# Relationships, Sexual Health and Parenthood Education Guidance
# For staff and Carers who work with
# Children & Young people who are Looked after and Accommodated

| | | | |
|---|---|---|---|
| Document Title: | Relationships, Sexual Health and Parenthood Education Guidance For staff and carers who work with Children & Young people who are Looked after and Accommodated | Owner: | |
| Version No. | | Superseded Version: | |
| Date Effective: | July 2017 (annual check for accuracy July 2018) | Review Date: | April 2020 |

## Acknowledgements

This guidance document was refreshed by a short life sub-group of West Dunbartonshire Sexual health working group on behalf of West Dunbartonshire Children and Families Delivery and Improvement Group (DIG) for West Dunbartonshire Community Planning Partnership (WDCPP).

All WDCPP as Corporate Parents are committed to addressing the health and wellbeing of children & young people who are looked after or accommodated in all settings. This commitment is reflected in the WDCPP Corporate Parenting Plan 2015 [1], the West Dunbartonshire Integrated Children's Services Plan 2015 – 2018[2] and the West Dunbartonshire Health and Social Care Partnership (WDHSCP) Strategic Plan 2016-2019[3].

## 1 Introduction

This document provides a framework to enhance the practice of those most closely caring for and working with looked after children, to enable them to meet the very significant needs that looked after children & young people present with their relationships and sexual health.

By updating this document and consulting with staff, children and young people, *(Appendix 3 Local Consultation for more information)*, we are demonstrating our intention to maintain a consistently high level of best practice to promote healthy relationships, positive sexual health and wellbeing to all children and young people.

Compared to the wider population of children and young people, looked after children & young people often experience poorer health and wellbeing outcomes. This poorer health can be most profoundly experienced in relation to their relationships, sexuality and sexual health. In line with Getting It Right for Every Child' (GIRFEC) and a renewed Scottish focus on the United Nations Convention on the rights of the Child (UNCRC) it is crucial that the important adults in the lives of children & young people are able to appropriately respond and intervene to the evolving and changing needs that children & young people have.

This document aims to ensure that staff and carers are provided with unambiguous guidance which enables them to fulfil their corporate parenting responsibilities to "promote and support the physical, emotional, spiritual, social and cognitive development of looked after child or care leaver, from infancy through to adulthood" in this key area of their lives.

To support staff and carer confidence and skills in this topic area staff and carers will be provided with training on relevant issues

## 2 Guidance Aims

The aim of this guidance is to support staff and carers to encourage them to positively and proactively promote the sexual health and well-being of children & young people in their care.

It seeks to do this by:

- Considering the needs and vulnerabilities of children who are looked after away from home.

- Ensuring that staff and carers, when exploring their own values and attitudes towards relationships, sexual health and parenthood (RSHP) consider how these may influence how they communicate with children in their care
  E.g. the vital role they play in promoting positive sexual health messages and anti-discriminatory practice.

- Ensuring that learning takes place throughout childhood and is age and stage appropriate, taking into account the evolving capacities of each individual child.

- Supporting young people as they reach adolescence to make confident and respectful choices in their lives e.g. promoting the idea of delaying sexual activity until they are older, having the maturity to know who they are and having the skills and confidence to relate to others.

- Promoting a balanced view of human sexuality by acknowledging that sexual experiences should be about mutual pleasure, intimacy and respect.

This guidance should be read and implemented alongside the existing policies and staff guidance in West Dunbartonshire. This includes GIRFEC guidance (available on the WDC intranet) and relevant West Dunbartonshire Child Protection Committee guidance available at http://www.wdhscp.org.uk/public-protection/child-protection/

## 3 How to Use this Guidance

This document is not necessarily intended to be read from cover to cover at any one time; it is intended to be used as a resource which staff and carers can access when required.

Throughout this document:

| |
|---|
| Text boxes indicate **Best Practice** points |

- *Italics* indicate hyperlinked references to other sections within the document

Terms used in the document

- Children / child have been used to describe all younger children and teenagers. (Ages from 3-18)

- Young people are used where situations or behaviour are more associated with adolescence.

Colour coding is used to symbolise age to provide easy reference for appropriate age and stage best practice and is as follows:

Young children (Early Years and under 8 years old)

Aged 8 and above – ( Primary 3↑)

Aged 10 and above - Primary7↑ Secondary School Age

All Age groups including staff and carers

## 4 A Quick guide for key age and stages

| |
|---|
| **4.1 Young children (Early Years and under 8 years old)**<br>*Early Messages*<br>*Working with Young People in a Gender-Sensitive Manner* |
| **4.2 Aged 8 and above (Primary 3↑)**<br>*Early Messages*<br>*Puberty*<br>*Internet Safety/Social Media*<br>*Working with those who have been Abused and/or Sexually Assaulted* |
| **4.3 Aged 10 and above – Primary 7↑ Secondary School Age**<br>*Early Messages*<br>*Masturbation*<br>*Working with Young Parents*<br>*Supporting Young People to Delay Sexual Experience*<br>*Accessing Services*<br>*Contraception and Protection*<br>*Termination of Pregnancy*<br>*Internet Safety/Social Media*<br>*Working with those who have been Abused and/or Sexually Assaulted*Sexual **Exploitation**<br>*Young People who Demonstrate Sexually Problematic Behaviour* |
| **4.4 All Age groups including staff and carers**<br>*Appendix 2 Specialist Services and Resources*<br>Appendix 5 *Evidence*, Research and Statistics<br>*Safe Practice and Professional Boundaries*<br>*Working with Birth Parents and Extended Carers* |

## 5 Legal Framework

In developing this guidance, cognisance has been taken of the various laws, and guidance that already exists which community planning partners are required to operate. Many of these relate to children in general e.g. the Children's (Scotland) Act 1995, the United Nations Convention on the Rights of the Child (ratified by the UK in 1991), the Age of Legal Capacity (Scotland) Act 1991, the Criminal Law Consolidation (Scotland) Act 1995, the Human Rights Act 1998, the Sexual Offences (Scotland) Act 2009 , the Equality Act 2010, Getting it Right for Every Child 2012, Equally Safe 2014 , the Children & Young people (Scotland) Act 2014 and the National Guidance for Child Protection in Scotland 2014 [4]

Others more specific to children in particular circumstances include Child Protection Procedures, the Regulation of Care (Scotland) Act 2001, the Support and Assistance to Young People Leaving Care (Scotland) Regulations 2003 , Guidance on the Looked After Children (Scotland) Regulations 2009, Part 9 Corporate Parenting in the Children & Young people (Scotland) Act 2014, Statutory Guidance on Part 9 (Corporate Parenting) of the Children & Young people (Scotland) Act 2014 and the Getting It Right for Looked after Children & Young People Strategy 2015[5]

The law in Scotland specifies that young people under the age of 16 cannot consent to sexual activity and that having sex with a young person of either sex under the age of 16 is a criminal offence regardless of the age of the person being charged Offences can range from rape, unlawful sexual intercourse, lewd and libidinous behaviour to indecent assault. The Sexual Offences (Scotland) Act 2009 makes it an offence for staff with a professional relationship with young people up to the age of 18 to commit sexual abuse in this position of trust.

The 2010 Scottish Government guidance for staff working with young people who are sexually active under the age of 16 is a useful reference point.[6] West Dunbartonshire Child protection committee has also developed local West Dunbartonshire guidance which is available http://www.wdhscp.org.uk/public-protection/child-protection/publications/local-guidance-and-policies/

Although personal relations are sometimes ambiguous and open to interpretation, there are two particular circumstances which offer no ambiguity and would require an automatic referral to WDHSCP social work.

These are:

- Where a child of 12 years of age or under is involved in sexual activity with another person

and/or

- Where the other person is in a position of trust in relation to a child or young person.

National policy provides direction for all community planning partners to provide relationships, sexual health and parenthood education (RSHPE); guidance and support to looked after children and young people. The range of policies are outlined in Appendix *4 Policy Mapping*

## 6 Organisation and Management

### **6.1** Training, Support and Supervision

To support staff to care for children and young people and ensure that their relationships and sexual health needs are met, it is essential that staff and carers attend training. This will help ensure that their practice meets the requirements of both WDHSCP and the Scottish Social Services Council (SSSC)[7].

Training will include development of knowledge and skills, exploring the value-base that staff and carers bring to the subject and building staff confidence in communicating with children & young people about relationships and sexual health Opportunities to share good practice and information about the range of services and professionals and their roles and responsibilities are also included.

In consultation with their line manager or supervising social worker and in line with existing formal supervision processes and procedures and registration requirements of the SSSC.
Staff and carers should:

- Identify gaps in their own knowledge and skills around this topic, seek support to access training and highlight if training is not meeting their needs
- Seek help, if required from other colleagues or more specialist resources including the LAC nurse and NHSGGC Sandyford Sexual Health services
- Plan sexual health work which meets the individual needs of young people using appropriate information gained through baseline assessments and integrate into their ongoing care plan.

## **6.2** Safe Practice and Professional Boundaries

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

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

Some young people have a limited knowledge of relationships and sexual health and a basic lack of understanding of how their body works. Many children & young people who are accommodated have experienced abuse, whilst some may become involved in high-risk behaviours. Both of these may distort their responses to work undertaken with them relating to relationships and sexual health. Staff and carers therefore should always bear in mind the young person's background when offering any advice or guidance on relationships and sexual health, whether responding to general questions or undertaking specific work on certain topics.
It is inappropriate for staff and carers to share information relating to their own personal intimate relationships and sexuality as this could be misinterpreted by the young person. Inappropriate use of personal information has been used to groom young people towards abusive and exploitative relationships. If staff or carers have any doubts then they should discuss them within their line manager or link worker.

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

### **6.3** Care Planning and Reviews

Statutory guidance sets out clear information on the responsibilities of corporate parents[8] towards children & young people who are looked after by them and once they leave care. This includes the need to '**safeguard or promote the wellbeing**' of looked-after young people. This is co-ordinated through written care plans which are known as pathway plans for young people leaving care[9].
Staff must ensure that:

- Plans are developed and reviewed regularly
- The child or young person, their parent(s) and other important individuals and agencies in their life are prepared for and involved in reviews.
- Children and young peoples' views are reflected even if they are contrary to that of the statutory agencies.
- Health and wellbeing including general sexual health issues are addressed throughout the care planning process.
- More private and sensitive issues in relation to sexual health are discussed, in depth, at other appropriate times.
- The requirements of accountability and information-sharing with children and young people's rights to privacy and normality are balanced.
- Reviews are managed so that children & young people and their parent(s) are able to see a review as helpful rather than intrusive.
- Proposed work in the care plan is shaped by the expressed needs of children and young people, alongside their existing knowledge and sources of information.
- The person responsible for ensuring the provision of support and guidance is identified with children & young people taking an active role in choosing this person. Choices around the sex of the adult, ethnicity and sexual orientation should be accommodated as much as practicable.
- If young people present a risk to themselves or others because of their involvement in risk taking behaviour, child protection processes will be applied, with a review of the existing care plan.

**Best practice**

As young people approach adolescence, ensure that they meet, or know how to contact, the WDHSCP LAC Nurse. Familiarity with this staff member may assist young people to more easily raise issues on any health issue with them and gives them another source of information and guidance.

## **6.4** Confidentiality

Personal sexual health information is a private matter whatever the age of the person involved. Both legal judgements and professional codes of conduct recognise that without assurance and clarity about confidentiality, children & young people may be reluctant to give professionals the information they need in order to provide good care and protection. One of the main obstacles deterring young people from seeking early relationships, sexual health and/or pregnancy advice is fear about who will have access to their personal information.

The handling of personal information therefore requires utmost sensitivity and respect in line with the Human Rights Act [10] and the Data Protection Act 1998

As the main corporate parent, WDC needs to ensure that personal sexual health information is not shared with others (staff, carers or agencies) unless there is a clear and good reason to do otherwise.

In line with existing legislation and practice all professionals recording or releasing information to other parties and persons have legal and professional duties to ensure that the information recorded is accurate, relevant and sufficient for its purpose, and that any disclosure is lawful – either through the consent of the young person or due to the presence of concern factors which outweigh lack of consent.

If confidentiality needs to be departed from occasions of a child protection or wellbeing nature, every reasonable attempt will be made to discuss this with the young person beforehand, and to seek their agreement

For data protection purposes

- A young person aged 12 or above is presumed to have sufficient mental capacity to be able to exercise their rights and make decisions regarding their own information.
- This includes matters such as the results of pregnancy or STI tests, as well as information supplied by the young person to the professional (or to which the professional has access).

For children & young people who are looked after and accommodated the issue of who has access to personal information is not as straightforward as for other young people, as the care planning process requires appropriate information sharing to ensure an integrated care approach. This requirement can leave young people feeling that they have few rights to privacy about any aspect of their lives therefore support is required for young people to understand these distinctions.

