

DEVELOPING A POLICY ON SEXUAL HEALTH – A GUIDE FOR THE YOUTH SERVICE

THE FOLLOWING WEB
PAGES CONTAIN IDEAS
& SUGGESTIONS FOR
DEVELOPING A SEXUAL
HEALTH POLICY &
PROGRAMME.



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INTRODUCTION

The youth service and other organisations working with young people have a key role to play in their personal, social and health education. The voluntary and informal nature of the relationship between youth workers and young people means that the youth service is in a unique position to offer young people support on sensitive issues such as sexual health, sexuality, sex and personal relationships.



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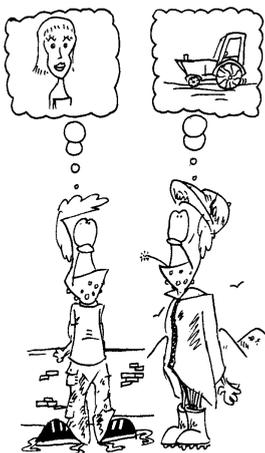
A needs assessment, however, carried out in Wales found that most youth organisations from both the maintained and voluntary sector have not formulated policies and practice to develop this work. Reasons for this are varied but include lack of clarity surrounding the role of the youth service and the legal implications of providing sexual health information and advice. The following pages contain ideas and suggestions for developing a sexual health policy and programme and factual information relating to the legal context for work in this complex area.

CURRENT DATA

The consultation document **A Strategic Framework for Promoting Sexual Health in Wales** (1999) has reviewed current data relating to the sexual health and behaviour of the population of Wales.

Age at first intercourse

The age at first intercourse is falling throughout the United Kingdom for both men and women. In 1991, the National Survey of Sexual Attitudes and Lifestyles found a strong relationship between current age and age at first intercourse, in that a greater percentage of younger respondents were likely to report sex under the age of 16 than older respondents. Figures for Wales showed that 25% of men and 15% of women aged between 16-24 years reported that they were sexually active before the age of 16.



THE DATA ALSO HIGHLIGHTED DIFFERENCES IN BEHAVIOUR BETWEEN URBAN AND RURAL PARTS OF WALES, PARTICULARLY FOR MEN. MEN LIVING IN URBAN AREAS WERE MORE THAN FIVE TIMES AS LIKELY TO REPORT HAVING HAD SEXUAL INTERCOURSE BEFORE THE AGE OF 16.

The data also highlighted differences in behaviour between urban and rural parts of Wales, particularly for men. Men living in urban areas were more than five times as likely as those living in rural areas to report having had sexual intercourse before the age of 16.

The 1999 Welsh Youth Sexual Health Survey which reported on the sexual knowledge, attitudes and behaviour of 15-16 year olds in Wales, found that 40 per cent of boys and 35 per cent of girls reported first experience of intercourse ranging from 9 to 16 years. Nearly a quarter of the boys and one tenth of the girls reported having had three or more partners.

Teenage conceptions (15 – 19 year olds)

Although more than two-thirds of under 16s do not have sex, the UK has teenage birth rates which are twice as high as Germany, three times as high as France and six times as high as in the Netherlands. Teenage conception rates in Wales have been consistently higher than in England. In 1997, the conception rate for 15-19 year olds was 68.5, compared to 62.2 per 1000 for women of this age group in England.

There are regional variations in teenage conception rates; in general those areas with high conception rates tend to be those with the lowest abortion rates.

Under-age conceptions (13-15 year olds)

The annual number of conceptions to girls under 16 in Wales is relatively small. Since 1992, however, the rate in Wales has been consistently higher than in England and has risen more rapidly. In Wales, the rate for underage conceptions in 1997 was 10.3, compared to 8.8 per 1000 women aged 13-15 in England.

Why are rates of teenage pregnancy so high in Wales?

The Social Exclusion Unit's report on teenage pregnancy which covers England only, does identify three factors, which are seen as contributing to high rates of conception and may be applicable to the situation in Wales:

- **Low expectations:** Teenage pregnancy is more common among young people who have been disadvantaged in childhood and foresee no future
- **Ignorance:** Young people lack accurate knowledge about contraception, STIs, what to expect in a relationship and what it means to be a parent.
- **Mixed messages:** One part of the adult world bombards teenagers with sexually explicit messages and an implicit message that sexual activity is the norm. This is contradicted by parents and carers being embarrassed by talking about sex and relationships with young people.



