Children & Young People

Personal Relationships and Sexual Health Policy (Children in Care)

November 2011

Endorsed by: Buckinghamshire Safeguarding Children Board / Buckinghamshire Children and Young People’s Trust Board

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Best Practice Guidance in the following areas:
- Self-esteem
- Puberty, adolescence and masturbation
- Safer sex
- Contraception & Sexually Transmitted Infections (STIs)
- Pregnancies and associated options
- Working with young fathers
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1. Introduction

In 2003 an inter-agency group led by the PCT Children in Care’s Nurses and containing key people from Buckinghamshire’s Social Care – now Safeguarding - produced the Sexual Health and Personal Relationships Policy for Children and Young People who are Looked After. This document updates the later and reflects local and statutory changes in young people’s services.

Buckinghamshire’s Children and Young People’s Services, along with their key partners, are committed to improve Children and Young People’s outcomes and to ensure they achieve their full potential by guaranteeing equal life chances for all.

This policy has been developed to support those who work with Children in Care. However, the principles and guidance are applicable for all those who have contact with children, young people and families.

Teenage pregnancy and the high incidence of sexually transmitted infections (STIs), particularly chlamydia in young people aged 15 -24 yrs old is of continuing concern. It is recognised that the health and educational needs of looked-after children are different from and greater than many other groups of children and young people.

Teenagers who become parents are known to experience more educational, health, social and economic difficulties than young people who are not parents. Consequently, their children may be exposed to greater social deprivation and disadvantage. These outcomes have been demonstrated to be more adverse still in the case of looked-after children who become parents.

The importance of sex and relationships education is recognised in the Children Act (1989) and is part of the responsibility of corporate parenting for Children in Care. Research illustrates that there is a real need for all Children and Young People in Care to be equipped with knowledge and skills that will enable them to make informed decisions that may affect their health, well-being and relationships as they grow up.

The experience of being ‘looked after’ should include the sexual education of young people… This is absolutely vital since sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood. (1) Children Act 1989 Guidance Vol. 4

For Children and Young People in Care, both developing appropriate personal relationships and having an understanding of sexual behaviour are fundamental to their maturation and future well being. They need to be supported to develop healthy, safe and non-abusive relationships. This document is intended to outline expectations for staff and carers in this complex and often challenging area of their work.
Every case is individual and specific issues should be discussed with managers or any other relevant senior professional during supervision or any other appropriate meeting.

This policy has been updated in close collaboration with colleagues from Children's Services, Health Services and other partner organisations working with Children in Care and Young People. Information has also been gathered from young people who are currently in Care about their views on the ways in which personal relationships and sexual health need to be addressed with them during their placement. These views have shaped the Personal Relationships and Sexual Health Best Practice Guidance (Children in Care) which has been developed to support the implementation of this Policy.

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2. Key Concepts
For ease of reference the following terms are used throughout this Policy:

'Staff and Carers' refers to any appropriate person working with a Young Person in Buckinghamshire. For example, Social Workers, Residential Care Workers, Foster Carers, Health Professionals, Learning Mentors, Personal Advisors, volunteers and any other relevant adult offering support to a Young Person whilst they are in Care around their personal relationships and sexual health needs.

'Young People in Care' includes both Children and Young People who are in the Care of the Local Authority but also refers to after-Care, in Care and Looked After. This includes Young People who are living within Buckinghamshire and also those in out-of-county placements.

3. Context
The Children Act 1989 highlights the need for a sex and relationships policy relating to Children and Young People in care. The emphasis is placed on sympathetically meeting the needs of all groups, including young lesbians, young gay men, young people who are bi-sexual, disabled young people and young people who have experienced abuse.
“Young men and women, no matter what their background, will always have some (even if it is limited) access to resources that enable them to try and position themselves more powerfully within situations (Allard, 2005). To facilitate this, they need to become more aware of power dynamics in their relationships, and develop strategies for building more equal and enjoyable relationships” (Thomas Coram Research Unit, September 2008).

The Local Authority cares for Children and Young People from different ethnic and faith backgrounds who have, as part of their cultural heritage, a variety of different attitudes in relation to social activity and sexual behaviour. Due attention must be paid by staff and carers to understand and appreciate these differences. Equally, each Young Person will have a unique take and perspective on sexual health and relationships as this will be influenced by other factors such as past experiences, education, environment but also disability, age, gender, sexual orientation and gender amongst other things. Therefore, it is crucial to support each Young Person in making informed decisions with regard to their individual characteristics and preferences.

4. Policy Framework

Buckinghamshire County Council’s policy in relation to personal relationships and the sexual health needs of Children in Care is framed within the context of legislative requirements and its own childcare policy and associated procedures.

This Policy is intended to support and complement other local policies and procedures including Buckinghamshire Safeguarding Board’s Bank of Policies & Procedures and Buckinghamshire Sexual Health Strategy

5. Legal Framework

The duties and responsibilities of local authorities in relation to the sexual health and relationships of Young People in Care are contained in legislation and case law.

This policy has been developed embedding the current and relevant legislation framework influencing this area of work. A summary of legislation and guidance can be found in Appendix 1. This will be updated as and when necessary and when reviewing the policy.

6. Aims and Objectives

For Young People to –

- ensure they become familiar with consistent, trusted and accessible services
• have access to appropriate, up-to-date and accurate information, advice and support about relationships, sexuality and sexual health matters.

• have access to confidential and sensitive sexual health advice, information and services in the wider community

• have a set of expectations from staff, parents and carers when talking to Young People about sexual health and relationships

• have opportunities to develop caring and fulfilling personal relationships, free from shame, guilt or prejudice and discrimination

• gain skills and confidence in making decisions and informed choices about personal relationships and sexual behaviour

• Understand the boundaries around confidentiality

• be aware of and understand possible positive and negative consequences about personal relationships and sexual activity.
• know how to obtain contraception and advice about how to use it properly.

• develop into responsible adults who can enjoy their sexuality in a safe and healthy manner through acknowledging the rights of others.

• be involved in the development of the guidance related to this Policy.

For Staff and Carers to –

• respect, promote and support the rights of Young People.

• give legally accurate and informed advice to Young People.

• not perpetuate shame, guilt, prejudice or discrimination

• understand the boundaries around confidentiality and safe practice

• talk confidently to Young People about personal relationships and sex in a safe and supportive environment.

• respect Young People’s differences and take into account their individual needs, based on ethnicity and culture, gender, disability, religion and belief, or indeed non-belief and sexual orientation
• provide a framework for, and easy access to, training and support for staff, parents and carers regarding sexual health and relationships

• be age appropriate and responsive to a Young Person’s learning ability, previous knowledge and experience.

7. Vision and Values

This Policy has been prepared in line with the vision and values of the Children & Young People Services in Buckinghamshire and its relevant partners.

8. Age of Consent

The Sexual Offences Act 2003 states that the age of consent for sex is 16 in England and Wales.

It is not intended that the sexual offences legislation be used to prosecute mutually consenting sexual activity between under 16s, unless it involves abuse or exploitation.

Young People need to be made aware that sexual activity under 16 years remains illegal. However, we know that despite this, it is not uncommon for some young people to engage in sexual activity whether heterosexual, homosexual or bisexual. Therefore, all staff need to be aware of and work with Fraser Guidelines around Competency.

To protect younger children, the law says children under 13 can never legally give consent, so any sexual activity with a child aged 12 or under will be subject to the maximum penalties.

A person aged 18 or over is liable to up to 14 years imprisonment for this offence. A person under the age of 18 is liable to up to 5 years imprisonment. A person may claim in their defense that they believed the young person to be over 16. (Reference Brook – Sex and the Law Brook: Age of Consent).

The legislation also gives extra protection to 16 and 17 year-olds. It is illegal to take, show or distribute indecent photographs, pay for or arrange sexual services, or for a person in a position of trust (e.g. teachers, care workers and sports coaches) to engage in sexual activity with anyone under the age of 18.