WDHSCP has detailed guidance and procedures relating to data protection issues, which must be followed when working with children or young people including in sensitive areas such as this. This includes the

- West Dunbartonshire Information Sharing – Guidance Tree
- GIRFEC[11] Information Sharing Protocol and proposed Children and Young People (Information Sharing) (Scotland) Bill[12]

Specifically in line with the national guidance for working with young people aged under 16 who are sexually active[6]

- Professionals are required to make an assessment as to whether the young person is involved in behaviour or a relationship that is abusive or exploitative.
- The professional carrying out this assessment needs to be competent and be in a position of responsibility to carry out this duty. This duty would never lie with substitute carers nor would be the lone responsibility for a residential worker.
- Young people need to be made aware that information acquired by staff and carers about a young person's sexual activity would need to be shared with the young person's social worker and a line manager.
- This information needs to be dealt with sensitively and respectfully. The assessment would then proceed as it would for any young person who is or is planning to be sexually active.
- The West Dunbartonshire local multi-agency protocol 2017 on under age sexual activity is available on the child protection website.

## **6.5** Working with Birth Parents and Extended Carers

Young people who are accommodated can have a more positive care experience when staff and carers are able to work in partnership with birth parents and the extended family to promote the best interests of the child. Whilst tension may exist as to the reasons behind the child's need to be accommodated, parents' views and co-operation should, if appropriate, be sought, as it is better for the child's well-being to work in a spirit of openness and consensus[13].

Adults who have parental rights for children who are looked after away from home have the right to have their views considered in the decision-making processes which affect their children. In line with legislation[14], in so far as is reasonably practicable, the views of parents without parental rights and responsibilities and other people who the local authority consider relevant e.g. a relative with whom the child is placed away from home, must also have their views considered.

In general, parents should be informed and encouraged to take an active part in promoting the sexual wellbeing of their children. Where possible, and particularly where a return home is likely, it may benefit the long term welfare of children to include parents, if possible, in any planned pieces of work. This can help to improve child-parent communication and avoids mixed messages being given to the child.

As young people become more capable of making informed decisions about their lives there may be occasions when issues relating to sexual behaviour or its outcomes are not communicated to parents. Decision making on this matter should take into account the views of the young person, their evolving capacities to make decisions, their safety and their overall 'best interests'.
Staff and carers should encourage young people to share information with their parent(s) where it is safe to do so. Information should not be shared with parents of young people aged 16 -18 years against their wishes. This is due to the fact that the only responsibility that parents have to their 16 -18 year old children is that of guidance. Guidance is only advice and if the young person does not wish to take advice from his/her parent then confidentiality should be maintained

In Scots Law[15] a child under the age of 16 has the legal capacity to make decisions on health interventions including, assessment, treatment and counselling, provided they are capable of understanding its nature and possible consequences. This is a matter of clinical judgement and will depend on the age, maturity of the child, complexity of the proposed intervention, likely outcome and associated risks.

Efforts should be made to encourage the child to involve their parents. However, intervention can take place if the child is opposed to parental involvement and is deemed to be competent. Where the child has the capacity to make an informed choice, the child's decision must be respected and given effect to, even if it differs from the parent's or professional's view.

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

## **6.6** Involving Young People

For this document to be effective, young people need to be made aware of its contents and the implications for their care. Young people have been consulted about the contents and how messages can effectively be delivered. This involvement will continue and include input into a young people‘s summary document as well as ongoing processes to ensure that young peoples’ views are incorporated into training for staff and carers.

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

## 7 Normalising Discussion of Relationships & Sexual Health between Adults and Children & Young People

### 7.1 Early Messages

This document is focused on helping staff and carers to educate children & young people in a way that helps them to see sexual health and relationships as a normal part of ‘growing up' and transition to adulthood. It acknowledges that children & young people are sexual beings and that they require guidance to help them understand the physical and emotional changes they will experience from puberty. Learning about relationships and gender roles begins at an early age. Good self-esteem, an internal focus of control and the skills that teenagers require are all learned in their formative years. The 'building blocks’ are not explicitly sexual at all, and are put in place in an age-appropriate manner throughout childhood. Support and information on this is available at parents@sandyford

Many parents struggle with the idea of talking with their children about sexual health and well-being. When it comes to children & young people who are accommodated, staff and carers may have additional worries about raising such issues when children in their care are already vulnerable, may struggle to trust adults or have a range of unmet emotional needs due to previous poor parenting. It can be tempting to delay talking about their emerging sexuality, particularly with children who are emotionally immature or who have additional needs. This may make it more difficult to discuss such issues when they do arise.

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

Staff and carers need to encourage and support children to identify their own and others emotions, to talk about their feelings and encourage them to talk about relationships and friendships. They should ensure that children know the proper names of parts of the body, including private body parts. Staff and carers should be familiar with the language individual children use for parts of their body.

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

**Best Practice**

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

Staff should, where appropriate, ensure parental involvement in the conversations.

Children should be encouraged to take care of and respect their bodies and other peoples, reinforced by rules e.g. “no-one is allowed to hurt anyone else here”.

Staff and carers should sensitively use issues in the media as an opportunity to open a discussion about particular topics.

Staff and carers will ensure children know their safety and health are important.

Staff and carers should seek advice and support for children with problematic sexualised behaviour.

## **7.2** Puberty

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

Staff and carers should prepare children in advance for both the physical and emotional changes they will experience during puberty and reassure them that puberty is a normal experience. Children need a basic understanding about their bodies and how they work before puberty starts. Whilst the onset of puberty varies, it can begin as early as 8 years of age for girls and 10/11 for boys. Age appropriate websites and reading material can help prepare children for the changes they will experience and provide a focus for discussions with staff and carers.

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

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

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

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

**Best Practice**

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

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

Staff and carers should be aware that emotional difficulties e.g. those arising from low self-esteem and/or sexual abuse can affect how young people experience puberty and manage their own self-care.

Any emerging unhealthy eating patterns and lifestyles should be discussed with the young person's social worker and the carer's link worker.

Staff and carers need to be familiar with different cultural and minority ethnic Guidance in relation to puberty.

Staff and carers will be available to discuss any issues relating to puberty sensitively and discreetly on a one-to-one basis with both young women and men.

Staff and carers will ensure that young women know that GPs and other health services can provide support in relation to pre-menstrual stress etc.

Staff and carers should be aware of any gender sensitive issues e.g. allowing a young person to choose between a male or female worker.

## **7.3** Masturbation

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

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

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

**Best Practice**

Staff and carers should have an awareness of their own values and beliefs and discuss any issues in supervision.

Staff and carers will actively challenge myths about masturbation being harmful, e.g. it will make you go blind.

Staff and carers will know how and where to obtain and provide appropriate information for young people about masturbation along with all sexual health issues.

## 7.4 Relationships, Sexual health and Parenthood Education (RHSPE) in School

All Educational establishments are expected to provide age-appropriate RSHPE. Children & young people who are looked after and accommodated can often miss out on this important part of their education either through placement moves, periods of exclusion or through non-attendance of a local authority school.

School based education offers an opportunity for staff and carers to open up discussion on relationships and sexual health and, by being informed of what is being taught in school, staff and carers can positively reinforce the learning for the child and young person. The West Dunbartonshire RSHP Education policy 2016 is available on the WDC intranet.

Efforts should be made by staff and carers to work with the school to make sure birth families are informed about curriculum content. The vast majority of parents support the provision of school based RSHPE and many recognise the need to work jointly with schools.

Staff and carers must play a role in supporting this education. As per the Education (Scotland) Act 1980 parents have the right to withdraw their child from particular lessons. Often reassurance from the school on the content will overcome this. Support and information on this topic area is available at parents@sandyford

If, for any reason, young people do not have access to school-based relationship sexual health and parenthood education this must be addressed in their care plan.

**Best Practice**

Staff and carers should be familiar with the content of the curriculum of a school attended by a child or young person in their care and use this to support learning.

Birth families should be informed on the schools based education programme as appropriate to the young persons care plan. Any parental objection to sexual health and relationships education should discussed at the young person's review meeting.

Every school has a designated LAC senior member of staff and West Dunbartonshire Education Department has a.central support service and this team can provide staff and carers with advice and guidance if required.

## 8 Anti-Discriminatory Practice

All staff and carers are expected to demonstrate anti discriminatory practice in line with the UN Convention on the Rights of the Child[16] and local equalities policies.

It is now well established that people from communities that experience any form of discrimination are more likely to experience ill health. If people grow up only hearing negative messages about themselves then they are likely to experience low self-esteem, less likely to feel the need to look after themselves and more likely to seek approval and affection from any source. In a sexual health and relationships context this often means agreeing to unwanted sex or entering into unequal and unfulfilling relationships to try to numb the feelings of damage caused by discrimination.
All young people have the right to grow up with a positive self-identity and be free from discrimination of any kind. No young person should be disadvantaged or discriminated against because of his or her race, culture, religion, age, gender, disability, sexual orientation or because of their 'looked after' status.

**Best Practice**

It is essential that staff and carers have opportunities via training and supervision to discuss their own values and beliefs and how these impact on their work with children and young people. Staff and carers should respond positively to difference and that they do not impose their values and beliefs on those in their care.

Anti-discriminatory practice will be addressed as an integral part of supervision.

Discriminatory attitudes, behaviours, comments and stereotypes about sex and sexuality will be challenged by staff and carers, whether they are from carers, children & young people or staff.

It is essential that information is provided to children & young people in formats that best meet their individual needs to enable young people to fully understand it.

This includes using translators and interpreters including sign language interpreters. Information on access to interpreting and translation services is available on the WDHSCP and WDC websites.

## **8.1** Working with Young People in a Gender-Sensitive Manner

To achieve effective intervention with children & young people on relationships and sexual health issues, an understanding of gender is vital. A gendered approach challenges the view that traits and behaviours, often described as masculine or feminine, are biologically determined and inherent in all males or females. This approach sees traits and behaviours as being socially prescribed, thus forcing males and females into pre-determined, narrow roles.

What is also created is a gender-imbalance in which, as a result of masculinity, male's traits are often associated with power, knowledge, and physical prowess etc. whilst feminine traits are associated with weakness, nurturing, intuition and passiveness. In practice, what this creates is a set of assumptions and negative and restrictive stereotypes that ultimately affect young people's well-being and safety.

All young people have the right to a positive body image and a healthy and confident attitude to relationships, feelings and sexuality. It is important therefore that staff and carers do not actively promote negative stereotypes. Through training and supervision they will be helped to look at their own values and attitudes and how these translate to children & young people in their care. In addition, staff and carers need to explore issues about gender-imbalance and its impact on behaviour and so challenge negative stereotypes within the care environment.

When working with young men, this means not assuming that they are knowledgeable and confident about sexual matters and do not want to talk about emotions. Staff and carers need to be mindful that many young men may have experienced past abuse which has affected their confidence and abilities to form relationships. Young men should therefore feel respected and listened to by staff, believe that anything they raise will be sensitively dealt with and that they will be given appropriate information. All young men need advice about safer sex, about negotiating skills and their responsibilities towards sexual partners. In particular, issues around consent and commitment should be discussed.

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

In recognition of the different power relationships in society, the approach to working with young women needs to be framed differently. From an early age, young girls need to be given a positive view of their bodies and, as they get older, a positive view of their sexuality and the right to make choices. This approach should promote acceptance and pride of their bodies to counter constant messages that lead to a

sense of shame and anxiety. Staff and carers should not assume that young women understand their bodies or how they function. Clear and accurate information is vital. Young women also need to be taught a range of assertiveness and negotiating skills that emphasises their rights to make choices and to have those choices respected.

Again, due to past abuse or what they may have witnessed and experienced in childhood, many young women who are accommodated may have distorted ideas about relationships, in particular the use of violence. Staff and carers need to help young women move away from such distorted thinking, to learn how to value themselves and to see their own safety as paramount. Staff and carers will support young women to get out of abusive or exploitative relationships, if these occur.

**Best Practice**

Discussions with young men and women need to contain clear factual information about sexuality that take a gendered approach and delivered in a manner chosen by them, with which they feel most comfortable. Options should include who talks to them, the sex of the person and preferences for a group or individual setting or jointly with a partner.

For all young people, but particularly when working with young women, staff and carers should emphasise that they should not be defined solely by whether or not they are in a relationship.

Staff and carers will explore with young men different power relationships in society, particularly exploitative relationships, and encourage them to make safe choices for themselves and their partners.

Staff will challenge sexually discriminatory or abusive practice and support young women to get out of any abusive relationship.

Staff and carers will provide positive role models and will not exhibit any negative, discriminatory, transphobic or homophobic attitude.

