sense and sexuality

A Support Pack for Addressing the Issue of Sexual Health with Young People in Youth Work Settings

Sense & Sexuality

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Contents

Forewords

As Director of the National Youth Council of Ireland I am proud to be associated with this support pack. The pack was developed specifically by two programme areas within the Council, the National Youth Health Programme and the Gender Equality Project.

In deciding to develop this pack, we recognised that health promotion with young people is challenging work, addressing a wide range of sensitive issues. Sexual health is a particularly sensitive topic. The National Youth Council believes that we have a shared responsibility to provide young people with accurate sexual health information and with the tools they need to safeguard their sexual health and general well being.

Sense and Sexuality builds on the links between youth work principles and health promotion principles. The core health promotion concepts of enablement, mediation and advocacy are also central to the purpose of youth work, which enables and empowers young people to increase control over their own lives within the context of their physical and social environment. The pack offers a practical framework that identifies youth organisations as having a pivotal role in addressing the sexual health needs of young people in three significant areas:

- Developing young people's personal skills;
- Supporting sexual health work within the organisation and
- Developing policies, procedures and guidelines for sexual health work in youth organisations.

In line with recognised good practice, the support pack is only available in conjunction with a comprehensive training programme. We believe that this is the most effective way of supporting youth organisations to develop their own organisational response to sexual health work with young people. Developing this support pack was an exciting and daunting task, and I have many people to thank for the success of the final product.

Firstly I would like to thank the Crisis Pregnancy Agency whose generous support made it possible for us to produce this vital resource. I would also thank all the members of the Steering Committee for the enormous task they took on, their comments and ideas were always insightful and inspirational. To each and every-one of the representatives from youth organisations and sexual health services we invited to review the concepts, topics and messages in this resource we owe a tremendous debt of gratitude.

Special thanks are due to the consultants who worked on this project, Siobhan Mc Grory, Louise Monaghan and Mena Wilson for their hard work, guidance, leadership and commitment to this project. To Deiniol Jones, Assistant Director of NYCI for overseeing the project and for providing the necessary backup and support to all involved in the project.

Finally I want to thank the Co-ordinator of the National Youth Health Programme, Lynn Swinburne who has worked for

over a year with both enthusiasm and good humour on this project.

It is my sincere hope that that Sense and Sexuality is a valuable resource for staff and volunteers in youth organisations, and that it ultimately helps to ensure that all young
people receive the comprehensive support about sexuality they need to become sexually healthy adults.

Mary Cunningham
Director, National Youth Council of Ireland

As director for the Crisis Pregnancy Agency I am delighted to introduce the 'Sense and Sexuality' resource – a support pack for youth workers addressing the issue of sexual health with young people. The Crisis Pregnancy Agency is delighted to have had the opportunity to work with the NYCI on this project and we are confident that the resource will be of great benefit to youth workers when they are dealing with the areas of sexual health and crisis pregnancy prevention.

One of the three main aims of the Crisis Pregnancy Agency is to work towards a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services. In developing our first strategy to address the issue of crisis pregnancy in Ireland we undertook an extensive consultation process which showed up repeatedly just how much young people need accurate information about their sexual health and pregnancy prevention. We have also invested in an ambitious research programme, which has given us a much deeper understanding of the issues surrounding crisis pregnancy, including those particular issues faced by young people.

The studies that deal with young people's sexuality highlight the role for the out-of-school sector to meet the needs of young people, and in particular those who are more vulnerable. The 'Sense and Sexuality' project represents the combination of the Crisis Pregnancy Agency's new insights into young people's needs and the NYCI's front-line experience/contact with young people. By equipping youth workers with a practical resource, based on up-to-date Irish research findings, it is my belief that the CPA and the NYCI can make a real and positive difference to young people's sexual wellbeing.

On behalf of the Agency I'd like to give special thanks to the NYCI; particularly to Deiniol Jones for his efforts to ensure we were kept up-to-date and informed of progress, and to Sioban McGrory and Louise Monaghan for their work in both the consultation for and development of the resource. Thanks also to the team who supported all this work: Lynn Swinburne, Mary Cunningham and Maria Doherty.

