

London Borough of Islington

Sex & Relationship Education Policy & Practice Guidelines

June 2010

In partnership with



ISLINGTON

NHS
Islington

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Foreword: Eleanor Schooling, Corporate Director Children's Services

Introduction to SRE policy:

All young people have a right to receive good advice and support on sex and relationships so they can make informed decisions and protect themselves from pregnancy and sexually transmitted infections. In Islington we know that many young people are not receiving the support they need and are vulnerable to both poor sexual health and teenage pregnancy.

In order to address this it is vital that all staff working with children and young people understand the importance of their role in ensuring young people have the information they need to make informed decisions and know how to access contraceptive and sexual health services. Too often we think that it is someone-else's responsibility or assume that the young person has the information & support they need when they might not. Sometimes professionals are also worried about what information and support they can provide. The *Sex and relationship policy and practice guidelines* emphasis how important it is for everyone working with young people to raise these issues and clarifies what support and information can be provided.

As addressing SRE can sometimes raise complex issues it is also important that staff feel confident and supported in doing this work. To ensure this we have put in place a comprehensive training program that will provide staff with the necessary skills & information they need to implement the policy. The introductory session (Level 1 SRE) is compulsory for all frontline staff and managers.

I am confident that our approach to addressing teenage pregnancy will enable us to more effectively support young peoples' development and decision making in their personal lives thus improving their sexual health and reducing teenage pregnancies.



Eleanor Schooling,
Corporate Director, Children's Services

Acknowledgements

This document has been developed with reference to similar documents developed in Enfield, Richmond, Southwark, Surrey and Warwickshire. Our thanks are extended to these areas for generously sharing their policies and practice guidelines with us.

The Islington sex and relationships education policy and practice guidelines have been developed in partnership between NHS Islington and the London borough of Islington.

A training needs assessment was undertaken with professionals and carers working directly with children and young people in Islington.

THE PROJECT TO DEVELOP THE ISLINGTON POLICY AND PRACTICE GUIDELINES WAS UNDERTAKEN BY TANYA PROCTER CONSULTANCY.

Introduction

Purpose of this document

This policy has been developed to provide support and clarification on sexual health and relationships issues to staff working with children and young people in Islington. Accompanied by a comprehensive training programme, the policy will provide professionals with the confidence to talk to children and young people about sex and relationships, and to sign-post to other services where appropriate.

Who does this policy apply to?

This policy applies to **all** professionals who provide a direct service to children and young people and are employed by Islington children and young people's services or NHS Islington. The policy also applies to all voluntary and community sector organisations that are commissioned by either NHS Islington or London Borough of Islington to undertake work with children and young people. The policy is relevant and applicable to staff working in universal, targeted and specialist settings. With reference to relevant national guidance, it sets out the particular roles and responsibilities of:

- Youth support workers (connexions personal advisers, youth workers, learning mentors, youth advice workers, and all staff offering one-to-one advice to young people);
- Social care practitioners (including adoption and fostering workers, family support workers, foster carers, leaving care workers, family link workers, residential social workers, social workers and youth offending workers). The Islington Sexual Health and Personal Relationships Policy for Looked After Children (2004) complements this policy;
- Education staff. Teachers, and others involved in the delivery of sex and relationships education (SRE) in a school setting will need to refer to *Developing a sex and relationship education policy: guidance for schools*, for further detail on the delivery of school-based SRE and support for individual children and young people. Work in schools will need to be in line with the school's own SRE policy;
- Children and young people's health staff (particularly school health advisors, Pulse sexual health workers, Brook, health visitors).
- If you work for a department or agency other than Islington children and young people's services or NHS Islington, you need to use this document in the context of your own agency's policies and procedures. If you are in doubt about whether or not you should follow these guidelines, ask your line manager.

Key principles

- All children and young people should receive age appropriate sex and relationships education. This should be delivered in a way that supports the child or young person's right to appropriate knowledge, information and informed choice.

- Children and young people should be actively involved in the development and delivery of SRE programmes.
- Sex and relationships is not values free. It should promote core values of mutual respect, rights and responsibilities, including the promotion of equalities in regard to race, faith, gender, sexual orientation, disability and age; young people must be given explicit opportunities to explore and debate pressures related to gender, ethnicity, sexuality, stereotyping and related issues.
- Staff and carers working with children and young people on sex and relationships issues must work in line with the legal framework set out in this policy and in particular the London Child Protection Procedures and the *London Child Protection Committee – Working with Sexually Active Young People under the age of 18 – a Pan London Protocol*.
- Staff and carers should work in partnership with parents providing it does not conflict with the overriding principle that the welfare of the child is paramount.
- Staff and carers must maintain professional boundaries with the child at all times.
- Staff and carers must respect the child or young person’s age, ethnicity and culture.
- Staff and carers must explain confidentiality and its limitations to the child or young person.

How this policy was developed

The commitment to develop this policy was undertaken by Islington’s teenage pregnancy mainstreaming group. The policy development process was steered by a group with membership from NHS Islington, London Borough of Islington Children and Young People’s Services, and Cambridge Education @ Islington.

A comprehensive training needs assessment was undertaken as part of the policy development process with staff working in a universal, targeted and specialist capacity with children and young people in Islington. The findings from the training needs assessment have informed both the content of the policy and the training and development package that will support its implementation.

Implementation

Staff and carers will be provided with training and development to enable them to implement this policy. The training core offer for is set out at page 16.

This policy has been ratified by the teenage pregnancy mainstreaming group and will be reviewed in June 2011.

Key messages in this section

1. Learning about sex and relationships can help to improve young people's sexual health, their aspirations and wellbeing
2. Young people want to learn more about sex and relationships from a skilled and confident work-force; national evidence also shows that a commitment to SRE training across the children's work-force can have a positive impact on young people's sexual health
3. Some young people are particularly vulnerable to poor sexual health; Islington's approach is to offer universal SRE through schools as well as targeted programmes in schools and in the community which are tailored to the specific needs of vulnerable groups
4. All young people can receive confidential contraceptive advice and treatment as long as they are judged to meet a number of clear criteria
5. The Sexual Offences Act and London Safeguarding Procedures clearly set out the circumstances in which a young person's sexual activity become a safeguarding issue

What is sex and relationships education (SRE)?

SRE is lifelong learning about sex, sexuality, emotions, relationships and sexual health.

There are three main elements to SRE:

- Developing positive attitudes and values;
- Acquiring personal and social skills; and
- Gaining knowledge and understanding

This will enable children and young people to understand themselves, negotiate and take responsibility for their relationships, not to exploit others and support them to protect themselves from being exploited. The creation of a values framework that results from the building of young people's self esteem and confidence will guide their behaviour and decision making. SRE promotes a positive view of sexuality and helps sexual self acceptance. It aims to meet the needs of all young people.

SRE also provides guidance for young people to:

- Be aware of and enjoy their sexuality. Behave responsibly within sexual and personal relationships.
- Communicate effectively.
- Have sufficient information and skills to protect themselves from unintended conceptions, sexually transmitted infections including HIV.
- Access confidential advice and support.
- Develop a values and moral framework that will guide their decisions, judgements and behaviour.