## **8.2** Working with Young People with Disabilities

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

Young people with a disability are statistically at greater risk of abuse, exploitation and coercion than their non-disabled peers[17]. Therefore it is essential that staff and carers ensure that they receive comprehensive RSHPE which is informed by childrens' rights to express their sexuality in a safe and appropriate manner[18]. Children need support to develop knowledge and skills to enable them to make positive decisions in their lives. This approach involves proactive consistent education from both home and school environments.

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

Some children, as a result of their disability will have additional support needs relating to their condition or as a result of requiring enhanced personal care. It is important that specific needs are addressed and that personal care is provided in a way that promotes dignity and privacy and as much bodily control as is possible.

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

Young people with a disability who need support with issues of sex and sexuality have the right to the same level of confidentiality as other young people.

**Best Practice**

Staff and carers should negotiate clear boundaries around physical contact and personal care with the young person at a level appropriate to their understanding.

Staff and carers will need training and access to support and advice from specialist agencies. They may also need access to specific material geared to the variety of abilities and needs of young people who have a disability.

The care plans for all young people who have a disability should incorporate sexual development and the young person's views taken into account.

## **8.3** Sexual Orientation

Around 10% of the population do not identify as completely heterosexual i.e. are attracted only to the opposite sex[19] . People who are Lesbian, Gay or Bisexual (LGB) experience high levels of prejudice which can take various forms ranging from overt comments, threats and physical violence to more subtle behaviour that leads to exclusion.

Many young people experience homophobic bullying, particularly at school, whether a young person identifies as LGB or not. Young people who are LGB are more likely to have poorer mental health than other young people. [20].

Those who are looked after away from home may experience greater emotional distress and therefore will require comprehensive support. All young people who are LGB have the same right to explore and express their feelings and pursue fulfilling relationships as everyone else and therefore staff and carers are expected to provide an environment that is welcoming and supportive.

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

Young people who are LGB may have additional knowledge gaps around their sexual health therefore staff and carers should offer guidance and help source appropriate support. A referral to another agency should not be the only means of supporting a young person.

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

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

**Best Practice**

As part of day-to-day practice, staff and carers should acknowledge sexual diversity and should promote, with other staff, carers and children & young people in their care, anti-discriminatory practice. They should challenge discriminatory jokes, language and behaviour. They should not assume that everyone is heterosexual.

If a young person 'comes out' to a member of staff or a carer it is helpful to acknowledge their bravery, to offer reassurance and to listen. Their feelings can be further validated by staff and carers involving them in the same conversations about relationships that occur with heterosexual young people. It is not helpful to make statements about a young person's sexual orientation being a phase. Whilst this can be true for some young people, it implies that it would be better if they weren't LGB.

Staff and carers should deal with the issue of sexual orientation with the utmost sensitivity. They should not directly ask a young people their sexual orientation; however staff should finds ways to open discussion on sexual identity in an affirming manner. Staff should not share information about a person's sexual orientation with others unless not to do so would put the young person at risk of significant harm.

In relation to violence or harassment, staff and carers will encourage young people to explore the implications of pursuing police action, in person or through the Police Scotland third party reporting system[21] and support them to do this should this be required.

If a young person has been subjected to homophobic bullying in school, with the young person's agreement, staff and carers should inform the school and ensure the school takes action. If the young person does not wish to have the incident taken up directly, the issue should be raised anonymously with WDC Educational Services.

## **8.4** Transgender Issues

Transgender or ‘Trans' is an umbrella term for those whose gender identity or expression differs in some way from the sex assigned to them at birth and/ or does not fit with the ‘norms’ expected by the society they live in. Included in the overall transgender umbrella are transsexual people, non-binary gender identities and cross-dressing.

People who cross dress only, belong to a slightly different category. People who cross dress are happy in the main with the gender into which they are born and do not wish to transition. For example, a male would wear female clothing but is happy to take off the female clothing and remain male. This is quite different from an individual with gender dysphoria or transsexualism, who has a persistent and ongoing desire to remain in the converse gender, and identifies as trans.
LGBT Youth Scotland has a useful website https://www.lgbtyouth.org.uk/

It is important not to confuse gender identity issues with sexual orientation. Transsexuals often feel like they were born in the wrong body. This can be extremely distressing and many can undergo a long period of psychiatric or psychological assessment, social and emotional support and eventually may undergo hormone treatment and surgery.

This is so that their body will match what they consider to be their true gender identity. This process is known as transitioning. The Gender Recognition Act 2004 enables people to be legally recognised and accepted in their new gender role and the Equality Act 2010 offers legal protection against discrimination.

Trans people often become aware of these feelings at a very young age (often by the age of 4 years). Parents, staff and carers can become upset, confused and anxious when children & young people express themselves with a different gender identity and may also be worried about the consequences for their physical safety.

When young transsexual people become aware of the changes at puberty, this can crystallise their feelings and cause the onset of extreme distress. This often leads young transsexuals to experience depression, self-harm or problematic alcohol or drug use. Only consultant psychiatrists specialised in gender identity are able to offer diagnosis and treatment. An early referral to Child and Adolescent Mental Health Services (CAMHS) or the adolescent psychiatrist within services offered at NHSGGC Sandyford, (via the GP), is crucial in order to access clinical support. When young transsexual people approach puberty it may be possible for them to be prescribed hormone blockers which can delay the onset of puberty indefinitely until such time as the young person is able to make an informed choice about the level of transitioning they wish to pursue. This is becoming a more recognised treatment but one that would require a sensitive and expert assessment

It can be particularly important for biological girls that identify as male as this can prevent the need for a mastectomy later in life. While some young people may be taking hormone therapy it is unlikely that many will have undergone gender reassignment surgery.

**Best Practice**

Staff and carers will ensure that their behaviour and that of others around young transsexual people is respectful and that discriminatory jokes, language and behaviours are challenged. It is helpful to explain trans issues to all young people so they understand that young transsexuals have a right to be treated with respect.

Staff and carers should consult with the allocated care manager about young people who appear to be trans and together they should ensure a referral for psychiatric assessment

Staff and carers can offer a range of support including listening and talking with the young person about their feelings, ensuring they are consulted at every stage of the process and by assisting the young person with any prescribed medical treatment.

Staff and carers should also consider how they might be able to sensitively support the young person to cross dress, if this should arise.

This can raise challenges within a residential setting. Appropriate support for staff and carers will be made available.

Staff and carers will discuss with young people their feelings in relation to telling parents, carers, staff or other young people about their gender identity and respect and support their decisions.

Staff and carers will use the young person's choice of pronoun “he” or “she” and use the name chosen by them. If unsure, staff and carers will ask the young person how they wish to be addressed and support this by asking other staff and young people to agree to this. In some cases the young person may not identify with either gender.

## **8.5** Working with Young Parents

Young women become pregnant in their teenage years for a variety of complex reasons. Young people living in the most deprived Scottish areas including West Dunbartonshire are five times more likely to experience a pregnancy and nearly 12 times to continue the pregnancy as someone living in the least deprived areas. In addition young people who are looked after and accommodated or care leavers are also more likely to experience pregnancy while they are teenagers. Young women from more deprived areas are also more likely to continue with the pregnancy whereas young women from more affluent areas more likely to seek a termination. A significant minority of young women plan their pregnancies with the majority of these tending to come from areas of high deprivation. This decision can be influenced by emotional gaps in their upbringing; an attempt to gain control in their lives or a perception that motherhood offers them a positive role in society, particularly when other opportunities are perceived to be poor.[22][45].

Young parents face considerable discrimination. Generally society's approach to teenage parenthood is extremely negative, a view that is heightened the younger the teenager is. Whilst there is a genuine concern about the loss of childhood and the responsibility that early parenthood brings, there is judgmental tone to this, with the brunt of criticism shouldered by young women. Young women who become pregnant may internalise these negative perceptions and this can have a major bearing on how they deal with their pregnancy and when and how they approach services. It is incumbent upon staff and carers to challenge the negative societal views.

Once a young woman or couple chooses to proceed with a pregnancy, the emphasis for staff and carers should be about supporting the young person to make a smooth and confident transition to parenthood.

Whilst it should be acknowledged that some young people's previous life experiences may leave them ill-equipped to deal with the responsibilities of early parenthood, it is important to avoid assumptions and to assess individual's needs and capabilities. Young people's requests for support should be viewed positively. Staff and carers should not automatically assume that such requests mean the young person is not coping. Recognition should be given to the needs and responsibilities of young fathers and the positive contribution they can make. Where difficulties are identified, staff have a duty to consider child protection measures.

Staff and carers should help to alleviate the many structural inequalities that early parenthood can bring. Care planning should address young women's educational, financial and accommodation needs and help her to plan for the future. Support to access health services and with any relationship difficulties should be provided. Staff and carers should understand the young woman's need for stability at this time and ensure they are involved in the decision making around potential placement moves and choices.

**Best Practice**

The young person's care plan will identify an appropriate support package which is reflective of the young person's individual views and needs and those of their baby. This should include contact with the Special Needs in Pregnancy Team (SNIPS) and if appropriate the NHSGGC Family Nurse Partnership.

Staff and carers will ensure young mothers and fathers are aware of their individual legal rights and responsibilities in respect of their child.

Staff and carers will continue to remind young parents of their ongoing sexual health needs including post-natal checks and contraception /protection. They should also encourage and support young people to access community health services.

Staff and carers should help young parents link into community resources that help counter feelings of isolation.

Staff and carers should not make assumptions about the sexual orientation of young parents.

## **8.6** Unaccompanied Minors

Unaccompanied young people who are seeking asylum may present particular challenges to staff and carers in that there may be a lack of clarity about their age or history. They may be unable to divulge information regarding their background or journey to the UK. Uncertainty regarding the achievement of refugee status, the right to remain and fear of deportation does not assist this process.

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

Young people in this position may have specific sexual health issues e.g. pregnancy, abortion, female genital mutilation, HIV, sexual transmitted infections that may be historical or may require to be addressed. Whilst confidentiality and sensitivity is needed, these issues may be pertinent to their asylum claim.

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

**Best Practice**

Staff and carers should ensure that they understand and are sensitive to the particular circumstances of individual young people. This includes offering a gender and culturally sensitive approach.

Staff and carers will ensure that young people are supported to clarify their legal position.

Staff and carers will support young people to access appropriate general and specialist health care.

Staff and carers will access appropriate training and support.

Staff and carers should ensure that young people have access to interpreting services as the need arises.

## **8.7** Religion and Culture

Staff and carers play a vital role in by ensuring that a young person's cultural or religious beliefs are taken into account in all aspects of their care.
Cultures and religions have differing sexual norms. In all religions and cultures a range of views are held by families, young people, carers and staff. Whilst different cultures and religions may have an impact on how and at what age sexual health and relationship issues are discussed, young people should not be denied the benefits of information and on relationships, sexual health and parenthood education due to religious and cultural values. The content and timing of support should be carried out sensitively and take into account the needs of each individual.

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

**Best Practice**

In general, staff and carers should inform themselves about the religious and cultural beliefs of all young people in their care. They should not make assumptions based on that information. It is important that the interpretation of the information is checked out with the young person and their parents, where appropriate.

Staff and carers should actively challenge discriminatory jokes, language, assumptions and behaviour that discriminate against any group whether from young people, carers or staff. It is not appropriate for communal spaces or offices to be decorated with material that could cause offence to others. In the West of Scotland it is important that the issues of sectarianism are taken into account.

Staff and carers need to be aware of the influence of prejudice; stereotyping and generalisations in relation to different cultures and sexual practices. Staff and carers are encouraged to increase their understanding of different religious and cultural approaches to sexual health and relationships through accessing professional development and working in partnership with religious/cultural communities.

Written information should be culturally and linguistically appropriate and should be translated or interpreted into the young person's language.
It may be appropriate to provide some information in single gender or same faith groups. Young people's preferences should be sought on these matters

## **8.8** Domestic Abuse

When working with children & young people who are looked after or accommodated it is essential to acknowledge that they may have current or historic experience of domestic abuse. Domestic abuse can have a profound impact on those experiencing it directly but also on children and other family members[23].

Gender-based violence, including forced marriage, is defined by the United Nations as “violence that is directed against a woman because she is a woman or that affects women disproportionately”. The One Scotland Website provides more information on this.

It is estimated that 100,000 children in Scotland are living with domestic abuse, and in 90% of incidents of domestic abuse children are in the same or the next room[24]. Children or young people may be affected by domestic abuse in a variety of ways. They may be psychologically affected by witnessing their mothers being assaulted many times, as a woman is assaulted on average[25] times before police involvement. They may have been injured trying to defend their mother from an abusive partner, or may have been abused during contact visits after the relationship has ended. They may have been abused directly as in approximately half of families[26] where there is domestic abuse there is also child abuse.

Domestic abuse may not be presented as the main reason for a child or young person being looked after or accommodated outside their family, but it is important to understand how domestic abuse may have contributed to the situation.