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List of Abbreviations:

AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistics Office
EA	Equality Authority
HBSC	Health Behaviour in School-Aged Children
HDA	Health Development Agency
HIV	Human Immuno-deficiency Virus
LGBT	Lesbian, Gay, Bisexual, Transgender
NATSAL	National Sexual Attitudes and Lifestyles Survey
NCDS	National Child Development Study
NDSC	National Disease Surveillance Centre
NWHB	North Western Health Board
NYCI	National Youth Council of Ireland
NYHP	National Youth Health Programme
RSE	Relationships and Sexuality Education
SHB	Southern Health Board
SPHE	Social Personal and Health Education
STIs	Sexually Transmitted Infections
WHO	World Health Organisation

General Introduction to the Support Pack

Youth Work has experienced several significant developments in the last number of years, not least of which has been the enactment of the Youth Work Act (2001). This has influenced the evolution of Youth Work with a move towards more formalised structures, practice and policy.

The everyday practice of Youth Work is challenged by a broad range of factors relating to young people's health and wellbeing. Addressing the issue of young people's sexual health is one of the biggest challenges faced by youth organisations.

The development of Social Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) programmes within the formal education sector have provided a framework for schools to address the sexual health issue. While there have been fewer developments within the non-formal sector, youth organisations are actively dealing with this issue on a daily basis.

As with developments in other areas, such as substance misuse and child protection, there is a growing awareness of the need for youth organisations to address the issue of sexual health within a comprehensive framework. Organisationally, this involves the development of good practice at all levels supported by a sexual health policy.

In response to these developments, the National Youth Council of Ireland (NYCI) through the National Youth Health Programme (NYHP) and the Gender Equality Project, secured funding from the Crisis Pregnancy Agency (CPA) for the development of an initiative in this area. The development of this Support Pack alongside an accompanying training programme for youth organisations are the main outcomes of this initiative.

Aim of the Support Pack

This Support Pack aims to provide youth organisations with a comprehensive framework within which to address the issue of sexual health with young people in a holistic manner.

Objectives of the Pack:

This Pack enables youth organisations to:

- explore a rationale for addressing the issue of sexual health with young people;
- examine the links between the principles of Youth Work and Health Promotion as a foundation for this work;
- develop an understanding of the key concepts and definitions relevant to sexual health work with young people;
- develop an increased awareness of the issues relating to young people's sexual health as identified by current research;
- consider the concept of sexual health education in its broadest terms;
- apply a practical framework for planning, implementing and evaluating sexual health education programmes;
- examine the relevance of the organisation's ethos and values base in the context of this work;
- consider good practice guidelines for promoting supportive social and physical environments for young people and workers engaged in this work;
- explore a rationale, purpose and process for developing sexual health policy;
- examine the key issues for consideration in relation to the development of a sexual health policy.

Please note: This Support Pack does not provide exercises/activities for use with young people. Furthermore, it is not an information resource providing details on specific aspects of sexual health. However, the Pack does provide signposting to relevant resources for use with young people and to relevant supporting literature and agencies working in this area.

Who should use this Pack?

This Support Pack is designed to be used by youth organisations in developing their practice and policy in relation to sexual health work with young people. It is envisaged that the Pack will be useful to a broad range of youth organisations. It should be remembered that "good practice is good practice", irrespective of ethos, size or geographical location of youth organisations.

This Pack should be used by workers within youth organisations with a significant level of experience in programme and policy development. It is recommended that workers using this Pack should be familiar with all relevant aspects of sexual health pertaining to young people. If this is not the case, basic sexual health training should be accessed from relevant agencies working in this area.

Please note that this Pack is designed for use alongside the accompanying training programme which can be accessed through the National Youth Health Programme.

The term "worker(s)" is used throughout this Pack to refer to all those working with young people in youth organisations in either a paid or voluntary capacity.

Background to the Development of the Pack:
This initiative, funded by the Crisis Pregnancy Agency (CPA), was undertaken by the National Youth Council of Ireland (NYCI). A Steering Group was established to oversee the initiative. A Project Consultant Team was contracted to carry out the work involved.