Adapted from Sex Education Forum, Fact Sheet 36, 2006

Why undertake sex and relationships work with young people?

Learning about sex and relationship does not encourage children and young people to early sex – in fact the reverse is true. Research shows that school-based SRE, linked to contraceptive services, does **not** increase sexual activity and can have a positive impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates by the use of contraception and safer sex¹².

¹ Swann C et al, *Teenage pregnancy and parenthood: a review of reviews, evidence briefing* (London, Health Development Agency, 2003)

² Kirby D, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases* (Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2007).

Young people say that they want to receive more and better information about sex and relationships. In a 2007 survey of 20,000 young people, 40% reported that their SRE was poor or very poor³.

There is a strong correlation between teenage pregnancy and deprivation – and the risk factors for teenage pregnancy mirror those for young people who are vulnerable in other ways. It is essential to ensure that these vulnerable young people receive SRE, and for those young people who may have had interrupted schooling, it is particularly important that school based SRE is supplemented by programmes out of school.

Which young people are more likely to experience teenage pregnancy and poor sexual health?

The risk factors for teenage pregnancy are much broader than those relating to sex, and the more risk factors that a young person has the greater their risk. For example, a combination of 5 risk factors (listed below) increased the likelihood of a pregnancy under 20 by 31% for young females and 23% for young males compared to a 1% and 2% likelihood respectively for young people not experiencing any of the 5 risk factors⁴.

Young people who are vulnerable to teenage pregnancy include those who.....

- Have low attainment or who have left school with few or no qualifications
- Are not in education, employment or training (NEET), or who are in education, employment and training (EET), but struggling with attendance
- Are young women who are themselves the daughters of teenage mothers
- Say they would like to become a parent at a young age
- Are currently or who have been looked after in the past
- Have mental health problems, including low self-esteem
- Are misusing drugs or alcohol
- Have been sexually abused
- Have been in trouble with the police
- Start having sex before they are 16
- Do not consistently use contraception
- Have limited access to confidential contraceptive and sexual health advice, information and treatment
- Are from some ethnic groups (is there local data on this?)

³ SRE: *Are you getting it?* (2007) UK Youth Parliament, London

⁴ Teenage Pregnancy: Accelerating The Strategy to 2010 (2006) DfES

➤ Are homeless or living in temporary accommodation

There is a compelling case for targeted work with young people who are vulnerable to teenage pregnancy, while maintaining universal access to SRE in schools and access to confidential advice and information for all young people.

Strategic context

The national **teenage pregnancy strategy**⁵ was launched in 1999, with a goal to halve under-18 conceptions by 2010. Local targets were also set, with Islington's target to reduce under-18 conceptions by 55%. A reduction in under-18 conceptions was also included as a key success indicator in the **Every Child Matters**⁶ framework. A **national sexual health strategy**⁷ was introduced in 2001 in response to deteriorating sexual health among particular groups of people, including young people.

Progress locally to reduce under-18 conceptions has been slower than is needed, with latest data (2007) showing a decrease of 13.4% since the baseline was set in 1998.

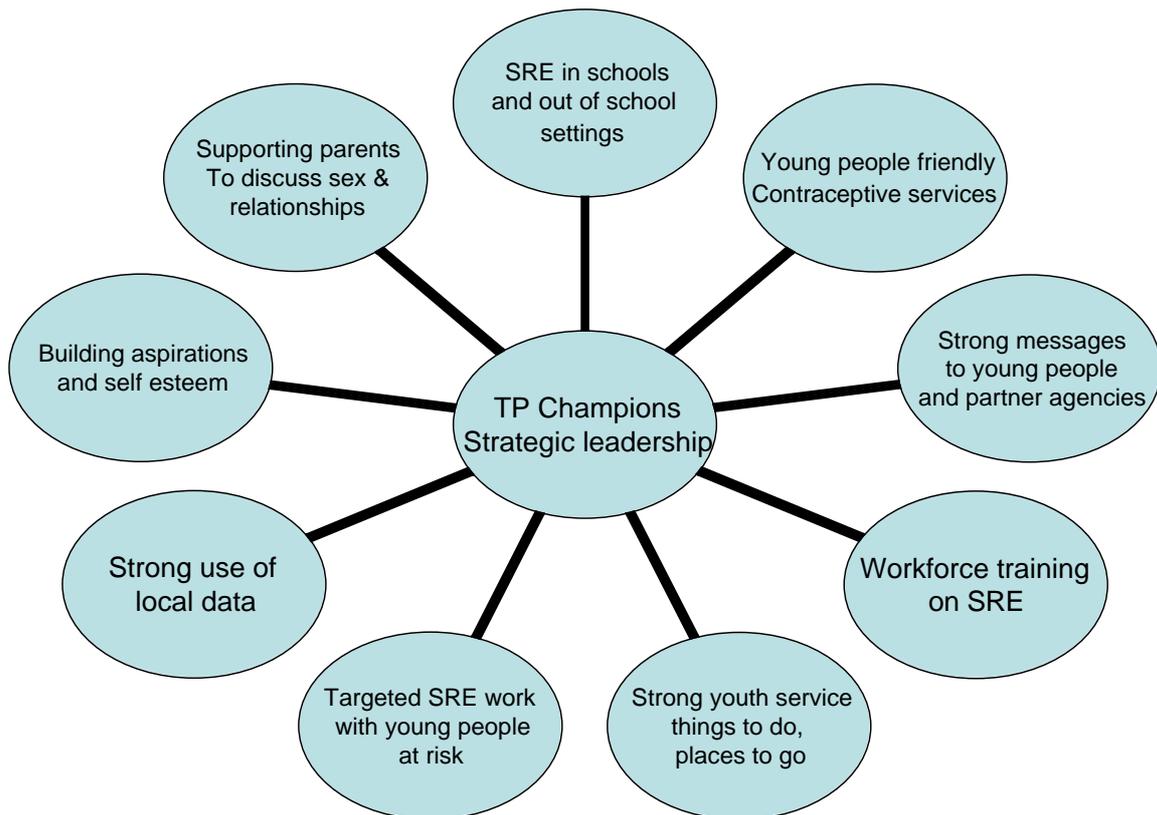
Local areas which have been successful in driving down their under-18 conception rates have been found to have a range of strategic and operational factors in place (see text box 1 below). A key element of success has been a commitment to workforce development, backed up by policy and guidance on sex and relationships. Typically, a progressive and modular programme of training is mandatory at some levels for the children's work-force in these areas.

⁵ *Teenage Pregnancy* (1999) Social Exclusion unit

⁶ *Every Child Matters: Change for Children* (2003) DfES

⁷ *Sexual Health and HIV Strategy* (2001) Department of Health

What makes a difference to teenage pregnancy rates?



Other important elements of success are SRE in schools and out of school settings, a strong youth service, and strong messages to young people and partner agencies which make the links between positive sexual health, wellbeing, aspirations for the future and strong emotional health.

