

**Sexual Health and Relationships Guidance**

**Final Draft July 09**

**Date guidance approved:**

## Section One: Background and context

### 1.0 Introduction

1.1 Improving young people's sexual health and reducing teenage pregnancy rates has been identified as a priority nationally and locally. Teenage pregnancy rates in England remain the highest in Western Europe and sexually transmitted infections are increasing.

1.2 Sexual health is an important part of young people's personal and social development, and improving young people's sexual health has been included as a key priority within the children and young people's plan. The role of the Integrated Youth Support Worker is to provide accurate information and to enable young people to make informed choices with regard to their sexual health. Workers can play a key role in helping young people develop the confidence and self esteem to resist peer pressure to be sexually active until they feel ready to make safe and responsible choices.

1.3 Research shows that comprehensive sex and relationships education (SRE) which involves organisations and individuals in community settings working alongside school based programmes and sexual health services, can reduce the negative outcomes of sexual activity, including unintended pregnancies and sexually transmitted infections (STIs). SRE can also delay the age at which young people first have sexual intercourse, increase their knowledge, lead to clarification of attitudes and values, and improve the quality of their relationships with partners, family and friends. In addition, in depth research found that a well resourced youth service which is committed to tackling issues such as sexual health and teenage pregnancy is one of the key factors in reducing teenage pregnancy rates.

### 2.0 Teenage Pregnancy in North Yorkshire

2.1 Teenage pregnancy rates in North Yorkshire are lower than the national average and are decreasing. However there are parts of North Yorkshire where the teenage pregnancy rates are higher than the national average. The following wards are in the highest 20% for England, therefore it is essential that staff working in these wards or work with young people from these areas provide enhanced support around sexual health issues.

Castle	Northallerton North
Selby North	North Bay
Woodlands	High Harrogate
Ramshill	Eastfield
Central	Skipton West
Selby South	Filey

2.2 There are a number of risk factors that are associated with early pregnancy and risky sexual behaviour:

- Being the child of a teenage parent or being a teenage parent
- Growing up in poverty areas/areas of high deprivation
- Low education of parents or carers
- Poor levels of educational attainment and/or disengagement from school/poor attendance
- Being in and/or leaving care
- Exposed to inappropriate sexual activities
- Young people who have been sexually abused or exploited
- Low self esteem/poor emotional health and/or self harm
- Inadequate family support including domestic abuse
- Drug and alcohol misuse
- Multiple sexual partners
- Involvement in crime
- A mother with low educational aspirations for her daughter aged 10

2.3 Staff can play an essential role in recognising these risk factors and ensuring the young person receives targeted support.

#### **4.0 Aim of the guidance**

4.1 This guidance is designed to compliment statutory sex and relationships education (SRE) that is delivered in schools and to provide clarification and support to enable Integrated Youth Support Workers to work either:

- Proactively by delivering a targeted SRE programme with specific aims and objectives to a group of young people, or
- Reactively, in response to young people who request advice or support

#### **5.0 Who the guidance is aimed at**

5.1 This guidance is aimed at any professional working with young people. The term "Integrated Youth Support Worker" is a national term used to describe any member of staff working and supporting young people in a formal or informal way. This could include Youth Workers, Integrated Youth Support (IYS) and Targeted Youth Support (TYS) Personal Advisers, Youth Offending Team staff, voluntary sector workers, housing workers etc.

#### **6.0 Support for staff**

##### **6.1 Training:**

All staff working with young people should attend the basic sexual health awareness training and should have been trained in safeguarding. Staff distributing condoms must have completed the condom distribution training in order to be registered on the scheme. Refer to the contact list in appendix 4 to access training.

##### **6.2 Sexual health leads:**

There are sexual health leads for each area youth work team and also in each integrated youth support (IYS) hub who have received additional training and support around sexual health issues. They can offer advice to staff or signpost

to further support as appropriate. The Teenage Pregnancy Strategy Co-ordinator is also available as a source of advice for staff.

### **7.0 Responsibilities of the Integrated Youth Support Worker**

- To ensure that this guidance is complied with in a non-judgemental way
- To act as a responsible role model for young people at all times
- To provide SRE that is inclusive of all young people, addresses the needs of marginalized and vulnerable groups and challenges racism, sexism and other prejudices

### **8.0 Reviewing the Guidance**

The guidance will be reviewed in 18 months

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## **Section two: Role of the Integrated Youth Support Worker**

### **9.0 Providing Sex and Relationships Education (SRE)**

9.1 “Sex and relationships education is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and clarifying attitudes and values” (Sex Education Forum).

9.2 Young people need SRE to be delivered in a secure, trusting environment where they feel comfortable expressing their views and where individual experiences and differences are treated sensitively

9.3 Key messages for young people:

- It's your choice when to have sex, nobody else's
- The majority of young people don't have sex until they're over 16 (Research shows that two thirds of young people wait until they are over 16)
- Wait until you're ready – most people who have sex before 16 regret it later
- You can get free confidential advice about contraception whatever your age – even if you're under 16
- If you are having sex, use contraception and condoms to protect against pregnancy and STIs

9.4 SRE sessions, even if informally delivered should be seen as planned learning opportunities with clearly defined aims and objectives.

9.5 SRE can be delivered in a number of ways. Refer to appendix one for different examples of methods of delivery.

9.6 Good practice:

- Establish a set of ground rules for group based activities - allow young people to feel safe and secure and able to talk confidentially about sensitive issues, honestly and openly without fear of ridicule
- Offer targeted provision, for example single gender groups, specific groups such as gay or lesbian young people
- Challenge racism, sexism, homophobia and other prejudices
- Recognise young people's starting point and respond appropriately.
- Have as a priority the promotion of self esteem and assertiveness
- Provide reliable information thereby empowering young people to make their own decisions
- Ensure working methods and resources reflect inclusiveness and embrace the needs of all young people - be sensitive to the different cultural backgrounds of young people i.e. knowledge or behaviour, their sexuality, culture, literacy or ability

9.7 Evaluating SRE

Clear evaluation methods should be in place to formally record the success of the sessions. Staff should consider:

- Skills – what have young people learned to do?
- Information – what do they know now?
- Attitudes and values – what do they think, feel, believe?
- Did boys and girls engage equally with the activity?
- What do they need to learn next?