The structure and content of the Pack has been informed by a consultation process conducted with key informants from both the Youth Work sector and the Health Services Sector. A number of one-to-one meetings and interviews were held with key informants in order to determine the needs of the sector with regard to addressing the issue of sexual health with young people.

Additionally, two national 'Think Tank' events were held in order to present and agree the format and framework for the Pack. Initial drafts were circulated to those who attended the events for comment and feedback.

Furthermore, the training element of the initiative was piloted in two locations with specifically targeted workers representing a broad range of youth organisations. These pilot training events further informed the content of the Pack.

Acknowledgements

The National Youth Council of Ireland wishes to acknowledge the following for their valuable contribution to the development of Sense and Sexuality: A Support Pack For Addressing The Issue Of Sexual Health With Young People In Youth Work Settings.

Siobhan Mc Grory and Louise Monaghan for writing the pack;

Members of the Steering Group:
Mary Cunningham (Director, National Youth Council of Ireland);
Deiniol Jones (Assistant Director, National Youth Council of Ireland);
Lynn Swinburne (Co-ordinator, National Youth Health Programme);
Maria Doherty (Equality Officer, National Youth Council of Ireland);
Mena Wilson (External Evaluator, Unicorn Consultancy);

Key Informants:
Lorraine Boyle and Frankie Mc Creedy, Donegal Youth Service;
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Teresa Mc Elhinney, H.S.E. Southern Area;
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To the Crisis Pregnancy Agency for Funding this work.

Disclaimer
The National Youth Council of Ireland is grateful to all those who have influenced and contributed to the development of this Support Pack. We are thankful for the ideas that have been exchanged and shared by various groups during this process. Every effort has been made to acknowledge the resources and materials that contributed to the development of the Pack.

Framework for the Pack

The framework for the development of this support pack for Youth Work settings is informed by an exploration of the principles of Youth Work in conjunction with Health Promotion.

Youth Work Defined:
Youth Work, in its' broadest sense, has been defined as;

> *"A planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is-*
> *(a) complimentary to their formal, academic or vocational education and training;*
> *(b) provided primarily by voluntary youth work organisations".*

(Youth Work Act, 2001)

The primary concern of Youth Work is with the education of young people in non-formal settings. The actual methods adopted or activities engaged in by youth workers and young people vary widely and include;

- Recreational and sporting activities and indoor/outdoor pursuits, uniformed or non-uniformed;
- Creative, artistic and cultural or language-based programmes or activities;
- Spiritual development programmes or activities;
- Programmes designed with specific groups of young people in mind (including young women or men, young people with disabilities, young Travellers, young lesbians, gay men or bisexuals, young people from ethnic minority groups etc);
- Issue-based activities (related to, e.g. justice and social awareness, the environment, development education);
- Activities and programmes concerned with welfare and wellbeing (health promotion, relationships and sexuality, stress management), and
- Inter-cultural and international awareness activities and exchanges.