Buckinghamshire County Council cannot condone illegal sexual relationships, and where such a relationship is taking place steps need to be taken to discourage it, whilst also ensuring that the Young Person receives appropriate advice regarding sexual health and contraception.
In all cases where illegal sexual relationships appear to be taking place between a Child in Care and another Young Person, thought needs to be given as to whether the relationship is exploitative or abusive and if so, invoke the Buckinghamshire Inter-Agency safeguarding procedures and your local agency Child Protection procedures where appropriate. An individual professional may not take this decision; appropriate consultation is always required with a line manager or supervising social worker.

**Under 13 years**

Under the Sexual Offences Act 2003, children under 13 years old are considered of insufficient age to give consent to sexual activity - this includes being intentionally touched (of a sexual nature) by a person or being exposed to watch anything of a sexual nature. For this reason all cases of children under the age of 13 years believed to be or have been engaged in sexual activity must be given serious consideration.

- All staff/carers must discuss such concerns with the child’s social worker and with their manager/ safeguarding lead and follow the guidance of Buckinghamshire’s Safeguarding Children’s Board.

When caring or working with a Young Person under thirteen years, it is important to discuss and provide information about personal hygiene, puberty, sexual health and relationships to the Young Person, giving consideration to their chronological and emotional age.

- There is a maximum sentence of life imprisonment for rape, assault by penetration, and causing or inciting a Child to engage in sexual activity.
- There is no defence of mistaken belief about the age of the Child.
- Children aged 10 reach the age of criminal responsibility and can commit offences under The Sexual Offences Act 2003.

**Young people between 13-15 years**

Staff and carers may be anxious about what to do when they are aware of Young People below the age of consent who may be sexually active. In such circumstances, where there is concern about risk to the Young Person, such as the possibility of pregnancy and sexually transmitted infections, staff and carers must give/provide information about where Young People can access advice, help and services from health professionals.

While sexual activity in this age group remains illegal, it is considered that Young People may deemed able to consent to such a relationship (whether they are heterosexual, homosexual or bisexual).

- When working with this age group, carers are reminded of the Fraser Guidelines and should consider the emotional maturity and vulnerability in the wider context of an assessment.

Assessing whether a Young Person fully understands advice and information or the consequences of a sexual relationship is not something that can always be
measured clearly. Therefore the judgement may be made through a combination of several factors:

- an impression about his/her maturity,
- his/her ability to use an appropriate method of contraception,
- an assessment of the young person’s understanding of his/her situation,
- an element of “gut” feeling that a person’s sexual behaviour does not match what would be age-appropriate or developmentally-expected
- an assessment of whether the young person is at risk of abuse/exploitation

**Young People 16 years old and over**

Consensual sexual activity is not an offence over the age of 16 years, nevertheless Children in Care may remain vulnerable to harm through an abusive sexual relationship. Sexual abuse and exploitation of a Young Person involves an imbalance of power and may frequently be indicated by a significant age difference. Young people under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member as defined by the Sexual Offences Act 2003. If such case is identified, please refer to the Safeguarding Procedures.

9. Confidentiality

All Children in Care have the right to confidentiality of personal information unless it comprises the health, safety or rights of others or themselves or others.

Staff and Carers will need to be aware that the Young Person’s right to confidentiality has to be maintained unless there is a safeguarding issue. **Therefore Young People’s personal and sexual relationships will not be discussed in open forums (care planning meetings, reviews, emailed etc) without the Young Person’s prior knowledge and consent.**

Confidentiality is an issue that can cause anxiety for Young People, staff and carers. Many Young People in Care are reluctant to approach staff and carers due to concerns about personal information being discussed with others without their consent. It is essential that the boundaries of confidentiality are clearly understood by all concerned. It is important that Young People understand that confidentiality is not absolute and might have to be breached if there is a concern about their health and safety or well being.

Normally, personal/sensitive information should only be disclosed to third parties, including other agencies, with explicit consent ideally obtained before sharing the information. In some circumstances, consent may not be possible or desirable but safety and welfare of a Young Person dictate that the information be shared.
Research and experience has shown repeatedly that keeping Children and Young People safe from harm requires the sharing of information between professionals and others. This has been recognised in principle by the courts. Any disclosure of personal information to others must always, however, have regard to both common and statute law.

The best way of ensuring that information sharing is properly handled is to work within carefully agreed information sharing protocols between the agencies and professionals involved and taking legal advice in individual cases where necessary.

Although there is no formal legislation surrounding confidentiality, in terms of consent to treatment, for example with contraceptive services, health professionals interpret competency in terms of the Young Person’s ability to understand their choices and the consequences of the possible risk of any treatment or non-treatment. The House of Lords’ ruling in the 1985 Gillick case was when Lord Fraser clarified the current legal position in England for health professionals in relation to confidentiality. The Fraser Guidelines highlight consent to treatment such as the provision of contraceptive advice or supplies to Young People under 16 years of age.

Staff and carers who have received training for providing under-16s with contraception and/or advice need to be satisfied that the following criteria have been met:

- That a young person can understand the advice and has sufficient maturity to appreciate what is involved in terms of the moral, social and emotional implications for themselves
- That the professionals can neither persuade the young person to inform his or her parents nor allow the carer to inform them that contraceptive advice is being sought
- That the young person is very likely to begin or is very likely to continue having sexual intercourse with or without the provision of condoms and/or contraceptive advice
- That without the provision of condoms and/or contraceptive advice, the young person’s physical or mental health or both would be likely to suffer
- That the young person’s best interests require the professional to provide condoms and/or contraceptive advice without parental consent

10. Equalities and Anti-discriminatory Practice

The Young Person’s welfare is paramount when making decisions about their upbringing. All organisations involved in implementing this policy have explicit duties in regard to anti-discriminatory legislations and equality of opportunities and these will need to be upheld throughout all practical work with Young People in regards to Personal Relationships and Sexual Health.
Buckinghamshire Children and Young People’s Trust is committed to ensuring equality of opportunity and addressing issues around diversity for all Children in Care and Young People. The Trust must ensure that no individual is disadvantaged because of their colour, class, religion, ethnicity, gender, disability, age, marital status, sexual orientation, immigration status or socio-economic backgrounds. (See Guidance – Chapter 10)

11. Young People’s Rights

Buckinghamshire Children and Young People's Trust is committed to undertaking its duties to the Young People it looks after within a framework and working practice that supports, promotes and respects Children's rights and associated responsibilities. (See Guidance - Chapter 11)

12. Working with Parents and Birth Families

The Children Act 1989 and 2004, places emphasis on working in partnership with parents in all matters concerning their Children's upbringing.

Parents or those with parental responsibility need to:

- be informed that additional information is provided to Young People in Care outside of what they may receive at school around sex and relationships and explain the reasons for this.
- are given the opportunity to discuss any issues that they may have around such information with the Young Person’s social worker and/or foster carer. Every effort will be made to give information in a form that parents can understand.
- will be informed of the sexual health or educational programmes available to their Child and be given an opportunity to ask questions or express concerns about such information.

The welfare of the Child is paramount. When situations arise where parents are reluctant to allow their children access to sex and relationships information a decision needs to be made by the social worker, Young Person and key worker as to what is ultimately in the best interest of the Child.

The Local Authority understands that some parents will have religious and/or cultural beliefs that influence their views on sex and relationships. The Local Authority must consider a parent's views when making decisions about a Child in care for whom it shares parental responsibility.

The over-riding objective is the welfare of the Child and in some circumstances the Local Authority may depart from the wishes or views of a parent, with the permission of the court when necessary. The Child's own wishes and feelings will be sought and considered in light of their age and understanding.
Staff and carers must address concerns parents may have about this aspect of their Child’s life with sensitivity. They must offer support so that the parents can positively reinforce information given to the Young Person. Assisting parents whose first language is not English or who have an impairment to ensure they can trust and feel confident in the information given is also important.

It is essential to always consult with the Young Person before divulging any information about their sexual activity to their parents and to gain consent, unless it is a matter of child protection.

13. Working in Partnership with Other Agencies

Buckinghamshire County Council actively promotes inter-agency working across statutory, voluntary and private organisations; however, personal information about aspects of a Young Person’s sexual activity must only be shared with others after obtaining the agreement of the Young Person and will be treated sensitively. Issues of Child Protection will be compliant with local Safeguarding Children procedures.