### **10.0 Working in a school setting**

10.1 When working in schools, workers should follow the school policy on sex and relationships education. Integrated Youth Support Workers should agree with the school the level of confidentiality they can offer young people and this should be reflected in the school policy. If delivering SRE in a classroom setting, the teacher should always be present.

### **11.0 Working with under 16's: Legal issues**

11.1 The legal age of consent for sex, both heterosexual and homosexual is 16 years old, however sexual health information and support needs to start before this time: some young people are sexually active at a younger age, and all young people have a right to comprehensive, clear and accurate information prior to becoming sexually active.

11.2 Under the sexual offences act 2003, Integrated Youth Support Workers can offer advice and support to young people under the age of 16 if the worker is acting to:

- Protect the child from sexually transmitted infections
- Protect the physical safety of the child
- Prevent the child from becoming pregnant

or

- Promote the child's emotional well-being by the giving of advice provided this is not done for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging the sexual activity.

11.3 When offering advice or providing condoms to a young person, it is good practice to follow the Fraser Guidelines (appendix two) and also to use the assessment criteria in appendix three.

11.4 Staff should be aware of the policy around working with sexually active young people. (NY Safeguarding Board)

### **12.0 Working with under 13's: Legal issues**

12.1 Sexual activity under the age of 13 is classed as statutory rape. However workers can still give advice and signpost to sexual health services. In all cases where the sexually active young person is under the age of 13, a full assessment **must** be undertaken. Each case must be discussed with a nominated safeguarding lead in the organisation. A referral must be made to Children's Social Care and a strategy meeting held.

12.2 Only in specific extenuating circumstances can a decision not to refer be made. This should be following a case discussion with the lead for safeguarding. When a referral is not made, the professional and agency

concerned is fully accountable for the decision and a good standard of record keeping must be made, including the reasons for not making a referral to Children's Social Care.

### **13.0 Confidentiality**

13.1 This issue causes great anxiety for young people and staff alike. It is essential that the boundaries of confidentiality are clearly understood by all staff, parents, children, and young people.

13.2 Many young people are hesitant to approach members of staff for fear of personal information being discussed widely with other professionals without their consent. Bearing this in mind, professionals should be supported by a policy framework that encourages them to uphold the confidentiality of young people except in specific circumstances (see below).

13.3 **The best interests of the young person are paramount** and confidentiality boundaries must be agreed which ensure that young people feel safe and are confident about asking for support. Personal information regarding sex, sexuality and relationships should **not** be shared between staff without the prior knowledge and, wherever possible, the consent of the young person involved. This is fundamental in promoting positive sexual health and relationships education to young people.

13.4 **Personal information about children and young people should only be shared on a 'need to know' basis.** Young people should be informed if and how any information they choose to divulge will be recorded, who will have access to it, and whether it will need to be passed on to other people. Personal information about children and young people remains confidential within the organisation on a need-to know basis unless the young person's consent to share information is obtained. The term "need to know" refers to personal information that is considered essential for staff to share in order to safeguard the well being of the child/young person. It is important that young people are made aware of the organisation's policy and procedures relating to individuals accessing their own files

13.5 Young people under 16, including those under 13 continue to have the same right to confidentiality as adults. **The young person's right to confidentiality should be respected unless a worker believes them to be at risk of significant harm or of harming someone else,** in which case safeguarding policy and procedures should be followed. In these exceptional circumstances, the young person should be informed of why and how their confidentiality will be broken, and the young person should be supported through the process. A disclosure of underage sex is not in itself a reason to breach confidentiality.

13.6 Disclosure of confidential information should always be in the interest of the young person and not that of the member of staff, or to alleviate others' anxieties, fears or concerns.

13.7 Before doing SRE work with groups of young people it is important for workers to negotiate a working agreement that includes an understanding of the level of confidentiality offered within the group.

#### **14.0 Peer education/mystery shopper programmes**

14.1 If peer educators are used to support sex and relationships education they should be given appropriate training, including opportunities to clarify their own attitudes and values.

14.2 Mystery shopper programmes can be set up to assess local sexual health services. Guidance is available for staff on how to set up a programme, including what to cover on the training and what to look for in services. For more information contact the Teenage Pregnancy Strategy Co-ordinator.

#### **15.0 Targeted Support**

15.1 If a young person presents with several of the risk factors outlined in section one you should consider the following interventions:

- Offer information, support and referral to local drugs, alcohol and sexual health services
- Work to raise self esteem and emotional health and well being
- Help young people to develop knowledge, attitudes and skills to manage risk taking, experimentation and exploitation
- Support young people to remain in education, training or employment
- Explore with young people how to develop the skills to negotiate positive relationships
- Ensure young people receive enhanced sex and relationships education
- Ensure pregnant teenagers, young mothers and fathers have early access to appropriate multi-agency support through a lead professional

#### **16.0 Consent from parents/carers**

16.1 There is no legislation that requires workers to seek parents' permission before delivering a session on sexual health and relationships.

However it is good practice to persuade young people to inform parents or carers, and make the information available which they can share and discuss with parents. See appendix five for a sample letter.

#### **17.0 Responding to sensitive questions**

17.1 Integrated Youth Support Workers should establish clear parameters of what is appropriate and inappropriate in a group setting. Ground rules should be developed at the start of the session to enable you to do this.

