

Relationship and Sexual Health Toolkit

for Foster Carers and Health and Social Care Staff
caring for Looked After Children and Young People

This toolkit was developed by a Task and Finish Group of the Regional Sexual Health Network chaired by the Public Health Agency. Recognition is given to the SHSCT for the use of their original work in order to develop this Regional Resource.

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Introduction

1.1 Background & Strategic Context

It is widely accepted that Children and Young People who have been looked after either at home, with kinship/foster carers, or in residential or secure institutions have increased health needs in comparison to children and young people from comparable socio economic backgrounds who have not been in the care system. Health, education and social outcomes for looked after children often remain poorer than those of their peers with higher rates of teenage pregnancy, smoking and substance misuse, mental and emotional health problems, criminality, and poor educational attainment. Their longer term health outcomes also remain worse than their peers.

A child or young person is classified as being Looked After either by way of a Care Order granted through the court, or Accommodated through a voluntary arrangement between the Trust and the parent, or adult with 'parental responsibility'. The Children (NI) Order 1995 introduced the concept of parental responsibility which provides the power to make important decisions in relation to a child. A mother automatically has parental responsibility for her child from birth and a father usually has parental responsibility if he's married to the child's

mother or listed on the birth certificate. A Care Order provides a Trust with the authority to make decisions in the best interests of a child or young person. When this is granted, the Trust will share parental responsibility for the child or young person with anyone who has parental responsibility for the child or young person. When children and young people are accommodated, parents and those with parental responsibility retain full responsibility.

Key Strategic and Legislative Drivers

- ▶ Making Life Better
- ▶ Sexual Health Promotion Strategy 2008-2013 addendum 2016
- ▶ Teenage Pregnancy Prevention Framework 2018
- ▶ Healthy Futures 2010-2015
- ▶ Draft LAC Strategy 2018
- ▶ SBNI Core Child Protection Policy and Procedures 2017



1.2 Guiding Principles

The following principles should be applied when working with children and young people who are Looked After:

- ▶ For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO 2012);
- ▶ Discussions with young people need to contain clear factual information about sexuality in a manner chosen by them and with which they feel most comfortable. The United Nations Convention on the Rights of Children should underpin practice;
- ▶ Those caring for looked after children must have high aspirations for them;
- ▶ The views of the children and young people need to be taken into account when making decisions in matters that affect them;
- ▶ Looked after children need to be encouraged to develop knowledge and skills in making healthy choices, including those related to sexual health and relationships;
- ▶ Professional relationships based on trust, predictability and sustainability should be encouraged;
- ▶ Looked after children need support regarding their health in a manner that reflects developmental stages, including transition to adulthood;
- ▶ Carers should have access to a named health professional to support them with their caring role and responsibilities in relation to health; and;

- ▶ Personal information must be handled in a sensitive and professional manner and shared on a need to know basis, in keeping with DoH and Trust policy.

1.3 Aim and Objectives

The aim of this toolkit is to recognise the rights of all children and young people in care to have access to information on relationships and sexual health whilst at the same time, protecting them and others from abuse and exploitation.

The objectives are to:

- ▶ Promote good practice in compliance with current legislation and local policy;
- ▶ Ensure consistency, confidentiality and non-discriminatory practice;
- ▶ Improve access to services and information;
- ▶ Promote positive sexual behaviour through education and support;
- ▶ Equip young people with skills and knowledge necessary to make informed choices; and;
- ▶ Support young people in their transition to adulthood.



1.4 Sexual Health and Young People

Relationship and sexuality education, which encompasses the learning of core life skills and ways to avoid negative outcomes such as low self-esteem, unplanned pregnancy, and the consequences of the misuse of drugs or alcohol, has been shown to be an effective way to reduce teenage pregnancy, improve mental and sexual health and reduce risk taking behaviours among young people. Therefore, supporting staff and foster carers, and providing them with the information and resources needed to be able to undertake this work with young people in care, is the most pragmatic means of improving the health and wellbeing outcomes for this target group.

Research findings have shown that professionals who deal specifically with at risk young people consider their focus is often placed at fire fighting and crisis management rather than prevention¹¹. However, in order to make real changes to the health and wellbeing outcomes for these young people the balance must change, with opportunities for preventative, meaningful conversations with at risk young people being created at a younger age.

All of this evidence highlights the need for a consistent and co-ordinated approach to improving health and wellbeing outcomes for looked after children and young people who are some of the most vulnerable. The most effective way of doing this is via planned and structured personal development work with children and young people so that opportunities for early preventative intervention are initiated.

1.5 The Law on Sex

The age of consent to any form of sexual activity is 16 years for both males and females.

In Northern Ireland, the laws on sexual offences do not affect the ability of professionals to provide confidential sexual health advice, information or treatment if it is in order to protect the young person from sexually transmitted infections or pregnancy, to protect their physical safety or to promote their emotional well-being.

The Sexual Offences (Northern Ireland) Order 2008 introduced new legislation to protect all children and young people from abuse. However, the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age.

Specific law protects children up to the age of 13 years and under, who cannot legally give their consent to any form of sexual activity. There is a maximum sentence of life imprisonment for rape and assault by penetration. There is no defence of mistaken belief about the age of the child, as there is in cases involving 13-15 year olds.

Article 79 of the Sexual Offences (Northern Ireland) Order 2008 amends 'relevant offence' for Section 5 of the Criminal Law Act (Northern Ireland) 1967 to exclude the duty to report information about the committing of an offence under Article 20. This therefore means that there is no statutory duty under criminal law to report to the Police cases of sexual activity involving children under the



age of 16 years under Article 16 to 19 of the Order, where the other party is aged under 18 years.

The exclusion does not apply to information about offences against children under 13 years as set out in Articles 12 to 15 of the Order. Young people with a disability may be at greater risk of abuse, exploitation and coercion than their non-disabled peers. H&SC staff and carers need to find a balance between protection and the need to respect the young person's rights to express their sexuality in a safe and appropriate manner.

1.6 Consent and Confidentiality

Any young person in Northern Ireland deemed to have the capacity can consent to medical, surgical or nursing treatment, including contraception and sexual and reproductive health.

They are deemed to have capacity if they are capable of fully understanding the nature and possible consequences of the treatment.

Consent from a parent, or adult with parental responsibility is not a legal requirement, although the involvement of parents is strongly encouraged. (A parent is someone with legal parental responsibility. This is not always a biological parent).

Young people are owed the same duties of care and confidentiality as adults.

Confidentiality may only be broken when the health, safety or welfare of the young persons, or others, would otherwise be at risk.

