May 1996
- SEX EDUCATION IN THE YOUTH SERVICE: POLICY GUIDELINES FOR YOUTH WORK - Isle of Wight Youth Service 1996
- SEX EDUCATION IN YOUTH WORK CURRICULUM: POLICY GUIDELINES - Gloucester Youth Service 1996

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- Sources of information and discussion:
- Somerset Sexual Health Services
- Somerset Gay Men's Health Project
- Simon Wright, Somerset Health Authority
- Sarah Scott, Bridgwater Detached Youth Work Team
- Helen MacDonald, Taunton Detached Youth Work Team
- National Youth Agency, Leicester
- Sex Education Forum, London
- Family Planning Association, London

FRASER GUIDELINES

These guidelines were issued by Lord Fraser in 1985, following the House of Lords= ruling in the case of Victoria Gillick v West Norfolk and Wisbech Area Health Authority. They are known as the 'Fraser Guidelines' and apply to doctors in England and Wales.

The Department of Health issued a circular on Family Planning (1986) in response to the Gillick case. It gave guidance to doctors and health professionals on providing advice and treatment to young people under 16 years of age.

Information for youth workers taken from 'What Should I Do' states that "it would be considered good practice to maintain confidentiality following all the Fraser guidelines":

- the young person understands the advice that is being given
- the young person cannot be persuaded to inform or seek support from their parents, and will not allow the doctor to inform the parents that contraceptive advice is being given. Doctors are obliged to respect young people=s confidentiality.
- the young person is likely to begin or to continue to have sexual intercourse with or without contraception.
- the young person's physical and mental health are likely to suffer unless they receive contraceptive advice or treatment.
- it is in the young person's best interests to receive contraceptive advice and treatment without parental consent

Appendix Two

INFORMATION ON ABORTION

- An abortion can be carried out as soon as a woman knows she is pregnant and she is sure she does not want the pregnancy to continue e.g. Soon after the woman has missed her first period.
- Abortions must be carried out by a qualified doctor in an NHS hospital or in a clinic or nursing home which has been approved for abortion by the Department of Health.
- The law says that no doctor or nurse need help with an abortion if she or he has a moral objection to abortion. In these circumstances arrangements should then be made at once for the woman to see another doctor.
- The Department of Health recommends that any pregnant woman who is not sure what to do for the best should be offered the chance to discuss the alternatives that may be available to her to help her make her own decisions. This help may be available from: family doctors, family planning clinics, Brook Advisory Centres and other agencies that provide pregnancy advice.
- The NHS provides a free service but in most areas this does not cover all women having abortions. However she will frequently have to wait between two and four weeks and this free service is not often available beyond 12 weeks of pregnancy.
- Anything a woman says to her doctor is treated as confidential even if she is under 16. This means they will not tell anyone else what has been discussed.
- In practice some doctors are not prepared to do an abortion for a girl under 16 without the consent of her parents. There may be exceptional circumstances when the girl is not prepared to tell a parent. It is at this time that the doctor needs to decide whether the girl is mature enough to understand what she is doing and that it is in her best interest to have an abortion without her parent's consent. If the doctor does not think the girl has enough understanding, they will need the parent or guardian's consent.
- Anyone of 16 or over has the right to consent to her own medical treatment including abortion.

These extracts are from a factsheet published by Brook Advisory Centre called "Answering Young People's Questions on Abortion" - 1997. Contact No 0171 833 8488

Appendix Three

PROFORMA FOR CONDOM DISTRIBUTION

Date:
Name of Unit:

Information for monitoring the sexual health needs of young people

Approximate age of young person?
Fraser guidelines followed if under 16.

Young person's gender?

Number of condoms distributed?

What type of condoms?

What information was given out?

What other support was offered?

Please specify any follow up work
as a consequence of this distribution?

.....

Keep this proforma on file to form part of an overall evaluation of sexual health education practice. This will be information to share with the Curriculum and Staff Development Unit.