TEENAGE PREGNANCY IS MORE COMMON AMONG YOUNG PEOPLE WHO HAVE BEEN DISADVANTAGED IN CHILDHOOD & FORSEE NO FUTURE.

Abortion

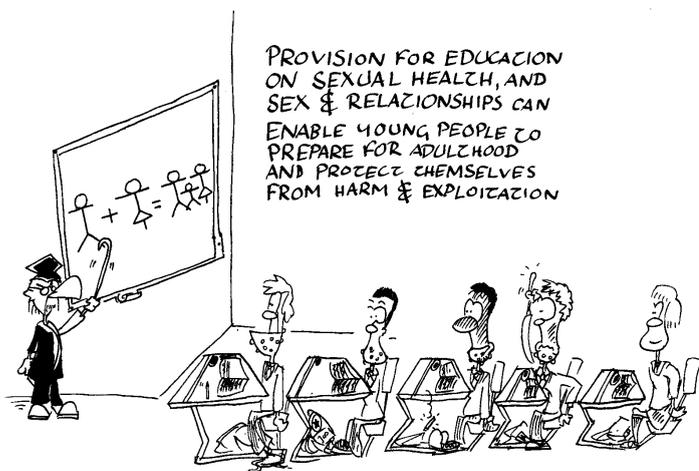
The rate of terminations among young women under 15 increased from 3.1 per 1,000 in 1995 to 4.1 in 1996, and the rate for 15 year olds increased from 7.9 to 9.0.

Sexually Transmitted Infections (STIs)

Incidence of STIs is greatest among people under 25. Chlamydia is currently the commonest curable sexually transmitted infection in England and Wales. 1997 data for Wales show peak rates among 20 to 24 year olds, but rates are also high among 16-19 year old women. The 1999 Welsh Youth Survey found a low level of awareness about chlamydia, with only one in three girls and one in five boys aged 15-16 having heard of it.

Recent statistics also show that, for the first time since 1993, there has been an increase in HIV incidence in Wales, which reflects recent increases in the rest of the UK. Surveys, however, show that awareness of HIV transmission risks are high among young people in Wales and the 1999 Welsh Youth Sexual Health Survey found that young people generally demonstrated a positive attitude to the use of condoms. Despite this, over half of all respondents thought that they had received too little education on sexually transmitted infections.

WHY IS SEX AND RELATIONSHIPS EDUCATION NECESSARY?



All young people are entitled to access to opportunities, which support their personal, social, and health development. Provision for education on sexual health, and sex and relationships can enable young people to prepare for adulthood and protect themselves from harm and exploitation.

There is no evidence to suggest that sex education encourages early experimentation. Well designed sex and relationships programmes can

facilitate the postponement of sexual intercourse among young people who are not yet sexually active and effective use of contraceptives by those who are. Education on sex and relationships can support a young person's development and enable them to understand their own sexuality and avoid confusion, embarrassment and distress resulting from uninformed decisions.

WHAT IS MEANT BY SEX AND RELATIONSHIPS EDUCATION?

The Sex Education Forum, an independent body representing organisations involved in providing support and information on sex and relationships, has produced a helpful framework. Sex and relationships education can enable young people to acquire information, develop skills and form attitude and beliefs about sex, sexual health,

sexual development, sexuality, relationships and feelings. Three main components of a sex and relationships programme have been identified:

- Attitudes, values and beliefs – opportunities should be provided for young people to examine and clarify their personal views
- Communication and personal skills development – including assertiveness and negotiation; communication and how to build and maintain relationships; ways of dealing with pressures and conflict and avoiding unwanted sexual activity
- Knowledge and information giving – which reflects the diversity of sexual behaviour; relevant legislation; methods of contraception; spread and prevention of STIs and HIV; exploitation and abuse; availability of advice services; family planning

(Sex Education Forum, 1997)

WHAT DO YOUNG PEOPLE NEED TO KNOW ABOUT SEX AND RELATIONSHIPS?

Knowledge alone is not enough to enable young people to make healthy and responsible choices and effective sexual health education cannot be confined to factual material. Young People need a balance of accessible and simple information, the chance to develop social and interpersonal skills and the opportunity to explore moral issues and dilemmas.

Young people want to talk about sex and relationships for a number of reasons. It can help them build self-esteem, clarify and explore their own values and attitudes and make informed decisions about their sexual behaviour. It can also equip them with the confidence to access sexual health services and enable them to develop assertiveness and negotiation skills.