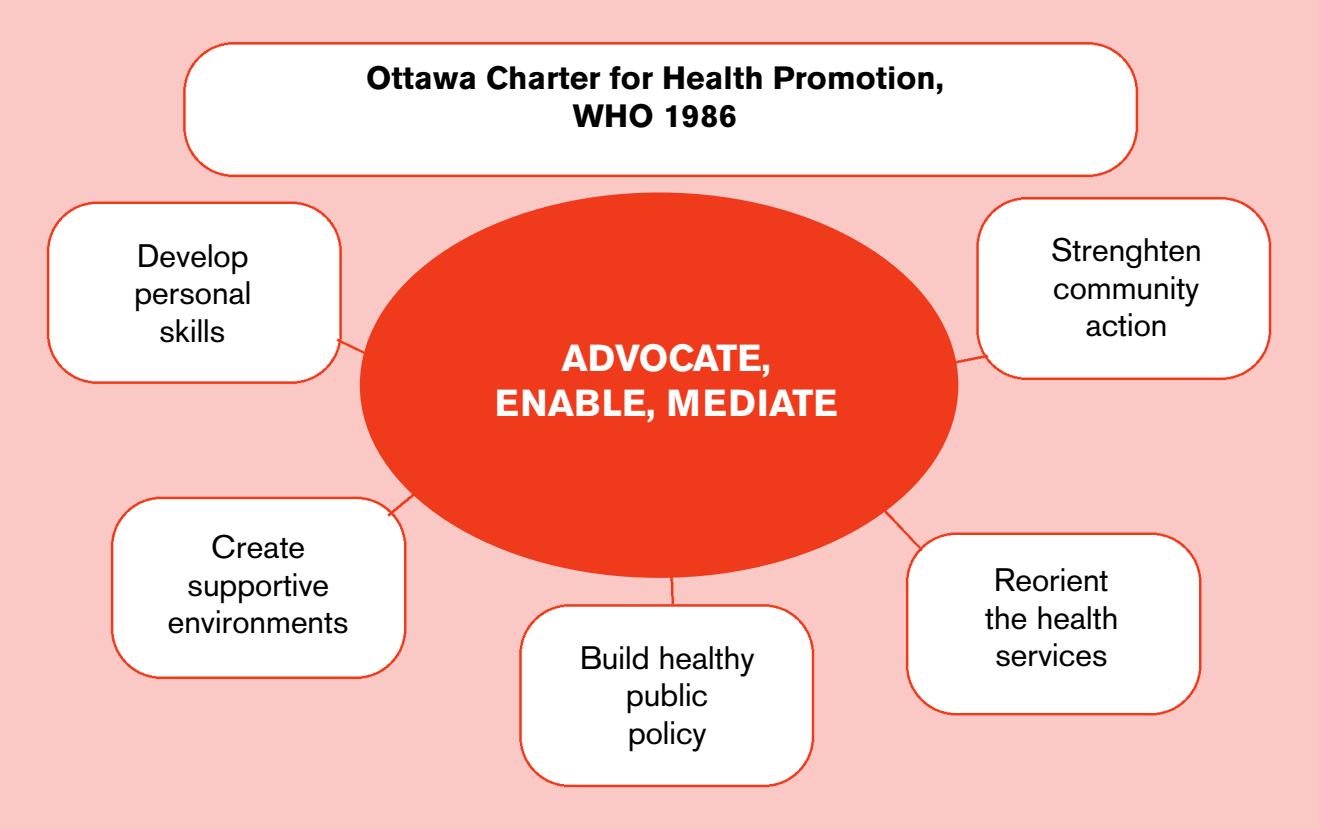
> *"Despite the apparent diversity, however, what all these various methods and activities share, in a Youth Work context, is the focus on process; on the ongoing educational cycle of experience, observation, reflection and action, and – essential for this to happen – on the active and critical participation of young people. The successful facilitation of this process clearly requires substantial experience and a high degree of skill on the part of those responsible, the 'educators', whether paid or voluntary".*

(National Youth Work Development Plan, 2003-2007)

How can Youth Work impact on the health (including the sexual health) of young people?
In order to fully appreciate the potential role of youth organisations in promoting sexual health with young people, it is important to appreciate the close links between the definition of Youth Work and the Cornerstones of Health Promotion as identified by the Ottawa Charter (WHO 1986). The Ottawa Charter outlines the essential elements for successful health promotion as follows:

- developing personal skills;
- strengthening community action;
- creating supportive environments;
- building healthy public policy;
- reorienting the health services.

Figure 1: Ottawa Charter for Health Promotion, 1986
(See Appendix 1 for full description of Ottawa Charter)



> *"The core concepts of enablement, mediation and advocacy in the Ottawa Charter are also central to the role of Youth Work - enabling and empowering young people to increase control over their own lives within the context of their physical and social environment. Youth Work, in its active encouragement of young people to participate at all levels within community and society, also fulfils a guiding principle of health promotion, as does the mediating and advocacy role taken on by youth organisations on behalf of young people. Consequently, youth organisations are in an ideal position to inform healthy public policy in relation to young people's sexual health needs. The day-to-day work of youth organisations involves contact with a wide range of young people throughout the country, including work with some of the most marginalised and disenfranchised young people within our society, e.g. those most at risk in terms of their sexual health."*