In response to this, the national teenage pregnancy unit, based in the Department for Children, Schools and Families (DCSF), has issued a number of practical guidance documents including *Enabling young people to access contraceptive and sexual health advice: guidance for youth support workers*⁸ and *Guidance for field social workers, residential social workers and foster carers on providing information and referring young people to contraceptive and sexual health services*.⁹ DCSF and the Department of Health (DH) have funded the National Youth Agency to produce *Good Practice Guidelines for Healthy Youth Work*, which includes a section on healthy relationships and sex.

Following a DCSF commissioned review of SRE in 2008, the Government has also announced its' intention to introduce statutory SRE in schools from 2011.

⁸ Available to download from www.nya.org.uk

⁹ Available to download from

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006804

Sex and the law – key legislation and guidance affecting this policy

Access to contraception – the Fraser guidelines

These guidelines, derived from a court case judgement, state that sexual health treatment can be provided to under-16 year olds without the knowledge of their parent/s, as long as:

1. The young person understands the advice and has sufficient maturity to understand its moral, social and emotional implications.
2. The person providing the sexual health advice and/or condoms cannot persuade the young person to inform their parents, or allow the volunteer/staff member to inform their parents that they are seeking contraceptive advice.
3. The young person is very likely to begin or continue having sexual intercourse with or without contraceptive support and would be at risk of pregnancy or sexual infections.
4. Unless the young person receives condoms or contraceptive advice their physical or mental health will suffer.
5. The young person's best interest require the worker or volunteer to give information about where to get contraceptive or sexual health advice or condoms or all options with or without parental consent.

Treatment includes:

- Discussing sex, sexual health and relationships
- Providing forms of contraception and contraceptive advice
- Providing abortion services

Age of consent

The age of consent for sexual intercourse in heterosexual and same sex relationships is 16 years.

Confidentiality

Maintaining confidentiality is crucial to safeguarding young people's welfare. It means that young people can access SRE and sexual health services, confident that their privacy and dignity will be respected.

Under human rights law, young people have a right to confidentiality, whatever their age, unless there are concerns that the young person is suffering or at risk of significant harm. In these situations, professionals and carers must follow safeguarding procedures, sharing information on a need-to-know basis. When talking with young people about sex and relationships, it is important to be clear from the outset that there is no absolute guarantee of confidentiality. Some groups of young people, for example those who are lesbian, gay, bisexual or transgender (LGBT) may need particular reassurances around their right to confidentiality.

Good practice around confidentiality when working with young people includes:

- Explaining to the young person the circumstances in which confidentiality will be broken;
- Making clear what written or other records you keep and how securely these are stored. Young people can be shown their case notes, and can be encouraged to record their views if they wish;
- When it is necessary to break confidentiality, it is best practice to share this information with the young person beforehand, ideally agreeing together what information will be shared, how and by whom;
- Giving the young person details of help-lines where they can get information and advice in absolute confidence (see appendix two).

Summary of confidentiality policy

Required Practice When you must share information about a young person's sex and relationships with your organisation's nominated safeguarding children adviser	Best Practice When you may share information about a young person's sex and relationships with your organisation's nominated safeguarding children adviser	Prohibited Practice When you must not share information about a young person's sex and relationships
<p>When You suspect that a young person is suffering or at risk of significant harm related to their sex and relationships, and/or Children's services request this information from you as part of a child protection investigation and/or any young person under 13 years has had oral or penetrative sex, been touched sexually or enticed to have sex (Sexual Offences Act 2003)</p>	<p>When You believe that a young person needs SRE or sexual health services. and You have the agreement of the young person to share this information.</p>	<p>When the young person Is aged 13 and over And Is not at risk of significant harm And has not given you permission to share information about their sex or relationships.</p>

For further information see Pan London Child Protection Procedures

http://www.londonscb.gov.uk/procedures/supplementary_procedures/safeguarding_sexually_active_children/

Female Circumcision Act (1985)

This prohibits female genital mutilation (FGM) in England, Scotland and Wales, whether it is committed against a United Kingdom (UK) national or permanent UK resident in the UK or abroad. FGM is an abuse of the human rights of girls and women and is a child protection issue. If you suspect that a girl may be at risk of being subjected to FGM you should make a referral to children's social care and to the police child protection team.

Sex and relationships education in schools

The Government has announced its intention to introduce PSHE education, including SRE, as a statutory subject in schools from 2011. The current legislative framework and requirements for school-based SRE are set out below, but are subject to change in the next two years.

The 1996 Education Act consolidated all relevant previous legislation. In summary:

- The Sex and Relationship Education elements of the National Curriculum Science orders are mandatory for all pupils of primary and secondary school age.
- All schools must produce an up-to-date policy that describes the content and organisation of SRE provided outside the National Curriculum Science Order.
- Primary schools should have a policy statement that describes the SRE provided, or gives a statement which explains why no other SRE will be provided other than that required by the National Curriculum Science Order.
- Secondary schools must produce an SRE programme that includes, as a minimum, information about sexually transmitted infections and HIV/AIDS.

Government guidance to support the development and delivery of SRE in schools was published in July 2000 (Circular 0116/2000) and is supported in legislation by the Learning and Skills Act (2000). The Learning and Skills Act (2000) requires that young people:

- Learn about the nature of marriage and its importance for family life and the bringing up of children; and
- Are protected from teaching and materials which are inappropriate having regard to the age and religious and cultural backgrounds of the pupils concerned.
- The National Healthy School Programme supports the links between health, behaviour and achievement; it is about creating healthy and happy children and young people, who do better in learning and in life. Effective sex and relationship education is one of the requirements for a healthy school. In Islington 97% of schools have national healthy schools status, suggesting a very high level of commitment to delivering effective SRE in Islington schools.

Sexual Offences Act (2003)

The aim of the Sexual Offences Act is to protect young people from abuse or exploitation. Any sexual activity under the age of 13 is now considered to be rape and is a child protection issue, since young people under 13 are judged unable to give consent. The

statement below was prepared for young people by the Sex Education Forum and clearly sets out their position:

Sexual Offences Act (2003): Statement for young people

- In England and Wales, the law on sexual offences has been updated. Under this law, the legal age for young people to consent to have sex is still 16, whether you are straight, gay or bisexual
- The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime
- Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation
- Under the Sexual Offences Act you still have the right to confidential advice on contraception, condoms, pregnancy and abortion, even if you are under 16
- But remember, whatever your age, you shouldn't have sex until you feel ready

Reproduced with the permission of the Sex Education Forum, from Sexual Offences Act briefing, June 2004. Available to download in full from:

http://www.ncb.org.uk/dotpdf/open_access_2/sef_briefing_soa_2007.pdf

The Sexual Offences Act does not prevent the provision of confidential contraceptive or sexual health advice or treatment to young people, including those who are under 13. The judgement of competence rests with the professional (see access to contraception – the Fraser guidelines, above) on a case-by-case basis related to the circumstances of the individual young person. If the professionals are providing contraceptive/sexual health advice or treatment to under 13's to protect them from pregnancy or STIs, to protect their physical safety or to promote their emotional well being, they are not guilty of arranging or facilitating any offence. The inability for under 13s to consent to sexual activity does not affect their competence to consent for treatment.

Termination of Pregnancy (ToP)

ToP or abortion can be carried out up to 24 weeks of pregnancy, provided that two medical practitioners agree that it is in the best interests of the woman. A young woman under 16 can have an abortion without parental knowledge or consent providing that the doctors agree that she has sufficient maturity and understanding (is Fraser competent – see above).