WHAT ROLE CAN THE YOUTH SERVICE PLAY?

Young people learn about sex in a variety of ways - from peers, the media, parents, teachers and the wider community. The youth services also contribute to the development of personal and social skills in less formal settings. The nature of the relationship, which exists between Youth Workers and young people, is both voluntary and informal, and the youth service is in an ideal position to offer young people advice and support on sensitive issues such as sexual health, sexuality and personal relationships.



Informal settings, such as youth clubs, may be of special importance in accessing some of the most vulnerable groups who are the least likely to attend school. The role of the youth service in the personal, social and health development of young people is of paramount importance in this respect.



YOUTH WORKERS SHOULD TAKE RESPONSIBILITY FOR REFERRING YOUNG PEOPLE TO APPROPRIATE SEXUAL HEALTH SERVICES.

Youth workers have a right not to be involved in sex and relationships education. They should, however, take responsibility for referring young people to appropriate local sexual health services and other sources of support wherever possible.

WHY HAVE A POLICY ON SEXUAL HEALTH?

Many youth workers are unclear about their role with regards to providing advice and information about sexual health to young people and also about the legal implications of this work. Educating young people about sexual health issues raises a number of legal, gender, ethnic, cultural and ethical considerations. A sexual health policy offers a clear framework for talking about sexual issues, sexuality, sexual behaviour and personal relationships, within these different dimensions. It can provide a rationale for developing work in this area, suggest ideas on curriculum content and organisation, and clarify legal concerns. It can also offer a moral and values framework within which sex and relationships education is provided and which acknowledges different cultures and beliefs.

DEVELOPING A POLICY

The following steps outline one approach to developing a policy on sexual health. They are intended to serve as a guideline for taking action. Each youth work organisation interested in changing or developing a sexual health policy will modify and tailor these suggestions to fit its own needs. The steps are actually processes, which continue throughout the period of policy formulation and implementation. Each organisation will have different starting points with respect to sexual health policy development and diagram A will help you to identify where you fit into the cycle.

Step 1: Putting sexual health policy development on the agenda

How you begin this work will depend upon your role. The following tips will help to get you started:

- Raise the issue at senior management level, either by writing or meeting with relevant individuals. Highlight the importance of work around sexual health, and sex and personal relationships for young people; and give examples of appropriate statistics, national policy directives and the legislative framework.
- Gauge support and access any help which may be available from the local authority, health authority and other interested statutory and voluntary organisations
- Consider how young people and youth work practitioners are going to be involved in the development of the policy.
- Review the current situation

- what are the current gaps in sexual health policy and practice?
- is it working?
- are there any interim measures?
- what about other related policies, for example, equal opportunities, child protection, HIV/AIDS, confidentiality?
- are you up to date with relevant guidance and legislation?

Step 2: Responsibility

- Identify a key person with sufficient skills and seniority to take responsibility for co-ordinating the development of the new policy.
- Identify key people within your organisation, senior management and the wider community, who are likely to be supportive of the initiative.
- Identify appropriate resources, partnerships and networks.

Step 3: Forming a working party

- Involve key individuals and groups, which should reflect the diversity of the communities within which your organisation is working. The group might consist of:
 - young people
 - a youth worker
 - LEA youth officer representation
 - an elected member/councillor
 - workers from the voluntary sector
 - a health promotion specialist

The initial role of the group will be to identify tasks and decide on timing, for example:

- reviewing current policy
- gathering information
- developing recommendations for a new policy and policy implementation

Step 4: Rationale for a policy

- Establish a rationale for a change of policy or a new policy
 - why is a policy needed?
 - what is the current data with reference to young people, sexual health and sexual behaviour?
 - what will be the benefits?

Step 5: Gathering information

- Decide what information, and from where and whom, will be useful
- Collect additional information as required, such as examples of other policies

Step 6: Drafting a policy

- Review all data and information collected
- Use this to help you write a draft policy
- Keep it simple and specific
- Identify where the policy applies
- Identify to whom the policy applies
- Identify how the policy will be implemented and monitored

Step 7: Consulting on draft policy

- Consult either widely through meetings or through using the working group to report back to colleagues
- Use the consultation process to identify potential constraints and problems
- Spell out the implications of the policy
- Seek approval/ratification from senior management

Step 8: Communicating the policy

- A new sexual health policy is more likely to be acceptable if everyone is informed about the policy before it is implemented. This information should include a description of the new policy, reasons for the change, the implementation date, implementation procedures, and how the policy will be monitored and reviewed.