17.2 Suggested ground rules and distancing techniques:

- Children and young people need to be given preparation, so they will know how to minimise any embarrassment they feel
- No-one (worker or young person) should be expected to answer a personal question
- No-one will be forced to take part in a discussion
- Meanings of words will be explained in a sensible and factual way
- An agreement on the level of confidentiality offered within the group

17.3 If a question is too personal the worker should remind the young person of the ground rules. If a question is too explicit, feels it is too old for a young person, or raises concerns, the worker should acknowledge it and promise to attend to it later on an individual basis. Workers should not be drawn into providing more information than is appropriate to the age of the young person. Where appropriate, other professionals could be invited in to provide follow-up and deal with some of the questions.

### **18.0 Storing and recording information**

18.1 If information is recorded about a young person, for example during condom distribution or if there are safeguarding concerns this information must be stored in a locked cupboard/filing cabinet.

### **19.0 Accepting own limitations**

19.1 Integrated Youth Support Workers are not health professionals. If there are any areas staff are unsure about, they should contact their manager, a member of staff who has been trained in sexual health or a health professional. (With the consent of the young person). If in doubt, check it out.

### **20.0 Use of resources**

20.1 There are a number of resources available to support staff in working with young people around sexual health issues. For up to date recommendations on suitable resources staff should liaise with their identified sexual health lead or the Teenage Pregnancy Strategy Co-ordinator. Check that the resources you choose are appropriate to the needs of the group e.g. language, images, maturity etc.

20.2 Free posters, postcards and credit card sized materials are available that provide information about sexual health and relationships, and advertise local services. Contact the Teenage Pregnancy Strategy Co-ordinator to access these free resources.

### **21.0 Working in partnership**

21.1 Integrated Youth Support Workers are encouraged to work in partnership with local providers of contraceptive and sexual health services. This may be in information sessions for young people, setting up a regular drop in, visits to services or gathering local information from young people to help target resources.

21.2 When working in partnership it is essential that each party understands and works to their agreed protocols, especially when working with under 16s. Young people should be made aware of any differences in the service offered by Integrated Youth Support Workers and health professionals.

### **22.0 Lesbian, gay, bisexual and transgender issues**

22.1 Young people who are lesbian, gay, bisexual or transgender are entitled to the same level of support as any other young person. Staff should offer information, encourage discussion and set up support groups. Homophobia

must be challenged by all workers. Don't assume that all young people are heterosexual – use terms like partner instead of boyfriend & girlfriend.

### **23.0 Disabilities and learning disabilities**

23.1 Young people with disabilities and learning disabilities have the same rights of access to information as other young people. They may however face additional barriers when doing so. It is important that the sexuality of young people with disabilities is acknowledged and that staff must ensure that they are afforded the same rights to access appropriate sexual health information and services. Any information provided will need to take account of an individual's communication strengths and needs.

23.2 In acknowledging that people with disabilities have the right to sexual expression, sex and relationships education will need to include:

- Ensuring young people are aware of appropriate sexual boundaries
- Ensuring young people know how to protect themselves from abuse and exploitation
- Understanding private and public behaviour
- Exploring relationships with both disabled and non-disabled people
- Making choices
- Safeguarding against the risks of sexually transmitted infections, HIV, and unintended pregnancies

23.3 It is equally important to include knowledge, the practising of skills, and exploration of attitudes to help young people with disabilities make positive decisions in their lives.

### **24.0 Cultural issues**

24.1 Sex and relationships education needs to be sensitive to and mindful of different cultures and faiths. Staff will need to be aware of the influence of prejudice, stereotyping and generalisations in relation to different cultures and sexual practices.

### **25.0 Taking a group of young people to visit a local sexual health service**

25.1 A visit to a local service is most effective as part of a wider sex and relationships programme as a way of allaying anxieties and improving early uptake of advice. It is good practice to persuade young people to inform parents or carers if the young people are under 16, and make information available which they can share and discuss with their parents or carers.

### **26.0 Providing information about contraceptive methods**

26.1 Integrated Youth Support Workers can provide young people with information about contraception, sexual health and the importance of using condoms, as part of a broader sex and relationships programme. Workers cannot advise a young person on the suitability of a particular contraceptive method as this is the responsibility of a health professional.

## **27.0 Signposting to sexual health services**

27.1 Staff should encourage young people to access these services and make sure they are confident in accessing any advice they need if the young person is sexually active or likely to become so. It is essential that staff are aware of the services available in their area, including opening times and what is offered so that they can signpost young people when appropriate.

27.2 Young people, including under 16's can get free contraceptive advice and treatment from the following services:

- NHS contraceptive/family planning clinics
- Their own GP
- Another GP by asking to register for contraceptive/family planning services only
- NHS walk in centres
- Some school based services
- Some Genito-Urinary Medicine (GUM)/sexually transmitted infection clinics
- Some pharmacists provide free emergency contraception under NHS arrangements using patient group directions. (It is advisable to phone to check that the trained pharmacist is on duty)
- Emergency contraception can be purchased from pharmacies for young women aged 16 and over

27.3 For an up to date list of services please contact the Teenage Pregnancy Strategy Co-ordinator. If staff are made aware of any negative feedback from young people regarding accessing local services or the treatment they experienced, staff should feed this back to the service and also to the Teenage Pregnancy Strategy Co-ordinator. Staff should also report any gaps in provision or barriers /difficulties in accessing services to the Teenage Pregnancy Strategy Co-ordinator.