Much of the law affecting consent is not set out in legislation but is common (judicial precedent) law. It is considered good practice for health professionals to follow the criteria commonly known as the Fraser guidelines:

- ▶ That the young person understands the advice and has sufficient maturity to understand what is involved;
- ▶ That the doctor could not persuade the young person to inform their parents, nor to allow the doctor to inform them;
- ▶ That the young person would be very likely to begin, or continue having sexual intercourse with or without contraception treatment;
- ▶ That, without contraception advice or treatment, the young person's physical or mental health would suffer; and;
- ▶ That it would be in the young person's best interest to give such advice or treatment without parental advice.

Every looked after child has a right to privacy and to choose what information they share and with whom they share it. Staff and carers need to make it clear to the child/young person that there may be situations when confidentiality cannot be adhered to, e.g. when a child/young person is:



-
- ▶ Self-harming;
 - ▶ In a relationship which is deemed inappropriate (i.e. outside of the law or abusive/coercive);
 - ▶ Pregnant. and/or
 - ▶ Has an STI requiring treatment which they are refusing

In these circumstances, the child/young person will be informed of the intention to share the information with others, who the other people are, and what information will be shared.

This toolkit is focused on helping carers educate children and young people in a way that helps them to see sexual health and relationships as a “normal part” of growing up and making the transition to adulthood. Learning about relationships and, in particular gender roles begins at an early age.

All schools, both primary and post primary, are expected to provide age appropriate relationship and sexual health education (RSE). Children and young people who are looked after and accommodated can often miss out on this important part of their education either through placement moves or periods of exclusion or through non-attendance at school.

Where possible and appropriate , parents should be informed and encouraged to take an active part in promoting the sexual health and wellbeing of their child/young person, particularly in those circumstances in which a return home is planned.

Young people should be encouraged to develop positive attitude to relationships and sexual health, including non-discriminatory attitudes.



Pathways for the management of sexual and relationship issues in practice

- A. How to support a sexually active young person: (i) under 16 years and (ii) over 16 years
- B. What to do if a young person asks for help to access contraception: (i) under 16 years and (ii) over 16 years
- C. What to do if a young person asks for help to access Emergency Hormonal Contraception- (EHC): (i) under 16 years and (ii) over 16 years
- D. What to do if a young person tells you that they might be pregnant: (i) under 16 years and (ii) over 16 years
- E. How to support a young person in care who is pregnant
- F. How to support a young person in care who is going to become a father
- G. What to do if a young person tells you that she might be pregnant and wants to consider her options
- H. What to do if a young person is accessing pornography
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- J. Pathway for online exploitation e.g. naked images and online grooming
- K. The referral care pathway for children and young people who report to have been sexually assaulted



(A) How to support a sexually active young person: (i) Under 16 years

Young Person under 16 years DISCLOSES SEXUAL ACTIVITY

Commend young person for talking to you about this issue. Ascertain if sex was consensual if yes, talk to young person about the age of consent and follow steps below. Explain given their age and circumstances of the importance of sharing this information with their social worker.

If non consensual, discuss the need to report to both social worker and PSNI. Ensure emotional support.

Reassure young person

Consider any potential child protection issues.

The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result (HSC professionals). Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework.

Advise the young person's social worker of the disclosure. The social worker will also consider if there are any child protection issues and need for parental involvement.

1 Is contraception being used?

If no, go to **Pathway Ci**.

2 Is there a risk of pregnancy?

If yes, go to **Pathway E**.

3 Is there a risk of Sexually Transmitted Infections (STI's)?

If yes, advise the young person about these risks and encourage STI testing.

See Appendix 4

4 Discuss safer sex and local service provision for STIs and contraception, including

Emergency Hormonal Contraception (EHC) provision and condoms.

5 Discuss delay and encourage abstinence until at least 16 years and emotionally ready.



(A) How to support a sexually active young person: (ii) Over 16 years

Young Person over 16 years DISCLOSES SEXUAL ACTIVITY



1

Is sex consensual?

Commend young person for talking to you about this issue. If yes, explain importance of maintaining good sexual health and relationships and follow steps below. Encourage young person to talk to their social worker. If no, discuss the young person's rights and options in relation to reporting to PSNI and ensure emotional support. Advise of need to share information with Social Worker.

2

What age is partner?

The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result. Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework

3

Is contraception being used?

If no, go to **Pathway Cii**.

4

Is there a risk of pregnancy?

If yes, go to **Pathway E**

5

Is there a risk of Sexually Transmitted Infections (STIs)?

If yes, advise the young person about these risks and encourage STI testing.

6

Discuss safer sex and local service provision for STIs and contraception, including Emergency Contraception and condoms provision.



(B) What to do if a young person asks for help to access contraception

(i) Under 16 years

Young Person under 16 years REQUESTS HELP/ADVICE ON WHERE TO ACCESS CONTRACEPTION

Praise the young person for being responsible in seeking help and advice

Advise the young person (due to their age and circumstances) of the importance of sharing this information with their social worker

Consider any potential child protection issues. The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result (HSC professionals). Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework.

Advise the young person's social worker of the disclosure. The social worker will also consider if there are any child protection issues and need for parental involvement if appropriate

If able discuss the different types of contraception (barrier and non-barrier), and how they work. Or request support from someone with the knowledge and skills eg local contraception and sexual health clinic, LAC nurse, GP Advise that only barrier methods will also protect against sexually transmitted infections.

Advise the young person that a health professional can discuss all options with them and advise them on the range of service providers available to them to help them make more informed choices

Providers of Contraception

- ▶ GP
- ▶ Sexual and reproduction /contraception services
- ▶ Contraception and Sexual Health (CASH) Clinics
- ▶ Common Youth Clinic
- ▶ GUM Clinic
- ▶ FE College Clinics

Allow the young person to choose their preferred service and help them to arrange an appointment

Go to **Pathway Ai** regarding underage sexual activity



(B) What to do if a young person asks for help to access contraception

(ii) Over 16 years

Young Person over 16 years REQUESTS HELP/ADVICE ON WHERE TO ACCESS CONTRACEPTION

Praise the young person for being responsible in seeking help and advice

If able discuss the different types of contraception (barrier and non-barrier), and how they work. Or request support from someone with the knowledge and skills eg contraception and sexual health clinic, LAC nurse, GP. Advise that only barrier methods will also protect against sexually transmitted infections

Go to **Pathway A(ii)** Sexual Activity over age 16 years

Advise the young person that a health professional can discuss all options with them and advise them on the range of service providers available to them to help them make more informed choices

Providers of Contraception

- ▶ GP
- ▶ Sexual and reproduction /contraception services
- ▶ Contraception and Sexual Health (CASH) Clinics
- ▶ GUM Clinic
- ▶ Youth Health Advice Service Clinics
- ▶ Common Youth Clinic
- ▶ Buy over the counter – options available

Allow the young person to choose their preferred service and help them to arrange an appointment



(C) What to do if a young person asks for help to access Emergency Hormonal Contraception

(i) Under 16 years

Young Person under 16 years REQUESTS HELP TO ACCESS Emergency Hormonal Contraception

Praise the young person for being responsible in seeking help and advice. Work out how long since the unprotected incident in hours

If the request is made Out of Hours (e.g. evenings, at the weekend) you can contact the Regional Emergency Social Work Service or Foster Carers Helpline for support.