Personal Relationships and Sexual Health are part of the health and education of Young People that must be addressed throughout the Common Assessment Framework, Care and Pathway Plans and Review Process.

15. Talking to Young People about Personal Relationships and Sexual Health

Staff and carers should only talk to Children and Young People if they are competent and confident to do so, otherwise they must signpost the Young Person to an appropriate agency.

It is recommended that all staff working closely with Young People, including Foster Carers, Residential Workers, Social Workers and appropriate school staff be trained and provided with the most accurate and recent information available so they feel safe, competent and confident when discussing sensitive issues, such as sexual and reproductive health matters, with Young People.

Competence and confidence can be enhanced if they:

- have accurate, precise and recent information
- have attended the appropriate training i.e. ‘Sex Matters Tier One’
- feel comfortable in doing so
- are familiar with the Fraser Guidelines and other relevant documents
• have good interpersonal skills including the ability to:

⇒ Communicate effectively with Young People in all areas of daily living
⇒ Manage and express feelings
⇒ Keep safe – by setting and maintaining boundaries
⇒ Make decisions
⇒ Negotiate
⇒ Highlight the needs and consider ways to help Young People to keep themselves safe
⇒ Take responsibility for their own behaviour including role modelling positive lifestyle choices
⇒ Make and maintain positive and healthy relationships

When unsure or unfamiliar, or more specialist information is needed, staff and carers must seek the help or advice of other organisations

16. Supporting Personal Relationships and Sexual Health

Staff and carers will need to acknowledge their own feelings, views and attitudes about teenage personal relationships and sexual health issues and concepts to ensure it doesn’t conflict with the best practice guidance offered in the following areas: (See Chapter 16 of the Guidance for the following sections):

⇒ Self-Esteem
⇒ Puberty, Adolescence and Masturbation
⇒ Safer Sex
⇒ Contraception & Sexually Transmitted Infections (STIs)
⇒ Pregnancy and Associated Options for Young People
⇒ Working with Young Fathers
⇒ Disability
⇒ Gender Issues
⇒ Sexual Orientation
⇒ Cross-Dressing
⇒ Transgendered Young People
⇒ Culture & Faith
⇒ Female Genital Mutilation (FGM)
⇒ Male Circumcision
⇒ Unaccompanied Young Asylum Seekers and Refugees
⇒ Alcohol & Drug Use
⇒ Internet Access & E-Safety
⇒ Inappropriate Sexual Behaviour
17. Adult Pornography – sexually explicit images

Definitions and opinions of pornography vary widely. Images of naked bodies are not necessarily pornographic and need to be taken in context. **People under the age of 18 cannot legally purchase or download material that is sexually explicit.** Similarly, videos/DVDs, films, television and computer games software that are classified by the censorship age (e.g. PG, 15 etc) or for “adults only” may not be bought or viewed by anyone under the classified age.

If a Young Person is found in possession of any kind of adult pornographic material and wishes to retain such material, he or she may only do so if she/he is of an age to legally purchase it. If the Young Person is under the restricted age, the material will be disposed of safely. However, a discussion needs to take place with the Young Person to ascertain their need for sexual health information. They may also need to be signposted to relevant / more appropriate information.

Adult pornography may be used as part of the sexual exploitation grooming process (see Section 19 Sexual Exploitation).

18. Domestic Violence and Abuse (DVA)

DVA is a hidden crime, which affects all sections of society with 1 in 4 women and 1 in 6 men experiencing some form of DVA in their lifetime. It is accepted that DVA can affect anyone; research show that women are more likely to experience DVA, according to the UN, violence against women is "Violence that is directed at a woman because she is a woman or that affects women disproportionately". Children often experience long term effects from witnessing and experiencing incidents of DVA.

Children who grow up with violence in the home learn early and powerful lessons about the use of violence in interpersonal relationships to dominate others.

Preschool children may regress developmentally or suffer from eating and sleep disturbances. School-aged children may struggle with peer relationships, academic performance, and emotional stability. Adolescents are at a higher risk for either perpetrating or becoming victims of teen dating violence.

Several studies reveal that children who witness domestic violence are more likely to be affected by violence as adults – either as victims or perpetrators.

In general, boys exhibit more "externalized" behaviours (e.g., aggression or acting out) while girls exhibit more "internalized" behaviours (e.g., withdrawal or depression). In addition, boys identify more with the male abuser and girls identify more with the female victim; both may continue these roles throughout life if the issues are not addressed.
These general findings however, should not obscure the fact that perpetrators and victims can be either male or female (heterosexual, homosexual and bi-sexual).

See This is ABUSE website for more information on teenage relationships and the Buckinghamshire No Excuse for Domestic Abuse

19. Sexual Exploitation

Young People who are sexually exploited may be male or female and of any sexual orientation. Sexual exploitation usually refers to the exchange of sex for money but sex can also be exchanged for other ‘rewards’ such as gifts, drugs, a bed for the night or simply for affection. This may be part of a “grooming” process.

Young People may be led into inappropriate and exploitative sexual activity through internet social networking sites and use of mobile phones as well as face-to-face contact.

Young People living away from home, in particular those in residential care settings may be targeted by adults seeking to coerce them into sexual exploitation. It is known from research that Young People in Care who run away are particularly at risk of sexual exploitation.

The key message from Safeguarding Children Involved in Sexual Exploitation and the DfE ‘Safeguarding Children & Young People from Exploitation Supplementary Guidance’ is that young people under 18 who are sexually exploited are invariably victims and must be treated as such.

Some Young People with learning disability, mental health difficulties or other impairments may not be able to communicate easily to someone that they are, or have been abused, or subjected to abusive behaviour. Staff and carers must be aware that the Sexual Offences Act 2003 recognises the rights of people with impairment to a full life, including a sexual life. However, there is a duty to protect them from abuse and sexual exploitation. Therefore, any concerns must be raised following the agreed Safeguarding Children’s Procedures.

Where children and young people are missing for long periods or repeated episodes, the “Missing from Care Procedures Planning Meetings” must be held which address the risks to them specifically, one of which may be sexual exploitation - See also the Missing People Website for further information.

Young People must be offered strategies to exit from sexual exploitation. Support may also be required in the form of accommodation e.g. refuges, safe houses, specialist foster homes, as well as continued support, education, health advice and counselling. Due to their lifestyle and past family experiences, many Young People may be reluctant to engage with statutory services and the police. They often find other agencies more approachable sources of help. Therefore, it is imperative that sound partnership working with other agencies is established in order to be more effective.
It may be appropriate to refer Young People who are, or may be, at risk of sexual exploitation to R-U-Safe? **Buckinghamshire Young People Sexual Exploitation and Missing Service.** This service supports young women aged between 11 – 18 years of age by direct work and support regarding personal safety, relationships, sexual health, risks and self-esteem to help them to exit harmful relationships.

The identification of a young person involved in sexual exploitation, or at risk of being drawn into sexual exploitation, must always trigger the agreed Buckinghamshire Safeguarding Children’s Procedures.

### 20. Sexual Assault and Handling Disclosure

Sexual assault is an assault of a sexual nature on another person. It includes:

- Inappropriate touching
- Vaginal, anal or oral penetration
- Sexual intercourse without valid consent including rape
- Attempted rape
  - **Child molestation** - It can be verbal, visual or anything that forces a person to join in unwanted sexual contact or attention. Examples include:
    - voyeurism (when someone watches private sexual acts),
    - exhibitionism (when someone exposes him/herself in public),
    - incest (sexual contact between family members) and
    - sexual harassment (any kind of unwanted sexual behaviour)
  - **Date rape** – often occurs when drugs are slipped into a drink and the victim is unaware (the drink is spiked). These drugs make the victim unable to resist the assault and can also cause memory loss so the victim doesn’t know what has happened. Date rape may also happen without a drink being spiked or any drug involvement.

Young People must be made aware that alcohol/drug use may reduce their sexual inhibitions and be made aware of the dangers of having drink/food spiked.

**If a Young Person in Care reports that they have been sexually assaulted** they will need support to contact their Social Worker and the Police as soon as possible.

