

All young people have the right to receive good sex and relationships education; it helps to prepare them for a healthy adulthood, prevent unwanted pregnancy and sexually transmitted infections, and supports the development of fulfilling, non-abusive personal relationships. As looked after young people are less likely to receive guidance and support about sex and relationships from their parents and carers than their peers, and are more likely to experience poor sexual health outcomes, it is vital that their sexual health needs are considered.

## Healthy Care

This briefing is for all who are involved in Healthy Care Partnerships and:

- identifies what is known about the sexual health of looked after children and young people
- provides a definition of sexual health and explains what sex and relationships education is
- gives examples of how healthy care can promote and protect the sexual health of looked after children and young people
- offers signposts to guidance and further information.

The Healthy Care Programme, funded by the Department for Education and Skills, is a practical means of improving the health of looked after children and young people in line with the Department of Health guidance *Promoting the Health of Looked After Children* (2002). Through partnership working, policy development, and with the participation of looked after children and young people, it will ensure that services are child-focused, provide a healthy care environment and support the National Healthy Care Standard.

The National Healthy Care Standard is based on a child's entitlement to:

- appreciation, love, respect and consistency
- a safe, protective and healthy care environment
- opportunities to develop personal and social skills to care for their health and well-being now and in the future
- effective healthcare, assessment, treatment and support.

# Sexual health

## What is sexual health?

The World Health Organization defines sexual health as:

The integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication, and love ... every person has a right to receive sexual information and to consider sexual relationships for pleasure as well as for procreation. (1975)

## Looked after young people's sexual health

Evidence shows that looked after young people often have poor sexual health and may be more vulnerable to involvement in unwanted sexual activity, exploitative and/or abusive relationships, and early parenthood. Effective sex and relationships education (SRE) and access to appropriate services can help to promote and protect their sexual health.

## The evidence

School is consistently cited as the main source of SRE for most young people (BRMB International 2003). However, interruptions and gaps in education for looked after young people may lead to them missing SRE at school.

Looked after young women are more likely to become young mothers than the general population of young women aged 16 to 24 (Haydon 2003, Biehal and others 1992 and 1995). They are much less likely to have the support of a family to help them cope (Haydon 2003). Looked after young men are also more

likely to become young fathers than their peers who are not in care (Gelder 2002).

Young parents who are care leavers report wide variations in support available to them across the country (including access to sexual health services before they became pregnant). Many fear involvement with services that could help them in case it leads to their child being taken into care (Chase and others, 2004).

Young people with low levels of educational achievement and who left school without qualifications are at a higher risk of becoming teenage parents. This is often the case for looked after young people (Kiernan 1995, Wellings and others 2001).

Looked after young people are more at risk of sexual exploitation and abuse through prostitution (Swann 1998, Matthews 2000).

Living in local authority care or running away from it can put looked after young people at increased risk of becoming involved in prostitution (Cusick and others 2004).

Low levels of self-esteem and the wish to be accepted can lead to looked after young people giving in to pressure to engage in early or unwanted sexual activity (Corlyon and McGuire 1997).

## Issues affecting all young people

As well as the particular issues faced by looked after young people, there are sexual health issues that affect all young

people. The rate of conceptions by under-18s in England is one of the highest in western Europe. The government is committed to halving this by 2010 and reducing the long-term social exclusion often experienced by teenage mothers.

Rates of HIV and other sexually transmitted infections are rising among all age groups, but some infections such as gonorrhoea and chlamydia are rising fastest among the young, suggesting that they are not practising 'safe sex' (DH 2004).

There is increasing concern about the rising use of alcohol by young people (especially binge drinking) and emerging evidence of links between risk-taking behaviours, the use of alcohol and other drugs, and unsafe sex (Lynch and Blake 2004a, 2004b, Sinclair 2002).

## Sex and relationships education

All children and young people are entitled to SRE, but they repeatedly say that it is 'too little, too late and too biological' and that it needs to be relevant to their lives. It is clear that SRE needs to be provided before young people become sexually active, otherwise it may be too late. Young people need clear information and sensitive support to be able to use sexual health services if and when they need them. SRE should be part of a broader education that equips young people for adult life.

The Sex Education Forum, the national authority on SRE, defines this kind of education as 'learning about sex, sexuality, emotions, relationships, sexual health and ourselves' (see 'Key elements of effective sex and relationship work').

Children and young people with disabilities, learning disabilities and special needs also have a right to, and need, SRE. This should be appropriate to the developmental needs of the child or young person. There are many sources of training, support and resources available to ensure that SRE can be provided (see 'Useful websites').

SRE should be culturally appropriate and respect the child or young person's cultural and religious background. Local faith communities may be able to

## Key elements of effective sex and relationship work

- **Information** – children and young people are entitled to clear, relevant, age appropriate information which is accurate and non-judgmental.
- **Skills** – children and young people are entitled to learn and practise key life skills that should include: emotional, social, communication, negotiating, practical and decision-making skills.
- **Attitudes, values and beliefs** – by exploring and challenging attitudes and values, children and young people can be helped to develop a positive attitude to sexual health and well-being.

*(Sex Education Forum 2003)*

provide advice to social care practitioners and foster carers, and there are nationally available resources and training to support culturally appropriate SRE (see 'Useful websites' and 'Useful resources'). Looked after children and young people, including those who are refugees or asylum seekers, may have experienced sexual abuse and may need help and emotional support to overcome this trauma.

