BRIGHTON AND HOVE CITY COUNCIL

CHILDREN AND YOUNG PEOPLE'S TRUST

(DRAFT)

FOR SOCIAL WORKERS AND FOSTER CARERS

SEXUAL HEALTH AND RELATIONSHIPS POLICY FOR LOOKED AFTER CHILDREN AND YOUNG PEOPLE

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1. POLICY STATEMENT

Brighton and Hove City Council have a responsibility to ensure that all young people who they corporate parent, receive high quality sex and relationship education and that they have the information and the confidence to access contraception and sexual health services, as part of their corporate parenting responsibility.

There is also an expectation that the Trust ensures young parents, who are themselves looked after or whose children are on the Child Protection Register, are provided with the appropriate support and guidance in parenting, caring for their children and sustaining their education.

Children and young people in public care are particularly vulnerable to poor sexual and emotional health. National research 'confirms that it is difficult for them to access sexual information, education and support both informally and formally. Without proper support they may receive inadequate or incorrect sexual information and negative messages about sex, their sexuality and relationships'.

This Policy will set out the context for such input and the SRE toolkit will support the implementation process.

The Toolkit will give social workers/carers the base-line knowledge, skills, abilities and confidence to provide such support for young people in a readily accessible format or direct them to where this information can be found.

Both the Policy and the Toolkit will form the basis of a rolled out training programme which staff will be expected to attend.

2. INTRODUCTION

For young people who are looked after the development of appropriate personal relationships and an understanding of sexual behaviour and sexuality are fundamental to their maturation and future well being.

The need for such a policy relating to personal relationships and sexual health is highlighted in the guidance to the Children Act (1989), which states that:

> <u>The experience of being 'looked after' should also 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.</u>

Dealing with a young person's sexuality and sexual development may be one of the most complex and challenging tasks a social worker/carer undertakes. At present this may be an area of need that is overlooked, either because of a fear of 'getting it wrong', a sense of personal embarrassment, or a feeling of ignorance in addressing the key issues. The training schedule, policy and toolkit will enable the relevant adults to have more confidence to undertake this work in a focussed and sensitive manner.

The first step in addressing this gap will be to define what we mean by sexuality and sexual health:

> 'Sexuality is one of the ways in which we express ourselves as male and female and how we relate to others. It includes our self-esteem; the roles we are given or take on; the way we communicate with others; our bodies – how they work and how we use them, and our relationships, including sexual relationships'.
>
> (H Dixon)

Sexual health is defined by the World Health Organisation as being

> 'The integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are enriching and that enhance personality, communication and love'.

Sexual Health can be further defined as being:-

> 'The absence and avoidance of sexually transmitted infections (STIs).
> Appropriate control of fertility and avoidance of unwanted pregnancies.
> Sexual expression and enjoyment without exploitation, oppression or abuse'.

3. <u>AIMS</u>

The aim of this policy is to set out good practice for Social Workers and Foster Carers in terms of dealing with issues which arise in connection with children and young people engaged in sexual activity.

4. OBJECTIVES

The overall objective of this policy is to reflect the Brighton and Hove City Council's, Children and Young People's Trust's responsibility to promote maximum life chances for the children and young people in its care. Within this overall objective there are several sub-objectives, including:-

- Positively and proactively promoting good sexual health for looked-after young people
- Redressing the current trends for local and national teenage pregnancy statistics
- Ensuring consistency of practice in carrying out sex education work or dealing with the sexual behaviours of young people
- Giving guidance on how to work more effectively with young people on sex and relationship education
- Creating in every placement an environment in which the carer, social worker and most importantly the young person themselves feel sufficiently confident to talk openly and honestly about sexual behaviours and attitudes
- Ensure that young people are provided with the appropriate support in their decision making processes if they find themselves pregnant
- Ensure that young people are aware of the impact of the responsibilities of parenthood upon their lifestyles
- Give guidance on how to work effectively with young parents
- Ensure that young parents are neither excluded nor have reduced opportunities within education, employment or training as a direct result of early parenthood

5. LEGISLATION AND POLICY

5.1 LEGISLATIVE FRAMEWORK REGARDING SEXUAL HEALTH

5.2 Sexual Offences Act 2003

Under this act the legal age for young people of either gender to consent to have sex is 16 years whether they are straight, gay or bisexual.
A person aged 18 or over commits a criminal offence if he/she engages in sexual activity with someone under 16 who he/she does not reasonably believe to be 16 or over, or the child is under 13. An offence is committed if there is sexual activity with any person who does not consent.

Although the age of consent is 16 years it will not be the policy of the Local Authority/Police to seek the prosecution of young people of a similar age involved in mutually agreed consensual sex unless it involves abuse or exploitation.

Under the Sexual Offences Act young people still have the right to confidential advice on contraception, condoms pregnancy \and abortion even if they are under 16 years old. The Act states that, a person is not guilty of aiding, abetting or committing an offence against a child where they are acting for the purpose of:

- Protecting a child from pregnancy or sexually transmitted infection,
- Protecting the physical safety of a child,
- Promoting a child's emotional well-being by the giving of advice

This exception, in statute, covers not only health professionals, but anyone who acts to protect a child, for example teachers, School Nurses, Connexions Personal Advisors, Youth Workers, Social Care Practitioners and parents.

5.3 The Children Act 1989, which states:

The over-riding principle is the welfare of the young person.

This act also places a duty upon workers to talk about sex and relationships with young people, in order to help them acquire information about their bodies, sex, and sexual health and to develop relevant skills.

The Guidance and Regulations to the Act (Volume 4) also states that:

The experience of being cared for should also include the sexual education of the young person.

5.4 The Human Rights Act 1998 protects the individual against abuses of power by the State and enhances the following principles which may be relevant when implementing a sexual health and relationship programme with young people.

- The right not to endure inhuman or degrading treatment
- The right to respect for private and family life, home and correspondence
- Freedom of thought, conscience and religion
- The right to marry and to have a family
- Freedom from discrimination
- The actual practice of sex and relationship work can create some dilemmas in balancing competing human rights, such as where there is a competing human right between a parent and their child. This policy will attempt to resolve these problems, but if there are any further doubts then legal advice should be sought

The Children (Leaving Care) Act 2000 imposed new responsibilities on local authorities to make sure that support is provided until early adulthood. As there is evidence concerning high levels of teenage pregnancy in girls who are, or who have been looked after, there is a "need for greater attention to be paid to advice about sexual relationships and sexual health" and informing potential young parents of the impact of parenthood upon teenage lifestyles.

The Care Standards Act 2000 was introduced to establish a range of consistently high standards in residential care. The DofH consultation document "Children's Homes – National Minimum Standards" provides draft standards, which highlight the importance of a policy and written guidance on personal hygiene, HIV/AIDS and other blood borne infections and sexual health and relationships in residential homes.

The Data Protection Act 1998 requires that personal information is obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; is accurate, relevant and not held longer than necessary; and is kept securely. The Act allows for disclosure without the consent of the subject in certain conditions, including for the purposes of the prevention or detection of crime, or the apprehension or prosecution of offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case.