Step 9: Implementation

- Allow sufficient time for people to prepare for the implementation of the new policy
- Communicate the policy to all affected by it
 - who will receive the policy and how will they access it?
 - what information is available to young people
 - who is responsible for implementation and what is the timescale for this?

Step 10: Monitoring and review

- How will monitoring and review be carried out?
- How will feedback from all those affected by the policy be obtained? What methods will be used i.e. interviews, discussion groups, questionnaires?
- Where are there problems?
- How are problems handled?

STEP 3:- FORMING A WORKING PARTY

INVOLVE KEY INDIVIDUALS & GROUPS,
WHICH SHOULD REFLECT THE DIVERSITY
OF THE COMMUNITIES WITHIN WHICH
YOUR ORGANISATION IS WORKING.



Diagram A

Step 1

Putting sexual health policy development on the agenda

Step 2

Responsibility

Step 3

Forming a working party

Step 4

Rationale for a policy

Step 5

Gathering information

Step 6

Drafting a policy

Step 7

Consulting on the draft policy

Step 8

Communicating the policy

Step 9

Implementation

Step 10

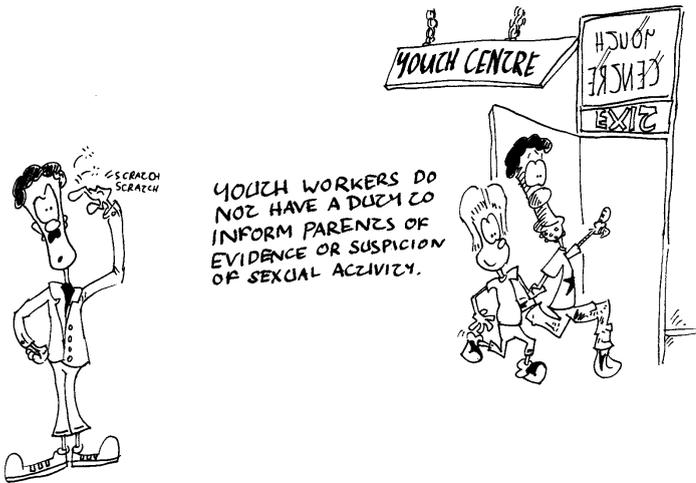
Monitoring and reviewing

LEGAL ISSUES

Confidentiality

It is essential that the boundaries of confidentiality are clearly understood by youth work organisations, youth workers and young people. The best interests of the young people are paramount and in general, confidentiality boundaries should be agreed which ensure that they feel safe and are confident about asking for support.

Young people's confidentiality should be respected unless a youth worker believes them to be at risk of significant harm, or of harming someone else. Young people need to know that a confidence might have to be broken. In these circumstances, the young person should be informed of why and how their confidentiality is to be broken and supported through the process. Youth workers should be backed by a policy framework, which encourages them to make a professional judgement in the best interests of the young person.



Youth workers do not have a duty to inform parents of evidence or suspicion of sexual activity, although the Children Act of 1989 makes it clear that a partnership with parents should be forged wherever possible.

Anti-discriminatory practice

It is essential that issues such as ethnicity, culture, religion, gender, social class, sexuality and disability are considered when developing work around sexual health, sex and relationships. There are many stereotypes about sex and personal relationships and it is important for youth workers to actively challenge these and examine their own personal beliefs. Respect for the diversity of young people and their needs is essential.

Religion, ethnicity, culture and personal relationships

The Children Act 1989 requires:

“The Local Authority to give due consideration to the young person's religious persuasion, racial origin and cultural and linguistic background” (section 22 (5))

The Sex Education Forum (1993) recommends that sex and relationships education should be sensitive to the needs of young people, including those shaped by religion, ethnicity and culture. Religious and cultural differences may affect how sexual health programmes are developed. This does not mean, however, that the young people concerned should be denied access to information. On the contrary, the challenge for youth workers is to develop programmes, which are accessible to all young people, but also recognises, respects and embraces difference.

Youth workers who do not share the young person's religion will need to inform themselves about the faith whilst trying not to make assumptions based on that information. Any written information which relates to the sexual health policy and programme should be culturally and linguistically appropriate and resources should be selected on the basis that they reflect ethnic, cultural and religious diversity.