## How carers and practitioners can help

All social care practitioners, including foster carers, have a vital role to play in supporting SRE, helping young people to access confidential sexual health advice, and supporting young parents. The role is clearly defined in the Teenage Pregnancy Unit's guidance for all social care practitioners (Teenage Pregnancy Unit 2004).

Social care practitioners and foster carers can:

- make sure that gaps in school-based SRE are identified and covered (carers and staff need to be aware of what is covered by the National Curriculum for children and young people of different ages)
- work in partnership with other services to deliver SRE so as to provide timely links to services that can make the difference between a young

person making safe, informed choices or facing an unplanned pregnancy or sexually transmitted infection

- help young people develop assertiveness and negotiating skills so that they can make positive choices about relationships and resist pressure to have early or unwanted sex
- provide support to young parents to enable them to develop parenting skills and take up education and employment opportunities.

Social care practitioners and foster carers often have concerns and worries about dealing with SRE and sexual health issues. This can be addressed through an agreed SRE policy (it is good practice to involve young people, carers and staff in developing such a policy); training; and ongoing supervision and support. The training should cover legal issues so that carers and staff are clear about their responsibilities. The Teenage Pregnancy Unit's guidance for all social care practitioners is particularly useful in this area (see 'Useful resources' section).

Local policies and protocols should reflect the principles of the Teenage Pregnancy Unit's guidance (Teenage Pregnancy Unit 2004). This applies to all, whether they are heterosexual, gay, lesbian, bisexual or transgender young people.

The Healthy Care Health Promotion Training Programme for Carers provides opportunities for knowledge and skill development to support good practice, and there are several specialist sex and relationship training courses that provide skills and information for carers and staff.

## Confidentiality

If social care professionals are going to play an active role in helping young people avoid unplanned pregnancy and sexually transmitted infections, then confidentiality must be maintained whenever possible. (Teenage Pregnancy Unit, 2004)

The Teenage Pregnancy Unit (2004) guidance addresses the issue of confidentiality clearly, including when confidentiality may not be possible. It also covers new legislation such as the Sexual Offences Act 2003. All carers and staff should be aware of this guidance.

Young people in public care have the same entitlement to confidentiality as other young people when discussing sex and relationships issues, including contraception. Research makes it clear that confidentiality is the main concern for young people seeking sexual health and relationship advice (BMRB International, 2003). Local SRE policies must address confidentiality issues clearly.

### How Healthy Care can promote sexual health

A healthy care environment provides a sound base for the promotion of good sexual health because, for children and young people, it:

- provides supportive personal relationships
- strengthens their sense of self
- stimulates their curiosity and desire to learn about the people and world around them
- provides opportunities to exercise choice and learn about responsibility
- is free from fear or violence
- offers a safe living environment
- promotes and protects their physical and mental health.

Healthy Care Partnerships can promote and protect the sexual health of looked after children and young people by ensuring that this issue is addressed in Healthy Care audits and Healthy Care action plans. This will include training and professional development for carers and residential social workers to support them in providing a healthy care environment and understanding the importance of their role.

## The National Healthy Care Standard

### A child or young person living in a healthy care environment is entitled to:

1. feel safe, protected and valued in a strong, sustained and committed relationship with at least one carer;
2. live in a caring, healthy and learning environment;
3. feel respected and supported in his/her cultural beliefs and personal identity;
4. have access to effective healthcare, assessment, treatment and support;
5. have opportunities to develop personal and social skills, talents and abilities and to spend time in freely chosen play, cultural and leisure activities; and
6. be prepared for leaving care by being supported to care and provide for him/herself in the future.

### Examples from Healthy Care Partnerships of action to promote the sexual health of looked after children and young people

#### Policy

- The development of a local sexual health policy included partnership working, consultation with young people, needs assessment, involving parents and carers, practice issues and outcomes.
- Local policies relating to sexual health and SRE specifically include looked after children and young people and acknowledge their right to SRE (for example, the local teenage pregnancy strategy and the local preventive strategy).

#### Partnership

- A youth worker for looked after young people has been trained in condom distribution.
- A young mothers' supported housing unit includes young women leaving care or who have been looked after, and links with leaving care teams and looked after children's nurses.
- A joint project has been developed between the youth service and link nurses for looked after children and young people to deliver SRE and involve young people as peer educators.

#### Practice

- An outreach sexual health worker for looked after young people offers group work (such as a young women's group) and individual work on sex and relationships.
- Leaving care staff have been trained by a local sexual health project so that they can offer sexual health advice directly. Workers from the project attend young people's drop-ins to provide direct access to advice and free condoms.
- Leaving care staff are preparing young people to care for themselves after they have left care and provide sensitive support to young people to use sexual health services independently.
- Telephone numbers of helplines and details of local young people's sexual health clinics are displayed in residential homes for young people. Staff explain how helplines work, and make sure that young people can obtain confidential help.

#### Participation

- Support services have been developed for young parents who are looked after and/or care leavers. The services aim to enable them to develop parenting skills and encourage them to return to education.
- A leaflet on sexual health and local services for looked after young people was produced by a sexual health task group of looked after young people, aged 13 to 18 years old.
- Consultation activities with local young people about how they would like sexual health services delivered included looked after young people and young mothers leaving care.