Roles, responsibility and professional support

Key Messages in this section:

1. SRE is everyone's responsibility –a multi-disciplinary issue.
2. Children and young people's services practitioners are crucial to promoting the sexual health of all young people, particularly vulnerable young people.
3. Everyone working with young people should be able to offer basic information and sign-posting to contraceptive, sexual health and other youth advice services.
4. Staff need the training and management support to put these guidelines into practice.

A young person's experience:

"I don't care who talks to me about sex, as long as I can trust them and it's someone I get on with".

Who is responsible for providing children and young people with SRE?

All professionals working with children and young people have a responsibility to discuss sex and relationship issues with the children and young people they work with. The way in which this takes place will depend on:

- The age and maturity of the child or young person;
- The role of the professional;
- The relationship the professional has with an individual or group of children or young people; and
- The level of skills, training and confidence the professional has to deliver this work.

Some settings or individuals have particular roles or opportunities to deliver SRE. The list of professionals involved that is set out below is not exhaustive, but describes an outline model for ***universal***, ***targeted*** and ***specialist*** SRE provision:

Role of schools

Schools provide a ***universal*** setting for the delivery of SRE. Both primary and secondary schools must teach the biology content contained within national curriculum science. Current DCSF SRE guidance (2000) recommends that SRE is taught within the context of a broader programme of personal, social and health education, and that at secondary level this includes content on sexually transmitted infections and HIV. In order to maintain their National Healthy School Status schools must have a planned and comprehensive SRE curriculum. All schools must also have a written SRE policy in place.

Recognising the importance of SRE for good sexual health and a reduction in teenage pregnancies, and the over-riding criticism by young people of the quality of the SRE they have received, the Government has announced its intention to introduce statutory PSHE, including SRE from 2011 in both primary and secondary schools. It is likely that governing bodies will retain the right to determine their school's approach to SRE but that the individual school's offer will need to be consistent with the core entitlement. Schools in Islington, with National Healthy School Status are in a good position to deliver this new requirement and further support and guidance will be available as the new duties are clarified and rolled out. Cambridge Education @ Islington have produced *Developing a sex and relationship education policy: Guidance for schools* to support schools in the development of their SRE policy. It is available from the healthy school programme (contact Helen Cameron, health and wellbeing manager on 020 7527 2928).

Role of youth support workers

The term youth support workers is used to describe youth workers, connexions personal advisors and learning mentors. These professionals will tend to work with young people who may be struggling with their attendance or attainment, or who have identified additional needs related to family circumstances, drugs or alcohol, crime, gangs or sexual activity. The voluntary nature of the relationship between youth support workers and young people puts them in a strong position to offer sexual health support and advice in a **targeted** way to those young people who are more at risk of teenage pregnancy or poor sexual health (see page 7). Youth Support workers can help young people overcome the apprehensions that commonly deter them from seeking early contraceptive advice from health professionals including concerns about confidentiality. They can also help them develop the skills to resist pressure to have sex.

Teenage Pregnancy Unit guidance¹⁰ clearly states that youth support workers can and should encourage young people to seek advice and contraception and direct them to local services if it appears that they are, or are thinking about, becoming sexually active and cannot be persuaded to delay sexual activity. The guidance also explains the provisions of the Sexual Offences Act (2003) as they affect youth support workers.

This could take place in a range of ways including as part of an individual assessment (including Common Assessment Framework, Connexions APIR framework, housing needs assessment, assessment of child in need, child protection assessment), through a survey of young people using a service or as part of a conversation between worker and young person.

Role of social care practitioners

The term social care practitioner is used to describe field and residential social workers and foster carers. Social care practitioners may be employed in a statutory or non-statutory capacity and will be working with young people who are in or leaving care, those who may be at risk of being taken into care, or young people who are at risk of homelessness or sexual exploitation. As such, social care practitioners are well placed to offer or refer to **specialist** sexual health advice and support.

¹⁰ Enabling young people to access contraceptive and sexual health advice – Guidance for Youth Support Workers (2005) DfES/TPU

Social care practitioners have the following responsibilities:

- To provide young people in their care with access to confidential contraceptive and sexual health information and advice;
- To encourage young people who are, or are thinking of becoming sexually active to seek sexual health and contraceptive advice, to address any of their concerns about confidentiality to direct them to local services;
- To understand the role they can play in providing information and advice about contraception and referring young people to appropriate services; and
- To promote the role of health professionals in providing these services to young people.

To ensure that all formal assessments and reviews of young people in contact with children’s services include SRE and sexual health needs as indicated in the “*Framework for assessment of Children in Need and their Families*”¹¹.

Islington’s **Sexual health and personal relationships policy for looked after children** (October 2004) gives further details of the position for professionals working with children and young people in care.

Summary of roles and responsibilities for children and young people’s services practitioners

Required Practice What all children and young people’s services practitioners must do	Best Practice What all children and young people’s services practitioners may do, following completion of training	Prohibited Practice What all children & young people’s services practitioners must not do
<ul style="list-style-type: none"> • Ensure that SRE and sexual health needs are taken into account in all reviews and assessments. • Know the contact details of local sexual and reproductive health services, and give this information to young people when appropriate (see appendix 2) 	<ul style="list-style-type: none"> • Discuss sex and relationships with young people • Include opportunities for learning about sex and relationships as part of a planned curriculum • Give information about contraceptive methods and sexually transmitted infections. • Give condoms and an explanation of how to use them 	<ul style="list-style-type: none"> • Attempt to diagnose sexually transmitted infections or give advice about which method of contraception to use. These are clinical issues which have to be referred to an appropriate health service. • Allow personal opinion (on abortion, sexual orientation, sexual activity) to cloud professional role and responsibilities

¹¹ Department of Health, 2000

<ul style="list-style-type: none"> Professional development in line with this policy to support them in their SRE work with young people 	<ul style="list-style-type: none"> Carry out a pregnancy test Training and development 	
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How should SRE be provided?

Professionals working with children and young people can provide SRE in a variety of ways and in a range of contexts such as:

- In response to a question or comment from a young person
- As part of a planned personal, social and health education programme offered individually or in groups
- As part of a campaign or event such as World AIDS Day or Contraceptive Awareness Week

Through facilitating a discussion after watching a relevant DVD or television programme
Through partnership work with other agencies

So it is important for everyone who works with young people to:

- Bear SRE in mind at all times when talking with young people.
- Have an understanding of which young people are more vulnerable to teenage pregnancy and poor sexual health, and to target these individuals and groups as appropriate.
- Adopt an open and non-judgmental approach to discussing sex and relationships issues with children and young people.
- Ensure that SRE work does not assume that young people will have heterosexual relationships, nor that they will or will not be sexually active based on their faith, ethnicity, gender, sexual orientation or disability.
- Make the most of opportunities that arise naturally to discuss sex and relationships – for example, an impromptu conversation in the car.
- Create explicit opportunities to explore, discuss and debate stereotyping relating to gender, sexual orientation, disability, ethnicity or faith.
- Include SRE in regular groups, meetings and forums with young people.
- Consider using creative or indirect channels of communication, for example, quizzes, email, story-telling, creative writing, drawing or video.