The Street Offences Act 1959 makes it an offence to "loiter or solicit in a street or public place for the purpose of prostitution". Young people under the age of consent can, and have, been charged with these offences.

6. NATIONAL & LOCAL POLICY AND GUIDANCE

'Our Healthier Nation' (Department of Health 1999) emphasises the effect of social inequality on health and gives a mandate for sexual health needs to be addressed. It crucially identifies looked-after children and young people as a particularly vulnerable group which led to a national programme to reduce unwanted teenage conceptions.

Working Together to Safeguard Children (1999) states that all children deserve the opportunity to achieve their full potential. They should be enabled to:

- Be as physically and mentally healthy as possible
- Gain maximum benefit possible from good quality education opportunities
- Live in a safe environment and be protected from harm
- Experience emotional well-being
- Feel loved and valued, and be supported by a network of reliable and affectionate relationships
- Become competent in looking after themselves and coping with everyday living
- Have a positive image of themselves, and a secure sense of identity including cultural and racial identity
- Develop good inter-personal skills and confidence in social situations

The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) includes the importance of the provision of appropriate advice and information on issues that have an impact on health, including sex and relationship education.

The National Teenage Pregnancy Strategy (1999) aims to reduce unintended and unwanted teenage pregnancies by at least 50% through improved sex and relationship education. It states that 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 Brighton and Hove Teenage Pregnancy Strategy (1999 – 2010) includes in its strategic goals that all non-school establishments will have up–to-date sex and relationship policies, fully trained staff and resources to support their work with vulnerable groups of young people. That all young parents will be provided with the information, support and the services they need to enable them to maximise their own and their children's opportunities.

Personal, Social and Health Education: All schools in Brighton and Hove have sex and relationship education policies which underpin the delivery of sex and relationship education as part of Personal, Social and Health Education (PSHE). Schools consult with and involve parents and carers in the development of school policies. Some schools deliver workshops to support parents and carers in talking to their children about sex and relationships. The PSHE & Healthy Schools Advisory Team has produced Sex and Relationship Education: guidance for schools (2003) which is informed by *Sex and Relationship Education Guidance* (DfES, 2000) to support schools in the planning and delivery of SRE. However, school-based SRE may not reach young people who are excluded from school or disaffected in lessons or who learn better in smaller group settings. It is important therefore, that appropriate SRE is provided in addition to school settings.

The National Strategy for Sexual Health and HIV (Department of Health), 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.

The Age of Consent for sexual intercourse in heterosexual and homosexual relationships is 16 years.

The Fraser Guidelines refer to a House of Lords Judgement (1985) which ruled that it would not be a criminal offence to provide advice or treatment to girls under the age of 16 if the young person showed “sufficient understanding and intelligence” to consent. As a result of this case, the phrase **Gillick Competence** is often referred to.

The Fostering Network (formerly The National Foster Care Association) recommends that agencies should develop clear policy statements and guidance about what is expected from foster carers with regard to sexual health and relationship advice and education.

7. CONTEXT AND RATIONALE

It is an ongoing trend for young people to have increased and earlier exposure to sexual activity. As a result, the UK has the highest teenage birth rate in Western Europe, three times as high as France and six times the rate of the Netherlands. Whilst other countries have reduced their teenage pregnancy rates, those in the UK have remained static. Research indicates:

> ‘Young People in care or leaving care have repeatedly been shown to be at higher risk of teenage pregnancy, nearly two and a half times more likely than if the young person had been brought up with both their natural parents and a quarter of young people leaving care had a child by the age of 16 and nearly half within 18 – 24 months of leaving care’ (Teenage Pregnancy Strategy 1999)

There has been a rise in the number of sexually transmitted infections, with the highest growth rate being young people under the age of 24 years.

Local information confirms that:

- 2003, 12½% of young parents had been within the care system and the specialist teenage pregnancy midwife had been involved with 11 Child Protection registration meetings (out of 88 births)

Young parents are statistically more likely to become socially excluded as a result of early parenthood. This often has consequences in terms of being accommodated in poor social housing, and being on a low income.

Factors, which increase the risk of unplanned pregnancy amongst young people, and particularly Looked After Young People, include:

- Inadequate parenting in their early life and poor adult role modelling
- Inconsistent and transient social workers, peers and adult carers, leading to sexual health being overlooked or ignored and to young people being prevented from developing trusting relationships
- Experiences of sexual abuse, leading them to display inappropriate personal and sexual behaviours with their peers and the adults who care for them
- Low self-esteem and an inability to negotiate personal relationships
- Peer group conformity, restricting choice and freedom of expression and ability to resist the pressure to become involved in sexual activity without regard to their own personal health
- An interrupted and inconsistent education, meaning that young people who are looked after often miss out on sexual education in schools
- A lack of a safe arena, both physically and emotionally, to explore issues surrounding sexuality
- Parents and carers may be even more anxious when it comes to providing such input for young people with a physical or learning disability who may feel powerless to deal with the specific needs of such a client group

8. UNDERPINNING PRINCIPLES AND VALUES

The implementation of this policy is of course underpinned by the principle that the welfare of the young person is paramount and that it should therefore be young person centred. Rather than being a one off intervention it should be an integral part of the learning process, beginning in childhood and continuing into adult life.

This policy should also be inclusive and therefore, be for all young people, including those with physical, learning or emotional difficulties. To achieve these principles the following standards should be set for the care of every young person in the care of the Brighton and Hove City Council.

8.1 PRIVACY

Young people have the right to privacy, consistent with the right to personal safety and welfare, as they would in their own home.

All people have the right to privacy in the place where they live and every looked after young person should have their own personal space, whether that be to have some lockable space in their bedrooms. Also, unnecessary intrusion should be avoided and only after they have knocked on the door.

Privacy should also be available to young people washing, bathing, dressing and using the toilet, appropriate to their age and ability. However, young

people need to understand that they do not have the right to privacy to partake in sexual relationships within a children's home or foster placement. In semi-independent living arrangements, the organisation's policy regarding sexual relationships should be explained to young people at the time of admission.

Young people have the right to privacy consistent with the right to personal safety and welfare, as they would in their own home. Information of a private nature may, however, need to be shared with third parties if there are specific child protection concerns which justify such disclosure. If information is to be shared with third parties, and it is possible to advise the young person without impeding the investigation of the child protection matter, then the young person should be advised that the information will be shared.

Boundaries to privacy

People under the age of 18 cannot legally purchase material that is sexually explicit, and the Department does not support its use or availability. Similarly, videos, films, television and computer and 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. Pornographic material containing sexually explicit images can give a stereotyped, distorted or exploitative view of men, women, boys and girls, and can be offensive and damaging to young people. Such material also presents a poor image and role model of women and men in society to young people. There are many reasons why young people may wish to access pornographic material. When pornographic material is discovered it should be used to provide an opportunity for a discussion to explore attitudes and feelings around pornography between the young person and staff or carers.