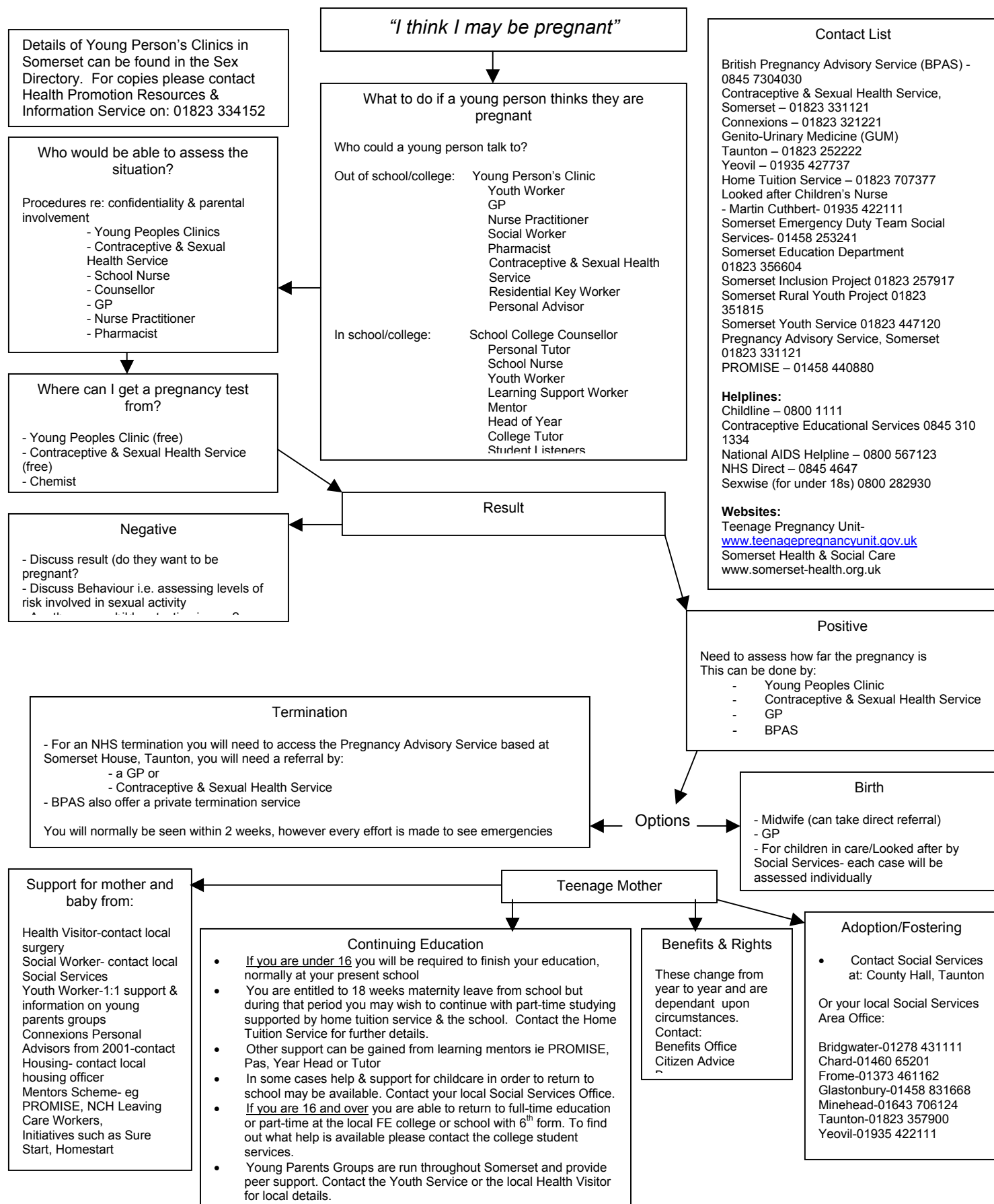
Appendix Four

Information on Emergency Contraception

- Emergency contraception is the name given to two methods of contraception that can be used if after sex if no contraception is used or contraception fails. The most commonly used method is hormonal emergency contraception which needs to be taken within 72 hours of unprotected sex. The other method in use is for an IUD or coil to be fitted up to five days after unprotected sex and up to five days after expected ovulation. The coil is used infrequently although effective.
- Emergency contraception has been available in the UK since the 1970's. In 1984 the first licensed hormonal method was launched. This was a combined oestrogen and progestogen method called Schering PC4.
- In 1998 and 1999 research by the World Health Organisation showed that using progestogen alone was more effective. As a result a progestogen only emergency contraception method, Levonell 2, was marketed in the UK in 2000.
- Levonell became a pharmacy medicine in January 2001, enabling women over the age of 16 and over to buy it from trained pharmacists in addition to it being available free through the NHS.
- Levonelle 2 should be used within 72 hours after unprotected intercourse. If taken within 24 hours of unprotected intercourse it will prevent 95 % of pregnancies that would otherwise occurred. It is more effective the sooner it is taken. It is not as effective as using regular contraception.
- It works by preventing or delaying ovulation and altering the lining of the womb so that a fertilised egg is less likely to implant.
- Medical research and legal opinion are quite clear the emergency contraception (pills or IUD) prevents pregnancy and is not abortion. Abortion can only take place after a fertilised egg has implanted in the womb. People who believe that life begins when the egg is fertilised (i.e. before a pregnancy is established) may choose not to use these methods.
- An IUD (Intrauterine Device) is a small copper device that is inserted into the woman's womb within 5 days of having unprotected sex, or within 5 days of the earliest time you could have released an egg (ovulation). The device works by preventing the egg from being fertilised or implanting in the womb.