If you do not wish to deal with this request for help for religious/moral reasons, you must pass on the request for help, with the young person's consent, to someone who will help them.

Two Types of Emergency Contraception

The IUD (Copper Coil) is gold standard for emergency contraception and will prevent over 99% of pregnancies. This is a small device which is fitted into the uterus (womb) but must be fitted within a specified timeframe. Speak to a family planning doctor or nurse for advice as soon as possible

Emergency Oral contraception (The morning after pill) is also available. This should be taken as soon as possible after the Unprotected Sexual Intercourse or burst condom.

There are 2 types of emergency oral contraception - Ella One and Levonelle. The Family Planning Doctor or Nurse will assess each individual to see which type of pill is most suitable.

Help the young person to access the most appropriate service opened at that time. Options include:

1. Local Contraception and Sexual Health Clinic (Coil and pill)
2. GP Practice (pill, many do not fit emergency coils)
3. Local Youth Health Advice Service Clinic (many of these do not give out Emergency pills)
4. Local GUM Clinic (only if staff are dual trained in contraception as well as GUM)
5. Local GP Out-of-Hours Service (pill, not coils)
6. Local pharmacies (Cost approx. £30) – (pills only)

Following access to Emergency Hormonal Contraception, it is recommended that STI testing is carried out. Safer sex for the future needs to be discussed, and information given on Sexually Transmitted Infections and access to all forms of contraception including LARC (Long Acting Reversible Contraception) if the young person is going to continue to be sexually active. Ensure emotional support is given

[Go to Pathway Bi](#)



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(C) What to do if a young person asks for help to access Emergency Contraception

(ii) Over 16 years

Young Person under 16 years REQUESTS HELP TO ACCESS Emergency Hormonal Contraception

Praise the young person for being responsible in seeking help and advice. Work out how long since the unprotected incident in hours

If the request is made Out of Hours (e.g. evenings, at the weekend) you can contact the Regional Emergency Social Work Service or Foster Carers Helpline for support.

If you do not wish to deal with this request for help for religious/moral reasons, you must pass on the request for help, with the young person's consent, to someone who will help them.

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Ensure emotional support is given.

[Go to Pathway Bii](#)



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(D) What to do if a young person tells you that they might be pregnant

(i) Under 16 years

DISCLOSURE OF RISK PREGNANCY

Praise the young person for being responsible in seeking help and advice. Reassure them that you will get them all the help and support you can.

Explain the importance to share this information with their social worker

Support young person

Consider any potential child protection issues.

The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result (HSC professionals). Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework.

Advise the young person's social worker of the disclosure. The social worker will also consider if there are any child protection issues and need for parental involvement if appropriate

Assist the young person to make an appointment to attend their GP, local Youth Health Advice Service Clinic, or Contraceptive and Sexual Health Clinic for a pregnancy test

If the result is POSITIVE:

Go to Pathway E

If the result is NEGATIVE:

1. Discuss delaying further sexual activity and encourage the young person to wait until at least 16 years and emotionally ready.
2. Discuss safer sex and local service provision for Sexually Transmitted Infections and future contraception, including Emergency Hormonal Contraception provision and condoms

Go to [Pathway Ai](#) regarding underage sexual activity



(D) What to do if a young person tells you that they might be pregnant

(i) Over 16 years

DISCLOSURE OF RISK OF PREGNANCY

Praise the young person for being responsible in seeking help and advice. Reassure them that you will get them all the help and support you can.

Encourage young person to talk to their social worker so that additional supports can be put in place.

Consider any potential child protection issues.

The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result (HSC professionals). Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework.

Advise the young person's social worker of the disclosure. The social worker will also consider if there are any child protection issues and need for parental involvement if appropriate

Assist the young person to make an appointment to attend their GP, local Youth Health Service Clinic, or Contraception and Sexual Health Clinic for a pregnancy test.

If the result is POSITIVE:

Go to Pathway E

If the result is NEGATIVE:

Discuss safer sex and local service provision for Sexually Transmitted Infections and future contraception, including Emergency Hormonal Contraception provision and condoms

Go to **Pathway (ii)** regarding underage sexual activity aged over 16



(E) How to support a young person in care who is pregnant

SUPPORT FOR A YOUNG WOMAN IN CARE WHO IS PREGNANT

Advise the young person of the need to share this information with her social worker
Reassure her that you will get her all the help and support you can.

Consider any potential child protection issues.

The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result (HSC professionals). Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework.

Advise the young person's social worker of the disclosure. The social worker will also consider if there are any child protection issues and need for parental involvement. Need to consider Pre Birth Risk Assessment

The young person's social worker should ascertain whether the father plans to be involved in the pregnancy and the subsequent care of the new born baby. If so, the father should be encouraged to be involved from the outset.

Arrange a GP appointment for a consultation and a discussion of the options available

If the GP confirms a pregnancy, a referral will be made to the antenatal clinic to inform midwifery services.

The GP should inform antenatal staff that the young person's is a Looked After Child

An antenatal appointment will be arranged for the young person when she is approximately 12-14 weeks pregnant. At the initial antenatal appointment, further midwifery and consultant appointments will be arranged along with parent craft classes, GP/antenatal appointments. Encourage Family Nurse Partnership.

The young person's social worker should consider additional support from Surestart if the young person lives in a Surestart area. If the young person is in mainstream education, support is available from the local School Age Mother's Programme.

The young person or foster carer can contact Midwife and/or Health Visitor/Family Nurse for help, support and advice at any stage during pregnancy.