Training and support for professionals

These practice guidelines have been developed to support frontline professionals in their work with children and young people on sexual health and personal relationships issues. All professionals expected to work within the policy will be offered linked training as part of the children's workforce development programme.

All managers should ensure that staff are made aware of their role and the relevance of this policy to their work. This should take place as part of the management supervision process. Managers will need to ensure that staff are given access to appropriate training, and are relieved of duties so as to allow them to complete this.

The training core offer is progressive and modular, as follows:

Level One	
<ul style="list-style-type: none"> • Introduction to this policy – roles and responsibilities of professionals working with children and young people in relation to sex and relationships (will include some introductory work on values and attitudes) • Signposting young people to contraceptive and sexual health services • Identifying risk of teenage pregnancy 	<p>2-3 hours – Bespoke Islington training. Compulsory for all staff employed by children and young people's services offering a frontline service to children and young people or supervising staff who offer a direct service.¹²</p>
Level Two	
<ul style="list-style-type: none"> • Fraser guidelines and consent • Exploring our values and attitudes in relation to young people, sexual health and personal relationships • Talking to young people about sex and relationships • Sex and the law • Talking to young people about confidentiality • Assessing risk of teenage pregnancy and poor sexual health 	<p>1 day workshop. Bespoke Islington training. All participants must have completed level one training.</p>

¹² Schools are expected to provide an institutional rather than an individual response. This means that training at level one will not be compulsory for all school-employed staff. Instead senior leadership teams will want to consider who on the staff team is most appropriate to be trained.

Level Three

Before undertaking training at level three, frontline professionals will need to have completed training at levels one and two. Level three training will typically be specialised and intensive, and will be a mixture of Islington specific training and specialist training courses designed by national organisations. Managers will need to consider the relevance of any course for an individual's personal development, and the necessity of translating learning from training into professional practice.

Based on the training needs assessment undertaken as part of the policy development, the following external courses will be designated as level three training:

Core Competencies in Sexual Health for Youth Workers (fpa/National Youth Agency)

This 8 Day University Accredited course is ideal for anyone working with young people in group settings. fpa and National Youth Agency have developed a set of core competencies which they recommend all youth workers should achieve before delivering SRE to groups of young people in youth work settings. This training enables workers to achieve these competencies and gives participants the knowledge, skills and confidence to design and deliver SRE to groups of young people.

Setting up an Easy Access Point (Brook)

This two day training will equip participants to establish and manage an easy access point for the Islington condom distribution scheme.

Building resilience in sexual health with young people (fpa)

This is a two-day course for anyone working with young people but particularly those in targeted youth support, pupil referral units or youth offending teams.

Beyond Barbie: working with young women (fpa)

This two-day course is for anyone interested in promoting young women's sexual and emotional health needs – teachers, youth workers, social services staff, health workers and outreach workers in both the voluntary and statutory sectors.

Moving the goalposts: working with young men (fpa)

A two-day course for those working with groups of young men or anyone wishing to engage young men in their work – teachers, youth workers, youth offender teams and social services staff.

Pride and prejudice: working with LGBT young people (fpa)

A two-day course to help participants develop confidence, learn useful strategies and skills, and promote effective practice and interventions in positive work with lesbian, gay, bisexual or transgender young people.

What can I say? Supporting fostered children and young people around sex, relationships and sexual health (fpa and the Fostering Network)

A two-day course aiming to enable those who work with fostered children and young people to communicate with them with confidence around sexual health, sex and relationships.

Liberating life choices: promoting the positive sexuality of adults with learning disabilities (fpa)

A three-day course aiming to give staff an awareness of the rights of people with learning disabilities, and the knowledge, confidence and skills to apply inclusive practice. Includes sex and relationships policies, legal aspects and capacity to consent.

Abortion: decisions and dilemmas (Education for Choice)

This training is designed for anyone working with young people in group work and one to one settings and looks at ways to facilitate discussion of pregnancy decision-making and abortion in both contexts.

Sexual exploitation and young people (fpa in partnership with Sara Swann)

This training day raises awareness about safeguarding children and young people from all forms of sexual exploitation including the exploitation of children through the internet, pornography, trafficking and prostitution.

Speakeasy training (fpa)

The Speakeasy training course aims to explore key aspects of sexual health and sexuality especially as they relate to work with parents in talking with their children. It will also equip participants to deliver and assess the **fpa** Speakeasy programme for parents including Open College Network accreditation.

Training previously undertaken

Some professionals in Islington will already have undertaken training in sex and relationships work with young people. These individuals will still need to complete training at level one (because this provides information on this policy, which is new to all professionals working in Islington).

What SRE should be delivered to who and when?

Key messages in this section:

- All young people need to learn about sex and relationships; content should be differentiated according to the age, circumstances and individual needs of the young person.
- Some young people may have particular needs or are particularly vulnerable to poor sexual health and will need additional support in this area.
- 97% of schools in Islington have national healthy schools status, meaning that they deliver a planned and comprehensive programme of SRE.
- Out of school settings are able to provide effective SRE to young people who may be more likely to experience poor sexual health.

What should be provided?

Effective work on SRE can take place in a range of settings, including schools, colleges, and youth settings. It can happen:

- Proactively, by delivering a targeted programme with clear aims and objectives to a group of young people
- Reactively, in response to requests by individual young people for advice and support, or as part of a broader assessment framework such as the Common Assessment process
- Taking the chance to talk informally about relationships with a young person can be as valuable as delivering more formal SRE sessions. Young people have said that they value informal support from workers who they feel they can trust and with whom they feel comfortable to discuss issues related to sex and relationships.

Information is only one part of learning about sex and relationships; exploration of **attitudes** and **values** is also crucial. This will support young people in building confidence in themselves as sexual beings, enabling them to negotiate safer sex or to delay sex if that is what they want.

Good quality SRE includes the following:

- Providing a safe and positive environment, including the setting of ground rules, and clarity how confidentiality will be applied in this context
- A commitment to addressing equalities issues and recognising the diverse needs of young people living in Islington
- Using an approach that encourages interaction, involvement and questioning

- Giving young people the opportunity to develop assertiveness and communication skills
- Having access to up-to-date information and resources that are age, gender, sexual orientation and need appropriate
- Being able to offer support or suggest agencies that can offer further help
- A flexible approach that allows for single gender or 1:1 work as appropriate
- A programme that has assessment, monitoring and evaluation built-in

Sex and relationships work must be appropriate to the age, level of maturity and development of the children or young people. It should be provided in a planned and progressive way and should focus on developing knowledge, values, skills and attitudes. Professionals working with children and young people should use the following as a guide when delivering SRE:

Younger children should:

- Understand how their body works and what names are given to different parts of the body, and the differences between males and female
- Develop skills in talking about their bodies, their feelings and relationships
- Know how to nurture self-respect and respect for others
- Have an understanding of appropriate and inappropriate touching
- Know who to tell if they receive unwanted sexual advances
- Learn about the range of relationships, including intimate relationships
- Be provided with information about the physical, social and emotional aspects of puberty before they experience the changes for themselves
- Be given opportunities to discuss any concerns around changes at puberty and develop strategies to deal with these changes and the associated emotions
- Learn how to develop good personal hygiene to prepare them for puberty
- Learn about how a baby is conceived, pregnancy and birth
- Consider the roles and responsibilities of carers and parents
- Be taught in a way that is inclusive and does not stereotype the way that men and women behave