8.2 PERSONAL FRIENDS AND RELATIONSHIPS

Young people have the right to choose to make, break or refrain from personal relationships.

Social Workers and carers have a responsibility to ensure that any relationship in which a young person may be involved is not an abusive one, as defined in "Working Together" (Chapter 3).

It is important to realise that some of these relationships will involve young people who identify themselves as being heterosexual, lesbian, gay and bisexual. It is vital that Social Workers show no discrimination in dealing with the sexuality choices a young person might make, so that they are able to address issues as they arise in a professional and caring manner, consistent with the young person's needs and personal safety. In doing so the young person will also feel sufficiently confident in these adults to approach them for the advice and support they may need.

8.3 VALUES

Young People have the right to maintain personal moral values and be accorded respect for their religious, cultural and political beliefs.

Young people have the right to hold their own beliefs and values and should be allowed and encouraged to follow them within the constraints of the law. Social Worker / carers should be aware of their own value system and how these may impact on their practical judgement. Whatever these personal values are they need to understand that other people's values may differ from their own and that the moral position of the young person should be respected. Sensitivity should be shown to the various religious and cultural values held by the families in which a young person has been brought up and recognise that there may be a conflict between these and the values a young person has developed in later life. All sexual health and relationship education should demonstrate and promote respect for the self and for others as its core value.

8.4 SAFETY

Young people have the right to be protected from abuse and the unwanted attentions of other people, whether they are carers, other young people or members of the public.

Social Workers / carers have a duty to protect young people from abusive situations and they need to have a comprehensive knowledge and determination to implement departmental procedures relating to abuse. They also need to work closely with young people who perpetrate abuse, to help them stop or control this behaviour and to work with those young people who themselves have been abused, to address any impact arising from that abuse.

Adults must ensure that the relationships they have with young people are caring and sensitive but ensure that they are maintained within a professional and legal framework.

8.5 KNOWLEDGE

Young people have the right to appropriate education and counselling about sex and relationships, sexual health issues, pregnancy options and parenting issues, in a form that is relevant for the individual and that will give them the knowledge and skills to make informed choices.

Social Workers / carers should themselves be sufficiently informed about sex and relationship education, pregnancy and early parenthood issues to answer questions, offer guidance and possibly provide more formal input for the young people in their care. The young people in our care should know it is acceptable at appropriate times to talk openly about sexual health matters with their carers.

Brighton and Hove City Council's, Children and Young People's Trust is committed to providing information and promoting all aspects of sexual health,

including sexual identity issues involved in personal relationships and STIs, including HIV/AIDS. Staff / carers should also be aware of how to access on behalf of young people generic and specialist services information necessary to meet the needs of a young person.

8.6 RESPONSIBILITES

Young people need to be made aware that with rights come certain responsibilities and in exercising their own rights they are not impinging on those of others.

Responsibility in sexual behaviour can only be expected of young people if they fully understand the facts upon which they are to make a decision. Social Worker / carers, therefore, need to act within the constraints of the law and to help and guide young people to do so as well. If young people are embarking on any illegal activity then the adults have a responsibility to inform the young person of the possible consequences of breaking the law and take appropriate action if they are aware the law has been broken.

Brighton and Hove City Council have produced Guidance for staff working with young people involved in under age sexual activity, which is available from your manager or supervising social worker.

8.7 CONFIDENTIALITY

Young people have the right to confidentiality of personal information, unless it compromises the rights to safety of others or themselves.

This is an issue that causes a great deal of anxiety for young people, staff and carers alike. It is essential that every party fully understands the boundaries of the rights of the young person to have personal information shared or kept confidential and, if shared, with how many people. There may be times when confidentiality is breached to ensure that the young person receives the care, treatment and support that they need. In such circumstances young people need to know that, if such information is shared, on what basis this decision is being made and they should be supported through this process, such as by involving the Young Person's Advocate and by referring them to the Complaints Procedure.

9. IMPLEMENTATION OF SRE

9.1 WHO SHOULD PROVIDE THE SRE INPUT?

Schools provide sexual health education as part of the curriculum for all children. Schools' programmes on sexual health are based on national and local guidelines and take place both at primary and secondary level.

Sex and relationship education and emotional and health support will be provided by carers, residential social workers, foster carers and social workers. Other agencies (see service and support for young parents listings)

such as school nurses, youth workers, Connexions PAs, specialist sexual health workers within voluntary organisations, and other health professionals can provide support / information in this process.

This is made clear in the guidance to the Children Act 1989:

> 'The experience of being cared for should also include the sexual education of the young person. The young person's school may of course provide this but if it is not the SSD or other caring agency responsible for the young person should provide sexual education for them. 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'.

Parents and carers should, wherever possible, be informed that the Children and Young People's Trust Department will be doing the work and what topics will be covered but not what is involved in the discussions and the planning in respect of issues relating to the child. However, to resolve any potential conflict between involving parents and carers and maintaining the duty of confidentiality it should be made clear to all parties, and especially the young person, that no specific information shared in this work will be passed onto other adults or professionals unnecessarily.

For young people who are in placements outside of the Local Authority boundaries, the young person's Social Worker and/or Independent Reviewing Officer should negotiate with the young person and their carers how best to provide this input.

For young people who have left care and have moved onto semi/independent accommodation or are in the process of doing so, the SRE should be part of the Pathway Plan that is drawn up in a young person's 16th year. It will be in the transition from 15 to 21 years that young people will need the greatest opportunity to seek advice about relationships and sexual health. It is likely that the Social worker will be key in providing this input and for those young people between the ages of 18 and 21 they will have the prime responsibility. The Leaving Care Team has a part-time Nurse attached to the Team who is available to see young people 16+ and young asylum seekers regarding sexual health matters, in addition to being a source of information and support for carers/Social Workers.

9.2 WHEN SHOULD THIS INPUT BE PROVIDED?

A common concern of carers is when should SRE be provided. There is evidence that young people who have accurate knowledge about sexual issues are more likely to delay the age of their first sexual experience. Sex and relationships should be talked about from the children's earliest years, as they can become confused or misled by what they hear from friends, adults or the media. Research indicates that young people think the input they receive is 'too little too late'. However, their parents / carers either express fears that to talk about sexual issues may only encourage young people to experiment

on a practical level or feel there is no need, as they already know too much and certainly more than they do as adults.

However, young people do not always have the information that they need but pretend that they do to save face in front of their peers. As a result, their knowledge can be based upon urban myths, inaccuracies and misinformation, such as 'you can't get pregnant the first time or if you do it standing up'. Younger children especially use expressions without fully understanding them. Checking out what young people know and what they think they know would be a good starting point for implementing this work.

Delivery of this work should be proactive and reactive. Therefore the foster carer / social workers will start this work as and when an opportunity presents itself, i.e. in the course of a conversation a comment or question from a young person may afford the Social Workers / carer the ideal opportunity to enter a frank discussion and to initiate this programme of work on an ongoing basis, as well as, what is detailed in the 'How Can This Input Be Provided' section.'