## **28.0 Contraception**

28.1 Young people, including under 16's, can get free contraceptive advice and treatment from:

- Family planning/young people's clinics
- Their own GP, although most GPs do not supply condoms
- Another GP by asking to register for contraceptive/family planning service only
- Some pharmacists provide emergency contraception free of charge

28.2 A health professional can give contraceptive advice and treatment to a young person under-16 without parental consent if the health professional is satisfied that the young person is competent to understand fully the implications of any treatment and to make a choice of the treatment proposed. A health professional will assess a young person's level of competence by using the Fraser Guidelines. A health professional could be a practice nurse, GP, school nurse, link nurse for looked after children and young people, the nurse or doctor at the local family planning clinic.

## **29.0 Condom Distribution**

29.1 There are now a wide range of condoms available free of charge through the North Yorkshire and York condom distribution scheme managed by the PCT.

29.2 Integrated Youth Support Workers who have undergone training in the North Yorkshire and York condom distribution scheme may provide young people, including those under 16 with condoms. When giving out condoms, workers should follow the Fraser guidelines and always adhere to the North Yorkshire and York condom distribution policy.

29.3 Single condoms may also be given to under 16s as part of an information session about good sexual health.

## **30.0 Chlamydia Screening**

30.1 National and local figures indicate that approximately 10% of young people tested under the age of 25 have chlamydia. Integrated Youth Support Workers can offer chlamydia screening tests to young people if they have been trained by their local chlamydia screening programme.

30.2 Testing kits could also be available in the toilets to enable young people to access the test confidentially. However a message should be displayed stating that young people under the age of 16 should talk to a member of staff first so that safeguarding issues and health promotion messages are discussed.

30.3 Staff who haven't received training in chlamydia screening should signpost young people who are sexually active to their nearest screening service and encourage young people to access the test. Posters should be displayed in settings highlighting how young people can text a number to receive a screening kit by post.

## **31.0 Emergency Hormonal Contraception (EHC)**

31.1 If a worker is aware that a young person has had unprotected sex they should make sure she is fully aware of emergency contraception and helped to access a local contraceptive service as quickly as possible. Emergency contraception can only be provided by a health professional. The emergency contraception pill can be taken up to 72 hours after unprotected sex but is most effective in the 1<sup>st</sup> 24 hours. An emergency intra-uterine device (coil) can also be fitted up to 5 days after unprotected sex. It is important to emphasise that emergency contraception is for emergency use only. If the young person continues to be sexually active, the worker needs to help them access local services.

## **32.0 Pregnancy testing**

32.1 It is always preferable for pregnancy testing at a youth centre or one stop shop to be provided through partnership working with health professionals. The Integrated Youth Support Worker should also discuss with young people the benefits of involving their parents or carers. However, fear and denial

often deter teenagers from getting an early pregnancy test. As a result, they are more likely to miss ante-natal care and to have late abortions.

32.2 Free pregnancy tests with immediate results are available from:

- Family planning clinics and young people's drop ins
- Some GP's

32.3 If a young person suspects they are pregnant, and they refuse to have a pregnancy test at a local service, the worker might support them in doing a home pregnancy test. There is no legal barrier to this but those responsible must ensure that the Integrated Youth Support Worker is trained to undertake testing and provide appropriate referral to health professionals for ongoing advice and support. Although home tests are reliable, it is strongly recommended to have the result confirmed at a local service.

32.4 If the test result does prove to be negative, a visit to a clinic also provides the opportunity for the young person to discuss future contraception and find a method they are confident to use.

32.5 If the pregnancy test is positive, the first priority is to make sure that the young woman has access to unbiased pregnancy advice on their options of keeping the baby, adoption/fostering or termination of pregnancy (abortion). Whatever the choice the young woman makes, carers and staff should ensure they have the appropriate information to support the young woman to access antenatal care or a NHS funded termination of pregnancy (abortion).

32.6 If the young woman does not want the pregnancy test to be confirmed by a health professional, it is important to ensure discussions continue with the young woman around pregnancy options and/or future contraceptive needs. Staff should encourage the young woman to confirm their pregnancy test by a health professional of their choice.

32.7 At the time of writing this policy, considerations are being made about making pregnancy testing available through youth settings. If approved, training will be made available for staff to enable them to support with pregnancy testing, and only trained staff will be allowed to do this.

### **33.0 Disclosure of pregnancy**

33.1 The Integrated Youth Support Worker should discuss the benefits and possible advantages of informing her parents/carers, father of the child and/or any other trusted adult and encourage their involvement.

33.2 The first priority is to make sure the young person has speedy access to a health professional to obtain clear advice so that they can make an informed decision from a service providing unbiased information on their options of keeping the baby, having the baby adopted or having an abortion. Some pregnancy testing services provide free testing but do not provide non-judgmental information, are anti-choice and opposed to abortion.

33.3 The options available to the young woman are:

- Continuation of the pregnancy, which could include keeping the baby or fostering/adoption
- Termination of pregnancy (abortion)

33.4 For some young women, referral for more in depth pregnancy counselling will also be necessary. However, it is important that all young women have the time and opportunity to discuss their feelings about the pregnancy and be sure that they are making the decision which they feel is right for them. Workers should be aware that a delay in accessing services by the young person extends the term of the pregnancy, which in itself can limit personal choices and decisions about what action can be taken. When possible, support should also be offered to a young man who has a partner who is pregnant.

33.5 A referral checklist is available from the Teenage Pregnancy Strategy Co-ordinator to support staff in signposting to local services.

33.6 Where young men discover that they are to become young fathers, it is important to acknowledge the emotional and social significance of this. They should be offered appropriate information and support.

#### **34.0 Termination of pregnancy (Abortion)**

34.1 NHS funded termination (abortion) services are available from the local Hospital Trust.

Referral for NHS funded terminations (abortions) are via:

- Family Planning/young people's sexual health clinics
- GPs

34.2 All women have the right to a termination of pregnancy (abortion) providing they satisfy the criteria of the Abortion Act of 1967 (as amended by the Human Fertilisation and Embryology Act 1990) which are that: the woman is no more than 24 weeks pregnant, or that her life is in grave danger by continuing the pregnancy, or 'there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped', and that two medical practitioners agree to the abortion.