Teaching about homosexuality

Section 28 of the Local Government Act 1988 prohibits local authorities from promoting homosexuality. The DfE Circular (5/94) states that "this prohibition applies to the activities of local authorities themselves." There is no reason, therefore, why youth workers should exclude teaching about homosexuality in their sex and relationships curriculum. The Act does not forbid either the provision of information or the counselling of young people who are, or who are thinking they may be, lesbian or homosexual. It also does not prevent the provision of advice, counselling or information to young people about same sex attraction by local authority youth workers, nor does it prevent the setting up of projects and initiatives specifically for young people who identify themselves as lesbian or gay.

Section 28 would only be contravened if a worker of organisation were actively attempting to persuade young people to become involved in lesbian or homosexual relationships.

Contraceptive advice

Children who have reached the age of 16 may legally have sexual intercourse and have the right to consent to medical treatment (section 8 Family Law Reform Act 1969).

The 1985 House of Lords' ruling in the Gillick case established the legal position in England and Wales that young people under the age of 16 who are able to understand what is proposed are competent to consent to medical treatment regardless of age. It would not be a criminal offence for a doctor to provide advice or treatment to girls under 16 in such circumstances. Therefore, doctors may provide contraceptive advice to a young person under the age of consent providing they are satisfied that the young person can understand the doctor's advice and has sufficient maturity to understand what is involved in terms of moral, social and emotional implications.

DfEE Circular 5/94 gives little guidance about the legal position with regards to the provision of advice on contraception. Paragraph 39 states:

"particular care must be exercised in relation to contraceptive advice to pupils under 16, for whom sexual intercourse is unlawful. The general rule must be that giving an individual pupil advice on such matters without parental knowledge or consent would be an inappropriate exercise of a teacher's responsibilities."

Parental consent is not always required for under 16 year olds who seek contraceptive advice or treatment. It is also highly unlikely that any offence would be committed simply by providing advice to a young person. Furthermore, youth workers can

certainly treat questions on sexual matters from young people as confidential. In light of this, education and information about contraception and where young people can obtain contraceptive advice and treatment can be provided.

Distribution of condoms

There is no law to prevent youth workers giving out condoms to under 16s. It would also be good practice to supply information on the use of condoms and safer sex at the same time as this would help to dispel some of the myths and misconceptions regarding their use.



THE YOUTH WORK CURRICULUM ON SEXUAL HEALTH, SEX AND RELATIONSHIPS

Youth work organisations have an important role to play in educating young people about sexual health, sex and relationships. The unique nature of the relationship between youth workers and young people also means that youth workers are in an ideal position to offer young people informal, individual support on sensitive issues. The Youth Work Curriculum Statement for Wales provides a framework within which this work can be developed.

The Purposes of Youth Work in Wales

The purposes of youth work in Wales are:

- to promote equality of opportunity for all young people in order that they may fulfil their potential as empowered individuals and as members of groups and communities;
- to support young people in the transition to adulthood;
- to assist young people to develop attitudes and skills which enable them to make purposeful use of their personal resources and time.

Youth work thus offers young people opportunities, which are:

- **EDUCATIVE** – enabling young people to gain the skills, knowledge and attitudes needed to identify, advocate and pursue their rights and responsibilities as individuals and as members of groups and communities, locally, nationally, and internationally.
- **PARTICIPATIVE** – through voluntary relationships in which young people are partners in the learning processes and decision making structures which affect their own and other people's lives and environments.
- **EMPOWERING** – enabling young people to understand and act on the personal, social and political issues, which affect their lives, the lives of others and the communities of which they are a part.

- **EXPRESSIVE** – encouraging and enabling young people to express their thoughts, emotions, aspirations and cultural identity through creativity and challenging activities, particularly those which increase their understanding of the bilingualism, heritage and cultures of Wales.

The above opportunities should be designed to promote equality for all through the challenging of oppression and inequity, from the acceptance of differences which spring from race, sexual identity, gender, disability, age and religion, and the recognition of the diversity of culture and language in Wales.

The Delivery of Youth Work in Wales

Youth work in Wales is delivered through a partnership between local education authorities and voluntary organisations working together and independently to provide or facilitate:

- **informal and structured educational programmes** which challenge young people and enhance their personal and spiritual development, social and political education;
- **places and relationships** within which young people can enjoy themselves, feel secure, supported and valued, learn to take greater control of their lives, and to recognise and resist the damaging influences which may affect them;
- **access** to relevant information, advice, guidance and counselling which includes advocating the rights of young people.