The following list examples ways in which children or young people may be affected by domestic abuse:

Being withdrawn,
Isolated from their peer group,
Having poor concentration,
Persistent absences
Being reluctant to go home.

Some children who are high achievers at school may find their studies are a means of escape which attracts positive and welcome attention from teachers. Difficulties in managing anger may be the result of feeling powerless to control what is happening at home. Such negative behaviour may have been learned by those who have been living with domestic abuse from a young age.

Children & young people affected by domestic abuse often are very aware that they should not talk to anyone about it, and it becomes a huge secret in their lives.

Self-harming behaviour such as eating disorders, cutting or alcohol and drug abuse maybe an issue for some young people seeking to find ways to cope with the trauma they are experiencing at home or in their own relationship.
Research shows that abuse in teenager's relationships mirrors adult domestic abuse in that it happens more to girls than to boys, and that it is a common occurrence[27]. Staff should be aware that young people they are working with could be involved in abuse in their personal relationships.

**Best Practice**

There are services in WDHSCP which offer specific support services to children and young people affected by domestic abuse and will carry out this support in an environment identified as suitable by staff and the child or young person. Staff can refer to these services or encourage self-referral.

In order not to collude with the “secret' nature of domestic abuse, staff should encourage the child or young person to talk about their feelings and experiences

Training on domestic abuse and its impact on children and young people is locally available. Local support services are also available see *Appendix 2 Specialist Services and Resources*

## 9 Managing Sexual Health Issues in a Care Setting

### **9.1** Introduction

It is important that staff and carers create an atmosphere of openness and honesty within the care setting so that children will feel able to seek advice at any time and on any subject. If staff and carers have 'normalised' sexual health and relationships discussion, they will be better able to offer guidance to those in their care, particularly around the issue of 'delay' i.e. encouraging young people in general, but especially those under the age of 16, not to engage in sexual activity until they are emotionally and physically able to deal with its potential consequences.

### **9.2** Supporting Young People to Delay Sexual Experience

It is natural for all young people during adolescence to form attachments, develop crushes and form romantic relationships. It is also natural for adolescents to be curious about sex. It is likely that some young people will embark on sexual behaviour before the lawful age of 16. Evidence shows that young people who are looked after are more likely to have sex before the age of 16 and for their early sexual experiences to be poor, have adverse outcomes and later be regretted[41].

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

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

Staff and carers should be aware that promoting the idea of delay is not an approach that means being negative about sexuality or sexual relationships.

Rather it requires being positive about sexual relationships and framing the positive aspects of sexual relationships in ways that make it clear that sexual relationships are best left until adulthood. This means being clear that if the positive aspects of sexual relationships such as mutuality, a shared sense of intimacy, respect, love or closeness are not present, then the young person is not ready for sexual relationship and that as a staff members or carer, you would want better for the young person. Staff and carers should understand that this is not the same as an "abstinence" or "just say no" approach which evidence has shown does not work and in some cases brings about poorer outcomes for young people.[28]

Staff and carers should consider the role that building strong non sexual friendships between young people can help to meet their social and emotional needs which can mean some young people therefore do not feel the need to have sex which they may perceive as meeting these wider needs.

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

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

**Best Practice**

Staff and carers should recognise that if a young person wants to talk about the place of sex in their relationships, this is usually because the young person is not sure that this is what they want and so staff and carers should use these opportunities to have a full discussion with young people about their relationship.

Staff and carers will be mindful in their discussions of the need to also assess the relationship situation in terms of child protection.

Staff and carers should not present sexual relationships in general as negative but make sure they are framed as best left to adulthood.

Staff and carers should reinforce the legal age for sexual relationships.

## **9.3** Managing Sexual Relationships

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

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

However during adolescence, young people, whether accommodated or not, often engage in behaviours against their carers' wishes and which place them at varying degrees of risk. In the context of sexual health and relationships, the main priority is to ensure that young people are safe and protected.

The most effective method of achieving this aim is to improve the skills and confidence of the young person themselves so that they learn how to make healthy choices that are respectful of themselves and others. Given that young people who may have experienced rejection and/or abuse may struggle to appreciate the consequences of their actions and be lacking in self-esteem it is incumbent on all staff and carers to discuss with young people issues around emotions, relationships, commitment, consent etc.

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

Staff and carers are reminded that, alongside the responsibility to meet the young person's immediate health needs, there is an additional responsibility on the local authority to assess the nature of the sexual relationship that the young person is engaged in, to determine whether it involves abuse or exploitation[29]

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

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

**Best Practice**

Young people should be prepared for the emotional and physical consequences of sexual activity and encouraged to delay such behaviour until they are ready. Staff and carers should challenge myths about pregnancy and STIs.

Young people should be made aware of the law around sexual activity. This includes the age of lawful sexual intercourse as well as issues of consent, assault etc.

Young people should be given or helped to access information or services, to help them appreciate that sex is not just about intercourse but can involve other ways of expressing closeness and intimacy in a relationship.

## **9.4** Accessing Services

All young people who are or planning to be, sexually active have a right to access services to meet their immediate health needs. Staff and carers should be aware of the need for those who are accommodated by the local authority to have equal access to health provision as other young people. Young people who are sexually active should be made aware of the importance of having a sexual health check up to ensure good sexual health. Some young people who have not yet engaged in sexual activity may also wish to access a sexual health service for advice.

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

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

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

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

**Best Practice**

Staff and carers will provide young people with information about sexual health services, how to access them, opening times etc.

Staff and carers will reassure young people about concerns they may have about accessing services. This might include how they will be treated, confidentiality and if required, they will offer to accompany the young person to an appropriate service.

Staff and carers will provide young people with the phone numbers for confidential help lines and ensure there are private spaces for young people to make such calls.

## **9.5** Contraception and Protection

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

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

If a heterosexual young person (whether male or female) is sexually active, staff and carers need to speak with them about the importance of contraception and protection. It is important to stress both the need to avoid an unplanned pregnancy and to protect against STIs. Discussions should therefore include information that popular methods of contraception such as the pill, the implant, the injection, by themselves, are not sufficient.

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

Male and female condoms are the most easily available, non-prescribed form of protection and when correctly used, can protect against unintended pregnancy, HIV and other STIs. Negotiating their use, knowing how to use them and where to get them are essential for maintaining young people's sexual health and are issues that should be addressed with all young people. The NHSGGC Free Condoms Service provides information on where free condoms are available.

Local consultations with young people have highlighted gender-specific attitudes around condom use that need to be addressed. Male attitudes about condoms affecting their enjoyment of sex, only using them if they 'think' the female might have an infection or only if the female raises the issue, all need to be challenged. Young womens' perceptions of condoms being the responsibility of the male and the age-old problem of young women's possession of condoms casting aspersions on her 'reputation' all mitigate against the safe use of condoms[30] .

It is important that staff and carers discuss issues of responsibility and respect with all young people, whether they are sexually active or not. They should ensure that young men are aware of equal responsibilities for contraception/ protection.

For other types of contraception/protection, young people will require to seek specialist advice from a health professional. Young people under the age of 16 years have a right to access health services for contraception/protection.

This contact will remain confidential providing that the young person is not thought to be involved in activity that is abusive or exploitative. Young people do not need to seek permission from their parents or carers as long as they are deemed competent by the clinician to understand the nature and possible consequences, benefits and risks of the treatment under the Age of Legal Capacity (Scotland) Act 1991.

All young people should be made aware of the two types of available emergency contraception. They should be given information about how the two methods work (that oral contraception can be taken within 72 hours and that a coil can be fitted up to five days after having unprotected intercourse) and that emergency contraception is more effective the sooner it is used. The sexual health emergencies page on the NHSGGC Sandyford website provides more information on this.

If a young woman has had unprotected sexual intercourse or if the method used has not worked (e.g. condom splits), staff and carers should advise them about emergency contraception and support them to access this if requested. They should prioritise accompanying a young person to a clinic or pharmacy (chemist) to obtain emergency contraception, if the young person has requested this or appears to need this level of support.

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

**Best Practice**

Staff and carers should ensure that all young people are aware in general of contraception/protection at an age appropriate to their individual maturity, understanding and need, including young people with learning disabilities. If it is appropriate and they feel confident enough, they should discuss safer sex with young people in an open and non-judgemental way. At a minimum, they should 'signpost' young people to services where this advice can be obtained.

Staff and carers need to ensure that they have up-to-date and accurate knowledge on the various issues relating to contraception/protection. Each member of staff or carer is not expected to know the details of all methods. They should have a basic working knowledge of the most common forms and what can reduce their effectiveness. Staff and carers can do much to educate themselves using NHS resources. They should also seek information through training and supervision.

In residential settings, a list of local pharmacies (chemists) all of which provide free emergency contraception should be easily accessible for young people to consult. In particular, they should know how to access emergency contraception 'out-of-hours'. This information is available on the NHSGGC Sandyford website

If the need for emergency contraception has arisen, staff and carers should use this as an opportunity to talk about sexual activity and delay, emotions and relationships, planned methods of contraception/protection etc. Whilst other agencies may have been involved in this particular episode, it should not be assumed that all of these topics were discussed with the young person.

As a matter of course, regular information sessions for young people who are accommodated should be organised. The LAC nurse, a trained youth worker or a member of staff from NHSGGC Sandyford could help staff deliver these.

Staff and carers should never withdraw contraception/protection as a sanction.

Staff and carers should know where to obtain free condoms and other forms of contraception/protection. They should be familiar with the NHSGGC Free Condoms Service and how young people can access this. Staff and carers should be aware that some GP's may not prescribe emergency contraception or other contraception to under 16's. They should also remind young people to check the sell-by date.

## 10 Possible Outcomes of Sexual Activity

### 10.1 Sexually Transmitted Infections (STIs)

STIs are infections that can be passed through having unprotected penetrative vaginal, oral or anal sex. Common STIs among young people are genital warts, chlamydia, gonorrhoea and herpes. Their prevalence in the under 25 population is rapidly growing. Some STI, if left untreated, can seriously damage a person's health or fertility. It is vital that all young people who are accommodated, at an age appropriate to their individual maturity, understanding and need, and are given accurate information about prevention, treatment and support.
Whilst staff and carers should have a basic knowledge about STI, they should ensure that they are aware of local services and how to access them.

It is important for staff and carers to be aware that some STI do not have signs and symptoms and so a person may not to be aware that they are infected. This message needs to be clearly imparted to young people and emphasises the need to encourage sexually active young people to attend for regular health checks.

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

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

### 10.2 Human Immunodeficiency Virus (HIV)

HIV is a virus which attacks the immune system, and weakens your ability to fight infections and disease[31].

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

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

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

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

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

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

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

Testing
The only way for someone to know if they have HIV is to have an HIV test. Tests are provided free and in confidence at GPs and at NHSGGC Sandyford services. Results at Sandyford are usually available within 48 hours. People diagnosed with HIV are then fast tracked into appropriate care.

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

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

**Best Practice**

Young people should know that condoms and femidoms used properly considerably reduce the possibility of getting HIV as well as preventing STI and pregnancy.

Staff and carers should particularly ensure that young people originating from sub Saharan African countries and sexually active young gay or bisexual men are provided with information about HIV in culturally appropriate ways.

If a young person is considering or requires an HIV test, staff and carers should be mindful of the extra support that will be required, particularly during any wait for results or managing the test result whether negative or positive.

Staff and carers should always discuss with the young person whether or not they wish anyone else to know about their HIV test or HIV result.

If a young person in placement is living with HIV and does not want other staff to know their HIV status they have a right for that information not be shared. Staff should not share a young person's HIV status without having discussed this with their line manager.

In a residential setting, due to the nature of shift work, this may require more than one member of staff being aware of the young person's status to ensure appropriate level of care in administration of medication and attending appointments.

Any member of staff not involved in these tasks should not be informed of the young person's status.

Staff will ensure the young person is aware of which members of staff are aware of the young person's HIV status.

Staff and carers may therefore need to find ways of sensitively administering medication that requires to be taken regularly in a way that protects confidentiality.

They should also ensure that the young person is enabled to access appropriate emotional support regarding their condition.

Young people living with HIV need to be made aware of the implications on their health of not keeping medical appointments.

## **10.3** Conception and Options

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

The most common sign of conception is usually a missed period, but can also include nausea and vomiting, soreness or enlargement of the breasts, weight gain etc. However some women may not have many symptoms and may continue to have periods. Staff and carers will be aware that some young women will be at greater risk of conception i.e. those with irregular periods, having unprotected sex or those who have expressed a wish to have a baby.

The only way for a young woman to be sure that she has conceived is by having a pregnancy test, which are available in chemists or can be done, free of charge, through sexual health clinics or by the GP. Results are normally immediate.