34.2 However it is worth noting that in North Yorkshire abortions after 12 weeks cannot be done locally, and therefore special arrangements need to be put in place.

34.4 A young woman under-16 may have a termination of pregnancy (abortion) without parental consent if the doctors judge the young woman has the capacity to consent in accordance with the Fraser Guidelines. This would be in circumstances when it is considered to be in the young person's best interests. In such a situation, the termination service would make every effort to help the young woman involve another adult for support.

34.5 Supporting a young woman who requests a termination of pregnancy (abortion) can be difficult and emotive. Staff should be aware of any personal

values or attitudes which may affect this process. It is important that staff are able to seek support and advice from their manager if necessary. However, the young woman's consent should be obtained before specific information is passed on. Termination of pregnancy is not a reason in itself to breach confidentiality.

34.6 It is important that staff provide the young woman with unbiased information and support that is child-centred. A range of unbiased information about pregnancy choices should be offered to the young woman to enable her make an informed decision. It is important that any decision made by the young woman is supported as a positive one by staff.

34.7 Where young men discover that they are potential fathers, it is important to acknowledge the emotional and social significance of this. They should be offered appropriate information and support and, if appropriate, referral to other organisations. A young woman does not need the permission of the baby's father to have an abortion.

34.8 It is important to note that if a young person is referred to an external agency for pregnancy advice and counselling that some organisations have a pro-life stance. It is the responsibility of staff to find out the stance of an external organisation before referring a young person.

### **35.0 Accompanying a young person to a sexual health service**

35.1 If a young person cannot be persuaded to talk to their parents or carers for support, the Integrated Youth Support Worker can accompany a young person to a local service, particularly if they believe a young person is worried about visiting a service. The voluntary nature of the Integrated Youth Support Worker's relationship with the young person may also help in reinforcing the advice or written information from the health professional.

35.2 While accompanying the young person, the worker needs to ensure that the young person can see the health professional on their own so that confidentiality is maintained, unless the young person specifically requests that they are accompanied during the consultation. If the young person is of compulsory school age and the appointment is during school hours, the Integrated Youth Support Worker must follow any school rules on authorisation of absences and if young people are transported to or from local services by Integrated Youth Support Workers in their own vehicles, this needs to be in accordance with local health and safety procedures and they must have appropriate insurance.

### **36.0 Baby think it over dolls**

36.1 "Baby Think it Over Dolls" are used by some agencies to provide an insight into what it is really like to be a parent. They can help to raise awareness of the expense of having a child, and the impact that it can have on their lives. They are a useful tool in engaging with young people, however there is mixed evidence around whether these are effective in reducing teenage pregnancy. Baby Think it Over simulators should only be used as part of a wider sex and relationships programme, and staff should follow the

protocol that has been developed as part of the North Yorkshire Teenage Pregnancy Strategy. (See appendix 6). Sex and relationships education involves acquiring information, developing skills and forming positive beliefs, values and attitudes, so is not just about persuading young people to delay parenthood. (Sex Education Forum, 1999)

### **Section three: Minimum entitlement in young people's settings**

#### **37.0 Integrated youth support hubs**

Hubs are a valuable setting to offer information advice and guidance on sexual health and relationships issues.

The following should be available from each hub:

- Regular displays on sexual health
- Events/displays to coincide with key dates. e.g. sexual health week (August), condom week (May), contraceptive awareness week (February) world aids day (1 December) and times of the year when more pregnancies happen. (e.g. School holidays)
- Information on display advertising local sexual health services
- Staff have knowledge of local sexual health services to enable signposting. e.g. opening hours etc.
- Confidential advice
- Confidentiality policy
- Sexual health leaflets available
- Information and support is available for pregnant teenagers/teenage parents e.g. on care to learn
- Staff are trained in basic sexual health awareness
- Condom distribution (with relevant staff trained and NY&Y condom policy followed)
- Chlamydia screening is available (following roll out of programme)

#### **38.0 Youth Clubs**

- Sex and relationships education – planned sessions and opportunities to respond to adhoc requests for information and/or advice
- Regular displays on sexual health. (If the premises are used by used by other groups, care should be taken in displaying materials that may cause embarrassment or offence to other users).
- Events/displays to coincide with key dates. e.g. sexual health week (August), condom week (May), contraceptive awareness week (February) world aids day (1 December) and times of the year when more pregnancies happen. (e.g. School holidays)
- Information on display advertising local sexual health services
- Staff have knowledge of local sexual health services to enable signposting. e.g. opening hours etc.
- Confidential advice
- Sexual health leaflets available
- Information and support is available for pregnant teenagers/teenage parents e.g. on care to learn

- Staff are trained in basic sexual health awareness
- There is a nominated member of staff to lead on sexual health/teenage pregnancy issues
- Confidentiality policy on display
- Access to or signposting to condom distribution (with relevant staff trained and NY&Y condom policy followed)
- Access to or signposting to chlamydia screening (with relevant staff trained)

**39.0 Detached/Outreach Work (Includes street work, mobile units etc.)**

- Signposting
- Information
- Confidential advice (including confidentiality policy on display)
- Local resources
- Access to or signposting to condom distribution (with relevant staff trained and NY&Y condom policy followed)
- Access to or signposting to chlamydia screening (with relevant staff trained)
- Staff trained in basic sexual health awareness

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## Appendix One: Suggested methods of delivery

(Please note this is not an exhaustive list)

**Art** – includes poster-making, painting and collage, using images from magazines or newspapers. Useful for looking at areas such as sexual stereotyping and body image, or for displaying information. Effective for those with low literacy skills. Helpful in building self-esteem as the art can then be displayed.