The delivery of youth work in Wales will be assisted by the appropriate **research** into issues and trends which particularly affect young people's lives, by **collaboration** with appropriate agencies and services whose expertise may be harnessed in order to advance young people's needs, interests and rights.

Priorities

- The youth service is open to all young people within the specified age range 11-25, but gives priority to transition to adulthood in the 13-19 age group.
- The identification of priority groups and issues will be determined nationally, locally or organisationally and would be based on the principles of ensuring equality of access and opportunity.

Provision

- The type, method and mix of youth work provision should be determined locally and/or organisationally.
- The establishment of appropriate provision should be considered in relation to the needs of individuals and groups, desired outcomes and purposes. The delivery methods used might include:
 - centre-based work

- centres for curriculum specialisms
- detached work
- information, advice, guidance and counselling services
- mobile provision
- outreach work
- project work
- residential work
- targeted provision for specific groups

(Adapted from the Framework for the Inspection of LEA Further Education OHMCI 1998)

CURRICULUM CONTENT

Some of the best sexual health work with young people is informal. The majority of young people welcome the opportunity to have the time and space to chat. An informal environment can also foster the development of social skills, such as listening to others, negotiating, making informed decisions and talking about emotions and relationships.

In keeping with good practice in youth work, the content of a sexual health and sex and relationships programme should be developed in collaboration with young people and focus upon the development of skills, knowledge, attitudes and understanding. The programme should also reflect and build upon the young people's existing experiences, beliefs and culture.

A sexual health programme may look something as follows:

Aims

- To enable young people to understand the aspects of physical and emotional sexual development
- To provide young people with support and information on sexual health and sex and relationships, both formally and informally
- To enable young people to develop skills of self-esteem, respect and consideration for others, personal responsibility, and forming and managing relationships
- To encourage young people to develop skills to express their own sexuality in positive ways

How can sexual health programmes be provided in Youth Work Settings?

- as part of an overall programme on Personal, Social and Health Education
- as an opportunistic response to a question or comment from a young person
- to link in with occasional national campaigns to raise awareness, for example, World Aids Day
- organised sessions on local services and contraceptive advice

Content

Key **topics** may include:

- Puberty – names of body parts, body image, understanding one’s body, physical and emotional changes
- Relationships – assertiveness, peer pressure, decision-making, building relationships with family and friends, self-image and identity, body language, platonic and sexual relationships, morality
- Sexuality – sexual behaviour, sexual lifestyles and differing sexual orientations, the value of sex in a relationship, the right not to be sexually active, exploitation and the law
- Sexual Health – reproduction, conception, contraception and safer sex, infertility, sexual well-being, menstruation, unintended pregnancy, abortion, STIs, HIV/AIDS, Breast Awareness, Cervical Cancer, Testicular Cancer
- Gender roles – Changing attitudes to gender roles, sexism and equal opportunities
- Education and Family Life – variations in family structure and size, parenting and caring, effects of children on lifestyle
- Role of external agencies – relevant local and national agencies, how to access and use them
- Confidentiality – respect the right to confidentiality for all young people who choose to discuss issues of a personal nature

Skills development

- decision-making
- responsibility within relationships
- assertiveness and negotiation
- communication – listening and talking
- managing and expressing feelings
- asking questions and accessing help and support
- supporting others
- coping
- conflict resolution
- resisting unwanted pressure

KEY SKILLS

Key skills were originally developed by the former National Council for Vocational Qualifications (NCVQ) for use in England, Wales and Northern Ireland. The specifications cover essential skills which people need to cover to function effectively as members of a flexible, adaptable and competitive workforce. They are also considered to be invaluable in helping people function within society and for lifelong learning.

Key Skills are designed to enable people to be confident and competent in communicating both orally and in writing; applying number and tackling numerical problems and collecting, recording, interpreting and presenting data; using IT; working with other people; being able to improve their own learning and performance, and problem-solving skills.

The Key Skills are:

- Communication
- Application of Number
- Information Technology
- Working with Others
- Improving Own Learning and Performance
- Problem Solving

They are described in terms of Units at five levels and are applicable to everyone, from young people to adults established in their careers. The Units make it clear what people need to know and be able to do at each level.

What is the link between Key Skills and a sexual health programme for young people?