As children grow older they should:

- Receive clear and accurate information about sexual development, sexual response, desire and pleasure
- Learn about different relationships, sex and gender, sexual orientation and sexuality
- Be provided with information about contraception, reproduction, pregnancy and birth, abortion, masturbation, health and hygiene, sexually transmitted infections (STIs), including HIV/AIDS and safer sex
- Be given opportunities to develop their inter-personal skills, including exploring their own attitudes to themselves and others, and understanding the importance of relationships and respect for self and others
- Be able to understand and express their emotions and behaviour
- Understand the impact of alcohol and drugs on sexual risk-taking
- Be given the opportunity to consider what constitutes a safe and positive relationship, and what constitutes exploitation, abuse and domestic violence
- Be given information about sex and the law
- Have the chance to explore how young people can deal with regretted sexual activity
- Be given information on how to access confidential advice and services
- Explore how they might avoid and resist unwanted sexual pressures
- Consider the impact of becoming a parent at a young age

Choosing and using resources

A list of appropriate resources, training and teaching materials can be found at appendix three. All resources used for sexual health with young people should be age appropriate, in line with the key principles of this document (see page 4), and should be selected on the basis that they do not promote ethnic, cultural, disabled or religious stereotypes.

Promoting equalities in SRE

Some groups of young people are more likely to experience poor sexual health and teenage pregnancy. They may experience social or economic inequalities, and may also be vulnerable to discrimination, language or cultural barriers which prevent them from accessing relevant information and services. In the context of teenage pregnancy and sexual health young people from the following groups can be particularly vulnerable:

- Disabled young people
- Children in care and young people leaving care
- LGBT young people
- Young people from some Black and minority ethnic (BME) groups
- Asylum seeking young people

Professionals will need to consider the checklist below when planning SRE delivery to groups or individual young people.

Checklist for promoting equalities in SRE provision:

- What does local data collection and analysis tell you about which groups of young people are particularly vulnerable to poor sexual health?
- Do not make assumptions about young people's views and actions based on their faith. In all religions there are a range of views and values about sex, relationships and sexual health held by carers, parents and young people.
- If you are providing any SRE sessions in groups, it may be appropriate to deliver some sessions in same gender or same religion groups.
- To avoid making assumptions, discuss the views and values of carers, parents and young people you work with.
- Ensure that SRE is flexible to meet the needs of all young people. This may involve accessing SRE resources or services for young people that use alternative methods of communication such as illustrations, Braille or British Sign Language or sensory games for young people with profound and multiple learning difficulties to raise awareness of parts of the body.
- Resources for universal and targeted SRE should promote a range of different relationships and images of people including LGBT young people, and young people with disabilities. Resources should be relevant for both young men and young women and should challenge gender stereotypes.
- Training for professionals will need to challenge enduring attitudes to sex and relationships based on gender, sexual orientation and disability.
- All young people should be allowed to explore issues of sexuality in a safe environment. This should include group and one to one SRE sessions. Single gender sessions should be available, particularly for boys to provide opportunities to discuss relationship issues.
- Young people should be offered opportunities for discussions around sexual health with carers and workers of the same gender.

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Appendix one - What if? Issues in particular situations

This section includes a number of scenarios that professionals and carers may encounter in their work with young people. It is not an exhaustive list, but can act as a guide to professionals working with a young person in a particular situation. If in doubt, professionals should always consult their line manager. For details of local services, please see appendix 2.

What if a young woman needs to access emergency contraception?

Emergency hormonal contraception (EHC) can be taken after unprotected sex to prevent pregnancy. It is more effective the earlier it is taken and can be taken up to 72 hours after intercourse, and is issued after a consultation with a health professional (nurse, doctor or pharmacist). An emergency intra-uterine device (IUD) can be fitted up to five days after intercourse. Free EHC is available in Islington from:

- Pulse clinics and drop-ins (including 3 secondary schools)
- Some pharmacies throughout Islington
- Sexual and reproductive health clinics
- GP practices

If you think a young woman of any age has had unprotected sexual intercourse, or are informed that this is the case by a young person, **you can do any of the following:**

- Give the young woman support and information about emergency contraception.
- Give her information about where to access emergency contraception.
- Contact a contraceptive or sexual health service to arrange an appointment for the young woman
- Take her to a service providing emergency contraception

Boys and young men who have had unprotected sex can also be advised about emergency contraception to enable them pass on the information to their partners.

If you feel unable to advise a young person about emergency contraception because of personal beliefs or lack of knowledge, you should refer the young person to a sexual health clinic as a matter of urgency.

You are obliged to keep any information regarding the young person's access to emergency contraception confidential unless there are safeguarding concerns. If this is the case, you should initiate child protection procedures, but also refer the young person to a service providing emergency contraception.

What if a young woman thinks she is pregnant?

If a young woman you are working with thinks she may be pregnant, you can do any of the following:

- Give the young woman support and information about pregnancy testing.
- Give her information about where to access pregnancy testing.
- Help her buy and do a pregnancy test. Pregnancy tests can be bought over the counter from pharmacies.
- Help the young woman contact a service offering pregnancy advice and testing.
- Contact the service to arrange an appointment for the young woman.
- Take her to a service offering pregnancy advice and testing.
- Provide her with information about where she can access contraceptive advice and treatment, and support to access sexual health services if she would like that.
- If the young woman is under 16, you can still provide her with advice and help her to access a pregnancy test providing that you work within the Fraser Guidelines.
- If you feel unable to help a young woman to access pregnancy testing, perhaps because of personal beliefs or lack of knowledge, you should refer the young person as a matter of priority to the Pulse or to a sexual and reproductive health service.
- You are obliged to keep any information regarding the young person's access to pregnancy testing confidential unless it is not in the young person's interests. If the child or young person is at risk of significant harm and you are required to initiate child protection procedures, this does not prevent you from helping the young person to access pregnancy testing or contraceptive and sexual health services.

What if a pregnancy test is positive?

If a young woman you are working with has a positive pregnancy test, the priority will be her to be referred speedily to a service that can provide advice, support and referral (to abortion or midwifery services). You can do any of the following:

- Give her information about where to access services.
- Help the young woman contact a service.
- Contact the service to arrange an appointment for the young woman.
- Take her to a service.
- If the young woman is under 16, you can still provide her with advice and help her access a service, providing that you work within the Fraser Guidelines.

- You are obliged to keep any information regarding the young person's access to pregnancy services confidential, unless it is not in the young person's best interests. If the child or young person is at risk of significant harm and you are required to initiate child protection procedures, this does not prevent you from helping the young person to access pregnancy testing or contraceptive and sexual health services

What if a young person wants to be provided with condoms or other forms of contraception?

