

# GROUNDWORK

CHANGING PLACES  
CHANGING LIVES



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## **R2W Sexual Health Policy** GWSNT – COL24

*This policy applies to all Groundwork South and North Tyneside, Route2Work Learners and Staff (hereafter referred to as Groundwork)*

## 1. AIMS

Groundwork South and North Tyneside recognises the key role that informal education has regarding sexual health issues with young people. This policy is based on the principle that the young person's wishes and rights are of utmost importance regarding these issues. It is not about promoting sexual activity but tackling issues such as teenage pregnancy and the spread of sexually transmitted infections, and encouraging young people to foster positive relationships and make informed choices.

## 2. LEGAL FRAMEWORK

It is important that staff familiarise themselves with the current legislative framework in relation to sex education. A summary of the definitions of sexual offences taken from the Sexual Offences Act 2003 can be found in Appendix 1. A summary of the law on sexual behaviour, and the implications for staff providing sexual health and contraceptive advice, is provided below:

### 2.1 Age of Consent

Under the Sexual Offences Act 2003 the legal age for young people to consent to have sex is 16 whatever their sexual orientation. 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. Young people under the age of 13 cannot legally give their consent; sexual activity with a child under 13 is never acceptable and is classed as rape.

### 2.2 Under 16's, sexual health advice and contraception

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.

Section 14 of the Sexual Offences Act makes it clear that a person does not commit the offence of arranging or facilitating commission of a child sex offence if she/he acts to: -

- Protect the child from sexually transmitted infection
- Protect the physical safety of the child
- Prevent the child from becoming pregnant
- Promote the child's emotional well-being by the giving of advice

Provided this is not done for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging the sexual activity. This exception covers anyone who acts to protect a child e.g., teachers, youth workers and parents, and applies to supporting young people under 16.

Young people aged under 13 are unable to register with the C-Card Scheme. [C-Card \(free condoms\) :: North East and North Cumbria Healthier Together](#) However, it is important that young people are correctly informed about sexual health and therefore under 13's can access information from appropriately trained

staff members. Information given must be appropriate to their age and maturity. If a young person under the age of 13 is sexually active safeguarding procedures must be followed.

The law makes a distinction between under 16s and others. 16 is the age at which young people gain the absolute right to refuse or consent to medical treatment. Therefore, handing out condoms to over 16s is legally permissible. Under 16s do not have the right to consent to treatment; however, the law does not say that they should be denied treatment either. The issue as to whether or not a young person under 16 should be given contraceptive advice and treatment has been the subject of much controversy and confusion in recent years. Whether they or their parents have the right to consent depends on the age, maturity and understanding of the young person.

In the light of the Gillick case (1985) the Department of Health issued the Fraser guidelines to clarify the legal position. The Fraser guidelines have been used as the basis for developing these guidelines for staff regarding the distribution of condoms.

“Professionals can provide contraception to young people under 16 provided that they satisfy the Fraser Guidelines. These are used to ensure a young person under 16 is competent and understands fully the implication of any treatment or advice.”

In line with the Fraser guidelines, there will be circumstances where appropriately trained staff may make condoms available to under 16s, and/or information and advice about contraceptive services, without having parental consent to do so. In these cases, staff should satisfy themselves on the following points:

- That the young person can understand the advice and has sufficient maturity to appreciate what is involved in terms of the moral, social and emotional implications for themselves.
- That staff can neither persuade the young person to inform their parents or allow the staff member to inform them, that the contraceptive advice is being sought.
- That the young person is likely to continue to have sexual intercourse with or without contraceptive advice or treatment.
- That the young persons' physical or mental health will suffer unless they receive contraceptive advice or treatment.
- That the contraceptive advice given is in the young person's best interests.

The “C Card” Procedure (Appendix 2) and Chlamydia Screening Procedure (Appendix 3) below provide further information on the process staff should follow when providing contraceptive advice to young people.

### **3. SEX EDUCATION**

The Sex Education Forum, which is an independent UK body representing organisations involved in providing support and information to those who provide sex education to young people, issued the following statement:

Sex education should:

- be an integral part of the learning process, beginning in childhood and continuing into adult life;

- be for all children, young people and adults, including those with physical, learning or emotional difficulties;
- encourage exploration of moral issues, consideration of sexuality and personal relationships and the development of communication and decision-making skills;
- foster self-esteem, self-awareness, a sense of moral responsibility and the skills to avoid and resist unwanted sexual experience;
- be appropriate to the age of the young person;
- aim to improve decision-making skills, raise self-esteem and clarify values;
- develop awareness of others and issues relating to background, class, gender, sexuality, disability, race, religion and culture;

Young people need effective, non-judgemental and honest communication about the complex issue of sex and sexuality and access to unbiased information.