Key skills are applicable to young people in a range of contexts, as they can equip young people to be more effective communicators and be able to contribute as part of a team. Personal, social and health education, including work around sexual health and sex and relationships (see section **CURRICULUM CONTENT**) can provide a number of opportunities for the development of the key skills, for example, at level 2:

Communication – young people can take part and contribute to discussions on sexuality, unintended pregnancy and sexual health

Working with others – young people can plan and organise a visitor session

Improving Own Learning and Performance – reviewing knowledge and how much has been learnt

Problem Solving – identifying problems in relation to unintended and unwanted pregnancy and suggesting options

IT – locating background statistics in the local area on young peoples' sexual health and behaviour

Application of Number – interpreting these statistics

Sexual health and education on sex and personal relationships can also develop skills which support learning including managing emotions, coping with stress and accessing support.

HOW TO INVOLVE YOUNG PEOPLE, PARENTS AND THE WIDER COMMUNITY

Involving young people

Any work around sexual health, sex and personal relationships for young people needs to be informed by the young people themselves. It is essential to obtain an understanding of their needs and issues, existing levels of knowledge, and sources of information. Finding out what young people want is important because:

- they know about issues which are important to them in contemporary society
- they are more likely to participate and get involved
- sex and relationships education is likely to make more of an impact if it is relevant to their lives

The policy making process offers scope to involve young people from the very beginning. Involvement, however, is something much more active and dynamic. Young people need to feel that they are genuinely being consulted and have ownership of their contribution to the process.

What contribution can young people be asked to make?

- be clear about the rationale for involving young people and how their views can help shape the development of the policy.
- consider methods that can be used to elicit information, for example, focus groups, questionnaires, individual interviews
- what are you hoping to find out? (the following checklist may be helpful)
 - views on confidentiality
 - who young people feel they can discuss personal health matters with
 - young people's views on the content of a sexual health programme, for example, reproduction, puberty, personal hygiene, sexual health
 - young people's views on their sex and relationships education to date
 - any other concerns?

Involving parents and the wider community

There is no legislation which requires the youth service to seek parents' permission, or to convey information on respective sexual health programmes. It is generally considered good practice, however, to involve parents and the wider community in the development of work around sexual health, sex and personal relationships.

The Children Act (1989) emphasises the importance of working in partnership with parents on all matters concerning their children's upbringing. The Act states that parents have responsibilities and that the welfare of a child is paramount. If a parent is reluctant to allow their child access to information about sex and personal relationships, staff in consultation with the young person must decide what is ultimately in their best interests. The Act also states:

“ Sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood”

Young people say they would like their parents and carers to be their first source of information about sexual matters (Balding 1997). Many parents, however, believe that they lack the knowledge and relevant skills to take this on (NFER 1997). They may also be part of a community where sexual matters are rarely or never openly discussed.

Parental attitudes towards sexual matters have been found to be a strong factor associated with timing of sexual experience. A survey by Ingham (1997) found that in those families where sexual matters were discussed openly, young people were less likely to have had their first experience of sexual intercourse under the age of 16, compared with families who either used a “moralistic” approach or didn’t talk about sexual issues. In light of this, parents and carers working in partnership with youth work organisations on the development of a sexual health policy and programme would be mutually beneficial. In the first instance, parents and carers will need to be informed about how sexual health issues are going to be addressed and be given the opportunity to discuss and express any concerns. Some parents, for example, may have religious and cultural beliefs that affect their views about sex and personal relationships. These need to be acknowledged and respected.

Confidentiality – do parents have to be informed?

Circular 5/94 from the DfE and Welsh Office Circular 45/94 suggests that disclosure or suspicion of unlawful activity should be reported. Teachers and youth workers are not obliged to break confidentiality particularly if they feel that the young person’s best interests are best served by not doing so.

Parents, therefore, do not have to be informed. Nevertheless, there may be some circumstances when youth workers feel they need to contact parents. To make sure that the interests of the young person are safeguarded and that a trusting relationship between youth clubs and young people is maintained, here are some useful steps, which can be taken to clarify the position:

- youth workers should explain to young people that they cannot guarantee absolute confidentiality
- levels of confidentiality could be discussed with young people during the negotiation of ground rules for sex and relationships sessions
- consultation with parents should include the matter of confidentiality. By opening up the debate, parents are more likely to trust youth workers discretion and professional judgement

Confidentiality can be addressed by clearly stating the youth club’s position and policy on sexual health and sex and relationships education.

How can parents, carers and wider community members become involved?