**Following sexual assault** Staff and Carers must support and encourage Young People to:

- speak with a Police Officer (of the same sex if they choose to)
- not wash or bathe before being seen
- hand their clothes over to the Police
access a forensic, internal medical examination if indicated. A ‘one-stop-shop’ service provided by Solace Sexual Assault Referral Centres (SARC) based in Slough and Bletchley give support for victims who can self refer. They also conduct medicals to collect all swabs and evidence in one examination. http://www.solacesarc.org.uk/.

A full forensic medical examination, with photo documentation should be done on any child suspected of being sexually abused, as specified in the *national guidelines from the Royal College of Paediatrics and Child Health and the Faculty of Forensic and Legal Medicine* (2007).

Any allegation, disclosure or suspicion of sexual abuse must be referred to the young person's social worker and followed up immediately in accordance with the Buckinghamshire Safeguarding Children Board’s Procedures.

Young People who have been sexually abused will be offered additional expert understanding and support to enable them to work through the potential negative impact of their experience.

Young People have much to lose in terms of their privacy when talking about sex and relationships in light of their previous abuse. Professionals carrying out this work must be respectful and supportive to the Young Person and will need to negotiate with them what will be discussed and how this will be done.

### 21. Sexual Relationships in Placement

Staff and carers must be alert to any potential sexual activities between young people in care settings, regardless of their age and whether one or both partners are in a care setting. **Sexual relationships will not be supported or facilitated within any care setting.** Because:

- young people must be kept safe
- of potential risks to young people as assessed by staff working with them
- of the age of the young people involved
- of concerns around consent
- care staff are unable to ensure that sexual activity does not take place

Young people need to know about the consequences of having relationships in placement **at the start of any placement** and also need to be aware of the implications of their behaviour. This may be part of the Foster Family’s Safe Caring Policy and the Residential Unit’s Statement of Purpose and Function.

If two young people are involved in a serious and committed relationship in placement **an alternative placement must be found**, preferably locally, for one of those young people.

Allocated social workers should always be informed if young people are known to be having a sexual relationship.
In the event of discovery of a sexual relationship between young people in Care such information should be treated with respect and confidentiality, and such knowledge should only be shared on a need-to-know basis.

22. Professional Boundaries and Safe Practice

Maintaining appropriate boundaries between staff and carers and the Young Person is particularly important where sexual health and personal relationships are concerned, particularly in light of the Sexual Offences Act 2003 (and Sexual Offences Amendment Act 2000) which now make the relationship between a Young Person and a person “in a position of trust” illegal (The Acts lists the relevant positions e.g. teacher, social worker). Whilst staff and carers need to provide Young People with opportunities to safely discuss and explore their emerging sexuality and sexual behaviour, this must at all times be undertaken in a professional context.

Young People may make an allegation against staff and carers. These allegations must always be taken seriously and local procedures followed, even where they may be thought to be a misinterpretation of events; untrue (with innocent or malicious intent). There is no certain ways to avoid the chances of false allegation, although there are certain things that can be done to afford staff and carers maximum protection, including:

- exercising caution in sharing their own personal life experiences
- dilemmas should be discussed fully in supervision sessions
- recording difficult issues accurately
- refer to the Foster Carers’ Handbook for further guidance and other relevant guidance such as the Safe Carers Policy.

23. Sexual Attraction

The Sexual Offences Act (2003) states that it is an offence for a person aged 18 or over who is in a position of trust (such as caring for a Child in care) to have any type of sexual activity, including causing or inciting sexual activity, with that Child if they are under the age of 18.

Sexual attraction occasionally arises between adults and Young People in their care. Whilst accepting this is a reality, legally and ethically it is never appropriate to act on these feelings, even after the carer and Young Person cease to have a direct professional relationship.

It is not acceptable for any member of staff or carer to act in any way that appears inappropriately sexual in the presence of Young People.

Under no circumstances is any form of sexual relationship between a Young Person and their carer or any other professional working with Young People acceptable, even if the Young Person is over the age of 16 and can legally consent to sexual activity.
24. Training, Support and Supervision

Buckinghamshire Children and Young People’s Services are committed to providing information and promoting positive aspects of sexual health and personal relationships. Staff and carers should know how to access generic or specialist community services as appropriate to meet the needs of Young People and have a responsibility to sign post young people to relevant specialist services such as those that can be found through the Buckinghamshire Sexual Health Website and the young people’s site NHS Choices- Sex and Young People.

Those working with Young People cannot be expected to be experts in every areas of sexual health and personal relationship work. However, much can be done to enhance competence and confidence:

- Staff and carers of all Buckinghamshire Young People in Care must discuss this Policy and comply with it as part of the Placement Planning meeting and Agreement.
- Managers and supervisors will offer, and support access to, the required training (i.e. Sex Matters Tier 1) and generate opportunities to discuss views, opinions and needs of staff and carers.
- Agencies must determine how best to offer training to their staff in order to respond to the local needs (i.e. inter-agency training, staff meeting etc...)
- Staff and carers have a responsibility to ensure that they are aware of any other policies and procedures affecting / complementing this area of work.
- Staff and carers must be provided with opportunities to explore knowledge, skills and experience along with values, attitudes and beliefs around personal relationships and sexual health (e.g. training, personal development, team meeting discussion, one-to-one meeting).
- All staff and carers must receive both formal and informal support to carry out the demanding task of caring for Young People, especially in the area of personal relationships and sexual health.
- Staff and carers must have access to a full range of information and advice. This will include access to written resources and specialist agencies.
- Staff and carers will consider their training and development needs in this area regularly in their supervision. They will also need to develop a Young Person’s sexual health and relationships training plan within their appraisal process.

25. Consultation

As part of this Policy and Practice Guidance development process, two separate consultations took place. The first aimed to engage with the relevant professionals and carers working with Young People in Buckinghamshire, so that their input and
ideas for improvement could be gained. This consultation was also used as a tool to understand the current skills and levels of confidence in this, often contentious, field of work. Respondents helped shaping the Policy & Guidance, both in form and content where relevant and appropriate.

The second consultation took place with young People in Care with the support of the Participation Team who organised a focus group. The themes identified as important to Young People included:
- Staff and Carers need to recognise and pick up cues given by Young People
- Staff and Carers must be trained in this area of work
- Staff and Carers should signpost Young People to appropriate services

For further information on either consultation, please refer to the Equality Impact Assessment – Appendix 3

26. Outcomes

This Policy aims to improve Young People’s Sexual Health and support positive relationships. It complements and adds to the overall agenda to improve the health and well-being of Children & Young People living in Buckinghamshire and links to the wider context and local priorities and targets such as:

Performance Indicators:

- PSA 12 - Improve the health and well being of children and young people
- PSA 14 - Increase the number of children and young people on the path to success
- NI 50 / PSA 12 - Emotional health of children
- NI 58 / DCSF DSO - Emotional and behavioural health of children in care
- NI 112 / PSA 14 - Under 18 conception rate
- NI113 / DCSF DSO - Prevalence of Chlamydia in under 20 year olds

Key priorities as agreed in Buckinghamshire Children & Young People’s Plan 2009 - 2011:

- Closing the Gap
- Family Focus
- Early Intervention and Secondary Prevention
- Transitions
- Children and Young People and Decision making

It is expected that this Policy will mean that:

- Young People understand about Sexual Health and Relationships
- There will be fewer unplanned teenage pregnancies
- There will be fewer cases of Young People at risk of sexual exploitation
- There will be fewer cases of Young People contracting Sexually Transmissible infections
• The number of Young People experiencing bullying and/or discrimination on the ground of sexual orientation will be reduced
• Young People are offered help to tackle problems at the earliest possible stage
• Support will be provided in a coordinated way from a range of local services and professionals.