If a young person you are working with wants to be provided with condoms or other forms of contraception, **you can do any of the following:**

- Give them information about where and how to access a service offering condoms or other forms of contraception support
- Provide them with condoms and information and advice about their use, provided you have the skills, training and knowledge to do so
- If your service is registered as a C- Card condom distribution access point, register the young person on the scheme in your service, provide them with condoms and give them a demonstration of how to use the condoms. You must ensure that the demonstration of the condom use is done by a trained member of staff.
- If the young person is under 16 you can still provide them with advice about condoms and other forms of contraception and provide them with condoms, providing that you work within the Fraser Guidelines

What if the young person I am working with is under 13?

If the young person you are working with is under 13, **provided you work within the Fraser Guidelines you can still:**

- Provide them with information about sexual health, contraception and services;
- Help them access emergency contraception;
- Help them access pregnancy testing;
- Help them to access services offering support and advice about pregnancy if they are pregnant; and
- Provide them with condoms and information and advice about their use, provided you have the training, skills and knowledge to do so
- Under the Sexual offences Act 2003, **no young person under 13 can consent to sexual activity**. Consequently all children under 13 believed to be engaged in oral or penetrative sex, touched sexually, or enticed to have sex must be referred to children's social services or the police child abuse investigation team.

What if a young person has been sexually abused?

Some young people in contact with children and young people's services will have been sexually abused. It can feel difficult to bring up the subject of sex with a young person who has been abused, or where abuse is suspected. It is important that SRE for young people who have been sexually abused is not neglected, and sensitive and honest discussions about sex and relationships still take place. If you are working with a young person who has been sexually abused and you are concerned that they are not getting access to SRE you may want to consider referring them to a young person's sexual health service or specialist service working with young people who have been sexually abused for specialist sexual health input.

What if a young person tells me they are HIV positive?

If a young person tells you that they are HIV positive you should treat this information as confidential, unless you deem the young person to be at risk of significant harm. To ensure that the young person is receiving the support they require, you may wish to ask them which services they are in contact with and who else knows about their diagnosis. You may be able to support them in accessing further help and specialist support if needed. See appendix 2 for details of services.

Records which include details of any young person's HIV status should be kept locked away. The young person should agree to what is recorded and where.

What if I think a young person is misusing drugs or alcohol?

Clear links have been established between substance and alcohol misuse and unprotected sex.¹³ There is increasing use of alcohol and drugs by young people. Research has also identified that children in care misuse drugs and alcohol more widely than their peers. Thus it is highly appropriate to include information about drugs and alcohol in SRE sessions. It is best practice to involve specialist drugs and substance misusing agencies in joint work with the young person. Specialist agencies that can provide information related to sex, substance and alcohol misuse for young people are listed in Appendix 3. A referral to a sexual health clinic to see a nurse to discuss appropriate contraceptive methods which can be effectively managed by the young person would be appropriate.

What if parents or carers object?

The Children Act (1989 and 2004) emphasises the importance of working in partnership with parents and carers. This principle should be taken into account when you undertake any work linked to sex and relationships with young people.

It is best practice to give parents and carers full information about the planned content of a SRE session or programme. This will often allay any concerns from parents and prevent parents objecting to their child attending the session. Parents and carers should be encouraged and supported to talk about sex and relationship with their child.

¹³ "It makes you more up for it" School aged young people's perspectives on alcohol and sexual health. Katy Redgrave and Mark Limmer, Rochdale, 2004

Parents have the right to withdraw their children from those aspects of school based SRE that are not part of national curriculum science. In reality only a very small number choose to do so.

In out of school settings, if parents or carers object to the provision of sex and relationships education and the young person is looked after under a care order, the local authority (represented by the allocated social worker) can decide, in consultation with the young person, what information to provide according to what is in their best interests. For all other young people, where parents and carers object, the decision must be based on the Fraser Competencies.

- Explain that it is Islington's children and young people's service's policy to provide SRE to all young people in contact with the service, thus moving the focus away from 'your child' to 'all children'
- Explain that all young people have the right to receive SRE
- Describe the need for SRE in Islington (i.e. local rates of sexually transmitted infections, abortions and teenage pregnancy)
- If the SRE is being provided as part of a formal programme of work, offer to outline what information is provided, without breaking the young person's confidentiality
- Explain the Fraser Competencies and the requirements on all workers to work in the best interest of the child
- Explain that children are encouraged, as part of SRE, to talk to their parents about sex and relationships

Appendix two - Local, regional and national services

C-card condom distribution	
For details of C-card distribution points contact: Islington Condom Distribution Scheme Mobile: 078 3023 5636 Fax: 0207 527 1300 E-mail Nayab.khan@brook.org.uk	
Child protection	
Children's social services Information and Assessment Officers Tel: 020 7527 7400 (9am – 5pm) Emergency Duty Team Tel: 020 7226 0992 (5pm – 9am)	Islington Safeguarding Children Board 3 Elwood Street London N5 1EB Tel: 020 7527 4234/ 4209
Police child abuse investigation team Tel: 020 7421 0921 (8am – 6pm) Emergencies – 999	
Children Looked After	
CLA Nurse Specialist Team Tel: 020 7445 8201	
Counselling	
Pulse Tel: 0782 509 8200	The Brandon Centre Tel: 020 7267 4792 www.brandon-centre.org.uk
The Maya Centre – counselling for women Tel: 020 7281 2728 www.mayacentre.org.uk	Alone in London Tel: 020 7278 4224
Culture and religion	
Muslim Youth Helpline Confidential helpline for young Muslims Tel: 0808 808 2008 Email: help@myh.org.uk Website: www.myh.org.uk	Latin American Women's Rights Service Tel: 020 7336 0888 Fax: 020 7336 0555 Email: lawrs@lawrs.org.uk www.lawrs.org.uk

<p>Eritrean Community in the UK Tel: 020 7700 7995 Email: ecuk@globalnet.co.uk www.ericomuk.org.uk</p>	<p>Foundation for Women's Health Research and Development (FORWARD) Tel: 020 8960 4000 Fax: 020 8960 4014 Email: forward@forwarduk.org.uk www.forwarduk.org.uk</p>
Domestic Violence	
<p>24 hour National Domestic Violence Helpline: Information, advice and emergency accommodation, 24 hours a day. Tel: Freephone 0808 2000 247 www.nationaldomesticviolencehelpline.org.uk</p>	<p>Solace Women's Aid General help and advice Tel: 0808 802 5565 www.solacewomensaid.org</p>
<p>Islington Victim Support One to one advice and support to victims of DV, hate crime and sexual violence. Tel: 020 7700 6014 www.islingtonvictimsupport.co.uk</p>	<p>Broken Rainbow LGBT and Bisexual DV Support Tel: 08452 604460 www.broken-rainbow.org.uk</p>
Parents and Carers	
<p>Parentline Plus Resources for parents on a range of issues including support to talk to their child about SRE. Tel: 0808 800 222 www.parentlineplus.org.uk</p>	<p>Parentline Plus for Professionals Website resource for professionals working with parents. http://parentlineplusforprofessionals.org.uk</p>
<p>Understanding Childhood Provides free downloadable information leaflets www.understandingchildhood.net</p>	<p>Pink Parents Offer a range of support services and social activities for all LGBT families Tel: 01380 727 935 www.pinkparents.org.uk</p>
<p>FFLAG Support for LGBT people and their families Tel: 0845 652 0311 email: info@fflag.org.uk www.fflag.org.uk</p>	
Pharmacies offering emergency hormonal contraception (EHC)	
<p>For a list of pharmacies offering EHC log on to: www.islingtonpct.nhs.uk/services/pulse_map_proof6.pdf</p>	