A Midwife will conduct home visits to the young person from 30 weeks of pregnancy or earlier if required based on identified need

A Health Visitor will conduct home visits to the young person from 32-38 weeks of pregnancy or Family Nurse will be visiting earlier and more frequently if part of the FNP programme

Go to **Pathway A(i) or (ii)** regarding sexual activity under/over 16



(F) How to support a young person in care who is going to become a father

SUPPORT FOR A YOUNG MAN IN CARE WHO IS GOING TO BECOME A FATHER

Praise the young person for being responsible in seeking help and advice. Reassure him that you will get him all the help and support you can.

Advise the young person of the need to share this information with his social worker

Consider any potential child protection issues.

The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result (HSC professionals). Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework.

Advise the young person's social worker of the disclosure. The social worker will also consider if there are any child protection issues and need for parental involvement if appropriate

The young person's social worker should ascertain, from the young man, whether he plans to be involved in the pregnancy and the subsequent care of the new born baby. If so, the father should be encouraged to be involved from the outset

The young person's social worker should help him to arrange an appointment with a midwife through the local antenatal clinic for a one-to-one consultation. The midwife can provide the most up-to-date literature and resources on becoming a father, options in relation to parentcraft classes and can arrange a tour of the delivery suite if the young person plans to be present at the birth.

For additional support and advice around Parental Rights suggest accessing Citizen's Advice

www.citizensadvice.co.uk

Go to **Pathway A(i) or (ii)** regarding sexual activity



(G) What to do if a young person tells you that she might be pregnant and wants to consider her options

SUPPORT FOR A YOUNG PERSON IN CARE WHO WANTS TO CONSIDER OPTIONS AVAILABLE

Praise the young person throughout for being responsible in seeking help and advice. Reassure her that you will get her all the help and support you can

Advise the young person of the need to share this information with her social worker

Consider any potential child protection issues.

The Risk Assessment Tool contained within the SBNI Policy and Procedures re: Sexual Activity in Children and Young People should be completed and appropriate action taken as a result (HSC professionals). Consider potential of Child Sexual Exploitation and consider need for HSCB CSE Risk Assessment Framework.

Advise the young person's social worker of the disclosure. The social worker will also consider if there are any child protection issues and need for parental involvement if appropriate

A GP appointment to confirm the pregnancy and to discuss options must be arranged (can also attend contraceptive and sexual health clinic for same)

The young woman should be offered information guidance and support to enable her to make an informed decision regarding options and choices available to her under the law in Northern Ireland

She needs to be given information, time and space to think through her options

The young woman's social worker should help her to access an unplanned pregnancy counselling information service which is provided by competent and appropriately trained personnel – such as the Family Planning Association

If the young mother meets the criteria for Termination of Pregnancy in Northern Ireland, she should be referred by a GP to Secondary Care. Health professionals in Northern Ireland should provide the number for the Central Booking Service in England (**0333 234 2184**) or call the helpline on behalf of the woman

Offer post termination support as needed

Go to **Pathway Bi or ii** regarding sexual activity

Young woman decides to continue with the pregnancy and keep the baby

Go to **Pathway E**

Young woman decides to continue with the pregnancy and give the baby up for fostering/adoption

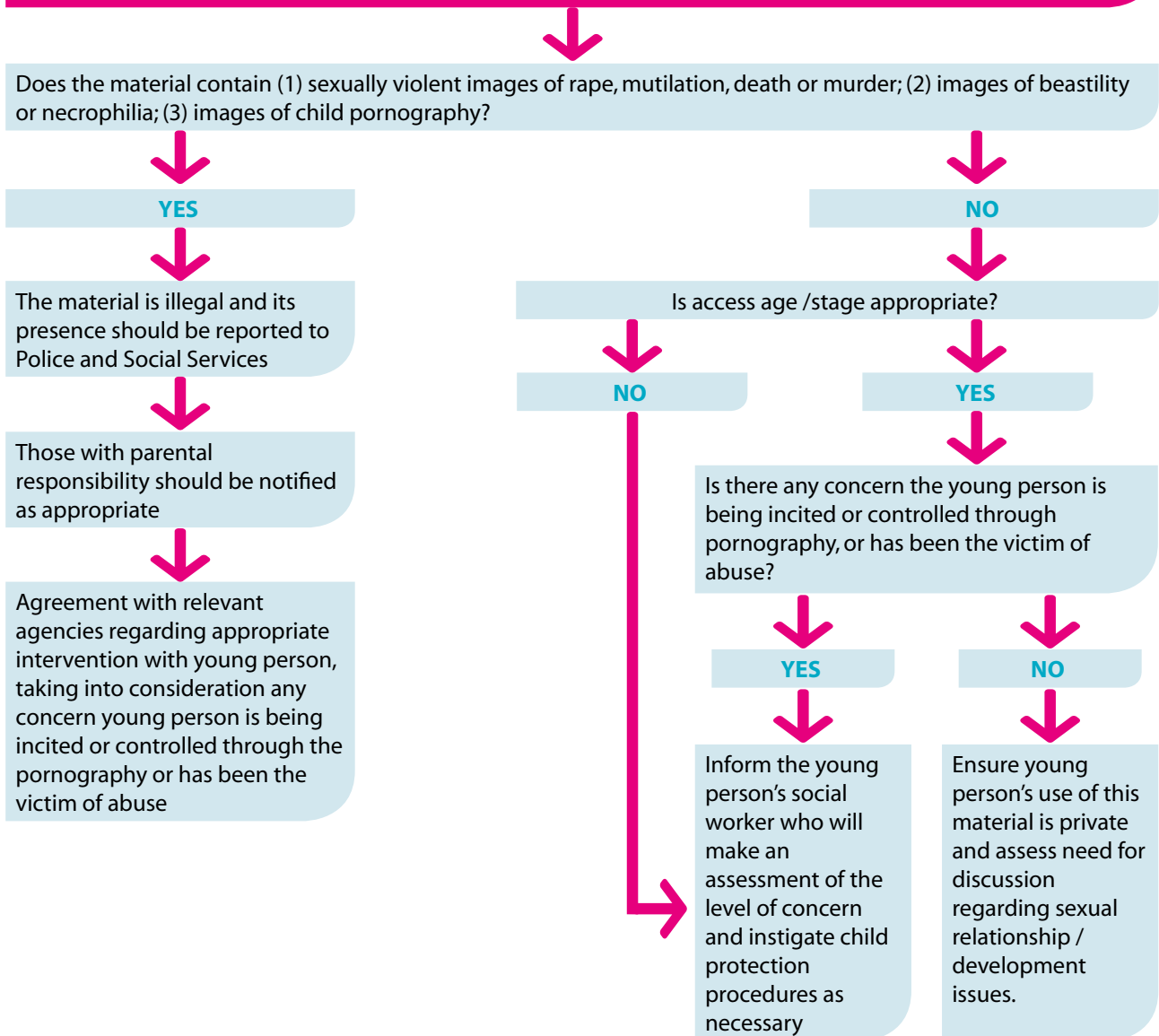
Young woman's social worker arranges a meeting with the LAC Team Leader to share information in respect of options available and the process of each. The young woman will be offered the opportunity to avail of Independent Birth Parent Counselling through Family Care Society