(National Youth Health Programme, 1999)

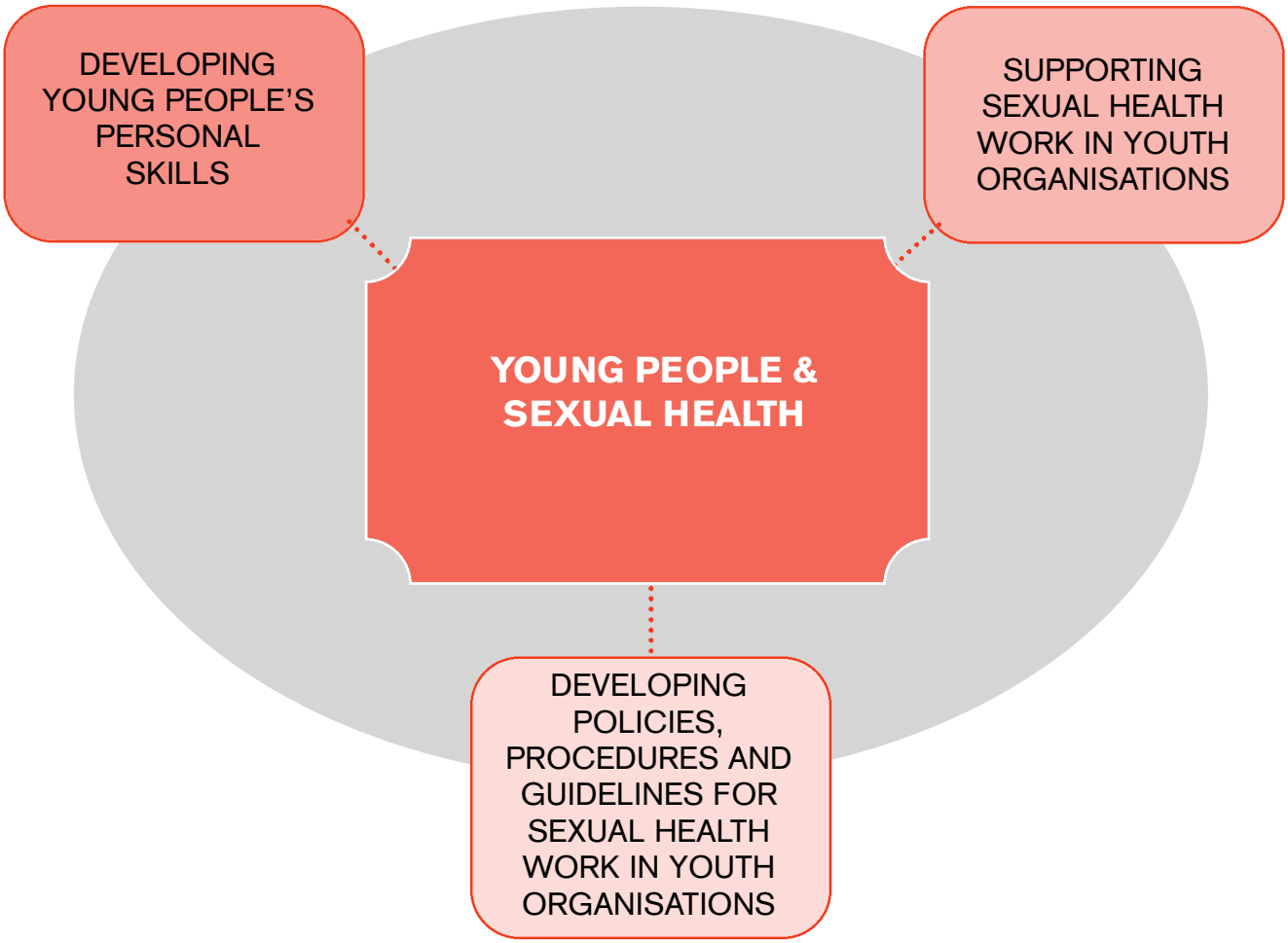
Youth Work is most often identified with encouraging the development of personal and social skills through the presence of youth organisations in local communities, in strengthening community action, all of which are cornerstones of health promotion.