Sources: Parliamentary Briefing, January 2001, FPA
Contraceptive Education Bulletin, Winter 2001, FPA.

YOUNG PERSON'S PREGNANCY REFERRAL CHECKLIST



SOMERSET COUNTY YOUTH SERVICE CONDOM REQUEST FORM

Please see overleaf for information on condom types

Name.....

Job Title.....

Unit/Project.....

Tel No

Date requested

Date required by

Delivery arrangement:

Will be collected from Weir Lodge by

Other arrangement.....

Condom Type	Number	Office Use Only
Mixed Flavours		
Ribbed		
Regular		
Femidom		
Extra Strong		

Please return to:

Youth Worker – Health Education
Somerset County Youth Service
Weir Lodge
83 Staplegrove Road
Taunton TA1 1DN

Tel: 01823 447124

Also, please remember that when distributing condoms to young people the proforma for condom distribution (Appendix 4 of the Sexual Health Policy and Guidelines) should be completed and kept in your unit to form part of an overall evaluation of sexual health practice.

CONDOM INFORMATION

<p>MIXED FLAVOURS</p> <ul style="list-style-type: none"> ▪ for vaginal use ▪ Non spermicidal lubricant ▪ Selection of flavoured coloured condoms (chocolate, strawberry, minty, vanilla, banana and blueberry) 	<p>REGULAR</p> <ul style="list-style-type: none"> ▪ for vaginal use ▪ spermicidal lubricated ▪ flared transparent condom
<p>RIBBED</p> <ul style="list-style-type: none"> ▪ for vaginal use ▪ Non spermicidal lubricant ▪ Ribbed straight transparent condom 	<p>FEMALE CONDOM</p> <ul style="list-style-type: none"> ▪ Designed to provide protection by lining the inside of the vagina ▪ Transparent non spermicidal condom ▪ Non-latex (made from polyurethane)
<p>EXTRA STRONG</p> <ul style="list-style-type: none"> ▪ for anal use ▪ Non spermicidal lubricant ▪ Stronger condom for maximum security ▪ Straight transparent condom 	

Appendix Seven

Sexual Offences Act 2003

The Sexual Offences Act (2003) comes into force on 1 May. The Home Office Press Notice is attached.

As you are all aware, there has been some concern and confusion about the possible negative consequences of the Act on young people's trust in accessing confidential advice and on professionals providing confidential contraceptive and sexual health advice or treatment.