If the young woman continues to pursue adoption for her unborn child after the joint meeting, the case will transfer directly to the LAC team after Initial Pre Birth Case Conference or professional strategy meeting



(H) What to do if a young person is accessing pornography

YOUNG PERSON ACCESSING PORNOGRAPHY



Masturbation and Young People

Masturbation is deliberate self-stimulation that results in self-comfort or sexual arousal. Young babies will explore their bodies as a natural way of exploring sensation; a young child will play with their genitals as openly as playing with their ears. There is no reason to stop a young child if this is occurring in a safe place. Masturbation is a common habit for boys and girls and is generally given up by the age of five or six years as they develop a more secure sense of self through their socialisation, friendships etc. It is a behaviour that provides feelings of comfort and pleasure that is likely to be repeated once it is discovered. Please see advice below if the young person is engaging in inappropriate sexualised behaviours including inappropriate masturbation.

The response/intervention required will depend on the age of the child, developmental stage and extent of the behaviours.

Is Masturbation Normal?

The answer is **yes**; it is a normal part of a child or young persons' development.

It is important that staff, parents and foster carers understand that masturbation is a normal part of a child or young persons' development and that they generally don't associate this activity with sexuality or adult relationships.

It should never be assumed that because a child/young person is masturbating the stimulus or intent is sexual; this is particularly important if working with or supporting a young person with a learning disability. Physical responses in the genital area may be a result of many external factors including excitement and anticipation about an

upcoming event, or anxiety or fear around something that is happening i.e. bullying. If you suspect there may be external factors influencing the young person's behaviour it may be necessary to explore further; this is particularly important for children/young people with learning difficulties and learning disabilities.

Teenage Masturbation

As teenagers experience puberty they naturally become more curious about their bodies. Sex hormones that cause puberty will also prompt a teenager to explore his or her body through masturbation.

When should I be concerned about a child or young person's masturbation?

- ▶ A known behaviour now occurring in an inappropriate place
- ▶ The child/young person is using something to masturbate with which may cause physical harm
- ▶ If the activity interferes with normal daily functioning for the child or young person and they cannot be easily distracted from it
- ▶ If the activity is accompanied by rubbing or scratching it may be indicative of infection.

What can I do if a child or young person with a learning difficulty is masturbating in public?

The advice is the same for all children and young people however for children with learning difficulties it sometimes helps to give the child/young person something else to hold and apply pressure to i.e. spongy ball or cushion. This allows the child/young people to discharge some tension, excitement or stress.

(I) What to do if a child / young person is masturbating inappropriately

YOUNG PERSON IS ENGAGING IN INAPPROPRIATE MASTURBATION

↓

Explain to young person's that it is ok to masturbate but only in private, redirect them to their bedroom/bathroom. Ensure privacy is offered

↓

Focus on young person as an individual and not the presenting behaviour

↓

Discuss behaviours with young person's social worker / health professional for advice and direction if required

↓

Health professionals/ social worker should consider use of assessment tool suitable for the child or young person's developmental age and gender, e.g. The Brook Sexual Behaviour Traffic Light Tool
The attached link will categorise different levels of sexual behaviour and explain whether they are concerning

▶ <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

Use the assessment to identify whether the child or young person has unmet needs that can be met by universal services or requires further intervention.

↓

NB. Staff/Foster carers need to be aware that there is an offence of exposure which may potentially impact if a young person is masturbating in a public place



(J) Pathway for online exploitation e.g. naked images and online grooming

YOUNG PERSON DISCLOSES CONCERN REGARDING POTENTIAL OR ACTUAL ONLINE EXPLOITATION

Commend Young Person for making the disclosure. Discuss the incident and advise the young person of the need to share information with Parents/Carers, (Where appropriate), Social Worker and PSNI. Advise the Young Person **not to forward the images or chats to anyone else as they may be committing an offence.**

Consent should be sought to turn the phone off, place in a sealed envelope for sharing with Social worker for onward sharing with Police asap.

Support the Young Person at all stages of the process

Encourage the Young Person to consider attending therapeutic services e.g. NEXUS, Safe Choices.
<https://nexusni.org> www.barnados.org.uk/nisafechoices.htm

Please refer to Appendix 2 for Information and advice on keeping children and young people safe online

Consider Additional Safeguarding Issues.
If Young Person is at immediate risk contact PSNI and the young person's Social Worker.

NB: If a young person, foster carer or staff member is worried or concerned about a young person's online activity and/or implications of their actions they can seek further information or guidance at:

- ▶ NSPCC'S 24 hour helpline on 08088005000 or email help@nspcc.org.uk
- ▶ Parenting NI (028)9031 0891
- ▶ Barnados Safe Choices (028) 90658511

Children worried about online safety or any other problem can call the free 24- hour helpline or get help online at www.childline.org.uk



(K) The Referral Care Pathway for Children and Young People who report to have been sexually assaulted

Clarify/ ensure that the PSNI and Social Services are aware of the sexual assault /rape (or suspicion of) as Joint Investigation/Initial Police and Social Services Strategy/Response will need to be commenced.

Discuss safeguarding issues e.g. sexual exploitation.

Discuss confidentiality issues and need for medical examination.

Explain the Sexual Assault Referral Centre and arrange appointment and encourage/ support attendance



Ensure child or young person is accompanied by Parent/Carer and +/- social worker/health professional if desired/ required (this will be dependent on individual circumstances, age and stage of development etc



Ensure child or young person is accompanied by Parent/Carer and +/- social worker/health professional if desired/ required (this will be dependent on individual circumstances, age and stage of development etc



Consider referrals to therapeutic services e.g. Victim Support NI and NSPCC. Seek child or young person`s consent for referrals to proceed.

<https://nexusni.org>

<http://www.victimsupportni.com/>

<https://www.nspcc.org.uk>



Appendix 1

CHILD SEXUAL EXPLOITATION

Introduction

Staff and foster carers should have an awareness of child sexual exploitation, including the indicators, knowledge of the appropriate action to take where they suspect this is happening and knowledge of the links between sexual exploitation and going missing. For staff training is commissioned via agencies with expertise within this area. The Safeguarding Board for Northern Ireland (SBNI) has also issued a professional information bulletin on Child Sexual Exploitation.