**Music** – writing a song, rap lyrics or advertising jingle encourages cooperation and uses a range of skills, such as researching information, discussing attitudes and reaching a consensus. Again there is a tangible result out of the process.

**Drama** – includes role-play, use of puppets and masks. Drama is a useful distancing technique to explore specific situations without revealing too much personal information. Another technique, 'freeze frame', is helpful to promote discussion. This is where the action is 'frozen' and the participants discuss what has happened or will happen. Useful for discussing ideas and building self-confidence.

**Quizzes and questionnaires** – useful for focusing on young people's knowledge or opinions about specific issues. They can also provide an assessment of future learning needs as well as triggering discussion.

**Situation cards/scenarios** – a specific situation is presented, providing a useful lead into discussions about values, attitudes and feelings.

**Flipcharts** – provide a way of recording the thinking during an activity. All comments should be written down otherwise young people may feel they can only make 'acceptable' comments. If this happens some of their views will not be expressed and recorded and can therefore not be addressed.

**Wordstorming** – saying or writing down whatever comes to mind in relation to a word or thought. Helpful in triggering discussion and exploring ideas.

**Visits and trips** – including to sexual health services and clinics.

**Using outside speakers to talk or lead activities** – some areas use young people as peer mentors to promote SRE. It is important for youth workers and young people to prepare for, and properly brief, all visitors so that they understand the values framework within which the service operates.

Reference: Sex Education Forum Factsheet 36. 2006

## **Appendix two: Fraser guidelines**

Professionals should establish that the following criteria are met when giving contraceptive advice:

- Is this young person likely to begin or continue having sex with or without contraception?
- If they don't receive either contraceptive treatment or advice, is their mental or physical health, or both, likely to suffer?
- Is it within their best interests to get some advice or condoms from you?
- Have they understood the information and advice you have given them, including the consequences of their choices?
- Can they be encouraged to talk their parents or guardian about this?

Staff can also use the following form when issuing condoms or as a tool to identify any concerns about relationships

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### Appendix 3: Sample checklist for assessment of a young person when issuing condoms (following relevant training)

Date: .....

1	Name or initials of young person	
2	Age or D.O.B of young person	
3	Are you in a relationship?	Yes / No
4	Age of partner?	
5	Length of relationship?	
6	Is anyone putting you under pressure to have sex?	Yes / No
7	Have you discussed your relationship and the issue of contraception with your parents/carers?	Yes / No
8	If No do you feel it would be possible to do so?	Yes / No
9	Have you been to your GP, School Nurse or Sexual Health Clinic for advice?	Yes / No
10	Would you like me to assist you in accessing these services?	Yes / No
11	Do you know how to use a condom?	Yes / No
12	Does the young person know that it is illegal to have sex under 16?	Yes / No

#### Assessment Criteria – is there evidence of the following?

1.	Are there concerns about the age of the client? The younger the client the more concern there would be about the potential risk of significant harm	Yes / No
2.	An age imbalance between themselves and their partner?	Yes / No
3.	Lack of maturity and understanding	Yes / No
4.	Overt aggression or power imbalance within relationship or other circumstances	Yes / No
5.	Coercion or bribery	Yes / No
6.	Familial child sex offences	Yes / No
7.	Unusual behaviour eg, withdrawn or anxious	Yes / No
8.	The use of substances as a disinhibitor	Yes / No
9.	The use of substances so that he/she is unable to make an informed choice about any activity	Yes / No
10.	Any attempts to secure secrecy of the sexual partner	Yes / No
11.	Whether the child denies, minimises or accepts concerns	Yes / No
12.	Use of methods consistent with grooming	Yes / No
13.	Is the sexual partner known by one of the agencies	Yes / No
14.	Are there any concerns about their living circumstances	Yes / No
15.	Abuse of trust?	Yes / No
16.	Non-consensual sexual offences	Yes / No
17.	Signs of alcohol or substance misuse	Yes / No
18.	Self harm	Yes / No
19.	Anxiety or depression	Yes / No
20.	Physical violence	Yes / No
21.	Threats or suicidal intentions	Yes / No
22.	Neglect (to client or where relevant client's child)	Yes / No

#### Questions to think about if there is more than a 5 year age gap between the young person aged under 18 and their partner:

Are you in touch regularly with your friends?

Do you spend any time at home with your family?

Does your family know about the relationship? Are they happy about it?

Do you feel pressurised to have a sexual relationship?

Does your partner give you gifts?

**If there are concerns regarding any of the above consult with your safeguarding lead within your organisation and follow safeguarding procedures.**

## Appendix four: Local services and websites

For the latest list of sexual health services please contact the Teenage Pregnancy Co-ordinator as details may change. Alternatively visit [www.ruthinking.co.uk](http://www.ruthinking.co.uk) for details and opening times of local services. Most family planning clinics have dedicated sessions for young people. Opening times vary so please phone to check or visit the ruthinking website.