27. Implementation and monitoring

Policies are only effective if they can be translated into practice. A Best Practice Guidance on Personal Relationships and Sexual Health has been developed in conjunction with Young People in Care to support the practical implementation of this Policy. Both the Policy and accompanying Best Practice Guidance will be disseminated to all staff, carers and Young People by the following methods:

• All commissioned services for Children in Care will be informed of this policy and will be expected to demonstrate how they will implement and monitor it

• Through the provision of ongoing training, support and supervision on the implementation of the policy. For staff and Carers located outside Buckinghamshire, training may be provided locally to reflect the local policies

• Publication of the Policy and Guidance on relevant Website and Policy Bank

• Through the induction Programme for Staff

• Through all relevant inter-Agencies groups, Boards, Forums and Network in Buckinghamshire

• Through the consultation process on the development of this Policy, intended, for both Staff and Young People, to increase awareness on this field of work/topic

• For young people, through staff and carers explaining the details of this policy and what they can expect from their carers about age appropriate personal relationships and sexual health issues.

• A leaflet will be designed by Young People in Care and will be made available to all Young People in Care.

The effectiveness of this Policy and Guidance will be evaluated through:

• Feedback from Young people

• Focus groups with Young People to be used, during the review process of this Policy in three year’s time, to evaluate the impact of this Policy, contrasting the impact and change against the initial baseline evaluation carried out with Young People in Care completed during the initial consultation process.
• Involvement of staff and carers in the reviewing of this Policy and its impact through the consultation process and on-going training.

The impact of this policy will also be monitored and evaluated in relevant strategy documents and performance reviews e.g. Teenage Pregnancy Strategy and Sexual Health and HIV Strategy.

The policy will be reviewed and updated on a three-year basis or earlier to reflect changes in the legislation, new practice guidance and to reflect local issues, including the involvement and views of Young People, staff and carers.

28. Resource implications

There are no immediate cost implications arising from this Policy. However, successful implementation and changes in practice will require staff commitment and additional / updated training. Most of this training will be delivered within our existing resources and will form part of our Workforce Development Strategy and Induction Programme.

29. References:

1 The Children Act 1989: Guidance and Regulations - Volume 4 Residential Care, para 7.48, HMSO.
2 Equal Opportunities Policy, Hammersmith & Fulham SSD 1999.
3 Good Practice Guide for Working with Black Children in Care, Hammersmith and Fulham Social Services Department 1998
4 UN Convention on the Rights of the Child. Article 24 (1) & (3)
5 Policy and Practice Guidance for working with Children and Families affected by HIV Disease
6 The Child Exploitation and Online Protection Centre (CEOP).
7 Teenage Pregnancy, 1999, Social Exclusion Unit
Appendices

Appendix 1 - Legal Framework

Working Together to Safeguard Children Guidance (2010)
Safeguarding and promoting the welfare of children is the responsibility of the local authority, working in partnership with other public organisations, the voluntary sector, children and young people, parents and carers and the wider community. A key objective for local authorities is to ensure children are protected from harm.

The Children Act 2004
Provides the legal underpinning for Every Child Matters: Change for Children - the programme aimed at transforming children's services. The Act defines the five “Every Child Matters” outcomes:

1. Be healthy
2. Stay safe
3. Enjoy and achieve
4. Make a positive contribution
5. Achieve economic well-being

Children and Young People’s Trusts bring together all services for children and young people in an area, underpinned by the Children Act 2004 duty to cooperate, to focus on improving outcomes for all children and young people.

They will support those who work every day with children, young people and their families to deliver better outcomes - with children and young people experiencing more integrated and responsive services, and specialist support embedded in and accessed through universal services.

Each Children's Services Authority in England has established a Local Safeguarding Children Board for their area.

The objective of a Local Safeguarding Children Board established under Section 13 is:

a) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established.

b) To ensure the effectiveness of what is done by each person or body for those purposes.

The Children Act 1989 Guidance and Regulations states, “Those responsible for the sexual education of young people will need to bear in mind the particular needs of
different young people …….. The needs and concerns of gay young people must also be recognised and approached sympathetically”.

The Children Act 1989 Guidance and Regulations related to young people with mental or physical disabilities, says “Those responsible for the sexual education of young people will need to bear in mind the particular needs of different young people: the fact that young people with mental or physical disabilities have sexual needs should be acknowledged.”

The Children (Leaving Care) Act 2000 imposes responsibilities on local authorities to make sure that support is provided until the age of 21 years or 24 if in full time education. The Act emphasises, there is a “need for greater attention to be paid to advice about sexual relationships and sexual health” among young people who are looked after. Adult Service provision will be in place for Care Leavers who have long term vulnerability.

The Care Standards Act 2000 was introduced to establish a range of consistently high standards in residential care. The Department of Health “Children’s Homes – National Minimum Standards” provides standards that highlight the importance of a policy and written guidance on sexual health and relationships, HIV and other blood borne infections.

The National Teenage Pregnancy Strategy 1999 aims to reduce conceptions to under 18’s by 50% (45% in Buckinghamshire) by 2010. The strategy sets out actions in key areas such as the importance of Sex and Relationship Education, access to services and support for teenage parents. It emphasises the involvement of boys and young men in these areas. It states, children in, or leaving care, have repeatedly been shown to be at higher risk of teenage pregnancy and are therefore a key group in preventative work.

The Street Offences Act 1959 makes it an offence to “loiter or solicit in a street or public place for the purpose of prostitution.” Prostitution is not illegal but associated offences are. Young people under the age of consent can and have been charged with soliciting.

The Female Genital Mutilation Act 2003 relating to Female Genital Mutilation (FGM) makes female circumcision, excision or infibulation a criminal offence and this includes taking part in any such practice. Professionals involved in the care of looked after young people need to be alert to the possibility of FGM particularly amongst minority ethnic communities known to practice it. Where FGM has occurred or is suspected the matter should be investigated in accordance with Buckinghamshire Safeguarding Procedures.

The Sexual Offences Act 2003 The Sexual Offences Act became law in May 2004 and aims to clarify what constitutes a crime of a sexual nature against children, young people and adults. The Act does not limit children’s right to sex and relationship education and sexual health support and advice. The Law ensures that those providing information and support with the purpose of protecting a young person from pregnancy, sexually transmitted
infections, protecting their physical safety or promoting their well being, will not be
guilty of an offence.

This applies to anyone acting in the best interests of the young person such as
health professionals, teachers, youth workers, Connexions Personal Advisors, social
care professionals, parents, staff and carers.

Young people under 16, including those under 13, can continue to seek sexual
health and contraceptive information in confidence in accordance with the Fraser
Guidelines.

All professionals are encouraged to continue providing information and support
according to their organisations agreed policies and to ensure that they are aware of
maintaining the safety of Children in Care at all times.

The aim of the Sexual Offences Act is to protect young people from abuse or
exploitation. The age of consent remains 16 for both boys and girls regardless of
sexual orientation.

Sex and Relationship Education Guidance (DfES 200) states that Sex and
Relationship Education (SRE) in schools should be delivered within the context of
PSHE and Citizenship. All secondary schools are required to develop a policy and
programme of sex and relationship education that should reflect parents’ wishes and
the culture of the community they serve. It is expected that school based SRE will be
provided in conjunction with advice and support from parents and carers. It is
particularly important for young people who are excluded from school or who have
had interrupted schooling that alternative sex and relationship education is provided.
Please note that new guidance are due out soon in 2010.

The National Strategy for Sexual Health and HIV (2001) addresses the need to
raise standards of services, which provide clear information so that people can make
informed decisions about preventing sexually transmitted infections, including HIV.

Statutory Guidance on Promoting the Health and Well-Being of Looked After
Children (2009) aims to make sure that all Looked After Children and Young People
can make informed decisions about preventing sexually transmitted infections,
including HIV.

the rights of all children to health care services. This includes access to information,
resources and provision of sex education and information on personal relationships.

National Foster Care Standards 2008
Foster Care Standards promote positive sexual health and sexual identity.
Standard 5.7
a. Understand how to promote good sexual health with children and young people.
b. Understand how to enable children and young people to develop a positive sexual
identity with regard to their own sexuality.
The Right to Choose: Multi-agency statutory guidance for dealing with forced marriages 2009 makes distinction between a forced marriage and an arranged marriage and regards forced marriage as an abuse of human rights and a form of domestic abuse, where it affects children and young people, child abuse, for both gender.

Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to working together to safeguard Children 2009 offers guidelines to take a proactive and coordinated approach to talking sexual exploitation of children and young people recognized as a form of abuse.
Appendix 2 - Policy Checklist

The following checklist will help to insure that best practice in the development of the policy has been followed and provides a useful reference point for those involved in the approval process.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Is the title of the policy clear and unambiguous?</td>
<td>✔️</td>
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<tr>
<td>Are reasons for the development of the policy plainly stated?</td>
<td>✔️</td>
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<tr>
<td>Are the objectives of the policy clear?</td>
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<td>Are the intended outcomes described?</td>
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<tr>
<td>Have appropriate groups been consulted <em>(insert link)</em> about the policy</td>
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<td>and their views reflected in the main body of the policy? Consultees could include:</td>
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<tr>
<td>• Residents</td>
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<td>• Service users</td>
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<td>• Employees</td>
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<tr>
<td>• Members</td>
<td>✔️</td>
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<td></td>
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<tr>
<td>• Senior Managers</td>
<td>✔️</td>
<td></td>
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<tr>
<td>• Cohesion and Equalities Adviser</td>
<td>✔️</td>
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<tr>
<td>Has an equality impact assessment <em>(insert link)</em> been completed?</td>
<td>✔️</td>
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<tr>
<td>Please include the date of this and the name of the person who carried it out:</td>
<td></td>
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</tr>
<tr>
<td>Name: Lynda Ayres <em>(BCC)</em> and Cherry Gregory <em>(NHS)</em></td>
<td>✔️</td>
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<td>Date: Nov 2009</td>
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<tr>
<td>Have other impact assessments been completed? – Please define:</td>
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<td>Have the supporting documents for the policy been included?</td>
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<tr>
<td>Does the policy include an approval process - does this need to include partners?</td>
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<tr>
<td>Does the policy meet the Council’s accessible information guidelines? <em>(insert link)</em>?</td>
<td>✔️</td>
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<tr>
<td>Does the policy include a plan to identify how it will be disseminated and implemented?</td>
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<tr>
<td>Does the policy include a review date and identify the team</td>
<td>✔️</td>
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</table>
responsible for this?
**Title of strategy / policy / service being assessed:**

Personal Relationships and Sexual Health Policy (Children in Care)

---

**Contact Telephone Number:**

Lynda Ayres - 01296 387712  
Cherry Gregory - 01296 564086 Cherry.Gregory@buckspct.nhs.uk

---

**Date assessment completed:**

06 November 2009

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**Signature and name of Head of Service signing off this impact assessment and equalities improvement plan.**

Name:

Signature:

Service:

---

**PURPOSE:**

To develop an equalities improvement plan based on an assessment of whether the strategy/policy or service is or could adversely impact on particular groups of people due to their:

- **Ethnic origin** (including gypsies & Roma travellers)
- **Gender** (including transgender)
- **Impairment** (physical, sensory, learning disability, mental health or long term limiting illness)
- **Age**
- **Religion/belief**
- **Sexual orientation** (defined as people from the lesbian, gay or bisexual communities)
- **Caring responsibilities**  
  Or as a result of living in a **rural community**, **lower socio economic group** or being a new group to this country (**migrant worker, refugee or asylum seeker**)

---

1) To assess whether the adverse impact constitutes illegal discrimination (see separate EIA guidance notes) and identify the actions to remedy this. If the discrimination is legal, to consider whether action is necessary to mitigate the effect on other groups.

2) To record any unmet needs/requirements identified as result of carrying out this assessment, even where these are not directly relevant to the assessment (see guidance notes for explanation).

3) To put in place arrangements to monitor, analyse and report the ongoing effect across the groups identified.

4) To consider if and how different groups of people could be involved in monitoring the outcomes and/or contributing to further development of the strategy/plan/function/objective/target.

5) To ensure that all equalities actions arising from the above processes are mainstreamed into the relevant service/business plan.

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More detailed guidance has been produced to accompany this proforma see intranet under A to Z>Equalities together with details about free training sessions.
### Section A. To Assess or Not to Assess

To determine whether an EIA is required, please read the questions below and indicate your answer by putting an X in the box to the right of the “Yes” or “No” at the end of each question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the service affect the public or staff directly?</td>
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<td></td>
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<tr>
<td>Does it affect how other services are provided?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there information e.g. survey data or complaints that suggests that it is affecting particular groups of people?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does it have employment implications?</td>
<td>Yes</td>
<td>No</td>
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</table>

If you have answered “Yes” to one or more of the questions listed above, you will need to continue with a full equalities impact assessment (EIA).

However, if you have carried out an assessment of this strategy/policy or service in the past two years, for example, as part of the transformation programme, or there has been an external audit of the service, which has resulted in explicitly stated equalities outcomes, you will not need to continue with an in depth EIA. You will, instead, need to consider any gaps in relation to the groups identified under “Purpose” and agree actions/targets.

If you have answered “No” to all of the above statements, you will not need to continue with a full EIA because it is not relevant to the strategy/policy or service.

Please send this document to your Service equalities representative (see “Equalities” on the intranet for a current list) and copy it also to Angie Sarchet, Cohesion & Equalities Manager, Room 404, County Hall or via email to asarchet@buckscc.gov.uk. Ensure you do this prior to final sign off by the Head of Service to enable the challenge process to be applied effectively.
### Section B. Reviewing the design

<table>
<thead>
<tr>
<th>Questions to consider</th>
<th>The Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Why is the strategy/policy or service necessary?</strong> What are the key aims and objectives? What outcomes is it designed to achieve and for whom?</td>
<td>In 2003 an inter-agency group led by the PCT Children in Care’s Nurses and containing key people from Buckinghamshire’s Social Care – now Safeguarding - produced the Sexual Health and Personal Relationships Policy for Children and Young People who are Looked After. This document updates and reflects local and statutory changes in young people’s services. Buckinghamshire’s Children and Young People’s Services, along with their key partners, are committed to improve children and young people’s outcomes and to ensure they achieve their full potential by guaranteeing equal life chances for all. <em>The experience of being ‘looked after’ should include the sexual education of young people… This is absolutely vital since sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood.</em> (1) Children Act 1989 Guidance Vol. 4 For Children and Young People in Care, both developing appropriate personal relationships and having an understanding of sexual behaviour are fundamental to their maturation and future well being. This document is intended to support staff and carers in this complex and often challenging area of their work. This document aims to provide information, guidance and best practice examples for staff and carers to enable them to provide young people with advice, information and guidance about personal relationships, sexuality and sexual health.</td>
</tr>
</tbody>
</table>
| **2. Consider your answers at question 1. How have the needs of different groups of people, where relevant/appropriate, been taken into account?** What does needs assessment data tell you about who should be benefitting from the strategy/policy or using the service? What else do you know about people’s needs or views? What information do you have from consultations/focus groups, national or local published research reports, satisfaction surveys, service monitoring data, benchmarking with other providers, demographic data or other information that has been used to formulate the design and delivery of the strategy/policy/ or service. Also refer to the council’s “Research” information on the website. | The Policy is aimed more specifically at Young People in Care. The importance of sex and relationships education is recognised in The Children Act (1989) and is part of the responsibility of corporate parenting for Children in Care. Research confirms that there is a real need for all Children and Young People in Care to be equipped with knowledge and skills that will enable them to make informed decisions in areas that may affect their health and relationships as they grow up. The Local Authority is also intending to fulfil its Safeguarding Duty in regards to protecting Children & Young People against Sexual Exploitation. For examples:  
- Looked after children and young people are at greater risk of early |
Appendix 3 – Equality Impact Assessment - Buckinghamshire County Council - Equalities Impact Assessment Pro forma

If you identify a gap in information, for example, about the needs of a particular group of people, include this as an action point in the equalities improvement plan.

- Buckinghamshire County Council

Appendix 3 – Equality Impact Assessment


- Both young women and young men in and leaving care are more likely than their peers to be teenage parents, with one study finding that almost half of young women leaving care became pregnant within 18 to 24 months, and another reporting that a quarter were pregnant or young parents within a year of leaving care. For some, this may be a positive choice (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DCSF & DH, Page 13, November 2009).