Information should be given to young people in accordance with their age, maturity and level of understanding. However, there is an understanding that generally young people under the age of 11 years will have a different degree and type of knowledge from those over the age of 11. The degree to what, if any, impact a young person's disability may have on them may also affect what information is shared with them, and at what stage in their lives. However, their disability does not automatically preclude them from having fulfilling personal and sexual relationships.

9.3 WORKING WITH CHILDREN WHO ARE LOOKED AFTER – under 11

For children and young people under the age of 11 the work that needs to be done will require giving age-appropriate information to help them, including them being able to:

- Talk about feelings and emotions
- Talk about relationships, families and friendships with both the same and opposite sex
- Have accurate information on how their bodies work and the correct names for parts of the body
- Understand appropriate and inappropriate touching and raising awareness of abusive situations
- Understand and prepare for puberty, including how and why the body changes, knowledge and management of periods, wet dreams etc.
- Have misunderstandings corrected
- Have a network identified for them to seek ongoing help and support
- Understand health and hygiene, including that around the genital area

9.4 WORKING WITH YOUNG PEOPLE WHO ARE LOOKED AFTER-

over 11

Young people over the age of 11, and especially from 13 / 14 years will continue to need accurate information about sexual health and relationships. Attention needs to be given to the needs of young men, who may not see sex and relationship education as being relevant to them. Young people of these ages will need the opportunity to discuss all of the above, plus them being enabled to:

- Receive accurate, easy to understand information about sexual development, sexuality, reproduction and birth, contraception, health and hygiene, sexual orientation, STIs including HIV and AIDS and safer sex
- Understand the importance of personal relationships and respect for self and others within these relationships
- Explore their own attitudes to themselves and others and to develop a values and moral framework
- Understand the role and responsibility of parenthood and the restrictive impact this will inevitably have on their lifestyles in comparison to their peers
- Understand the effect of sex and gender roles
- Learn to avoid and resist unwanted sexual pressures and keep safe from sexual and physical abuse
- Know how to access confidential information and advice about sexual health and personal / emotional issues
- Understand all topics relevant to sex and the law
- Develop skills to enable them to take responsibility for their behaviour
- Learn how to deal with regretted sexual activity
- Be assisted to value difference and to have any prejudices they may express challenged in an appropriate manner
- Be aware of their confidentiality rights when accessing GP's, Family Planning services and GUM Clinics

9.5 HOW CAN THIS BE PROVIDED?

Sexual Health should be identified in the PEP, Health Care Plan and in the Care Plan, which is concerned with the long-term needs of children and young people. However, to respect the child or young person's privacy, details in relation to sexual health should not be included without Court documents (including the Court Care Plan), unless there are specific legal reasons why such information should be shared with the parties.

The need for specific support and advice on personal relationships will be identified in the LAC materials, including the Placement Plan Part 2, section 2 (health) and section 4 (identity), as well as section 12 of the Care Plan, which is concerned with the long-term needs of young people. For LAC and careleavers aged 16-21 years these needs will be identified in the "Health" and "Family and Social Relationships" sections of the Needs Assessment and Pathway Plan.

By the first review the young person's social worker will identify the worker / carer who is to be responsible for ensuring the provision of advice, support and guidance on personal relationships to the young person. It may be useful if young people themselves have a role in selecting this person, who should wherever possible be of the gender / ethnicity / sexuality of the young person's preference.

The young person should also be fully informed of their rights to voice a complaint, concern or disagreement they have about any aspect of the advice, support and guidance they are receiving.

There is no blueprint as to how this input should be provided. Working in groups may not always be appropriate and social workers / carers should be prepared to respond to individual needs as and when they arise. The content of the work should also be shaped by the expressed needs and concerns of the young people alongside their existing levels of knowledge and sources of information.

Group work Sex and Relationship sessions are available from local schools and young people's services to provide young people with specific and targeted SRE learning opportunities, ask the school, the LA lead for LAC and Education (Susan Darby) or your local youth service / young people's centre.

Delivery of the input should incorporate both formal and informal means of providing guidance. A discussion at the kitchen sink may be as beneficial as a pre-booked and timetabled session. Situations may arise throughout your interactions with a young person that will provide an ideal opportunity to work on specific issues. However, how it is done, by whom and external additional services required should be recorded and reviewed throughout the input. In addition it would also be useful to check out with the young person how useful the interventions have been for them at the end of every session. Each situation will need to be considered in its own right in terms of the needs of the young people concerned and set in the circumstances that they are in.

Useful tools in beginning this work will be:-

- Section H16-20 of the Assessment and Action Records aged 15 years and over
- Section H16-19 of the Assessment and Action Records aged 10-14 years
- "Health" and "Family and Social Relationships" sections of the Needs Assessment and Pathway Plan for LAC and careleavers aged 16-21 years

Both of which cover sexual health matters.

- Section 23(b) of (f) of the Review of Arrangements document will record the progress of the work and any changes to be made. The young person must also be given the opportunity to comment on the

progress and content of this work in the course of their review and request any changes they feel ought to be made

- The IRO will also record both the responsible person and the agreed tasks under Section 10 of the LAC Review arrangements, to ensure that all young people receive the support and guidance required to promote positive relationships and sexual health. However, a Statutory Review is not an appropriate forum to enquire about personal matters

- Pathway Planning should include the progress achieved by young people in their education about relationships and sexual health, as it will be during the transition from 15 to 21 years that they will require the greatest opportunity to discuss such issues. The workers/carers will need to be well trained and informed to enable both personal discussions with young adults about these sensitive issues, as well as the knowledge about the availability of more specialist advice and information, where necessary

- The Children (Leaving Care) Act 2000 requires that the assessment of young care leavers' needs must be undertaken. The responsibility to maintain contact with young people into early adulthood, afford the young people's advisors the opportunity to continue to offer advice and information about relationships and sexual health

10. SPECIFIC POLICY ISSUES

10.1 SEXUAL ACTIVITY BETWEEN LOOKED AFTER CHILDREN

To address this it may be appropriate for staff and carers to develop a range of 'house rules' concerning the physical expression of relationships amongst young people. These house rules should take into account individual circumstances, customs and beliefs. However, it would not be sufficient to ignore these issues or to deal with them on the basis that those who are 'found out' can expect to be punished. Protocols of conduct and control in relation to sex are needed, based on education and taking account of the principles of equality. Whatever specific house rules exist they should be clearly understood and discussed openly between carers and young people.

10.2 YOUNG PEOPLE ABUSED THROUGH EXP{LOITATION (third party abuse)

Children and young people abused through sexual exploitation are the victims of sexual abuse. When a child is abused through exploitation it involves grooming and coercion by adults and sometimes their peers who are already involved. Children and young people can be manipulated into performing sexual acts for the exchange of food, shelter, clothes, alcohol, drugs, protection, friendship and money by the abusers. Children abused through exploitation are children in need, and should benefit from multi-agency planning and services that ensure the child's immediate protection and, through a longer term strategy that encourages and supports his / her exit

from exploitation. This should be developed with the young person if it is to be effective.