Pregnancy support and advice

<p>Marie Stopes Tel: 0845 300 8090 This service is free to Islington residents who are registered with a GP</p>	<p>Pulse Drop in Service. No appointment required Tel: 020 7527 1300</p>
<p>The Brandon Centre Tel: 020 7267 4792 www.brandon-centre.org.uk</p>	<p>Finsbury Health Centre Sexual Health Clinic Tel: 020 7530 4200</p>

Schools

<p>Healthy schools team Tel: 020 7527 5591</p>	<p>Education reintegration officer for school age parents Tel: 020 7527 5721</p>
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Sexual health clinics

For up to date information about sexual health and contraceptive services in Islington log on to www.ruthinking.co.uk

Sexuality

<p>Safra Project Muslim lesbian, bisexual and transgender women's service www.safraproject.org</p>	<p>Albert Kennedy Trust Supporting young LGBT people who are experiencing housing problems or abuse at home. Helpline: 020 7831 6562 www.akt.org.uk</p>
<p>London Friend Range of service for LGBT people. Telephone helpline: 020 7837 3337 www.londonfriend.org.uk</p>	<p>Queery An extensive database developed by the London & Gay Switchboard. www.queery.org.uk</p>

Specialist Sexual Health Services

<p>Sexual Assault Referral Centre Whitechapel Haven Royal London Hospital Tel: 020 7247 4787 www.thehavens.org.uk</p>	<p>Female Genital Mutilation (FGM) Clinic The Whittington Hospital NHS Trust Tel: 020 7272 3070 Fax: 020 7288 5550</p>
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Smoking, drugs and alcohol	
Islington Young People's Drug and Alcohol Service Tel: 020 7527 4699/5099	Quit stop smoking service Tel: 0800 002200 www.quit.org.uk
Islington Young people's Stop Smoking Service Tel: 020 7527 1234	
Young Parents	
Connexions young parent's service. Tel: 07825 098 194/ 07825 098187/ 020 7527 1317	Young Parents Team Midwifery Service Whittington Hospital Tel: 07785 326444/ 07785 335513
Family Nurse Partnership For first time parents under 23 years old Tel: 020 7530 2458/2206	

Appendix three - Resources

The resources below can assist professionals working with children and young people to deliver SRE sessions.

Alcohol & Substance misuse

Drunk in charge of a body – teaching resource for teachers, health services, outreach and youth work professionals on alcohol and risk taking behaviour. Ready made handouts, lesson plans and evaluation sheets. Brook. www.brook.org.uk

Assessment & Evaluation of SRE programmes

Assessment, evaluation and sex and relationship education. A practical toolkit for education, health and community settings. Simon Blake and Stella Muttock. National Children's Bureau.

Boys and Young Men

Working with young men- a resource handbook for youth workers, teachers and connexions personal advisers. Vanessa Rogers. The National Youth Agency.

The weird and wonderful world of Billy Ballgreedy DVD pack on sexual health needs of young men, including how they learn about sexual health, gender issues, and these influence behaviour, for young people age 13 and above. Brook www.brook.org.uk

Boys and Young Men's Health - What Works? Detailed description of 12 established projects for boys and young men. Trefor Lloyd. www.workingwithmen.org.uk

Conflict resolution DVD and exercises to engage young people (particularly young men) in conversations about relationships. www.workingwithmen.org.uk

Disability

Learning disabilities, sex and the law. A practical guide. Claire Fanstone and Sarah Andrews. fpa www.fpa.org.uk.

Let's do it – Creative activities for sex education for young people with learning disabilities. Over 80 drama based activities developed by Image for Action. Written by Rebecca Johns, Lorna Scott and Janet Bliss.

Talking together about growing up. A workbook for parents of children with learning disabilities. fpa. www.fpa.org.uk.

Talking together about sex and relationships. A practical resource for schools and parents on working with young people with learning disabilities. fpa. www.fpa.org.uk.

Talking together about contraception. A practical resource for staff and parents working with young people with learning disabilities. fpa. www.fpa.org.uk.

Sexuality and learning disability: a resource for staff. fpa. www.fpa.org.uk.

Girls

Beyond Barbie: Community based sex and relationships education with girls and young women: A workers compendium. fpa. www.fpa.org.uk

Beyond Barbie: Community based sex and relationships education with African-Caribbean girls and young women: A worker's compendium. fpa. www.fpa.org.uk

Girls out loud DVD pack on SRE sessions for girls. Brook. www.brook.org.uk.

LGBT

The *No Outsiders Project* has produced a comprehensive booklist for use in primary schools and early years settings to support teachers and children to address lesbian, gay, bisexual and transgender equality. The booklist can be downloaded from www.nooutsiders.sunderland.ac.uk, along with other resource lists.

Sexual health, contraception and abortion

Protect Yourself - Eight ready-made teaching packages on contraception and sexually transmitted infections. www.brook.org.uk

Education For Choice produces a range of resources to provide young people, parents and professionals with clear, up to date and accurate information about abortion. www.efc.org.uk

Visual Resources

A-Z of Love and Sex, a DVD aimed at 14-16 year olds, has 3 25 minute sections. Available from www.4learningshop.co.uk

L8R is a DVD and web-based SRE resource covering a range of issues like teenage pregnancy, peer pressure, alcohol and substance misuse, gang violence etc. The resource comes with ready made lesson plans. Tel: 020 7538 8075; Email: info@l8r.uk.net; www.l8r.uk.net

Headon interactive learning materials, visual teaching aids, teacher lesson plans, covering a range of issues around sex and relationship education for children and young people of all ages and abilities. To explore the resources on line – log on to www.headonltd.co.uk or for a brochure email: sales@headonltd.co.uk Tel: 0161 998 8877

Virtual Dolls – Baby think it over programme. www.realityworks.com

Contraceptive display kit. fpa resources. www.fpa.org.uk

Sex FM – interactive DVD park for professionals delivering SRE sessions for young people 14 years and above. Brook. www.brook.org.uk

Leaflets

Leaflets targeting young people covering a range of issues are available from Brook, **fpa** and Centre for HIV and Sexual Health. To download a brochure log on to www.brook.org.uk, www.fpa.org.uk or www.sexualhealthsheffield.nhs.uk.

Leaflets to support parents talk to their children about sex and relationship education can be ordered from **fpa**. Parentline Plus also produces leaflets, cards and posters on a range of issues including SRE for parents. For further information call Tel: 0808 800 2222 or to download a brochure log on to www.parentlineplus.org.uk.

Free factsheets to support professionals in developing and delivering sex and relationship education are available from Sex Education Forum and **fpa** websites. To download log on to www.fpa.org.uk/information/factsheets or http://www.ncb.org.uk/Page.asp?originx_7687bj_34006392250011p99w_20061023242n