- In 2008, there has been over 1,600 incidents of suspected forced marriage reported to the Forced Marriage Unit, affecting young men and women aged between 13 to 30, some with disability and cases reported involved families from South Asia (predominantly), but also from East Asia, the Middle East, Europe and Africa. It is still believed that many cases go unreported (Multi-Agency practice Guidelines: Handling cases of Forced Marriage, HM Government, June 2009, Page 10)

- Looked After Young People are more at risk of sexual exploitation and abuse through prostitution (Swann 1998 and Matthews 2000)

- 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).

- 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)

- 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’ (Department of Health 2004)

- It is impossible to calculate accurately the number of (long hand first) LGBT young people in residential child care as this would depend upon all LGBT young people being confident enough and willing to identify themselves as such. An estimate, however, can be made based upon...

Recent research suggests that between 2-9% of young people have had some same-sex sexual experience (National Survey of Sexual Attitudes and Lifestyles, 2000).

- A study in 2003 compared the mental health of over 1,000 gays and lesbians with over a 1,000 heterosexual men and women in England and Wales. They found that lesbians and gay men were more likely than heterosexuals, to experience violence, harassment or bullying at school or as an adult and experience psychological distress and self-harm (Mental Health & Well-Being in the South East, Department of Health, October 2006)
- Change, the Disability Rights Charity has found in their three-year research project that Young People with learning disabilities must received better information and education about sex and relationships (Children & Young People Now, 19-25 November 2009)
- Research carried out in 2007 found that up to 24,000 girls under the age of 15 were at risk of Female Genital Mutilation (FGM)

What we know in Buckinghamshire:

- The teenage pregnancy rate in Buckinghamshire has fallen by 15% since 1998. Buckinghamshire has a much lower teenage pregnancy rate for under-18s (21.2 per 1000) than nationally (41.1 per 1000). However, the Tell Us Survey found that children and young people in Buckinghamshire want better information on sex and relationships (CYPP 2009 – 2011).
- 77 young women aged between 11 and 18 were referred to the Buckinghamshire ‘RU Safe’ Project having been identified as being sexually exploited or at serious risk of sexual exploitation (CYPP 2009 – 2011).

Buckinghamshire County Council and Community Health Buckinghamshire hold some data on Young People in Care, but very little that would currently help us identify particular groups at risk of adverse impact(s), or potentially discriminated against. However, it is assumed here that our local issues and concerns would be similar to those identified nationally from the limited research carried out on Young People in Care and Sexual Health & Relationships.

In the UK, young people have been identified as a specific group who
experience poor sexual health and there is scope for improving this if sexual health services are sensitive and relevant to their needs (Perry C. & Thurston M., Child Care Health and Development, 34(1), January 2008, pp.98-103). Therefore, it was important that this Policy took into consideration the varied needs of all Children & Young People.

**Anti-discriminatory practice and equalities**
The Policy addresses issues of equalities and anti-discriminatory practices very clearly, as a separate chapter and throughout the document.

**Age**
The Policy is aimed at Children & Young People up to 18 while addressing the legal age of consent for different age groups within the young people’s population group.

**Disability**
The Policy addresses the needs of young people’s needs related to disability, including young people with Sensory, Physical, Learning and Mental Health disabilities, both in relation to Sexual Health & Relationships issues and access to appropriate information.

**Ethnicity / Culture / Faith & Beliefs**
The Policy addresses specific issues related to culture and ethnicity such as Young People who are unaccompanied Asylum Seekers and Refugees, Religion & Belief, cultural differences, Female Genital Mutilation, male circumcision and Forced Marriage.

**Sexual Orientation**
The Policy draws attention to the needs of young gay, lesbian and bisexual young people, advising sensitivity, support and anti-discriminatory practices.

**Gender**
The Policy addresses explicit needs related to young boys and men as well as young girls and women where specific attention / practices is required to address gaps / disparities between the two groups of young people, i.e. in relation to contraception and access to information. It also highlights needs related to transgendered and transsexual young people.
### Questions to consider

3. **Are other organisations responsible for delivering the strategy/policy or service?** If yes, how have you incorporated the council’s cohesion and equalities priorities into the procurement process or contractual arrangements? How is compliance monitored? What steps have you taken to reduce the council’s legal liability where services are being delivered on our behalf? If not relevant, go on to question 4.

- **The Policy is primarily aimed at all services for Children & Young People in Care in Buckinghamshire, including Foster Carers, Residential and Respite Centre. However, it will also impact others services and organisations such as schools, youth services and Primary Care services also working with Children & Young People in Care.**
  
  In order to be effective, the Policy will need to be promoted across all relevant services and organisations via the Safeguarding Board which involves all relevant professionals and agencies working with Children & Young People in Buckinghamshire. It will also be promoted via relevant conferences & training, Inductions and through contractual arrangement. *(See Action Plan).*

### Section C. Reviewing the implementation/delivery

4. **Does the strategy/policy need to be communicated to the public/our employees or does accessing the service depend on information being communicated to the public?** If yes, how will this be achieved? Consider the information we already have about how our residents prefer us to communicate with them and consider the ways that different groups of people generally find out information. How do you or how will you ensure that communication is appropriate to meet the different communication needs of different groups of people? If not relevant, go to question 5.

- **No. The Policy is aimed at Professionals and will be communicated via the existing internal and / or inter-agencies existing communication media (i.e. the Safeguarding Board Website, the Policy Digest, Foster Carers Forum, Service Providers Forum etc.... *(See Action plan)*
  
  The Policy will also need to be communicated to Children & Young People who will need to be aware of Rights and Responsibilities of both staff / carers and their own, as laid out within this Policy. It will be the responsibility of each professional / agency to ensure that this is carried out effectively and using the appropriate communication methods (i.e. via the ‘Welcome into Care’ Pack). *(See Action Plan)*

5. **Is delivery of the strategy/policy or service dependent upon particular buildings, open space or mode of transport being used by the public?** If yes, what facilities and transport access arrangements have been put in place to ensure that the needs of different groups of people have been addressed? See the EIA guidance notes for suggested issues that you need to think about. If not relevant, go to question 6.

- **Not Applicable**
### Questions to consider

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<tr>
<td><strong>6.</strong> Review any processes people need to go through to be able to use the service or to benefit from the strategy/policy. For example criteria that are applied to determine eligibility for receiving the service and the completion of forms. Do these processes/criteria effectively prevent groups of people from using the service or benefiting from the strategy/policy?</td>
<td>The Policy is aimed at all Children &amp; Young People who are in the Care of the Local Authority, and its principles will also be applicable to all Children &amp; Young People in Buckinghamshire.</td>
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</table>

(Ideally you should be aiming to only keep those processes and criteria that are essential to implementation/delivery, for example, because they are a legal requirement.)

| **7.** What particular skills and knowledge will relevant staff need to ensure that the strategy/policy is properly implemented or that the service is delivered appropriately to meet people’s individual needs? | All staff and carers implementing this Policy will be offered access the Sex Matters Tiers 1 Training course to support their knowledge in implementing this Policy (in some services, the Sex Matters Tiers 1 Training has been identified as an ‘Essential’ training course within the Training Plan). Equality & Diversity Training is offered as standard, following each agency’s procedures (i.e. mandatory within six month of employment in Children and Young People services and refresher courses every three years). |

### Section D. Assessing for adverse impact and discrimination

Consider the answers given in questions 1 through to 7 and assess whether the strategy/policy or service results, or could result, in adverse impacts on different groups of people. **Essentially you are looking to identify and deal with any actual or potential unfairness, disadvantage or discrimination.** (See the guidance notes for a more detailed explanation.) If you consider that there is an adverse impact, or the potential for an adverse effect, state whether these adverse impacts constitute illegal discrimination or not, and state whether these are justifiable or legitimate. You are required to give your reasons for this.

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<tbody>
<tr>
<td><strong>No adverse impact or discrimination has been assessed at this stage.</strong></td>
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</table>

If you have identified an adverse impact that constitutes illegal discrimination, you are required to take action to remedy this immediately.