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

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

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

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

## **10.4** Termination of Pregnancy

One option open to the young woman is to seek a termination. In the UK a termination is legal and safe, and access to it is the same for all women irrespective of age. Doctors will use the Age of Legal Capacity (Scotland) Act 1991 to assess a young woman's competence to come to a decision in her own right and termination will only be carried out if two doctors confirm legal grounds are satisfied. A termination on social grounds can legally be carried out up to the 24th week of a pregnancy, although in NHSGGC terminations are generally only carried out up until 18 weeks. Women have more choice and control when they have an abortion under 9 weeks of pregnancy. Sandyford have a short animated film with information for young people:

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

It is acknowledged that within society the issue of terminating a pregnancy raises strong feelings. However, staff and carers should not allow their own values and beliefs to impinge on the information and choices available to young women in their care. If a conflict of interest exists, this should be raised at the earliest opportunity so that alternative advice and support can be offered. Neither should assumptions be made about what a young woman may choose to do. For a variety of reasons, women from all cultures, religions and backgrounds have terminations. Staff and carers' role is to enable a young woman to make an informed choice that is in accordance with her own values and beliefs.

It is expected that staff will discuss with the young woman who she wishes to know about the termination. If the young woman has advised that she does not wish her parent(s) to be informed of the termination, and it is deemed in her best interests, there is no obligation for staff or carers to do so.
Young men have no legal say in a young woman's decision whether or not to continue with a pregnancy. It is acknowledged that they may have strong feelings about a conception. Staff and carers should discuss with young men their thoughts and feelings and encourage them to offer support to their partner, if appropriate.

## **10.5** Adoption

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

## **10.6** Caring for the Baby

If the young woman has decided to continue with the pregnancy and to raise the baby, she should be offered every support to have a happy and healthy pregnancy and to make a smooth and confident transition to parenthood. Options for the young women's future should take place within the usual care planning process. The care plan should pay particular attention to her additional support needs e.g. through the NHSGGC Family Nurse Partnership and the Special needs in pregnancy service. Any proposed changes should be planned in advance and the timing of their implementation should be dealt with sensitively and take into account the amount of change that the young woman has and will experience with the birth of her baby. Where there is significant identified vulnerability, child protection procedures may be considered.

**Best Practice**

Staff and carers should explore their own values and attitudes that may affect the care and advice that they are able to give to a young woman who conceives. They may hold particular views on early parenthood, termination and/or adoption. They are required to separate their personal views from the needs and best interests of the young woman in their care.

Staff and carers who feel that they would be unable to separate the 'personal' from the 'professional' should raise this in supervision with their line manager or link worker.

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

TOPAR (Termination of Pregnancy Assessment and Referral) Clinics for women who are pregnant and want to discuss their pregnancy options are available at NHSGGC Sandyford and the Vale of Leven Hospital.

It would be helpful if staff and carers were aware of whether the young woman's' GP may object to providing information on, or making referral for, a termination. Should such a situation arise, staff and carers need to be familiar with local services e.g. NHSGGC Sandyford and support the young woman to access alternative services.

## 11 Managing Sexual Health Issues in a Care Setting

### 11.1 Sexual Relationships in Placement

Caring for young people in residential or foster care during their sexual development can present particular challenges. Relationships which develop between young people in the same placement may be of a sexual nature. These may be opposite or same sex relationships. Staff and carers will be sensitive and non-judgemental about these issues and will adopt safe caring practices as appropriate.

If a sexual relationship develops between young people in the same placement appropriate information needs to be shared with the young peoples' social workers. Young people should be informed prior to the sharing of this information about the need to do so. The young person's social worker has the responsibility to carry out an assessment to ensure that the relationship is not abusive or exploitative in nature. It is important to remember that adolescence is a period when young people begin to experiment. It is essential that staff and carers are able to help a young person understand the possible consequences for themselves and others of a sexual relationship within their placement.

If a serious, ongoing relationship develops between two young people in a placement then finding a local alternative placement for one of them may be an option. In all cases safe caring practices will be adopted.

### 11.2 Pornography

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

They should ensure that young people and their carers understand the legal implications of possessing and sharing pornographic material. They should help young people to consider the detrimental effects of pornographic imagery and to understand that it portrays negative gender stereotypes, distorted and exploitative views of sex, relationships and women, which can cause offence. The young people@sandyford site has a section on pornography which might help this discussion. If staff or carers discover young people in possession of such pornographic imagery the young person should be asked to remove it.

In relation to legally-defined pornographic material (which includes magazines, multimedia imagery and live acts), it is illegal for anyone under the age of 18 years to purchase such material. It is a serious criminal offence to pass or share pornographic material to any young person under the age of 16 years, regardless of the age of the person who is sharing it.

Therefore irrespective of the setting young people should not be permitted to possess such material. Depending on the age and understanding of the young person and/or if the images involve the abuse of children, the information regarding its possession should be passed on to the child's social worker. The material should be removed and preserved for possible investigation by social work and the police.

Staff and carers will be alert to any attempts to involve young people in the production of pornographic materials. They will actively discourage this and will seek appropriate support for any young person who has been involved. Any attempts to involve young people under 18 years should be reported immediately to the young person's social worker. In line with the 2015 West Dunbartonshire Child Protection Committee Child Protection, Internet and New Technology Multi-Agency Guidance for Staff[32], child protection measures will be considered.

**Best Practice**

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

Staff and carers will be provided with training and ongoing support and supervision around this issue.

Young people should be helped to understand the distortion and exploitation that is involved in pornography. They should be assisted to be sensitive and confident in how they respond to such materials.

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

**11.3** Internet Safety/Social Media

Since this guidance was originally produced, the internet has become an integral part of most people's lives: for children & young people, who have grown up with internet access as a 'norm', with their on-line activities as important as off-line ones.

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

Staff and carers need to be alert to the fact that children's internet interactions can be used by people to groom and /or sexually exploit those who are vulnerable. People demonstrating this sexually predatory behaviour may be known to the young person or complete strangers: they may be similar in age or much older. Monitoring young people's use of the internet is difficult, especially with the prevalence of smart phones. Tension can be created by the need to balance safety issues and children's rights to privacy. Despite the tensions, staff and carers, like any reasonable parent, need to ensure that safeguards are in place, that limit access to inappropriate content and that children's use of the internet is appropriately supervised.

Staff and carers need to be particularly alert to children's use of social media apps / sites, chat rooms and on-line gaming, in terms of the information and pictures uploaded and the possibility of meeting people through these connections. It is advisable that discussions about safe internet use begins as early as possible and is not left to when a particular problem occurs. WDCPC has guidance in place to assist staff and carers with this topic.

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

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

Sexting is often coercive and linked to harassment, bullying and violence.

Sexting is not a gender-neutral practice and girls are most adversely affected. For some young women the pressure to conform is relentless.

Ever younger children are affected. The widespread trend for 'sexting' is an issue that requires on-going discussion with young people. Whilst a young person may

believe that they are sharing images privately with a boyfriend / girlfriend or with someone with whom they are flirting, there are numerous examples of these images becoming public and causing great distress. As the sites and methods to share self-generated imagery change constantly, it is very important that staff and carers keep up-to-date with what is happening in young people's lives: the best means of doing this is by talking these issues through with young people. 'Sexting' is a good topic to raise issues about public / private behaviour, what is acceptable behaviour in relationships, trust, assertiveness etc. Youngpeople@sandyford has a section called nude selfies that might be a useful prompt for this discussion.
Children's use of the internet and social media can be a force for good but can also bring with it significant anxiety and harms. What the above information reinforces is the need to begin comprehensive sexual health & relationships education at an early age so that channels of communication and dialogue are open.

**Best Practice**

Internet and social media use should be discussed with children so they are aware of appropriate behaviour and their own personal safety. This particularly applies as young people reach adolescence and begin to test out flirting and relationships and may be under pressure to begin 'sexting'.

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

Familiarity with the West Dunbartonshire Child Protection Committee guidance on Child Protection, Internet and New Technology Multi-Agency Guidance is essential.

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

The Child Exploitation and Online Protection Centre (CEOP)[33] is also a reliable source of advice and information.

Staff and carers should be aware of web sites that offer support or information to young people on issues of sex, sexuality and sexual health. Young people should be provided with opportunities to view such information in privacy if they wish.

Staff and carers will be provided with training and support and supervision on these issues. They also have a responsibility to request assistance when required

## **11.4** Working with those who have been Abused and/or Sexually Assaulted

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

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

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

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

If the abuse is historical in nature, staff and carers should discuss with the young person how the matter should be dealt with. This information should be immediately passed on to the young person's social worker. Although the young person may not be at immediate risk the information may have implications for other children. If the young person has been recently abused or assaulted, staff and carers should immediately contact the young person's social worker, the duty social worker or Glasgow and Partners Social Work Emergency Service. In such circumstances speedy action is crucial in terms of gathering potential evidence and for obtaining emergency contraception, if required. Depending on the nature of the information, social work will make a decision as to how the matter will be progressed.

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

**Best Practice**

Staff and carers will need to address their own feelings, views and attitudes about sexual abuse, rape and sexual assault and should have access to appropriate support and agencies when dealing with this complex issue.

Supporting a young person who has disclosed abuse should be a planned piece of work undertaken by those who have experience in this work and must always be supported by supervision, training, information and advice. More specialised or additional support must also be incorporated into the young persons care plan.

Staff and carers should know where to get information about the range of services that can offer support. If a young person aged 13 or over has been assaulted within the last week immediate support and forensic evidence is gathered through the NHSGGC Archway service.

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

Staff and carers will ensure that the young person's information is kept confidential from other young people and supported to understand the importance of sharing information in a way that protects them.

### **11.5** Sexual Exploitation

A number of high profile cases of sexual exploitation of children & young people have consistently highlighted children living in care as affected by or at risk of sexual exploitation. Due to this known risk and in line with the requirements of the West Dunbartonshire Childhood Sexual Exploitation Strategy, preventative relationships and sexual health work is vital for children who are looked after. Sexual exploitation can take many forms e.g. participating in a range of sexual activity for material or emotional rewards e.g. money, gifts, drugs, accommodation or even affection. Threats of violence or coercion can also be a tactic used with young people also susceptible to involvement in street prostitution[34].

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

Young people who are sexually exploited do not usually become involved by choice, but for a variety of complex reasons. Young people who are looked after are particularly vulnerable to sexual exploitation due to their care backgrounds[35]

Some may have experienced childhood sexual abuse whilst others have so low self-confidence that they are unable to understand or safely negotiate personal relationships. Young people living in children's units are particularly vulnerable as residential units can be targeted by perpetrators and young people themselves can encourage others to become involved in behaviour that is sexually exploitative.[36]. Young people involved in prostitution are regarded as ‘children in need'. They must be cared for as victims of abuse and in need of protection.

Given the particular vulnerabilities of looked after and accommodated young people to sexual exploitation, it is vital that, to support prevention work takes place with all young people who are looked after and accommodated around sexual health and relationship issues. This need is even more pressing for the most vulnerable young people. Their vulnerability or past abuse should not be used as a reason as to why this work should not be carried out. Staff and carers need to be aware of what young people are doing in their spare time and who they are associating with. They need to be alert to a young person being particularly secretive about their whereabouts, any changes in their demeanour or in the appearance of unexplained monies, clothing. For those young people who are, or may be, being exploited, staff and carers need to create safe, supportive and non-judgemental environments to encourage trust and enable young people to speak openly about their experiences. Support and advice around health and personal risks should also be offered.

**Best Practice**

Through training, support and supervision, staff and carers need to be able to address their own feelings, views and attitudes about sexually exploitative behaviour. They should be able to access specialist support services as required.

Staff and carers will raise young people's awareness of the need to keep themselves safe from abuse and exploitation and to assist them with developing strategies to keep themselves safe. The youngpeople@sandyford site has a useful section of sexual exploitation which may help with these discussions.

Young people need to develop an understanding that relationships should be caring, respectful and sensitive with appropriate boundaries.

For those young people who have been exploited staff and carers will offer understanding and support, to help them explore and deal with their experiences. Young people may benefit from a range of services including advice and counselling for harm minimisation, health promotion and advice on STIs including HIV.

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

## **11.6** Female Genital Mutilation

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

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

The West Dunbartonshire Child protection committee 2014 Female Genital Mutilation Multi-Agency Practice Guidance for Staff[37] is a useful local source of reference in relation to this topic. .

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

**Best Practice**

Staff and carers need to be aware that young women from countries where FGM is practised may have had FGM performed on them in their country of origin or that their birth families may wish to arrange FGM.

Staff and carers will be alert to signs of FGM such as discomfort or longer than usual time spent passing urine. Where FGM has occurred staff and carers will arrange appropriate medical and emotional health care.

Staff will work sensitively with families to explain the legal position around FGM. If a child protection intervention has occurred the young person may be isolated from their communities and families if they refuse to undergo FGM. Staff and carers will work with families to ensure young women do not become estranged.