The TPU Sexual Offences Act (SOA) briefing note sent out in November made clear that those who act with the purpose of protecting a young person from pregnancy, STIs, protecting their physical safety or promoting their well being, will not be guilty of arranging or facilitating a child sex offence. This applies not just to health professionals but to anyone acting in the best interests of the young person, such as teachers, youth workers, Connexions PAs, social care professionals and parents. Young people under 16, including under 13s, can continue to seek contraceptive and sexual health advice or treatment in confidence.

The note also made clear that the aim of the Act is to protect young people from abuse or exploitation. It is not intended to prosecute mutually agreed sexual activity between young people of a similar age where there is no evidence of exploitation.

Both these points are reiterated in the attached Guidance on Part 1 of the Sexual Offences Act issued by the Home Office - points 82 and 72 respectively.

They are also included in the Crown Prosecution Service Guidance which gives direction to Prosecutors on the factors to take into account when considering a prosecution under the Sexual Offences Act. The guidance will be on the CPS website - www.cps.gov.uk <<http://www.cps.gov.uk>>

Next steps

Informing young people

The statement below has been agreed by Home Office to explain the Act to young people. Young people have been consulted to check its clarity. This will be on the ruthinking website and incorporated into the teenage pregnancy campaign work with magazines and teenage media during the year. We are also encouraging all relevant organisations to use the same wording in publications and websites to provide a consistent interpretation and minimise potential confusion. Please try and ensure it is used in all your relevant local publicity and communications with young people.

The statement has been deliberately kept short and simple. However, although in the consultation with young people, none were concerned about the Act, we are aware that specific questions may arise. We therefore aim to draw up some FAQs which will go on the ruthinking website.

The Home Office communications strategy for the Sexual Offences Act will also include a leaflet for children and families which will contain the same wording. A pdf will be sent to you shortly.

Sexual Offences Act (2003): (statement for young people)

In England and Wales, the law on Sexual Offences has been updated. Under this law, the legal age for young people to consent to have sex is still 16, whether you are straight, gay or bisexual.

The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime.

Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

Under the Sexual Offences Act you still have the right to confidential advice on contraception, condoms, pregnancy and abortion, even if you are under 16.

But remember, whatever your age, you shouldn't have sex until you feel ready.

For more information about sex and relationships visit <http://www.ruthinking.co.uk/> www.ruthinking.co.uk

Information to professionals

Revised guidance for health professionals, social care professionals, Connexions PAs and youth workers will be sent out in the beginning of June. These guidance(s) will reiterate the key messages above.

In the meantime, the Home Office communications strategy will convey these messages to relevant professional groups through trade and professional press. A leaflet is also being prepared for professionals about the key messages of the whole Act. A pdf will be sent to you for information.

We also want to gather some FAQs from professionals and provide answers on the TPU and DH websites. It would be helpful if you could send to me any questions that arise in the course of your work with local partners.

The Condom Card Scheme

Training in Sexual Health

Are you involved in talking with young people about sexual health?

Do you issue condoms?

If not, would you like to?

Whether you are already involved in this work and would like to know more or are just starting out, this training is for YOU

Yeovil has been selected by the Somerset Teenage Pregnancy Partnership Board as a pilot area for the development of a Condom Card Scheme.

To launch the Condom Card Scheme we are offering a two-day training package covering:

Day 1: Sexual Health, the law, sexually transmitted infections, practical strategies and an introduction to the Card Scheme.

Day 2: Working with boys and young men, sexuality, risk behaviour, values

Date:

Day 1 Tuesday February 1st or Thursday February 10th

Day 2 Tuesday February 22nd

Time: 9.30am-4.30pm

Venue:

The Hollies, Bower Hinton, Martock, TA12 6LG

Cost:

Free. This training is supported by the Somerset Teenage Pregnancy Board and priority will be given to organisations working with young people in the Yeovil area.

To book a place, please complete and return the attached slip by 24th January 2005.

Somerset Condom Card Scheme

Protocol for Distribution of Condoms

.....(organisation) is registered with the
**Somerset Condom Card Scheme and distributes condoms within this
protocol**

The fpa defines sexual health as “the capacity to enjoy and express sexuality without exploitation, oppression, physical or emotional harm”. Any young person who is already or is considering being sexually active is entitled to accurate and timely support and advice.