The complexities of working on a day to day basis with young people abused through sexual exploitation are recognised by all agencies, as is the need to support and offer training to staff and carers.

One of the problems faced by carers is being able to identify when the abuse, through sexual exploitation, is happening. Quite often young people are coerced into sexual exploitation through a friend or boyfriend, where a dependency for the young person to the friend of boyfriend can be formed. This is done by isolating the victim from their carers, family and friends, therefore empowering the abuser to become central to the young person's life, controlling the young person emotionally.

It is a widely held belief that young people who enter the care system share characteristics, such as a background in sexual abuse, homelessness, drug dependency and many broken down care placements. All are high indicators of young people who are more at risk and more vulnerable to becoming involved in sexual exploitation through abuse.

CARERS SHOULD ALWAYS REMEMBER THAT THESE CHILDREN AND YOUNG PEOPLE ARE THE VICTIMS

ALL CHILDREN AND YOUNG PEOPLE SUBJECTED TO SEXUAL EXPLOITATION SHOULD BE SEEN AS VICTIMS OF SEXUAL ABUSE AND AT RISK OF PHYSICAL AND EMOTIONAL ABUSE

When responding to a young person who has become involved or is in danger of becoming involved, carers should continue to offer a caring, supportive environment, allowing the young person to feel safe enough to share their experiences. Any anxieties that the carers feel the need to discuss should be with the Social Worker, not the young person. Any concerns that a carer/Social Worker has regarding a child/young person being sexually exploited needs to be discussed immediately with their manager, where appropriate decisions regarding the safety of the child/young person can be made.

Staff and carers need to be alert to any behaviour that might indicate that the child is involved in sexual exploitation, or at risk of becoming involved. Children abused through exploitation will continue to need information and advice to promote their sexual health and support their ability to discern and develop positive relationships.

10.3 WORKING WITH YOUNG PEOPLE WHO SEXUALLY ABUSE

Work in this field is one of the most challenging aspects of caring for young people and provides challenges on many levels. By utilising effective supervision carers should reinforce for themselves that such behaviours are only one aspect of a young person's life. Whilst this behaviour may be totally unacceptable, carers should work to the principle of rejecting the behaviour

and not the person. Work to change the behaviour is extremely specialised input, for which specific expertise needs to be sought.

Although it is important to focus on the child who has been abused, it is equally important not to overlook the needs of the abuser. As a result, such input should be carefully planned and reflected in a young person's Care Plan and a two-pronged approach is necessary:

- Working with the young person to focus upon the offence they have committed and to decide on the most appropriate course of action within the Youth Justice system

- Providing the necessary safeguards to ensure the young person is adequately protected themselves

11. SOCIAL WORKERS / CARER ISSUES

11.1 Very often the sexual knowledge of some looked after young people is beyond what one would expect of a child of that age. It can, therefore, be very difficult for carers to know how to respond appropriately. There is a danger therefore that carers misinterpret a young person talking explicitly about their sexual experiences for an extensive knowledge and awareness about matters relating to their sexuality. As a result carers will often be heard to say, "they don't need any teaching about sex – they know more than me!"

11.2 In order to overcome such a mistaken assumption, and in order to ensure that young people get the best possible information, and to work through any difficulties they may be experiencing in this area, all staff and carers will need a great deal of encouragement and support. <u>Good supervision from line managers will be crucial and should provide the opportunity to discuss both the complexities of the work and any personal feelings it may create in them</u>.

11.3 Supervision should promote the confidentiality needed to encourage a carer/Social Worker to have the confidence to engage in it. By discussing the issues in supervision sessions, the need to discuss them in more public forums, such as staff meetings or foster care support groups, should be reduced. However, it would still be appropriate to use these meetings for discussions on a more general level, to establish a values base, such as how to deal with pornography that is openly displayed by a young person.

11.4 In addition to the need for high quality supervision, it will be essential that all staff/carers remember that:

- Nobody has all the answers and it is OK not to have all of the answers
- By referring to this policy document, however, it should be possible to locate an 'expert' or external agency who will be able to help find an answer

- It is important to treat all issues raised by a young person seriously and not to make light of them or the feelings expressed by a young person
- Often it is our inability to put ourselves in the position of the young person that makes it difficult for us to listen to their deep problems or dilemmas
- It is vital that we do not replicate or mirror the behaviour that has brought the young person into care in the first place
- In residential care teams will need to be able to discuss feelings that may be difficult to express in an open and honest way and though they may be challenged about these feelings, this should be done without creating a fear of recrimination or personal criticism
- Within foster care a good relationship with their support workers and access to appropriate training will be key in establishing a similar environment in their home

11.5 WHISTLE BLOWING

Any carer or worker who has any concern about the behaviour or attitude of any other carer or worker has a duty to share these concerns with their line manager or support worker. This relates to caring practice in general and is not limited to work related to SRE. These concerns may vary from the obvious, such as any inappropriate sexual behaviour between a carer and a young person, to the more contentious, such as allowing a young person to watch an age inappropriate video, to acts of omission, such as not addressing sexist or homophobic comments or bullying.

If any cause for concern arises about any aspect of a colleague's behaviour or practice, the first response should be to address it with them at the earliest opportunity. If this does not resolve the matter then it should be raised with a line manger. If, however, the concerns involve serious malpractice or issues that could pose a risk of significant harm to a young person, then they should be raised with the line manager at the earliest opportunity. By failing to challenge poor practice, the young person in question will be done a great disservice and the non-intervention will only add to their sense of powerlessness. If a worker/carer subsequently felt that their concerns had not been taken seriously by their line manager, or had not been enacted upon appropriately, then they would have the right and duty to take their concerns to a more senior manager. Brighton and Hove City Council operates a Whistle Blowing Policy and details of this are located on the Wave, or information is available through the Human Resources Department.

11.6 GAY, LESBIAN AND BISEXUAL YOUNG PEOPLE

Young people have the right to have same sex relationships, and as professionals working with young people, we should all take into account the rights of young people who are gay, lesbian, or bisexual. It

is of paramount importance that gay, lesbian and bisexual young people are supported to develop a positive sense of their own sexuality. This should include an awareness of the effects of negative attitudes about sexual orientation on young people. All forms of discrimination have a negative impact and these can include very subtle forms of behaviour, such as general attitudes, looks, innuendoes and non verbal communication, as well as more aggressive forms of behaviour, such as offensive remarks and physical and psychological abuse and/or violence.

Value judgements, or personal comments, about a young person's sexuality can seriously affect feelings of self worth. Young people should not be subjected to the sexual attitudes and values of individuals who care for them in public settings. They should be supported to make their own informed choices, to celebrate these lifestyle choices and not to be seen as being 'victims'. Their sexuality should always be taken seriously and it is not helpful to speculate as to why a young person may have same sex preferences, or to brush off sexual orientation as being 'a passing phase'.