## **11.7** Young People who Demonstrate Sexually Problematic Behaviour

Some young people may display problematic sexual behaviour towards other young people and adults. Sexually problematic behaviour can be range from masturbating in public, sexually aggressive language through to inappropriate touching and sexual offending. Such behaviours require be identifying early, properly assessing and appropriate interventions identified.

A young person with problematic sexual behaviours should not immediately be labelled as a perpetrator, but rather the problematic behaviours require to be assessed within a context of the young person's experiences and environment. Some young people may have been the victim of sexual abuse and require appropriate supports that acknowledge their own abuse experiences.

Young people with problematic sexual behaviours should be encouraged towards healthier sexual attitudes and practices and should receive the same sexual health and relationship education as others. Support should form an integral part of the young person's care plan, delivered in a supportive environment.

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

**Best Practice**

All problematic sexual behaviour will be challenged.

Staff and carers have a responsibility to ensure that young people who exhibit problematic sexual behaviour access appropriate support.

Any need for specialised support must be included in the young person's care plan.

Where specialised work is required, staff and carers must receive support and training in working with the young person to implement the care plan.

Whilst problematic sexual behaviour is not acceptable and requires to be addressed, staff and carers will work within the principles of rejecting the behaviour and not the young person.

## Appendix 1 Scenarios

### STIs

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

### Best Practice

- Support the young person to access medical help and to do this in a professional and non-judgmental way. See *Sexually Transmitted Infections (STIs)* for more information and refer to *Appendix 2 Specialist Services and Resources*

- Use the situation as a prompt to discuss sexual health, relationships and contraception. See *Managing Sexual Health Issues in a Care Setting and Contraception and Protection*

### Masturbation

Kyle (14) has been rubbing his genitals when watching TV in the living room with other children. You have also overheard him talking loudly with younger children about what he's doing. Some of the staff have complained about towels being out in the laundry room that are really crusty and smell bad.

### Best Practice

- Speak to Kyle about his behaviour in the public areas of the house. Let him know that masturbating is normal for boys and girls when they've started to go through puberty see the section on *Masturbation.*

- However that it should only happen in a private place, not in a public space, for example, in his room when no-one else is there or the bathroom with the door locked. Also let him know that you don't talk to other children about masturbating because it is private.

- Is his behaviour coercive towards the younger children? Speak to the rest of the team about this

- Try and find out what is causing the attention seeking behaviour. Does he need more information about what 'normal' in puberty? Is anything else going on?

## CSE

A young woman you are working with is causing concern as she disappears at the weekends and is very secretive when she comes back about where she has been and who she has been with. She is often hung over or her mood appears very low, her general appearance is unkempt and dirty and sometimes she has bruises. She tells you she has been drinking with friends, and explains the bruises as having been fighting when she was drunk. This week she has appeared with a new mobile phone which she tells you her boyfriend bought her, you have never heard her talking about a boyfriend before.

### Best Practice

- Re Concerns about her general wellbeing and use of alcohol and possible exploitation See section on *Sexual Exploitation*
- In a supportive and non-judgemental way, encourage her to talk to you about who she's spending her time with and how they spend their time together.

- Talk with the young woman's social worker about your concerns and with your own supervising worker

## Contraception

Caitlin (15) has not been herself lately and you take the opportunity for a chat when it is quiet in the house. She tells you that she had sex with one of her friends that she fancies and that she sometimes gets together with, though he doesn't want to be her boyfriend. He used a condom but she says he doesn't like condoms and she's worried he won't wear one again but she doesn't want to get pregnant. She says lots of her friends have the implant and have told her she should get one but she's heard you just bleed like you've got your period the whole time. She asks what she should do.

### Best Practice

- Praise her for wanting to take responsibility for not getting pregnant and for sharing her worries with you.

- Let her know there are lots of different types of contraception and the one that her friends use might not be right for her. Suggest you look at the information on the NHSGGC Sandyford website together. See also the section *Contraception and Protection.*

- While you are looking at the information, talk with her about what she does and doesn't want from this situation with the friend, because it sounds like he is calling the shots. How does she feel about it? It sounds like she would prefer to be in a relationship rather than just having sex sometimes.
  The youngpeople@sandyford website has a section on healthy relationships and on being ready for Sex. These might help the discussion.

### Considerations

- Who is the friend she has sex with?
- How old is he?
- She is putting his needs/ enjoyment before hers. Is there any coercive behaviour from him?

## Healthy Relationships

At work you notice some of the young people looking at their phones and laughing. When you ask what they are laughing at, they show you a picture of a girl they all know from school posing topless. When you asked how they got it they tell you that her boyfriend sent it around after she cheated on him. They are all saying it's her own fault for being a slut and for cheating on her boyfriend, who is a good guy.

## Best Practice

- Use the opportunity to discuss what respectful behaviour in relationships looks like:

- If the girl had sent that picture to only her boyfriend, was it fair of him to make it public?

- Why do they think her cheating on him makes that ok?

- Is he really a 'good guy' if he disrespects her like that?

- Do they think that boys are 'sluts' if they cheat on someone? Are there different rules for boys and girls? Why is that? Is that fair?

- How would they feel if a boyfriend/girlfriend of theirs shared a private picture of them in public?

- Is it really common for boyfriends/girlfriends to share nude selfies? How do people know they can trust the other person to keep their private messages private?

- Is trust part of what makes a relationship good/healthy?

- What other things are important?

- Make sure they know that, legally, this is classed as being in possession of child pornography. see *Pornography*

## Additional information/considerations

- If a picture of one of the young people is circulating on social media, efforts need to be targeted towards removing it. This can be done by using the reporting mechanism on the specific site and/or by reporting it via The Internet Watch Foundation. ChildLine can be a useful 'go to' for more specialist support.

- Legal implications will be present if the young person is under 18 as the picture will be classed as child pornography.

- It is an offence for any person to possess, publish, take, make or distribute indecent pictures of a child under the age of 18.

- Refer to the section on *Internet Safety/Social Media* or for specific legal information see or for more detail see Appendix 6 Sexual *Offences Act: (2009)*

## Sexual orientation

Naasra (14) has been with you for a year. She has told you that she shared a kiss with Kira (15) when they met at a party and have been messaging each other since then. Naasra is confused – she says she doesn't want to be a lesbian but can't stop thinking about Kira.

### Best Practice

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

## Sexual Orientation

One of the boys you are working with has told you and everyone else that he is gay and is happy with that. Most of the young people including him use the term 'gay' to mean substandard or rubbish, but no one complains that it is offending them. He has met another boy in school who is also gay that he hangs about with him, and it seems to have led to them meeting lots of other gay friends as he is out a lot. Recently you have noticed a change in him, he is wearing new clothes and talking about going to Glasgow to socialise, as he feels the local gay scene is non- existent. Sometimes he gets dropped off in flashy cars driven by men a few years older than him, and when you ask who these people are he says they are friends but is vague about where he met them or where he goes when he is in Glasgow.

### Best Practice

- Refer to the section on *Sexual Orientation*

- Re concerns about his general wellbeing and possible exploitation refer to *Sexual Exploitation*

- In a supportive and non-judgemental way, encourage him to talk to you about who he's spending his time with and how they spend their time together.

- Talk with the young man's social worker about your concerns and with your own supervising worker

- When immediate concerns have been dealt with, discuss with your colleagues the need to consistently challenge some of the language used by young people re Sexual orientation.

## Pregnancy

Ellie is 14 and has been in a stable long- term placement with you for 5 years. She tells you that she had sex with her boyfriend (16). They didn't use protection as they didn't have condoms to hand. She now thinks she is pregnant as her period is late. Her exams are coming up this year; she wants to study further and, if pregnant, wants to have an abortion.

### Best Practice:

- Praise her for taking responsibility by coming to speak to you about this, and for her ambition to continue in education.

- Time is really important when considering pregnancy options, so it's important to establish whether or not she is pregnant as soon as possible. Support her to get a pregnancy test – at her GP, Sandyford clinic or bought from a pharmacy or supermarket.

- If she is pregnant, she will benefit from both emotional support and practical support. She has said she wants to have an abortion, and she has the right to consent to that herself, but it is important that she has been supported to access information about all her options and to think about/discuss these, so that it is an informed decision.

- Inform supervising worker

- Inform Ellie's social worker

- If staff/carers feel unable to offer unbiased support and information about abortion they should make sure she gets this from a colleague or the LAC nurse. It is important that this is done quickly so that she is not delayed in the process. If she wants to go ahead with an abortion it is best practice for her to be able to have this under 9 weeks gestation and the first day of pregnancy is counted from the first day of her last period, so time is important See section *Termination* of *Pregnancy* for more details and referral information to TOPAR

- If she is not pregnant, she should also be encouraged to be screened for STIs.

- Staff and carers should use this as an opportunity to talk to her about her sexual activity and delay, emotions and relationships, the safest methods to protect against future unplanned conceptions and STI etc.

- See *Sexually Transmitted Infections (STIs)*

## Sexual assault

A young person in the house is 18 years of age but developmentally a lot younger and very vulnerable. He has a family history of lack of awareness around appropriate sexual boundaries and possible inappropriate sexual contact with his younger sister in the past. He has become very friendly with two other boys in the house aged 14 and 15 and they are constantly "play fighting" and clearly all three are getting sexually aroused whilst interacting in this way and seem unable to listen to staff asking them to stop.

## Best Practice

- When they have calmed down, take some time with each of the boys, separately, to explain what appropriate boundaries are around physical contact.
- Be clear that this is not appropriate because they are being sexually aroused by the play fighting.
- Prioritise working with the 18 year old; review what Relationships and sexual health education he has previously had and put a programme of learning in place for him that is very clear about the rules around appropriate touch from and towards him.
- Seek support from supervising worker and appropriate support services
- Inform each of the young men's social workers
- See section *Young People who Demonstrate Sexually Problematic Behaviour*

## Considerations

- The 18 year old is at risk of committing a sexual offence through lack of understanding of appropriate behaviour.
- Do the 14 and 15 year old have developmental delays?
- Are there concerns about manipulative behaviour from the two younger boys?
- Do the staff team need to re-consider how they manage the different levels of vulnerability in the house?

## Appendix 2 Specialist Services and Resources

**1.** WDHSCP Services

Looked after and Accommodated Children's (LAC) Nurse
Vale of Leven Hospital, Alexandria
G83 0UA
01389 817
339 http://www.wdhscp.org.uk/children/
WDLACHealthTeam@ggc.scot.nhs.uk

Child and Adolescent Mental Health Services (CAMHS)
Acorn Centre, Vale of Leven Hospital, Alexandria, G83 OUA
01389 754121
http://www.wdhscp.org.uk/children/

CEDAR Project (Children Experiencing Domestic Abuse Recovery)
For more information call the Project Co-ordinator on 0141 562 8870.
www.west dunbarton.gov.uk/emergencies-safety-crime/domestic-abuse/help-for-children-and-young-people/

CARA (Challenging and Responding to Abuse) Counselling for children & young people who are affected by or experiencing domestic abuse.
Children and Young People's Service call 01389 738664
Women's Service call 01389 738595 or 01389 738278
www.west-dunbarton.gov.uk/emergencies-safety-crime/domestic-abuse/help-for-children-and-young-people/

**2.** NHSGGC Specialist Sexual Health Services (Sandyford) - available to all West Dunbartonshire residents, some are locally provided.

All services are available to women, men and young people, of all sexual orientations. They offer information, advice and services relating to sexual, reproductive and emotional issues. Young people's drop in services are available at all centres

Sandyford Central
2-6 Sandyford Place
Glasgow,G3 7NB
0141 211 8130
www.sandyford.org

Sandyford West Dunbartonshire
Ground Floor, Old Maternity Block
Vale of Leven Hospital, Alexandria
G83 0UA , 0141 211 8130
www.sandyford.org

Sandyford Clydebank
Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ
0141 211 8130
www.sandyford.org

NHSGGC Free Condoms Service
0141 232
8444 www.freecondomsinglasgowandclyde.org

Sandyford Counselling and Support Services
0141 211 6700
www.sandyford.org

Sandyford Transgender Services (Gender Identity Services)
0141 211 8137
Patients can self-refer or be referred by their GP or hospital doctor. All visits are by appointment only.