- Disseminate the policy on sexual health – and ask for comments, views and feedback

- Disseminate information about sexual health and sex and relationships sessions
- Organise a taster session where parents, carers and other community members can participate
- Run a meeting for parents to inform them about the sexual health programme and ask them what they think the young people need.
- Invite someone external to talk about an area of interest to parents and carers, for example, a local health promotion worker or someone from another youth club with successful experience
- Invite parents to lead a session and talk about their experiences of growing up

Use of outside visitors and speakers

Another way of involving members of the wider community is by identifying individuals with a particular expertise in the area of sex and relationships education and asking them to lead one of the sessions. External visitors such as a GUM clinic advisor, an HIV counsellor, or a nurse from a contraception clinic, can greatly



enhance the quality of a young person's learning experience. It is important, however, that visitors are adequately briefed beforehand about the context within which they will be working. It is essential that they are used as part of the planned sexual health programme and not as a one-off session. It is good practice to make available to them relevant policies and practice guidelines and discuss these with the speaker.

LOCAL SERVICES

Ignorance about contraception and inconsistent use of contraception contributes to high teenage pregnancy rates. More young people in Wales are making use of community contraceptive and sexual health clinics. In 1997/98, 28 per cent of women attending were under 20 compared with only 16 per cent in 1990/91; of these, 6 per cent were under 16 compared with only 1.4 per cent in 1990/91.

Access to contraceptive services is an important issue for young people. Difficulties of access and issues surrounding real or perceived lack of confidentiality particularly in rural and valley areas, are causes of concern to young people. Contraceptive services are available from a wide range of providers although the kinds of services which young people find the most acceptable are those, which are accessible at anti-social times and have caring, empathetic and non-judgemental staff. The uptake of services can be directly related to their location and there is an association between conception rates and the level and type of contraceptive services available locally.

A sexual health and sex and relationships programme can offer plenty of scope for raising young people's awareness about local services. Speakers can be invited to provide information and run sessions on what is available (see section **Use of outside visitors and speakers**). Alternatively, arranging visits to young people's sexual health advice centres can be a good way of familiarising them with these services.

HOW TO ANSWER DIFFICULT QUESTIONS

Can I give contraceptive advice to under 16s?

Yes. Youth Workers can provide young people, including those under 16, with information on sexual health and contraception. Wherever appropriate, young people should be referred to a relevant health professional

Can condoms be distributed to both under and over 16s?

There is no law to prevent youth workers giving out condoms to individuals both under and over 16. It would be good practice, however, to supply information regarding the use of condoms and safer sex practices at the same time.

Should I break a young person's confidence?

As far as possible no! The law allows youth workers to respect a young person's right to confidentiality when discussing personal or sexual matters. The only exception is where a youth worker may suspect that a young person is at risk of significant harm. If this is the case, youth workers should attempt to get the young person to disclose the information or agree for the information to be disclosed. If this is not possible, the youth worker will need to consider whether to break the confidence without the young person's consent. Whatever the outcome, young people should be supported through a clearly defined process and understand why some information may not remain confidential.

Can I talk about lesbianism and homosexuality?

Yes. There is no reason why youth workers should not decide to include sessions on homosexuality and lesbianism in their sexual health programmes.

I am a youth worker based in a school. Does this make any difference?

Youth workers based in schools need to be aware of the school's policy on sexual health and sex and relationships, and any other relevant guidelines and policy documents.

Where do I begin? How do I persuade the powers that be that a policy on sexual health is important?

Make sure that you are familiar with relevant statistics, guidance and legislation. Highlight any difficulties which may have emerged during the past owing to the lack of a policy framework and use this as your starting point. Raise the issues at senior

management level, either by meeting informally with interested parties; arranging a formal presentation with a structured agenda; or producing a discussion document for consultation.

I don't feel comfortable about giving information on sexual matters to the young people at my youth club. What should I do?

Some workers might not want to get involved in talking about sexual health, sex and personal relationships with young people for a variety of reasons. This is perfectly okay, although they can refer the young people to other sources of information, advice and support.

Where can a young person under 16 obtain contraceptive advice and supplies?

Under 16s can get free contraceptive advice and supplies from:

- Family planning clinics
- Young people's advisory clinics
- GPs (not usually condoms)
- Genito-urinary medicine (GUM) clinics
- Drop-in projects or centres
- All Wales Sexual Health Helpline - 0845 604 8484

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