Young people in public care, in general, often have gaps in their knowledge regarding safer sex, due to missing school or having experienced inconsistent parenting. This is equally true for gay, lesbian, and bisexual young people. Those who are sexually active may consequently engage in unprotected and 'unsafe' sexual practices, thus taking considerable risks with regard to sexually acquired infections, including HIV/AIDS. It is therefore the duty of all professionals working with young people to ensure that young people have appropriate information and safer sex.

It is not appropriate to send young people to other agencies as the **only** way of dealing with these issues. Other means, such as one to one discussions, group sessions, leaflets, books, as well as other agencies, should be utilised to enable young people to talk through and explore the issues involved. There are publications available such as the 'Who Cares About Health' book produced by the The Who Cares Trust specifically for young people.

Young people who are gay or lesbian often fear or experience homophobia in many forms from professionals, as well as their peers, which may hinder their ability to locate information and appropriate guidance and support. In addition, they may find it difficult to reveal their same sex feelings or relationships. It would be beneficial if those working with all young people in public care, including those with physical and/or learning disabilities, are sensitive to this and do not assume that all young people are heterosexual or that their sexual orientation is fixed and static. Sexuality and sexual orientation is fluid and can change with time, circumstances, life experiences and choices.

Encouraging positive self-esteem is essential in working with any young person in the care of the Local Authority and is equally so for gay, lesbian and bisexual young people. Without truly valuing themselves in relation to other young people, they will be unable to develop the skills needed to enable them to negotiate what they want, what they don't want and how to obtain what they want.

Challenging oppressive language, based on a young person's sexuality, is as important as it is for the oppressive language, such as racism and the same rules and reasons apply.

Studies have revealed that up to 82% of young people are bullied because of their perceived sexuality, but whatever the 'reason', bullying is bullying and carers should address it as such. In such circumstances it should be made clear to the victim that their sexuality is not an issue and it will, therefore, be unnecessary and inappropriate, to enquire about the victim's sexuality.

11.7 SAFER SEX AND SEXUALLY ACQUIRED INFECTIONS (SAI)

It is the absolute right of young people to have appropriate information and advice on safer sex, HIV/AIDS, hepatitis and other sexually transmitted infection, such as Chlamydia and Syphilis, are on the increase in the UK. This information should include accurate and regularly updated details on local services and means of accessing these services, as well as how young people can access (free) condoms. In addition, young people should be made aware of the alternatives to penetrative sexual intercourse and encouraged and supported to take responsibility for their own sexual health. There may need to be instances where some young people may need additional support in maintaining their own sexual health. Cultural and religious diversity should be acknowledged and observed with regards to the issues of SAIs and safer sex and the advice of specific health professionals sought regarding this.

Information on sexually acquired infections, including HIV, must be made available to young people in accessible form. They should be made aware of clinics where anonymity and appropriate pre and post counselling services are available. They should also be made aware that if tested by their GP the results will be recorded on their medical notes, which may be made available to prospective employers, mortgage brokers etc and so this may have consequences for them later on in life. However, complete confidentiality is guaranteed at Genito-Urinary Clinics (GU or GUM Clinics).

The duty of confidentiality is the same towards young lesbians and gay men as it is towards heterosexual young people.

11.8 SEXUAL ATTRACTION AND BEHAVIOUR

It is not acceptable for any staff/carer to act in any way that appears inappropriately sexual in the presence of young people. Sexual attraction between members of staff is within the boundaries of acceptable behaviour. However, explicit displays of such attraction should be restricted to one's personal life and should be developed exclusively outside of the work place. It would also be good practice to inform line managers of such relationships.

The Sexual Offences Amendment Act (2000) 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 looked after child), to have any type of sexual activity with that child if they are under the age of 18. Such an action would, therefore, lead to immediate suspension and a Police investigation.

11.9 PROFESSIONAL BOUNDARIES AND SAFE CARE PRACTICE

Maintaining appropriate boundaries between staff/carers and young people is especially important in relation to matters concerning personal relationships and SRE work. Whilst young people should be afforded the opportunity to discuss and explore their emergent sexuality and sexual behaviours, this must at all times be undertaken in a professional context.

Many young people who are looked after have had previous experience of abuse and high risk lifestyles. It would be surprising if this did not influence their response to the work undertaken with them concerning personal relationships and sexuality. Young people may misinterpret situations and conversations and, on occasions, make allegations against their carers. It may be that as a direct, or indirect, result of doing this work, a young person may make a malicious or mistaken allegation against a carer. Although there can be no absolute guarantees, there are certain things that can be done to reduce the chances of false allegations being made, including:-

- Exercising caution in sharing their own personal life experiences. However well intentioned this may be, it may also be open to misinterpretation or misunderstanding by the young person. It may be appropriate to share some of the feelings and emotions you have experienced, when not doing so would deny the young person the opportunity to understand how powerful emotions can be dealt with in a positive manner. Such dilemmas should be discussed fully in supervision sessions and accurately recorded, to afford the worker maximum protection

- By developing a safe caring Policy and by implementing the NFCA Policy used in foster care, which will include issues such as:-

    - Knocking on bedroom and bathroom doors and waiting for an invite before entering the room

- Seeking permission to enter a young person's room before doing so
- Trying, whenever possible, that a colleague/partner is in the vicinity when entering a young person's room
- Only giving physical contact with a young person's permission, i.e. ask if it is OK first. The seemingly most innocent of physical contact may have meant something other than affection to a young person in their past, or they may not understand that such displays of affection are not necessarily preludes to sexual activity
- Record any incidents of a young person wearing little or inappropriate clothing and encourage young people to wear age appropriate clothing that is not of a revealing nature
- Encouraging young people to wear dressing gowns when out of their bedrooms
- Similarly carers should not be seen in nightwear, underwear or clothing that is skimpy or revealing, as they may trigger something in a child's memory, or instigate a sexual response

Under no circumstances is any form of sexual relationship between a young person and their carer, or any other child care professional, acceptable, even if the young person is over the age of 18.

12. CONDOM DISTRIBUTION

There are certain circumstances and situations where staff and carers can provide condoms once they have successfully completed a mandatory Training Programme.

13. TRAINING SUPPORT AND SUPERVISION

In order that staff and foster carers develop confidence in talking about sexual health and relationships with young people, it is imperative that training, support and supervision is provided in conjunction with this policy.

Training will be designed to meet the needs of the participants, with a combination of information and skills development. It will be provided on a rolling programme to allow for ease of access and regular updates. Those identified as being providers of condoms will also need to attend specific training in condom distribution and working within the Fraser Guidelines.

Support and supervision will be planned, regular and consistent, across all agencies and levels and provided on an individual or group basis. Carers should always feel supported by professionals and any other staff members with whom they are jointly working. Specialist information and advice may be sought from other agencies wherever this becomes necessary.