For foster carers awareness raising and training is to be covered within the Regional Training Pathway for Foster Carers.

Indicators of Child Sexual Exploitation (CSE)

Early identification of CSE is the key to preventing children and young people from becoming involved in sexual exploitation or achieving a successful early exit. It is important to be aware of the behaviours that might indicate a young person is being sexually exploited or at risk of it. Most young people will not recognise this as sexual exploitation it is the responsibility of the protective adult to identify the risky situations and take all possible action to protect the young person. Some indicators are listed below.

Action to be taken by Staff/Foster Carer if CSE has Occurred, is Alleged or Suspected

It is essential that if a staff member or a foster carer suspects sexual exploitation has or may take place that they seek immediate action to prevent or stop the abuse from occurring.

Foster carers should advise the social worker for the child and their supervising social worker. The social worker for the child/young person will assess if the child/young person is at immediate risk and take the relevant action necessary to ensure their safety.

These decisions will be made in consultation with Team Leaders/Senior Social Worker/ Social Worker for the child/young person and Residential Social Worker or other relevant workers/carers, in keeping with agreed regional policy, procedure and protocols and which may include consultation with Trust SW for CSE and Police

Consider if a referral to the current provider organisation of counselling in relation to Child Sexual Exploitation.



Appendix 1

CHILD SEXUAL EXPLOITATION *(continued)*

Separated/trafficked children/ young people

Each year a number of separated/trafficked children/young people from abroad come to the attention of Trusts. Subsequent placement will depend on the age of the child/young person.

When a child/young people presents to a Trust, a multi-agency approach, in line with the Regional Pathway Guidance, should be implemented.

Appropriate age assessments may be undertaken were young people present without authentic identification. Those under 18 years of age should be treated as minors and Children Order principals applied.

It is important that staff and foster carers, where relevant, bear in mind that limited details may be available in relation to the child/young person's history and past life events.

Consequently any work in relation to sexual development and sexual relationships must take cognisance of this. Staff and foster carers should also bear in mind the societal and cultural norms relating to the child/young person's religion and ethnic origin.

Ensure adherence to the SBNI Core Child Child Protection Policy and Procedures:

Indicators of Child Sexual Exploitation

- ▶ The acquisition of money, clothes, jewellery or goods without plausible explanation
- ▶ Episodes of running away or going missing from home or care
- ▶ Having a significantly older 'boyfriend'/'girlfriend'

- ▶ Consorting with unknown men/women outside the usual range of social or family contacts
- ▶ Entering or leaving vehicles driven by unknown adults
- ▶ Adults loitering outside the child's place of residence
- ▶ Being threatened or physically assaulted by an adult
- ▶ Multiple phones/activity on phones/ secretive about conversations
- ▶ Being picked up by taxis sent for the young person or leaving home by taxi
- ▶ Episodes of going missing directly following receipt of texts or calls
- ▶ Consorting with other children known to be sexually exploited
- ▶ Leaving the unit in clothes that might be unusual for the child
- ▶ Seen in places known to be risky for sexual exploitation
- ▶ Physical symptoms such as: Sexually Transmitted Infections, bruising, pregnancy or appearing dishevelled upon return to the unit
- ▶ Using or obtaining a large quantity of contraceptives
- ▶ Drug, alcohol or substance misuse
- ▶ Truancy from school
- ▶ Expressions of despair including: eating disorders, drug overdoses, sleep disturbances, low self-image or self-harm
- ▶ Talking about attending 'party houses'.



Appendix 2

INFORMATION AND ADVICE ON KEEPING CHILDREN AND YOUNG PEOPLE SAFE ONLINE

The internet is an excellent resource with amazing communication and research possibilities. However, it can also be used by individuals who have inappropriate intentions towards young people. It would be wrong to stop children and young people from using the internet, as new technology is part of children's educational and life experience in the modern age. Those who care for children and young people need to ensure that they have the knowledge to keep them safe online and an understanding of what to do if concerns arise. See list of useful websites for information.

www.safertoknow.info – This is the new SBNI website with regards to Child Sexual Exploitation

<http://www.getsafeonline.org/> - This website provides parents with practical guidance surrounding several key factors: safeguarding Children Social Networking, Protecting your computer, Protecting yourself shopping, banking and payments. The website also has a quiz for parents to complete around their knowledge of online safety and rough guides to online security

<http://www.internetmatters.org/> - Internet Matters – has been launched by BT, Sky Talk and Virgin Media. The key message (learn about it, talk about it, deal with it) provides advice and guidance about children's internet usage. The site provides guidance to parents of pre-school children, young children, pre-teens surrounding online activities as: Social networking, online gaming, chatting, downloading and viruses, going mobile. The website covers issues which could affect children including: Online grooming, sexting, online reputation, privacy and identify theft, pornography, inappropriate content, cyber bullying

http://www.barnardos.org.uk/what_we_do/our_projects/sexual_exploitation/wud-u.ht.m – An educational tool for teachers and care professionals who interact with young people that might be at risk of sexual exploitation

The family online safety institute www.fosi.org - The "go figure" video embedded in the front page is very interesting in terms of statistics of children's internet use. They have a "family online safety contract" which could be used to initiate discussions surrounding keeping yourself safe online (<http://www.fosi.org/images/stories/resources/family-online-safety-contract.pdf>)

<http://www.digizen.org/digicentral/family-agreement.aspx> - This is a further resource to initiate discussion and agreement between carers and children surrounding online safety

For translating text speak into proper (well, as proper as can be) English www.transl8it.com is pretty good at deciphering some of the stuff kids have put on texts, etc

<http://www.connectsafely.org/guides-2/> - This provides helpful guides for parents around cyber bullying and staying safe on the internet. It also includes overviews on facebook, instagram and snapchat

<http://www.bbc.co.uk/cbbc/topics/stay-safe> - This BBC provides some excellent child friendly information on staying safe online by using some of their most popular programmes (Tracey Beaker, Horrible Histories)



Appendix 2

INFORMATION AND ADVICE ON KEEPING CHILDREN AND YOUNG PEOPLE SAFE ONLINE *(continued)*

<http://www.saferinternet.org.uk/ufiles/Facebook-checklist-Nov2013.pdf> - This is another guide around facebook and how to operate the privacy settings

<http://www.saferinternet.org.uk/ufiles/A-Parents-Guide-to-Dealing-with-Sexting-26SEP13.pdf> - This is a parental guide with regards to sexting