### Craven and Harrogate area

Contact	Address	Telephone number
Trax Integrated Youth Support Hub (Harrogate)	15-17 Station Bridge, Harrogate, HG1 1SP	0845 034 9573
IYS Adviser (Risky Behaviour)	Richard Wilby (Harrogate area) Trax IYS Hub, Harrogate	07791 882867
HQ Integrated Youth Support Hub (Craven)	Navigation House, Belmont Bridge, Skipton, BD23 1RL	0845 034 9572
4Youth Sexual Health Lead (Craven)	Lisa Davies-Varnier Skipton Youth Centre	01609 533953
4Youth Sexual Health Leads (Harrogate)	Julie Spink	07792 680803
4Youth Sexual Health Leads (Ripon)	Sylvia Mooney/Stef Pickard Ripon Youth Centre	01609 533935
Craven School Nurse Team	Skipton General Hospital	01756 792 233
Harrogate and rural School Nurse Team	Harrogate Hospital	01423 555727
Specialist Nurse, Looked after Children	Jennyfields Health Centre, Grantley Drive, Harrogate, HG3 2XT	01423 558106
Skipton Family Planning Clinic	Skipton General Hospital	01756 792 233 ext. 253
Ripon Family Planning Clinic	Ripon Community Hospital	01756 602 546
Harrogate Family Planning Clinic	Heatherdene Clinic, Harrogate Hospital	01423 553 428
Dragon Parade Young People's Sexual Health Clinic	2 Dragon Parade, Harrogate	01423 558192
Young People's Drop in at Pateley Bridge	Feastfield Health Centre, King Street, Pateley Bridge, HG3 5AT	01423 711369
GUM Clinic	Heatherdene Clinic, Harrogate Hospital	01423 553428
Chlamydia screening	Yorscreen	01904 725440

**Hambleton and Richmondshire area**

<b>Contact</b>	<b>Address</b>	<b>Telephone number</b>
Insite Integrated Youth Support Hub (Northallerton)	159-160 High Street, Northallerton, DL7 8JZ	0845 034 9571
IYS Adviser (Risky Behaviour)	Diana Keillor (North area)	01609 798466 07817 800512
4Youth Sexual Health Leads (Hambleton)	Alex Martin  Amanda Gledhill (Easingwold school)	01609 773340  01347 822226
4Youth Sexual Health Leads (Richmondshire)	Dawn Brown	01609 534044
School Nurse Team	Thirsk Health Centre	01845 521 683
Bedale Contraception and Sexual Health (CASH) service	Bedale Health Centre	01677 425 111
Northallerton Contraception and Sexual Health (CASH) service	Zetland House Clinic	01609 764 100
Stokesely Contraception and Sexual Health (CASH) service	Stokesley Health Centre	01642 710 748
Catterick Contraception and Sexual Health (CASH) service	Harewood Medical Practice	01748 833 431
Leyburn Contraception and Sexual Health (CASH) service	Leyburn Medical Centre	01969 622 125
Chlamydia Screening Service	Emma Brooks	07810 054066
GUM Clinic	Friarage Hospital	01609 764209

**Scarborough, Whitby, Ryedale area:**

<b>Contact</b>	<b>Address</b>	<b>Telephone number</b>
Ourspace Integrated Youth Support Hub (Scarborough)	George Pindar Community Sports College, Moor Lane, Eastfield, Scarborough, YO11 3LX	0845 034 9576
IYS Adviser (Risky Behaviour)	Ourspace Integrated Youth Support Hub, Pindar School, Scarborough	TBC
Atmosphere Integrated Youth Support Hub (Pickering)	Old Court House, Malton Road, Pickering, YO18 7JJ	0845 034 9576 or 75
4Youth Sexual Health Lead (Ryedale)	Richard Claydon (Malton Youth Centre)	01609 536694
4Youth Sexual Health Leads (Scarborough)	Kelly Mundy/Gill Kay	01723 506362/ 01723 500 909
4Youth Sexual Health Lead (Filey)	Dawn Davis (Filey Youth Centre)	01723 512651
School Nursing Service	Northway Clinic, Northway, Scarborough	01723 380638

Specialist Nurse, Child Protection and Looked after Children	Northway Clinic, Northway, Scarborough	01723 342734
Young People's Sexual Health Team	Trafalgar Medical Practice	01723 380 631
Northway Family Planning Clinic/Young People's drop in	Northway Clinic, Northway, Scarborough	01723 342 764
Whitby Family Planning Clinic/Young People's drop in	Whitby Hospital, Spring Hill	01947 824 245
GUM Clinic	Mulberry Unit, Northway Clinic, Northway, Scarborough	01723 342785
Chlamydia screening	Yorscreen	01904 725440

**Selby area**

<b>Contact</b>	<b>Address</b>	<b>Telephone Number</b>
Sphere Integrated Youth Support Hub (Selby)	10b Abbey Walk, Selby, YO8 4DZ	0845 034 9574
IYS Adviser (Risky Behaviour)	Richard Wilby (Selby area) Sphere IYS Hub, Selby	07791 882867
4Youth Sexual Health Lead	Sue Jarvis	07957 466224
Selby Family Planning Clinic	Raincliffe Street, Selby	01904 724 280
Specialist Nurse, Looked after Children	Tadcaster Health Centre, Crab Garth, Tadcaster, LS24 8HD	01904 724906
School Health Team	Raincliffe Street Clinic, Raincliffe Street, Selby, YO8 4AN	01904 724285
Sherburn Young People's Drop in	Sherburn Group Practice, Hungate Hospital, Beech Grove, Sherburn in Elmet, LS25 6ED	01977 682208
Selby War Memorial Hospital (Free Emergency contraception)	Selby War Memorial Hospital	01757 702664
Young people's Sexual Health Outreach Team	Monkgate Health Centre, York	01904 725436
Chlamydia screening	Monkgate Health Centre, York	01904 725440
GUM Clinic	Monkgate Health Centre, York	01904 725412

**County wide services/support**

North Yorkshire Teenage Pregnancy Strategy Co-ordinator (Training, support and resource enquiries): Tel: 01609 536910

North Yorkshire Condom Distribution Scheme: Tel 01423 859613

Free emergency hormonal contraception (EHC) through pharmacists: Most pharmacies offer free emergency contraception to young people. However you are advised to phone first to check the availability of the trained pharmacist. For an up to date list please contact the Teenage Pregnancy Co-ordinator.