14. MONITORING, EVALUATING & REVIEWING

It is the intention to monitor and evaluate this policy in a systematic on-going way. The process will include feedback from parents, young people and all those vested with the responsibility of providing care and services to young people.

The Child Care Review Form will record the progress of the work and any changes to be made. The young person must also be given the opportunity to comment on the progress and content of this work in the course of their review and request any changes they feel ought to be made.

The Independent Reviewing Officer will also record both the responsible person and the agreed tasks under section 10 of the LAC Review arrangements; to ensure that all young people receive the support and guidance required to promote positive relationships and sexual health. However, a Statutory Review is not an appropriate forum to make enquires about sexual health matters.

Pathway Planning should include the progress achieved by young people in their education about relationships and sexual health, as it will be during the transition from 15 to 21 years that they will require the greatest opportunity to discuss such issues. The workers / carers will need to be well trained and informed, to enable both personal discussions with young adults about these sensitive issues, as well as the knowledge about the availability of more specialist advice and information where necessary.

Enclosed are the following important sources of information useful in terms of working with young people.

1. Information regarding Sexually Transmitted Infections.
2. A Quiz which may help test your own or young people's knowledge of sexual health.
3. Information where Sexual Health Services are located in Brighton and Hove for young people.
4. Information concerning Support Services for Young Parents.

15. SEXUALLY TRANSMITTED INFECTIONS (STIs)

Key Facts

- Someone does not need to have a lot of sexual partners to get a Sexually Transmitted Infection (STI). Anybody who has unprotected vaginal, anal or oral sex IS AT RISK
- Whether male, female, straight, gay, bisexual or lesbian, young or old, - anyone having unprotected sex IS AT RISK
- Unprotected sex means not using condoms
- STIs are also known as STDs (Sexually Transmitted Diseases). Some of them used to be called VD (Venereal Disease) – named after Venus, the Goddess of Love

- Numbers of all STIs have increased in the last few years and some of them, such as Chlamydia, have doubled in the past 6 years, especially amongst young people and gay men. One in 10 young people are said to have Chlamydia
- In Brighton in 2002, there were over 716 cases of Chlamydia reported at the sexual health clinic, most of these cases were young people aged between 16 and 24. (Source: Claude Nicole Centre, Brighton)
- Most STIs are easily treated but treatment should be started as soon as possible. For some infections, such as HIV (the virus that causes AIDS) there is currently no cure and the treatment can be complicated. If left untreated many STIs can be painful and uncomfortable or, at worst, cause permanent damage to health and fertility
- There are more than 25 STIs. Infections that are common include:

    - Chlamydia
    - Genital Warts
    - Herpes
    - Gonorrhoea or 'the clap'
    - NSU (Non-specific Urethritis)
    - Syphilis
    - HIV
    - Hepatitis (A, B and C)
    - TV (Trichomonas vaginalis)
    - Pubic Lice
    - Scabies

- Some infections that affect the genital area, such as Thrush (candidiasis) and Bacterial Vaginosis, can be spread through sex however it is possible to get these without having sex – from wearing tight clothing round the genitals or from using perfumed body sprays and products on the genitals that destroy natural 'healthy' bacteria. Cystitis can be caused by sex, but it can't be passed on to someone through sex

Frequently Asked Questions about STIs…

Q: <u>How will I know if I have an infection?</u>

If someone has had unprotected sex then they may get infected and not have any symptoms at all. It's not possible to tell by looking if someone has an STI; that's why it is so important to use a condom EVERY TIME! Someone could be infected (and infectious), but not know it.

The most common signs of an STI in men and women are:

- Unusual discharge of liquid from the vagina or penis – it could be thick or watery, cloudy, white or yellow. It might be smelly
- Pain or burning when passing urine
- Peeing more than usual

- Itching, rashes, lumps, ulcers, sores or blisters on or around the genitals or anus
- Pain in the testicles or lower abdomen
- Pain and / or bleeding during sex
- For women: bleeding between periods or after sex can be a sign

Sometimes symptoms can come and go but that does not mean that the STI has gone away! It will not go away until it has been treated. Ignoring it will make it worse.

Symptoms usually appear within 2 to 14 days, but they can take up to 4 weeks (sometimes even longer). In the case of HIV infection, there are no symptoms – possibly for many years.

Q: <u>How do you catch an STI?</u>

- The usual way is through SEX
- Semen, vaginal fluid and blood can all carry an infection
- The man doesn't have to ejaculate ('cum') to infect a partner. A small amount of 'pre-cum' can leave the penis before or without ejaculation, and can be just as infectious
- Some STIs can be passed from person to person by genital contact alone
- Some STIs (including Herpes) can also be passed from person to person through oral sex (licking or kissing a partner's genitals).
- For crabs and scabies (which are crawling insect-like creatures), skin contact alone is enough
- The more sexual partners someone has (unprotected) the more at risk they are of getting an STI

Q: <u>What can I do if I think I have an STI?</u>

If someone is concerned they have an STI they need to get medical advice and possibly tested. There are several services that are available for help and advice:

- Any NHS genitourinary medicine (GUM) clinic (sometimes known as special clinics, VD clinics or STD Clinics).
- doctor or practice nurse
- a sexual health clinic
- a family planning clinic

Q: <u>What will going to the sexual health service be like?</u>

Regardless of age, ethnic group, whether male or female, gay, lesbian, straight or bisexual everyone is entitled to CONFIDENTIAL information and advice about relationships, sexual orientation, sexuality, sexual problems or STIs. The only time a doctor or other health professional would have to disclose any information to anyone else is if they were concerned about their

patient’s safety or the safety of anyone else. No-one should ever be judged because of their sexual behaviour and staff should always treat people in a respectful and non-judgemental way, if someone feels they haven’t been treated right they should always report it to the organisation or to another worker. To enable people to feel as comfortable as possible most sexual health clinics can provide a choice of male or female doctor for consultations. Some services also hold separate sessions for men, women, young people, gay men and lesbians.

Genito Urinary Medicine (GUM) clinics offer a full range of free tests, treatments and advice on all infections. A full sexual health check would usually mean an examination of the genitals and mouth, a blood test and a urine test.

Some tests can be completed while you wait. For others the results take up to 7 days. The clinic will let people know how they can find out their results.
Treatment: Most STIs can be completely cured if found early enough. Treatments can include antibiotics for bacterial infections such as Chlamydia. Viruses such as HIV and herpes cannot be cured, but treatment can relieve some symptoms. Lotions are used to treat pubic lice and scabies.

Q: <u>What about letting lovers know?</u>

Telling partners can be difficult. Partners may not be in touch anymore and people may be scared or may be really angry. But it is really important to let anybody who could be infected know as soon as possible. People infected should encourage current or past partners to visit a clinic and get themselves checked out. Sexual health clinics can help with this. The health adviser can arrange to send out contact slips that ask the person to go and see their GP or sexual health clinic. It will NOT give the patients name. But whatever happens, nothing will be done without the patient’s agreement.