<http://www.paceuk.info> – parents against child sexual exploitation. A useful site with numerous resources

<http://www.paceuk.info/the-problem/keep-them-safe/> - An interactive learning guide for parents on sexual exploitation

<http://www.childnet.com/resources> - A link to resources such as 'Digiduck's big decision' a book focusing on education and awareness for young children being online

http://www.nspcc.org.uk/help-and-advice/for-parents/guides-and-leaflets/online-safety-checklists_wda101288.htm?format=browser&utm_medium=email&utm_content=at4CTA&utm_campaign=140206-cpas-news-feb – This is a link to several guides produced by NSPCC surrounding online safety. The guides relate to children at different ages and stages of development and assist carers to ensure their children's online safety

http://www.nspcc.org.uk/inform/resourcesforprofessionala/scrs/briefing-online-abuse_wda101144.htm?utm_source=dreammail&utm_content=art2-CTA&utm_campaign=140206-cpas-news-feb – This is a link to NSPCC – Learning from case reviews where online abuse was a key factor. This gives a good overview to professionals to the types of issues which are present regards the internet and online abuse

<http://www.lse.ac.uk/media@lse/research/EUKidsOnline/EU%20Kids%2011/Reports/Preventativemeasures.pdf> - A recent report from www.eukidsonline.net on preventative measures – how youngsters avoid online risks

http://eprints.lse.ac.uk/52630/1/Zero_to_eight.pdf - A further report from www.eukidsonline.net on the internet use of younger children (0-8) and the risks posed by internet use for them

<http://www.rbscb.org/UserFiles/Docs/YP%207%20SCR%20RBSCB%2020.12.13.pdf> – Link to the Rochdale serious case review for child 7

http://www.nspcc.org.uk/news-and-views/our-news/nspcc-news/12-11-12-grooming-report/caught-in-a-trap-pdf_wdf92793.pdf - Link to NSPCC grooming document

<http://www.safeguardingni.org/sites/default/files/sites/default/files/imce/e-safety%20report.pdf> – A link to the safety report recently released by SBNI

<https://www.rainbow-project.org>



Appendix 3

GUIDANCE FOR SUPPORTING LESBIAN, GAY, BISEXUAL AND/OR TRANSGENDER YOUTH

6-10% of the population identify as lesbian, gay, bisexual and/or transgender (LGB and T). Whether we are conscious of it or not, we are working with LGB and T colleagues, peers and service users regularly. This guidance document in addition to the “Top Tips for working with LGB and T people” should form a practical response to support this group.

By all accounts LGB and T young people are ‘coming out’ about their identities younger and in greater numbers than ever before.

In this way LGB and T young people who are in a position to tell others about their identities often cause great positive change in their youth groups and schools. Most LGB and T young people are aware of their sexual orientation/gender identity at an early age (12-14) but do not tell others until they are 17-19+. Because of this it is very likely that you are presently working with LGB and T young people who have not disclosed their identities to you yet. The key to ensuring that LGB and T young people are safe and included is to presume that you already are working with some, and to create an environment which is open, safe, welcoming and equal for them.

I think that one of the young people I am working with/caring for may be lesbian, gay or bisexual, or expresses themselves outside traditional gender boundaries. What can I do?

The first thing that can be done is to create a safe environment for this person, if this does not already exist. This will include always challenging all homophobic and/or transphobic language and behaviours, talking positively of LGB and T people and raising issues faced by LGB and T people. This will send out a clear message that you are someone that is an ally of LGB and T people. By creating this type of environment, the young person may feel more at ease in bringing up this issue with you.

A young person has told me that they may be LGB and/or Transgender. How should I respond and how can I best support them?

The most important thing you can do when told this information is to provide reassurance. Tell them that they are not alone. It is imperative to reassure the young person that this information is confidential, and will be treated as such. For LGB and T people, the first steps of ‘coming out’ are a risky process and they need ensured that they will not be ‘outed’. Ideally, you should have training to help support this young person, but in the absence of such, offer to source information and support from other organisations.



Appendix 3

GUIDANCE FOR SUPPORTING LESBIAN, GAY, BISEXUAL AND/OR TRANSGENDER YOUTH *(continued)*

A young person has 'come out' to me as LGB and T, but I do not have any training on this issue or do not know how to best support them.

There are three LGBT organisations that work regionally. Their information is included in Appendix 2 under the Sexual Orientation section. Contact any of these organisations for additional support. The Rainbow Project also provides training for professionals on LGB and T issues. The Rainbow Project also provides free peripatetic counselling services for gay/bi men and those unsure of their orientation from the age of 14 upwards. Foster carers should discuss this with their supervising social worker who will assist with securing relevant awareness/training. <https://www.rainbow-project.org>

TOP TIPS FOR WORKING WITH LGB AND T INDIVIDUALS

Do Not Assume Heterosexuality

It is estimated that approximately 10% of the population of people living in Northern Ireland have a non-heterosexual sexual orientation. This is based on UK Treasury Estimates of applied to the 2011 Northern Ireland census figures. You are working with lesbian, gay and bisexual (LGB) clients and colleagues whether you are aware of it or not.

Do Not Make Assumptions

The only thing that gay people have in common is that that they are emotionally, physically and sexually attracted to people of their own gender. People who are LGB and T in Northern Ireland are a diverse group, with diverse needs. Do not be tempted to perpetuate stereotypes and to act on them. It is not helpful for you or for the clients you work with.

Respect Confidentiality

If a gay, lesbian, bisexual or transgender person shares with you information about their sexual orientation, it is important you do not disclose this information without their permission. Sharing information with your colleagues can prove necessary but inappropriate disclosure or being 'outed' may be a cause of serious distress for people who are LGB and T. Inappropriate disclosure includes discussing an individual in a shared office or recording their sexual orientation on their medical records without their permission. It is also important to realise that just because a client comes out to you or is out to their family, there may be people that they are not out to.



Appendix 3

GUIDANCE FOR SUPPORTING LESBIAN, GAY, BISEXUAL AND/OR TRANSGENDER YOUTH *(continued)*

Be Aware of Heterosexism and Homophobia

Could you possibly be homophobic? We are all products of the society we are brought up in and it is possible that you have received misinformation about sexual orientation or that you have been influenced by other people trying to spread fear. Even if that is not the case, it is still possible you are heterosexist as a lot of people are. This means that you are mostly unaware of the needs of gay, lesbian and bisexual people and that you make the assumption that everyone is straight.