Providing condoms to sexually active young people plays a vital role in promoting sexual health, preventing pregnancy, reducing sexually transmitted infections and offers an opportunity to give information and help about sexual health in its wider sense.

Any young person male or female, under or over 16 years, of any sexual orientation is entitled to be treated with respect and sensitivity when asking about sexual health matters and especially when asking about condoms.

Information such as leaflets, a range of condoms and condom demonstrations should be available to facilitate discussions and learning

A young person should have the opportunity safely and confidentially, to discuss their questions and concerns

Condom distribution – new scheme user

A young person's understanding of the following points should be assessed and information given as required:

- ✓ how to use a condom correctly
- ✓ the ways in which a condom can prevent sexually transmitted infections and pregnancy
- ✓ what action to take if something goes wrong in using the condom
- ✓ how to dispose of condoms
- ✓ how to manage pressure to have sex
- ✓ the need to use different types of condom for different sexual activities
- ✓ ways that condoms can be damaged
- ✓ the availability of sexual health services and the reasons to use them

A young person believed to be under the age of 16 years can be given condoms. The Fraser guidelines support under 16 year olds receiving contraceptive advice if:

- They understand the information being given
- They are not willing to inform their parent/guardian
- They are likely to begin or continue participating in sexual activity
- They are likely to suffer emotionally or physically if they do not receive the help and advice available

Registering with the Scheme

When a worker is satisfied that the young person has understood the above they should:

- ✓ Complete the individual identity number on the condom card
- ✓ Issue the card to the young person
- ✓ Issue the condoms
- ✓ Issue a sexual health information card
- ✓ Inform the young person of other organisations involved in the scheme
- ✓ Inform the young person of the expiry of the card
- ✓ Encourage and support the young person to return for further supplies, support and information
- ✓ Complete the SCCS register

Condom distribution – card holder

A young person presenting with a card may have been issued with it at another participating organisation

- ✓ Ask to see the Card and check its expiry details
- ✓ If expired, check current understanding and sexual activity before re-issuing
- ✓ Provide an opportunity to ask questions and talk about their relationships or sexual health. (This is an opportunity for engaging the young person but the young person is under no obligation to talk and can still be issued with the required condoms)
- ✓ Issue the young person with the required condoms, checking condom expiry date
- ✓ Encourage the young person to return for further help or supplies.
- ✓ Complete the SCCS register

Notes about Condoms

- ☺ They are the only form of contraceptive that also protects against sexually transmitted infections (STIs), including HIV.
- ☺ They have no adverse side-effects, except in the rare case of latex allergy (latex free condoms are available).
- ☺ They are widely available and do not require a prescription
- ☺ They are easy to use
- ☺ They can be carried discreetly
- ☺ They can be obtained free from a number of organisations or bought at chemists, supermarkets, petrol stations, toilets
- ☺ They offer protection against STIs in both penetrative and oral sex.
- ☺ Male and female condoms are available
- ☺ They offer protection for both vaginal and anal sex
- ☺ They are available in different sizes, colours, shapes and strengths
- ☺ They can be fun to use!

Condoms

Condoms are available, from the Health Promotion Manager, for sexual health promotion purposes with young and vulnerable people.

Training

Basic sexual health training is provided at regular intervals through the Condom Card Scheme and is mandatory for all staff who will be issuing condoms under the Scheme. This training should be undertaken within their first year of working/volunteering for the organisation.

Confidentiality

By providing a safe and respectful opportunity to discuss sexual health matters it is possible that young people could raise issues that are difficult or uncomfortable for the worker to manage. At all times the worker must remain within the organisation's confidentiality procedure, must operate in the young person's best interest and should seek support through the organisations supervision procedure.

Specialist agencies

Information about specialist agencies can be found in the Sex Directory and STUFF booklets, or at www.connexions-somerset.org.uk and at www.somerset.nhs.uk

For further information contact:

Health Promotion Manager: Sexual Health and Young People
Mendip PCT
Priory House
Priory health Park
Glastonbury Road
Wells
BA5 1XL
01749 836706