Q: <u>What will happen if an STI is NOT treated?</u>

It will NOT go away!! As long as someone has an STI, they can pass it on to somebody else, even if they do not have any symptoms.
In the long-term, men can experience pain and swelling in the testicles and penis, and in the joints and eyes and may become less fertile. Women are even more likely to suffer long-term damage, including pelvic pain and damage to the Fallopian tubes. This can cause difficult pregnancies. It may even mean someone can’t have a baby.

Pregnancy: If a pregnant woman has an untreated STI, this may be passed on to her baby either in the womb or during birth. Most STIs can be treated during pregnancy without harming mother or baby.

Q: <u>What can I do to prevent getting and passing on an STI?</u>

Practice Safer Sex!! A condom should be used every time!!
Some tips for safer sex:

- You can still have plenty of fun and pleasure without penetration! – kiss, cuddle, massage, lick, stroke, snog, fondle, rub, play…..
- Oral Sex is riskier if you or your partner has a cold sore, sores in or around the mouth, or inflamed gums
- Penetrative sex is riskier if you have any cuts or sores on your genitals
- Anal intercourse is especially risky for both partners, because the skin in the rectum is delicate and breaks easily and it doesn't self-lubricate like the vagina does. This is why lubricant is important to use for anal sex

16. STI QUIZ and HIV FACTS

Test your knowledge or use with young people

- There are treatments for most STIs. True or False?

True: Most STIs can be treated with antibiotics or lotions. That's why it's important for a person to go to a clinic if they think they've been at risk. The earlier they go, the easier it will be to treat. There is no cure for HIV, though there are drugs which delay its development and relieve symptoms.

- Some STIs can be caught from toilet seats. T or F?

False: It is not possible to catch an STI from a toilet seat. Or from sharing cups, or swimming pools, or holding hands!

- Some STIs can be passed on via oral sex. T or F?

True: Many of the common STIs can be passed on this way, such as Gonorrhoea, Chlamydia, Syphilis, Hepatitis B and Herpes. There have been a few cases of HIV having been passed on via oral sex. Most of the other STIs are more infectious than HIV though. Flavoured condoms or dental dams should protect against most STIs being passed on via oral sex.

- You always know when you have got an STI because it hurts when you wee. T or F?

False: Some STIs don't have any symptoms, especially in women. Or someone might have symptoms which then disappear. This doesn't mean the STI has gone away! So they should still get checked out.

- You can only have one STI at a time. T or F?

False: If someone has one STI, they are more likely to catch or have another one because the vagina or anus may be damaged by the STI making it more susceptible to other infection. Someone might think they have only one STI, but in fact have another one that doesn't have any symptoms. That's why it is so important that someone who might have been at risk of infection gets checked out.

- Using a condom can always stop you catching an STI. T or F?

False: If used correctly and consistently, condoms can protect against STIs, but there is still a small risk that an infection could be passed on (for example, genital warts are around the genital area, therefore a condom would not necessarily protect that area although using a condom would certainly reduce the likelihood of transmission.

- You have to sleep around to get an STI. T or F?

False: Someone could get an STI from having unprotected sex just once. If someone is having unprotected sex with lots of different partners this will increase their chance of getting an STI.

- Sometimes an STI will go away by itself. T or F?

False: Even if the symptoms go away, the STI will not have gone. An STI will not go away until it has been treated. If left untreated it can cause more difficulties and health problems, such as effecting fertility (for men and women).

- Most STIs occur in people under thirty. T or F?

True: 85% of infections occur in people aged 15-30.

- Its only gay men that get HIV. T or F?

False: Anyone can get HIV if they have had unprotected sex. The latest national HIV statistics show that there are more new diagnoses in heterosexual people than in homosexual people.

What about HIV? Know the Facts…

What is HIV?

HIV stands for the Human Immunodeficiency Virus. HIV attacks the body's immune system, the body's defence against disease, so that it can no longer fight off certain infections.

HIV is the virus that causes the incurable and life-threatening medical condition called AIDS.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. A person would have an AIDS diagnosis when their immune system has become so weak that it can no longer fight off a whole range of diseases with which it would normally cope.

- There are over 40 million people living with HIV/AIDS worldwide.
- A third of today's 15 year olds will die in those countries hardest hit by AIDS.
- In 2003, the UK saw the largest number of people diagnosed with HIV ever recorded (5,864 cases) a 20% increase in the number of cases from 2002. Source : NAT
- In 2003, there were 810 people living with HIV/AIDS in Brighton and Hove. Source : Claude Nicole Centre / Lawson Unit.

There are 4 main routes by which HIV can be transmitted:

Through Unprotected vaginal or anal sex

If you have unprotected vaginal or anal sex, you could be risking transmission of HIV. Condom use can stop HIV transmission.

Sharing Needles

Sharing needles or other drug injecting equipment is risky. There may be traces of HIV infected blood sufficient to infect someone with HIV.

Mother to Baby

If a pregnant woman has HIV, she can pass it on to her child in three ways: during pregnancy, during birth, or through breastfeeding. However, there are proven steps mothers can take to reduce the possibility of their unborn child contracting HIV.

Infected Blood

People can become infected with HIV by receiving infected blood or blood products as part of medical treatment. In the UK the chance of this happening is remote as all blood, blood products and donated organs are screened for HIV and infected materials destroyed.

HIV cannot be transmitted by:

- Kissing
- Holding Hands
- Touching
- Toilet seats
- Swimming Pools
- Insect or animal bites
- Sharing eating utensils

Is there an HIV Vaccine?

Not yet. There are several potential vaccines undergoing extensive trials at the moment, but even if they prove to be of benefit, it will be some years before they are widely available.

Is there a cure for HIV?

No. Although there are new drugs to keep HIV under control, they do not completely get rid of the virus. Because there is no cure, once a person becomes infected with HIV, they stay infected for the rest of their lives.

Is there treatment for HIV?

Yes. There are treatments which can prolong life. Many people using these treatments have been able to live full, active lives. However, treatments are not necessarily easy and often bring their own problems. Some people on combination therapy have to take over 30 tablets every day and at set times, often experiencing bad side effects. Since the introduction of improved treatments the number of AIDS diagnoses has decreased since the mid 1990s and deaths from AIDS have decreased by 70% since 1996.

How can I stop HIV being passed on?

The best way to protect against HIV transmission is by consistent and proper use of condoms.

What is an HIV test?

An HIV test is a simple blood test, which checks for antibodies to HIV. Antibodies are the body's response to a viral infection. An HIV negative result means no HIV antibodies have been found in the blood. HIV antibodies do not appear in blood the day a person gets infected. Rather, HIV antibodies may take up to three months to show in the blood. Because of this, some people who test negative may be advised to have another HIV test at a later date.

An HIV positive result indicates HIV antibodies were found in the blood and that the person has been infected. This means HIV can then be passed on to others. HIV tests are carried out by NHS Sexual Health (GUM) Clinics or by GPs. Tests at a GUM clinic are completely confidential and will not appear on a person's medical records. A HIV test at a GP's practice will be retained on a person's medical records.