Create a Gay Friendly Environment

You and/or your organisation/home may not be homophobic and could in fact be well informed about sexual orientation issues, but how will your young person know this? The fear of receiving a homophobic reaction is as big an obstacle for gay people in accessing services as actual homophobia is. The Rainbow Project has free posters Trust may display which signal a gay friendly environment. It is also important that your social worker/foster carers create opportunities for young people to disclose their sexual orientation.

Remain Neutral and Non Judgmental

If a young person discloses their sexual orientation please do not use that as an opportunity to discuss any moral implications you think might be associated with this or to satisfy your curiosity. Strange as it might seem, this is not an unusual reaction gay people receive when disclosing their sexual orientation to health and social care professionals.

Understand the Difference between Sexual Orientation and Gender Identity

A person's sexual orientation relates to their attraction (emotional, physical or sexual) to the opposite sex or the same sex. Gender identity relates to a person's identification as male or female. When a person's biological gender is different from the gender they identify as being, this is often referred to as "transgenderism".

Be Aware That Language is Important

Gay man: a man who is emotionally, physically and sexually attracted to men

Lesbian: a woman who is emotionally, physically and sexually attracted to women

Bisexual Man/Woman: a person who is emotionally, physically and sexually attracted to people of both genders (not necessarily equal attraction or at the same time).



Appendix 4

Is there a risk of STI?

Sexual Health/Genitourinary Medicine (GUM) SERVICES

It is important to get tested if the young person thinks they have put themselves at risk of getting a sexually transmitted infection (STI). If they have had unprotected sex, or the condom split or came off. They can get tested at a genitourinary medicine (GUM) or CASH clinic, and at some GP surgeries and getting tested is free, straightforward and confidential.

A GUM clinic is a place where sexual health is confidentially assessed and you can be tested and treated for STIs. There are GUM clinics across Northern Ireland. You do not need to be referred by another doctor. In most cases, you will need to make an appointment. Young people are welcome at the clinics, it is not necessary to bring a parent or adult, but this can be helpful if under 16 years of age. The clinics do not routinely disclose the visit to a parent or GP. Most clinics will fast track under 16 year olds through and will provide emergency appointments.

What happens at a GUM clinic?

The doctor will ask about any particular problems and then may:

- ▶ examine the genital area; (although this is not often necessary)
- ▶ request swabs to check for infection; (self-taken swabs are most common)
- ▶ ask for a sample of urine;
- ▶ take a blood test (to check for syphilis, HIV or hepatitis B/C);

Where are the clinics?

▶ Belfast

Genitourinary Medicine,
Level 3 Outpatients Department
Royal Group Hospitals, Grosvenor Road
Belfast
County Antrim
BT12 6BA

Appointment-based

Tel: 028 9063 4050

(call 8.15-11.15am for an appointment)

NHSCT

▶ Coleraine

Genitourinary Medicine, Outpatients
Department 2, Causeway Hospital
4 Newbridge Road
Coleraine
County Antrim
BT52 1HS

Walk-in

Tuesday: registration 5pm

Friday: registration 1.30pm

Appointment-based

Monday: 9.30am–12.30pm, 1.30–4.30pm

Tuesday: 9.30am–12.30pm, 1.30–4.30pm

Thursday: 9.30am–12.30pm, 1.30–4.30pm

Friday: 9.30am–12.30pm

Tel: 028 7034 6028

Braid valley contraceptive and sexual health hub –apt only Monday evening and Friday morning and other nurse led services during the week. NHSCT also have nurse led integrated CASH clinics for asymptomatic screening



Appendix 4

Is there a risk of STI?

Sexual Health/Genitourinary Medicine (GUM) SERVICES *(continued)*

South Eastern HSCT

► Bangor

Nurse-led Sexual Health Clinic, Bangor
Community Hospital
Castle Street
Bangor
County Down
BT20 4TA

Appointment-based

Friday: 9am-12pm
Tel: 028 4483 8133

► Downpatrick

Sexual Health Clinic, Downe Hospital
2 Struell Wells Road
Downpatrick
County Down
BT30 6RL

Appointment-based

Monday: 9am-12pm
Wednesday: 9am-6pm
Tel: 028 4483 8133

► Lisburn

Sexual Health Clinic, Health Centre
Linenhall Street
Lisburn
County Antrim
BT28 9LU

Appointment-based

Monday 9am-12pm
Thursday 9am-12pm
Tel: 028 4483 8133

Southern HSCT

The Genitourinary Medicine (GUM) Central
Booking Telephone Number: 028 3756 2080

Central Booking Service Times:

Monday and Wednesday-9 am to
12.30 noon and 1.30 pm to 4.30 pm
Friday-9 am to 12.30 noon

► Gum Clinics are held in:

John Mitchell Place
Hill Street
Newry
BT34 2DG
Monday afternoon and Wednesday morning

Portadown Health and Care Centre
Clinical Zone, Ground Floor
Tavanagh Avenue
Portadown
BT62 3BU
Tuesday morning and afternoon

Outpatients Department
Ramone Building
Craigavon Area Hospital
Friday morning

► The Contraceptive and Sexual Health Clinic

(CASH) Central Booking Telephone Number:
028 375 62200

► Health Clinic for 16- 25 year olds Appointment only

Tel: 07797432845
Email: health.clinic@southerntrust.hscni.net

► Model SRC - Monday 9:00-1200

► Greenbank SRC - Monday 9:00-1200

► Newry East SRC - Monday 14:00-1600



-
- ▶ **Lurgan SRC** - Tuesday 9:00-1200
 - ▶ **Dungannon SWC** - Tuesday 14:00-16:00
 - ▶ **Armagh SRC** - Wednesday 9:00-1200
 - ▶ **Portadown SRC** - Thursday 9:00-1200
 - ▶ **Banbridge SRC** - Friday 9:00-1200

Western HSCT

▶ **Londonderry**

Genitourinary Medicine
Altnagelvin Area Hospital
Glenshane Road
Londonderry, County Londonderry
BT47 6SB

Walk-in

Monday: 9-11.30am
Wednesday: 9-11.30am
Thursday: 9-11.30am
Friday: 9-11.30am

Appointment-based

Tuesday: 9-11.30am
Wednesday: 1.30-3.30pm
Thursday: 2-3.45pm
Tel: 028 7161 1269

▶ **Omagh**

Nurse-led Sexual Health Clinic
Tyrone County Hospital
Omagh, County Tyrone
BT79 0AP

Appointment-based

Wednesday:
9.30am–4.30pm
Tel: 028 7161 1269

For more information

<http://www.sexualhealthni.info/gum-clinics-northern-ireland>



Appendix 5

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