Steve Retson Project @ Sandyford
0141 211 8628
A sexual health service for gay men in central Glasgow available every Monday-Thursday. www.steveretsonproject.org.uk/

Brownlee Centre
0141 211 1089
Confidential Testing and treatment for HIV and other Blood Borne Viruses
Gartnavel General Hospital
Glasgow
http://brownleehiv.org/

NHS The Archway: Sexual Assault Referral Centre
0141 211 8175
Support for those who have experienced rape or sexual assault.
http://archway.sandyford.org/

**3.** Other NHSGGC or National Health Services

NHSGGCGP Services
For more information on the 17 GP Practices in West Dunbartonshire go to: www.wdhscp.org.uk/other-local-services/

NHSGGCGP Out of Hours GP service
call NHS 24 first on
111 www.nhsggc.org.uk/services/out-of-hours-gp-service/

NHS 24
Confidential telephone health advice and information service.
Call NHS 24 on 111 www.nhs24.com

Emergency Contraception
Emergency contraception is available free at every pharmacy (chemist) in West Dunbartonshire. It is also available within Sandyford during opening hours
www.wdhscp.org.uk/other-local-services/

NHSGGC Maternity Services
Single booking line for all NHSGGC maternity services
0141 232 4005

NHSGGC Special needs in Pregnancy Services (SNIPS)
Available at all NHSGGC maternity sites including the Vale of Leven Hospital provided with social work services

## 4. Other Local Services in West Dunbartonshire

WDC Education Central Support Service supports the educational attainment and achievement of children identified as having additional support needs and requiring targeted support.

0141 562 2492

Women's Aid
Clydebank 0141 952 8118 www.clydebankwomensaid.co.uk

collective@clydebankwa.org

Dumbarton District 01389 751036 www.ddwa.org.uk

info@ddwa.org.uk

Y Sortit
Youth information and support network for 12 – 25 year olds.
0141 941 3308
www.ysortit.com

## 5. National Helplines

Main ChildLine helpline
0800 1111.
available 24 hours, 365 days a year
www.childline.org.uk
Live chat also available

Text phone Minicom service available
0800 400 222.
Monday to Friday 9.30am - 9.30pm Saturday – Sunday 9.30am - 8pm

ChildLine Scotland – 'The Line'
0800 884444.
Free help line for children living in care.
Monday to Friday 3.30pm – 9.30pm
Saturday – Sunday 2.00pm – 8.00pm

FRANK helpline
0300 1236600
SMS 82111
Available 365 days a year, 24 hours a day.
Information and advice about drugs and local services
www.talktofrank.com
Live chat also available

LGBT Youthline
0845 113 0005.
www.lgbtyouth.org.uk
Information, advice and support for young people

National AIDS & Sexual Health Line
0800 567 123
A 24-hour, free and confidential telephone service

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

SupportLine
0208 554 9004
Confidential, emotional support for children and adults by telephone and email. info@supportline.org.uk

## 6. Useful Websites

For staff and carers

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

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

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

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

For young people

Be Books
For Young People aged 13-15
www.bebooksonline.co.uk

NHSGGC Stop Smoking Support
www.nhsggcsmokefree.org.uk
0800 848484
https://www.facebook.com/nhsggcsmokefreeservices/
@sfs_ggc

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

Kidscape
Advice on keeping safe from abuse for young people.
www.kidscape.org.uk

need2know
Whatever young people need to know, it's all here.
www.need2know.co.uk

Sexual Health Scotland
Guide and Information on sexual health services in Scotland
www.sexualhealthscotland.co.uk/
0800 22 44 88

## 7. Additional Sources of Information

Centre for Looked After Children in Scotland (CELCIS)
www.celcis.org/
0141 444 8500
celcis@strath.ac.uk

NHS Health Scotland Library Service.
www.healthscotland.scot
nhs.healthcotland-knowledge@nhs.net

NHSGGC Public Education and Resource Library (PERL)
0141 201 4915
PERL@ggc.scot.nhs.uk
www.phrd.scot.nhs.uk

## Appendix 3 Local Consultation

The process of developing the original guidance in 2010 began with a series of consultation events with staff working with looked after and accommodated children & young people across West Dunbartonshire to ascertain their views and experiences on practice in relation to these issues.

Staff reported that for young people:

- There are very specific needs tied up in their often already distorted experience of relationships and in the experience of being looked after.
- This includes distorted boundaries in relationships, peer pressure to be sexually active, poor basic knowledge of sexual health, a lack of concern for their own wellbeing, becoming pregnant to feel loved and seek affection from others and uncertainty about confidentiality.
- That the current and continuing highly sexualised media and culture and the widespread ease of access to and use of pornography boundaries including sexual boundaries for looked after young people can be especially damaged.
- There is a need for unambiguous appropriate guidance and information and positive role models of appropriate behaviour in the absence of their parents.
- There is a need to have easy access to local sexual health services.

Therefore staff identified:-

- A crucial role for themselves in providing accurate information and guidance.
- That training on sexual health and relationships to enhance their skills and confidence in this area would be welcomed.
- That clear well defined guidance across WDHSCP services would be useful in progressing this work.
- That the sexual health services provided by NHSGGC Sandyford services and the WDHSCP looked after children (LAC) nurse offer an opportunity for looked after young people to have improved access to clinical services.

Additional consultation in 2016 with the local LAC youth forum confirmed that:-

- Support and guidance from staff and carers around sexual health and wellbeing would continue to be welcomed.
- The support received from staff complemented what they received from other sources such as at school.
- Support to enable them to build healthy relationships in the future would be valued.

Staff consultation in 2016 concluded that staff appreciated the depth of information available in this document as a useful resource after they had accessed training.

Two specific suggestions were made for the 2016 edition of this document which have been incorporated.

- Firstly the inclusion of scenarios to help prompt staff discussion.
- Secondly that key sections are highlighted reflecting the age and stage of child development from early years to secondary school age for ease of reference.

## Appendix 4 Policy Mapping

**Scotland's National Action Plan to Prevent and Tackle Child Sexual Exploitation Update (2016**). This action plan highlights the need to build the knowledge, skills and resilience of young people and especially vulnerable groups to make safe and healthy choices about relationships and sexual health. This will help them to avoid situations that put them at risk and help them to identify who to turn to if they need advice and support. Available at www.gov.scot/Resource/0049/00497283.pdf

**Pregnancy and Parenthood in Young People 2016-2026 Strategy (2016).**
This strategy highlights that young people who are looked after can be vulnerable and as such can be at a higher risk of early pregnancy, however the strategy also emphasises that consistent delivery of RSHPE can be a protective factor. Available at www.gov.scot/Publications/2016/03/5858/downloads

**Getting it Right for Looked after Children & young people (2015).**
This strategy focuses on early engagement, early permanence and improving the quality of care. It aims to provide better support matched to each child's needs. It reaffirms the need for sexual health and wellbeing components to be included as an integral part of looked after children health assessments given the often poorer health and wellbeing outcomes experienced. Available at www.gov.scot/Publications/2015/11/2344

**Sexual Health and Blood Borne Virus Framework 2015-2020 Update (2015)**
This framework emphasises the importance of RSHPE and the connected issues of child sexual exploitation, coercion, gender-based violence and healthy relationships and the need to inform and educate children on these important topics, particularly in relation to younger and vulnerable children (including looked-after children) available at www.gov.scot/Publications/2015/09/5740

**Conduct of Relationships, Sexual Health and Parenthood Education (RSHPE) in Schools (2014)** emphasises that the principles included are equally relevant to informal education activity or information (oral or written) delivered to children & young people in non-school settings by educators including residential care staff. Available at www.gov.scot/Resource/0046/00465948.pdf

**Guidance on Health Assessments for Looked after Children & young people in Scotland (2014)** describes the age appropriate recommended content of the comprehensive health assessment for looked after children and young people. This includes enabling primary school aged children to cope with the physical and emotional changes associated with puberty. For Secondary school aged pupils the health check should include assessing the young person's understanding of relationships and sexual health and the particular risks of early sexual activity. Available at www.gov.scot/Publications/2014/05/9977

**Equality Act (2010)**
The Equality Act 2010 brings together a number of existing laws into one place. It sets out the personal characteristics that are protected by the law and the behaviour that is unlawful. More information on the Act is available at www.equalityhumanrights.com

Legislation is around protected characteristics which are listed below:

- Age
- Disability including HIV diagnosis
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual Orientation

**Curriculum for Excellence, Experiences and Outcomes (2009**) describes the expectations for learning and progression in RHSPE: i.e. that learners develop an understanding of how to maintain positive relationships with a variety of people and are aware of how feelings, attitudes, values and beliefs can influence decisions about relationships, and sexual health. Available at https://education.gov.scot/scottish-education-system/policy-for-scottish-education/policy-drivers/cfe-(building-from-the-statement-appendix-incl-btc1-5)/Experiences%20and%20outcomes#hwb

**Respect & Responsibility Sexual Health Outcomes 2008-2011 (2008**) states that young people not in school, and those who are looked after or accommodated are prioritised for the provision of sex and relationships education and one to one support by service providers. Available at www.gov.scot/Resource/Doc/924/0079236.pdf

**Count us in: Improving the education of our looked after children (2008)** emphasises that responsibilities for education staff in providing access to health checks and RSHPE programmes which looked after children may have missed due to changes in placements and schools. The importance of including the needs of kinship carers is also highlighted. Available at http://files.eric.ed.gov/fulltext/ED537930.pdf

**Looked After Children & Young People: we can and must do better (2007)** This states that supports from statutory services to ensure high quality sex and relationships education will be prioritised for looked after children. Available at www.gov.scot/resource/doc/162790/0044282.pdf

**Extraordinary Lives (2006)** highlights the need to recognise sexually harmful behaviour and provide the specialist support that may help the child or young person to stop and keep others safe. Available at www.gov.scot/resource/doc/162790/0044282.pdf

**Respect & Responsibility (2005)** states that high quality, comprehensive and appropriate sex and relationships education which is consistent with national guidance is delivered in school and other settings, to vulnerable young people including looked after young people. Available at www.gov.scot/Publications/2005/01/20603/content

## Appendix 5 Evidence, Research and Statistics

The sexual health of young people across Scotland including West Dunbartonshire remains among the poorest in Western Europe[38] [39].

The most recent summary of views of the experiences of young people and parents[40] across the NHSGGC area including West Dunbartonshire highlights that:

- There are issues relating to the impact of digital lives and sexting, with a lack of awareness about the law and sexting.

- There is concern that a percentage of heterosexual anal sex for young people aged sixteen to twenty four is not consensual.

- There is a need to ensure that parental and carer support for boys of upper primary school age about Relationships, sexual health and parenthood education (RSHPE) is available.

The 2015[41] Scottish national report of health behaviour in school aged children from data from 2014, reported that by the age of 15, 27% of girls had had sexual intercourse and 24% of boys. This is lower than the previous figures from 2010 and is similar to the figures from 1990 when the first survey results were published.

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

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

The circumstances in which young people who have sex under the age of 16 are often very poor, usually involving some form of peer pressure from partners of friends, alcohol or drug use, and having had no or limited discussion with important adults in their life on relationships and sexual health. Many young people who have sexual experiences at such a young age subsequently regret their experience[42].

At the same time young people are growing up in a media culture that is increasingly sexualised and which sexualises children and adolescence[43] [44].

Therefore it is not surprising that Scotland, in line with the rest of the UK, has the highest number of teenage pregnancies in Western Europe and the third highest rate in economically rich countries[45]. The figures for pregnancies in 2015 for women under the age of 20 show that West Dunbartonshire has a rate of 36.5 per 1000 population which is above the Scottish average of 32.4 per 1000 population[46].

The 2015 data from Health Protection Scotland shows that [47]young people, particularly women aged under 25 are the group most at risk of being diagnosed with an STI. It is therefore important that adults provide the appropriate information, learning opportunities and guidance to children & young people as they grow up.

Research across the UK shows that whilst children & young people who are looked after and accommodated are identified as having a range of complex health needs, they can experience more disadvantage than their peers in accessing universal and specialist health services[48]. Many looked after and accommodated children have histories of sexual, physical and emotional abuse, contributing to distorted understandings of personal relationships and sex. They can sometimes view sexual activity as a way of receiving love and affection.[49]

Many looked after and accommodated children lack the personal skills and self-confidence to access information and manage healthy personal relationships. Disrupted schooling is a particular feature of the lives of looked after and accommodated children and can lead to significant gaps in schools based RHSPE.[50]

Looked after and accommodated children are less likely than their peers to acquire information, support and guidance from parents and carers.[51]
Both young women and men with experience of care are more likely to become parents earlier than their peers without a history of care[52] [53]. Significant numbers of those involved in prostitution and /or victims of sexual exploitation have previously been looked after and accommodated children[54].

Looked after and accommodated children who are lesbian, gay or bisexual (LGB) are vulnerable to homophobic bullying by their peers whilst accommodated.[55]

## Appendix 6 Sexual Offences Act: (2009)

Part One of the Sexual Offences (Scotland) Act 2009 created statutory offences of rape, sexual assault by penetration, sexual assault, sexual coercion, coercing a person to be present during sexual activity, coercing a person to look at an image of sexual activity, communicating indecently, sexual exposure, voyeurism and administering a substance for a sexual purpose. These offences are committed when a person engages in any such conduct without the other person's consent, and without any reasonable belief that the other person consented.