**Useful websites**

For professionals:

[www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)

[www.sexualhealthprofessional.org.uk](http://www.sexualhealthprofessional.org.uk)

[www.fpa.org.uk](http://www.fpa.org.uk)

[www.brook.org.uk](http://www.brook.org.uk)

For young people:

[www.ruthinking.co.uk](http://www.ruthinking.co.uk)

For parents/carers:

[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

**Appendix Five: Suggested letter to parents (if delivering a planned programme)**

Dear Parent/Guardian

Over the next few weeks as part of our programme at \_\_\_\_\_ we will be discussing the issues of sexual health and relationships.

During adolescence, young people need the opportunity and space to explore their feelings and attitudes in individual and group discussion, along with the support of qualified workers.

If you would like more information on the areas we will be covering or have any concerns then please do contact me.

Yours sincerely

DRAFT

## Appendix 6

### Protocol on the use of baby simulators

Baby electronic simulators (often called “baby think it over” dolls) are being used in schools, colleges and youth groups across the country as part of sex and relationships education in the hope that they will delay pregnancy and parenthood for young people. They aim to provide an insight into what it is really like to be a parent. They can help to raise awareness of the expense of having a child, and the impact that it can have on their lives.

These guidelines have been produced by a multi agency working party to support the effective delivery of “Baby Think It Over” programmes in North Yorkshire.

#### IMPORTANT

North Yorkshire Teenage Pregnancy Strategy, North Yorkshire Local Authority and the Healthy School Scheme support the use of “Baby Think It Over” simulators if they follow the following advice from the Teenage Pregnancy Unit:

- They should be used within the context of broader parenting, SRE or PSHE programmes
- Programme leaders need to be clear about the objectives of their use
- Those running programmes should receive training in how best to use the simulators
- They are best used with a small targeted group and ideally a group that has some cohesion
- Parents should be involved in decisions around taking the simulators home, but should be discouraged from offering direct help. It is part of the intended outcome that discussion about parenting takes place in families.
- Two nights with the baby is the minimum to give a realistic experience
- Use of the simulator may raise a number of issues, young people should have the opportunity for a one-one debrief after taking the simulators home and, in extreme instances, access to a trained counsellor might be required
- Programme leaders need to ensure that the use of the simulator does not make the young people into “stars”, which might counteract the disincentives to becoming a teenage parent.

(Teenage Pregnancy Unit)

It is important that the “Baby Think It Over” simulators should be used as part of a wider sex and relationships programme and not in isolation. Sex and relationships education involves acquiring information, developing skills and forming positive beliefs, values and attitudes, so is not just about persuading young people to delay parenthood. (Sex Education Forum, 1999)

## **Other issues to consider when using baby simulators**

### **Parental consent**

Should be obtained. Could do this by writing a letter to parents, or by inviting them to a meeting/open evening so that they have an opportunity to discuss the programme.

### **Responsibility for the baby**

The participant has to agree to be responsible for the baby. This could involve signing a contract.

### **Training**

The facilitator should be confident in how to use the baby as part of a sex and relationship education/PSHE programme.

### **Evaluation**

Should use the pre and post questionnaire in the pack. Could also use the parents/grandparents questionnaire. It would be helpful if any evaluations of programmes were fed back to the local Teenage Pregnancy Co-ordinator.

### **Transportation of the simulators**

Need to consider safe transportation of the simulators. E.g. should they travel on the school bus? A car seat should be used when travelling in a car. A risk assessment could be conducted.

### **Resources to support the programme**

In order for the programme to be effective it is important that the experience is as true to life as possible. If the baby is taken out, the appropriate equipment should be provided. E.g. pushchair, car seat, sling, clothes, carry cot etc. Community support could be sought. Ask colleagues if they have equipment that is no longer required, or write to local businesses asking for donations. The NSPCC has produced a useful leaflet that can be handed out with the simulators entitled "Handle with care". (Phone 0207 8252500 for copies).

### **Batteries**

These can be expensive if the simulators are regularly used. It is important to ensure that the batteries in the simulators will not run out during the programme. Rechargeable batteries may be more suitable. Alternatively parents could be asked for a donation.

### **Providing contacts when the baby is taken home**

Facilitators need to consider whether they are willing to provide a contact in the event of an emergency. For example if a participant has had enough of the baby crying and wants to give it back. It is important to think about personal safety if facilitators do give out their home/mobile number or offer to collect the doll.

### **Commitment for the programme**

A "Baby Think It Over" programme is very time consuming. It involves a great deal of commitment from staff involved, and also from other colleagues. E.g. if delivered in a school setting, other members of staff need to be consulted as it could impact on lessons.

### **Dealing with the results of looking after the simulator**

Facilitators need to be prepared to deal with and follow up on any potentially sensitive results from the computer programme e.g. if the computer reports that the baby has been abused.

## Calendar of Events/Key Dates

### January:

Hotspot month for teenage conceptions

### February:

Contraceptive Awareness Week (Normally around the 2<sup>nd</sup> week in Feb)  
[www.fpa.org.uk](http://www.fpa.org.uk) to order free packs or email [caw@fpa.org.uk](mailto:caw@fpa.org.uk)

### May:

Higher numbers of teenage pregnancies linked to school leavers

National Breastfeeding Awareness Week (Normally around 10<sup>th</sup> May)  
[www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk)

### June:

National Men's Health Week. (Normally around the 2<sup>nd</sup> week in June)  
[www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)

### September

Sexual Health week (Normally around the 2<sup>nd</sup> week)  
[www.fpa.org.uk](http://www.fpa.org.uk) or email [shw@fpa.org.uk](mailto:shw@fpa.org.uk)

### December:

Hotspot month for teenage conceptions

1<sup>st</sup> December World Aids Day  
[www.worldaidsday.org](http://www.worldaidsday.org)