In light of the advice given, staff should consider the following when providing sex education:

- Staff must ensure they are appropriately trained before delivering sex education to young people.
- Sex education should acknowledge the existence and nature of adolescent sexuality and reflect the society we live in. It is important that it does not neglect certain sexualities e.g., lesbian, gay, bisexual, queer, transgender; or vulnerabilities e.g., those with a physical or learning disability.
- Young people can feel excluded from sex education. Sex education must tackle these issues to counteract sexism, homophobia, stereotyping and other forms of fear and prejudice.
- Staff should recognise a young person's right not to be sexually active and not to assume that he/she is.
- Staff should feel comfortable with both the issues that are raised and the young people they are working with. Staff have a responsibility to explore their own feelings and attitudes and should have the opportunity to do so e.g., through training.
- Women tend to take responsibility for sex education, perpetuating the idea that it is a woman's responsibility. It is important that male staff also take responsibility for sex education.
- Staff need to create a safe, comfortable environment to enable young people to question, discuss and reflect on issues in a non-threatening way.
- Practice would tend to indicate that more effective work around the issues involved in sex education could be achieved in single gender groups.

#### **4. SEXUAL HEALTH SCHEMES**

Staff should seek the approval of the Line Manager before deciding to run a sexual health session, a C Card scheme where condoms are made available to young people, or a Chlamydia screening scheme. Should this decision be made, young people should expect confidentiality, and the Line Manager need not be informed of individual young people requesting advice, condoms or screening kits.

Supplies of condoms together with advice, information and support should only be available from appropriately trained staff members. Young people requiring condoms have to ask for them. This starts the dialogue with the staff member.

When condoms are requested or made available the following processes must be addressed:

- Staff should be able to discuss any issue raised, and particularly dispel any myths or misinformation regarding the use of condoms and safer sex.
- To allow such discussions staff need to be aware of how they feel personally about condoms and safer sex, and should be honest, open and unbiased.
- When young people receive condoms, easily understood literature must be made available to reinforce the educational process already started.
- When staff discuss matters related to sexuality in informal or formal groups, they should strive to establish a safe climate within which young people can question, discuss and reflect on issues in a helpful and non-threatening way. In this kind of atmosphere, young people may feel able to request condoms in the light of information received about unsafe practices.

In addition to the above, when working with under 16s staff should seek to discuss with sexually active under 16s the nature of those relationships and explore the following issues:

- Which partner wants to have sex and why?
- It is really what both parties want?
- What part does peer pressure play?
- Where is medical advice available?
- Could saying 'no' be an option?
- Staff should enable young people in this situation to make informed choices about their behaviour, based on information, reflection and access to advice.

Staff should strive to make links with appropriate health professionals in the area they work in, and where appropriate staff should refer young people to a health professional.

There is no legal obligation for staff to inform parents or seek their permission for young people to participate in sex education workshops or discussions. However, the following points need to be considered:

- Young people have the right to information, which will enable them to protect themselves from potentially harmful situations
- They have the right to receive help and support in making their own choices about relationships and behaviour regardless of their sexual orientation
- Some parents may have religious or ethical beliefs leading to a personal standpoint on sex education, which needs to be acknowledged in relation to the work

Parents/guardians can be involved in several ways; two recommended approaches are:

- A letter to inform parents/guardians about forthcoming sex education workshops
- An invitation to parents/guardians inviting them to discuss any concerns they may have

## **5. CONFIDENTIALITY**

Staff should be aware of Groundwork South and North Tyneside's Information Sharing Procedures within the Safeguarding Policy, and that they are subject to these regulations.

If a person insists upon absolute confidentiality, this cannot be guaranteed by staff. If necessary, a referral to a specialised agency, which may be able to offer the level of confidentiality needed, should be negotiated. In this case it is important for the staff member to maintain contact and to support the individual if required.

Staff should respect the right to confidentiality for all young people choosing to discuss issues of a personal nature relating to health and sex education.

## 6. RESOURCES AND SUPPORT AGENCIES

There are many ways that staff can promote discussions and put sex education on the agenda. These include discussions, games, questionnaires, music, agony aunt and uncle, resource packs.

Throughout Groundwork South and North Tyneside's operational area there are Public Health Improvement Teams/Officers. They are able to work with local groups on health issues and hold a variety of suitable resources.

The following organisations produce resources and can be an important source of information:

Family Planning Association	<a href="http://www.fpa.org.uk">www.fpa.org.uk</a>
Children's Legal Centre	<a href="http://www.childrenslegalcentre.com">www.childrenslegalcentre.com</a>
Brook	<a href="http://www.brook.com">www.brook.com</a>
National Youth Agency	<a href="http://www.nya.org.uk">www.nya.org.uk</a>
NHS	<a href="http://www.nhs.uk/livewell/sexualhealth">www.nhs.uk/livewell/sexualhealth</a>

## Policy review

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