Part Two of the Act provides for a statutory definition of consent as "free agreement", supplemented with a non-exhaustive list of circumstances in which consent can never be present. It provides that consent to conduct does not in and of itself constitute consent to any other conduct, and that consent may be withdrawn at any time.

Part Three of the Act makes provision regarding the capacity of persons with a mental disorder to consent to conduct.

Part Four of the Act provides for "protective offences" which address predatory sexual behaviour towards children. The Bill maintains the age of consent at 16. It provides that sexual activity of any kind between adults and children under the age of 16 is unlawful. Separate 'protective' offences are provided for in respect of sexual activity with young children (under the age of 13) and older children (from age 13 to age 15). It further provides that sexual intercourse and oral sex between under-16s remains unlawful.

Part Five of the Act provides for offences concerning sexual abuse of trust. The Act provides that it shall be an offence for a person in a position of trust over a child under the age of 18 or a person with a mental disorder to engage in sexual activity with that child or person.

For more Information and background on the Sexual Offences Act: (2009) please go to http://www.womenssupportproject.co.uk/userfiles/Outline-guide-to-SOSA-2009-Nov-2010-_2_.pdf

# Appendix 7 References


[1] West Dunbartonshire Community Planning Partnership. *Corporate Parenting Plan 2015, (2015)* available from www.wdcpp.org.uk (accessed 7th July 2016).

[2] West Dunbartonshire Community Planning Partnership. *West Dunbartonshire Integrated Children's Services Plan 2015 – 2018 (2015)* available from www.wdhscp.org.uk (accessed 7th July 2016).

[3] West Dunbartonshire Health and Social Care Partnership. *WDHSCP Strategic Plan 2016-2019 (*2016) available from www.wdhscp.org.uk (accessed 8th August 2016).

[4] Scottish Government *National Guidance for Child Protection in Scotland* (2014) Available from www.gov.scot/Resource/0045/00450733.pdf (accessed 7th July 2016)

[5] Scottish Government *Getting it right for looked after Children and young people Early engagement, early permanence and improving the quality of care* (2015) Available from: http://www.gov.scot/Publications/2015/11/2344/downloads#res489805 (accessed 7th July 2016)

[6] Scottish Government *National guidance Under Age Sexual Activity 2010 National Guidance - Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns.* (2010) Available from http://www.gov.scot/resource/doc/333495/0108880.pdf (accessed 7th July 2016)

[7] Scottish Social Services Council *Codes of Practice 2017* http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers

[8] Scottish Government. *Statutory Guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014.* (2015) Available from http://www.gov.scot/Publications/2015/08/5260 (accessed 7th July 2016)

[9] CELCIS *Throughcare and Aftercare Whole Systems Process* 2016 Available from https://www.celcis.org/files/1914/6470/1754/2016_CELCIS_flow_chart.pdf (accessed 7th July 2016)

[10] Human Rights Act 1998 Available from http://www.legislation.gov.uk/ukpga/1998/42/contents (accessed 7th July 2016)

[11] Scottish Government GIRFEC and Information Sharing Available at http://www.gov.scot/Topics/People/Young-People/gettingitright/information-sharing (accessed 7th July 2016)

[12] Scottish Government 2017 Information on Proposed Children and Young People (Information Sharing) (Scotland) Bill available at http://www.gov.scot/Topics/People/Young-People/gettingitright/information-sharing/cyp-information-sharing-bill-2017 (accessed 11th of July 2017)

[13] National Institute of Clinical Excellence, *Looked-after children and young people (*2013)Available from https://www.nice.org.uk/Guidance/QS31 (accessed 7th July 2016)

[14] The Children (Scotland) Act 1995. available from www.legislation.gov.uk/ukpga/1995/36/contents (accessed 7th July 2016)

[15] Age of Legal Capacity (Scotland) Act, 1991. available from www.legislation.gov.uk/ukpga/1991/50/contents (accessed 7th July 2016)

[16] UN Convention on the Rights of the Child. *UN Convention on the rights of the Child, 1989 - UN General Assembly, Convention on the Rights of the Child, 1989*, United Nations

[17] http://csethesigns.scot/parents/keep-your-child-safe/disability-a-risk-factor

[18]NHS Health Scotland. *WISH – wellbeing and sexual health - The Sexual Health Needs of Young People with Learning Disabilities* 2008 Available from http://www.healthscotland.com/uploads/documents/6140-RegainingTheFocusLD.pdf (accessed 7th July 2016)

[19] Spiegelhalter D. Sex by Numbers: What Statistics Can Tell Us About Sexual Behaviour London, UK: Profile Books. 2015

[20] LGBT Youth Scotland *Life in Scotland for LGBT Young People Health Report* 2013 available from hhttps://www.lgbtyouth.org.uk/files/documents/Life_in_Scotland_for_LGBT_Young_People_Health_Report.pdf (accessed 7th July 2016)

[21] Police Scotland Information on Hate Crime available from http://www.scotland.police.uk/contact-us/hate-crime-and-third-party-reporting/ (accessed 7th July 2016)

[22] NHS Health Scotland WISH – *Wellbeing in Sexual Health, Preventing Teenage Pregnancy: Sexual health interventions targeted at children and young people: a short evidence briefing* 2010 available from http://www.maternal-and-early-years.org.uk/prevention-of-unintended-teenage-pregnancy-and-evidence-informed-guidance (accessed 7th July 2016)

[23]Donaldson and Pilkington *Residential managers' views of the preparedness of residential workers to support children and young people where domestic abuse has featured in their backgrounds – what residential workers need to know* 2012 available from https://www.celcis.org/files/6314/6436/2728/Residential_workers_understanding_impact_of_domestic_abuse.pdf (accessed 7th July 2016)

[24] Scottish Government Report of the Child Protection Audit and Review *"It's everyone's job to make sure I'm alright"* 2002 available from http://www.gov.scot/Resource/Doc/47007/0023992.pdf (accessed 7th July 2016)

[25] Scottish Women's Aid Website. Available from www.scottishwomensaid.org.uk. (accessed 7th July 2016)

[26] Hester, M., Pearson, C., Harwin, N.and Abrahams, HA. (2006) Making an Impact: Children and Domestic Violence, London: Jessica Kingsley.

[27] Stanley,N Miller,P Richardson Foster, H and Thomson.G Children and families experiencing domestic violence: Police and children's social services' responses, 2009, NSPCC,

[28]NHS Health Scotland. *The Place of Abstinence in Sex and Relationships Education in Scotland,* 2006. Available from http://www.healthscotland.com/documents/1183.aspx (accessed 7th July 2016)

[29] Scottish Government (National Guidance - Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns. Available from http://www.gov.scot/resource/doc/333495/0108880.pdf (accessed 7th July 2016)

[30]NHSGGC. *Consultation with Young People on Sexual Health and Relationships in Glasgow 2007*.

[31] NHS National Services Scotland Health Protection Scotland Website available from http://www.hps.scot.nhs.uk/bbvsti/hivandaids.aspx (accessed 7th July 2016)

[32] West Dunbartonshire Child Protection Committee *Child protection, Internet and New technology Multi-Agency Guidance for Staff 2015* available from http://www.wdhscp.org.uk/media/1642/wdcpc-child-protection-internet-and-new-technology-guidance.pdf (accessed 7th July 2016)

[33] National Crime Agency CEOP Command formerly the Child Exploitation and Online Protection Centre website available at https://ceop.police.uk/ (accessed 7th July 2016)

[34] Connell. J & Hart, G An Overview of Male Sex Work in Edinburgh and Glasgow: The Male Sex Work Perspective. MRC Social and Public Health Sciences Unit, Occasional Paper No. *, 2003

[35] Scottish Government *National Action Plan to Prevent and Tackle Child Sexual Exploitation Update* 2016 available from http://www.gov.scot/Resource/0049/00497283.pdf (accessed 7th July 2016)

[36] Lerpiniere, J Hawthorn, M, Smith I, Connelly, G Kendrick A & Welch V *The Sexual Exploitation of Looked After Children in Scotland A scoping study to inform methodology for inspection* 2013 CELCIS available from https://www.celcis.org/knowledge-bank/search-bank/sexual-exploitation-looked-after-children-scotland/ (accessed 7th July 2016)

[37] West Dunbartonshire Child Protection Committee *Female Genital Mutilation Multi-Agency Practice Guidance for Staff* 2014 available from http://www.wdcpc.org.uk/welcome/publications/ (accessed 7th July 2016).

[38] Scottish Government. *Pregnancy and Parenthood in Young People Strategy 2016-2026* (2016) available from http://www.gov.scot/Publications/2016/03/5858 (accessed 7th July 2016).

[39] UNICEF. *An Overview of Child Wellbeing in Rich Countries (2013)* Available from http://www.unicef.org.uk/Images/Campaigns/FINAL_RC11-ENG-LORES-fnl2.pdf (accessed 7th July 2016).

[40] NHSGGC. *Young People Sexual Health& Wellbeing Key Messages 2015* Available from www.sandyford.org/ (Accessed 7th July 2016).

[41] World Health Organization Collaborative Cross-National Study (HBSC) Currie C, Whitehead R, Van der Sluijs W, Currie D, Rhodes G, Neville F and Inchley J *Health Behaviour in School-aged Children: findings from the 2014 HBSC survey in Scotland*. Child and Adolescent Health Research Unit (CAHRU), University of St Andrews (2015) available from http://www.cahru.org/content/03-publications/04-reports/hbsc_nr14_interactive_final.pdf (accessed 7th July 2016).

[42] Fuller E, Clifton S, Field, N , Mercer, C Prah, P, Macdowall, W Mitchell, K Sonnenberg,, P Johnson, A, Wellings, K *Scottish participants in the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) (*2015) available from http://www.natcen.ac.uk/media/997277/NatSal-Scotland.pdf (accessed 7th July 2016).

[43]Zero Tolerance (2013) *Briefing: Sexualisation of young people in the media*. Available from : http://www.zerotolerance.org.uk/sites/all/files/files/SexualisationBriefing_ForDownloadV1.pdf (accessed 7th July 2016)

[44] LGBT Youth Scotland, (2015) *Sexualisation and LGBT Young People in Scotland* available from https://www.lgbtyouth.org.uk/files/documents/Sexualisation_of_LGBT_Young_People-_Report_4.pdf (accessed 7th July 2016)

[45]Scottish Government *Pregnancy and Parenthood in Young People Strategy 2016-2026* (2016) available from http://www.gov.scot/Publications/2016/03/5858/15 (accessed 7th July 2016)

[46]NHS ISD Scotland *Teenage Pregnancy Annual Statistics Year ending 31 December 2016*(2017) available from http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/index.asp?#1948 (accessed 7th July 2017)

[47] Health Protection Scotland *Genital herpes simplex, genital chlamydia and gonorrhoea infection in Scotland: laboratory diagnoses 2005 – 2014* ( 2015) available from http://www.hps.scot.nhs.uk/bbvsti/wrdetail.aspx?id=64242&wrtype=9 (accessed 7th July 2016)

[48] Bebbington, A. And Miles, J. The Background Of Children Who Enter Local Authority Care' British Journal Of Social Work. 19, Pp. 349-368 1989.

[49] Patel-Kanwal, H. And Lenderyou, GF. *Let's Talk About Sex And Relationships: A Policy And Guidance Framework For Working With Children And Young People In Public Care*. London: National Children's Bureau. 1998. Available from http://www.ncb.org.uk/media/229374/talking_about_sex_and_relationships_with_children_and_young_people_in_public_care.pdf (accessed 7th July 2016)

[50] Allen, M. *Into The Mainstream: Care Leavers Entering Work, Education And Training.* Joseph Rowntree Foundation. 2003 available from http://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1842630865.pdf (accessed 7th July 2016)

[51] Residential Care Health Project. Forgotten Children: Addressing The Health Needs And Issues Of Looked After Children And Young People. Edinburgh: Astron 2004

[52] Knight, A., Chase, C & Aggleton, P *Teenage pregnancy among young people in and leaving care: Messages and implications for foster care,* Adoption & Fostering 30(1):58-69; 2006

[53] Chase, E., Warwick, I., Knight, A. and Aggleton, P. Supporting Young Parent: Pregnancy and Parenthood among Young People from Care. London: Jessica Kingsley Publishers 2009

[54] Research Report RR-2013-05 *The Sexual Exploitation of Looked After Children in Scotland A scoping study to inform methodology for inspection* Centre for Excellence for Looked After Children in Scotland (2013) available at http://www.careinspectorate.com/images/documents/108/CELCIS%20SES%20Nov%202013.pdf (accessed 7th July 2016)

[55] LGBT Youth Scotland. Frequently asked questions Available from: https://www.lgbtyouth.org.uk/pro-faqs (accessed 7th July 2016)