If you have identified an adverse impact that is justifiable or legitimate, you will need to consider whether actions can be taken to mitigate its affect on particular groups of people. This arises out of the duty to promote good relations between people of different groups and is in keeping with the Council’s approach to “Strong & Cohesive Communities in Bucks”.

Ensure that these actions are listed in the attached equalities improvement plan.

If you do not have the authority to take the action required, you will need to alert the relevant service manager to your findings.

Section E. Ensuring continuous improvement

<table>
<thead>
<tr>
<th>Questions to consider</th>
<th>The Findings</th>
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<tbody>
<tr>
<td>9. What measures will you be using to monitor the impact of the strategy/policy or service over the next three years?</td>
<td>o A baseline survey will be developed as part of the initial consultation with professionals regarding this document to gather indication of current knowledge / skills and confidence amongst professionals in this area. The baseline evaluation will be monitored and contrasted against the second round of evaluation which will take place in three years time with professionals as part of the review process of the Policy. See Action Plan</td>
</tr>
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<td></td>
<td>o A baseline evaluation will be carried out with Young People in Care as part of the Consultation process to measure Young People's knowledge and confidence in regards to Sexual Health and Relationships. Further focus groups will be re-convened as part of the Policy's Review Process in three years time to measure and monitor potential changes. See Action plan</td>
</tr>
<tr>
<td></td>
<td>o Monitoring of the following Performance Indicators</td>
</tr>
<tr>
<td></td>
<td>PSA 12 - Improve the health and well being of children and young people</td>
</tr>
<tr>
<td></td>
<td>PSA 14 - Increase the number of children and young people on the path to success</td>
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<tr>
<td></td>
<td>NI 50 / PSA 12 - Emotional health of children</td>
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<tr>
<td></td>
<td>NI 58 / DCSF DSO - Emotional and behavioural health of children in care</td>
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<tr>
<td></td>
<td>NI 112 / PSA 14 - Under 18 conception rate</td>
</tr>
<tr>
<td></td>
<td>NI113 / DCSF DSO - Prevalence of Chlamydia in under 20 year olds</td>
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</tbody>
</table>

Please refer to the council's monitoring guidance (see website – add link?) to decide.
what type of monitoring is appropriate and what information you will need to gather. Also consider whether you need have some targeted actions with particular groups of people to address the issues identified above. Please ensure that these are listed in the attached equalities improvement plan.

Section F. Opportunities for community cohesion or promoting good relations between different groups of people

Community cohesion and equalities are priorities for Buckinghamshire County Council.

Community cohesion is the outcome of understanding and respect between different communities and a sense of identification with a wider community. In essence it’s about promoting a sense of connection, trust and belonging both within geographical communities and across groups of people. It is at risk where illegal discrimination exists, or is perceived to exist, when stereotypes and disinformation go unchallenged and where lack of knowledge about, or experience of, different groups of people leads to fearfulness and segregation.

Equalities in Buckinghamshire are at risk when we fail in our duty to provide an appropriate and professional service that takes account of the different needs of groups of people as a consequence of their colour, culture and ethnic origin, gender, disability, age, religion/belief or sexual orientation or as a result of living in a rural community, lower socio economic group or being a new group to this country and/or county (migrant worker, refugee or asylum seeker).
### Questions to consider

10. **Consider what opportunities and risks to the Council's community cohesion and equalities priorities could arise**, for example:

   (a) Are there ways in which your service could bring different groups of people together, for example to develop future provision through consultation exercises?

   (b) Are there ways in which existing groups could interact with the service, for example, as part of ongoing monitoring of service provision?

   (c) Could the way you provide the service bring different groups of people together to use the service?

   (d) Does the way in which your service is provided have the potential to lead to resentment between different groups of people? How can you compensate for perceptions of preferential or differential treatment? Consider the role, or potential role, of the media and extremist groups when formulating your communication actions.

   (e) If the improvement plan identifies addressing a gap in the service for a particular group of people, have you also addressed the potential for perceptions of preferential treatment for the group? How will you ensure that people will understand the need for the actions proposed as a result of this impact assessment?

   **Ensure that the actions you identify are put into the attached equalities improvement plan.**

<table>
<thead>
<tr>
<th>Questions to consider</th>
<th>The Findings</th>
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<tbody>
<tr>
<td>(a) The Consultation with Young People in Care on this Policy had the potential to bring a variety of young people together through Focus groups where different perspectives and attitudes can be discussed in a safe and nurturing environment.</td>
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<tr>
<td>(b) The Consultation with Young People in Care on this Policy had the potential to bring different Young People together through Focus groups as part of the Policy Review process.</td>
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<tr>
<td>(c) Not applicable. This Policy addresses very sensitive and personal issues which require an individual and person-centred approach.</td>
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<tr>
<td>(d) The Policy is based on National research, National guidance and Policies, advising Local Authorities to address specific needs for specific groups of Young People in a person-centred approach. Therefore, it is unlikely that this Policy would be subject to resentment between different groups of people.</td>
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<tr>
<td>(e) Not applicable</td>
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EQUALITIES IMPROVEMENT PLAN

Please list all the equalities actions and targets that result from the Equalities Impact Assessment (continue on separate sheets as necessary). These also need to be integrated into the relevant service plan for mainstreaming and performance management purposes.

<table>
<thead>
<tr>
<th>Equalities Targets/Actions</th>
<th>Officer responsible</th>
<th>By when</th>
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<tbody>
<tr>
<td>Carry out an inclusive Consultation with Children &amp; Young People in Care, ensuring that a wide range of young people are involved and able to have a ‘voice’ in the procedures (application of the Policy). Monitor equality data of consultation.</td>
<td>Lynda Ayres Theresa Carlyle Muriel Alleaume</td>
<td>Completed June 2010</td>
</tr>
<tr>
<td>Carry out a wide consultation with Professionals, Carers, services and agencies who will be implementing this Policy to ensure ownership and effective implementation of good practice in relation to Sexual Health &amp; Relationships for Children &amp; Young People.</td>
<td>Lynda Ayres Mike Muriss Muriel Alleaume</td>
<td>Completed August 2010</td>
</tr>
<tr>
<td>Promote the Policy widely, using a variety of media and communication channels (i.e. Safeguarding Board) to targets all relevant Professionals, Carers, services and agencies who will be implementing this Policy to ensure ownership and effective implementation of good practice in relation to Sexual Health &amp; Relationships for Children &amp; Young People.</td>
<td>Cherry Gregory Lynda Ayres Marian Millward Isabella Docherty Gill Steckiewicz</td>
<td>January 2011 to December 2011</td>
</tr>
<tr>
<td>Ensure that <strong>Personal Relationships and Sexual Health Policy (Children in Care), including Procedures and Best Practice Guidance</strong> is included within the Staff &amp; Carers’ Induction Programme.</td>
<td>Cherry Gregory Lynda Ayres Marian Millward Isabella Docherty Gill Steckiewicz</td>
<td>April 2011</td>
</tr>
<tr>
<td>Ensure that <strong>Personal Relationships and Sexual Health Policy (Children in Care), including Procedures and Best Practice Guidance</strong> is included within the Contractual arrangements and its application monitored via Commissioning Review arrangements.</td>
<td>Lynda Ayres Cherry Gregory</td>
<td>April 2011</td>
</tr>
<tr>
<td>Review and monitor the success of the <strong>Personal Relationships and Sexual Health Policy (Children in Care), including Procedures and Best Practice Guidance</strong> and its outcomes on Children &amp; Young People in Care, using the Policy Review process to monitor changes in attitudes, skills and knowledge of professionals and Young People using the initial evaluation baseline developed during the consultation process.</td>
<td>Cherry Gregory Lynda Ayres Marian Millward Isabella Docherty Gill Steckiewicz</td>
<td>September 2013</td>
</tr>
</tbody>
</table>

Once the challenge process has been completed, please return the agreed Equalities Impact Assessment Form (signed by your Head of Service) and equalities improvement plan, to Angie Sarchet, Cohesion & Equalities Manager, Room 404, County Hall or via email to asarchet@buckscc.gov.uk and also copy to your service equalities representative (see “Equalities” on the intranet for an up to date list of service representatives).