Through this approach, Youth Work settings provide a safe, supportive and sustainable environment in which young people can explore their health needs (including sexual health needs).

The Framework for this Pack is based on the close association between Youth Work and Health Promotion. The framework proposes that youth organisations have a pivotal role to play in addressing the sexual health needs of young people in three significant areas:

- Developing young people's personal skills - (e.g. lifeskills including communication, decision-making, negotiation, confidence building etc…) through sexual health education and promotion;
- Supporting sexual health work within the organisation - through providing supportive environments in which sexual health work can take place and in supporting workers to carry out this work with young people;
- Developing policies, procedures and guidelines - to support sexual health work at organisational level i.e. ensuring that appropriate policies and procedures are in place to support everyone involved.

Figure 2: Framework for the Pack



Section 1: Setting the Context

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Introduction:

In order to fully appreciate the complexities involved in addressing the issue of sexual health with young people, it is firstly essential to understand the basic concepts and definitions involved.
Part 1 of this section introduces the key concepts and definitions relating specifically to sexual health work with young people.
Part 2 of this section examines the determinants of young people's health in general and examines specific risk and resilience factors.
Part 3 provides an overview of young people's sexual health issues including teenage pregnancy, crisis pregnancy, contraception, sexually transmitted infections (STIs) etc. This section also looks at sexual health services for young people, young people's rights in relation to sexual health and examines the role of parents and community.
Part 4 outlines the role of youth organisations in relation to young people's sexual health and suggests a comprehensive framework for addressing this issue.

Part 1: Key Concepts and Definitions

Health

Over the years, the World Health Organisation (WHO) has identified a number of definitions of health. However, the most holistic and encompassing definition is as follows:

> *"…a conception of health as the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs, and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and personal resources, as well as physical capacities."*

(WHO, 1984)

This holistic definition encompasses concepts of:

- personal growth and development ('realise aspirations');
- meeting personal basic needs ('satisfy needs');
- ability to adapt to environmental changes (change or cope with the environment');
- a means to an end and not an end in itself ('a resource for everyday life, not the objective of living');
- not just the 'absence of disease' (a 'positive concept');
- a holistic concept ('social and personal resources…physical capacities').

(Ewles & Simnett, 1999)

Health Education

> *"Health education is any combination of learning experiences designed to facilitate voluntary actions conducive to health."*
> *It is "…a practical endeavour focused on improved understanding about the determinants of health and illness and helping people develop the skills they need to bring about change"*

(Green and Kreuter, 1991)

Several types of educational activities emerge from these definitions:

- ...ensuring that high quality health information is available in a readily understandable form to every citizen who needs it.
- ..developing people's ability to understand and take control of their health status, through skill development and critical consciousness-raising.
- ...putting health issues on the agenda of policy makers and encouraging them to develop policies that will promote health.
- ...enabling people to organise themselves to take direct social action in support of their health based on their own priorities.

(French, 1990)

Health Promotion

> "Health Promotion is the process of enabling people to increase control over, and to improve, their health"

(WHO, Ottawa Charter, 1986)

The National Health Promotion Strategy (2000-2005) suggests that health promotion, at an individual level, involves educational processes enabling people to acquire information and skills that will help them in making positive decisions in relation to their health. At a community, regional and national level, it involves the development of appropriate policies, structures and support systems so that the healthier choice becomes the easier choice.

Health Promotion encompasses a range of strategies that facilitate populations to be healthy and to make healthy choices. Health promotion has emerged as a cornerstone of contemporary public health that aims to advance the physical, social, sexual, reproductive and mental health of the wider community.

(Health Canada, 2003)

Sexuality

Healthy sexuality is a positive, dynamic and enriching part of being human. It is the sexual dimension of an individual's personality which underpins much of what a person is. It is the key to sexual health and sexual expression and also to an individual's overall health and wellbeing.

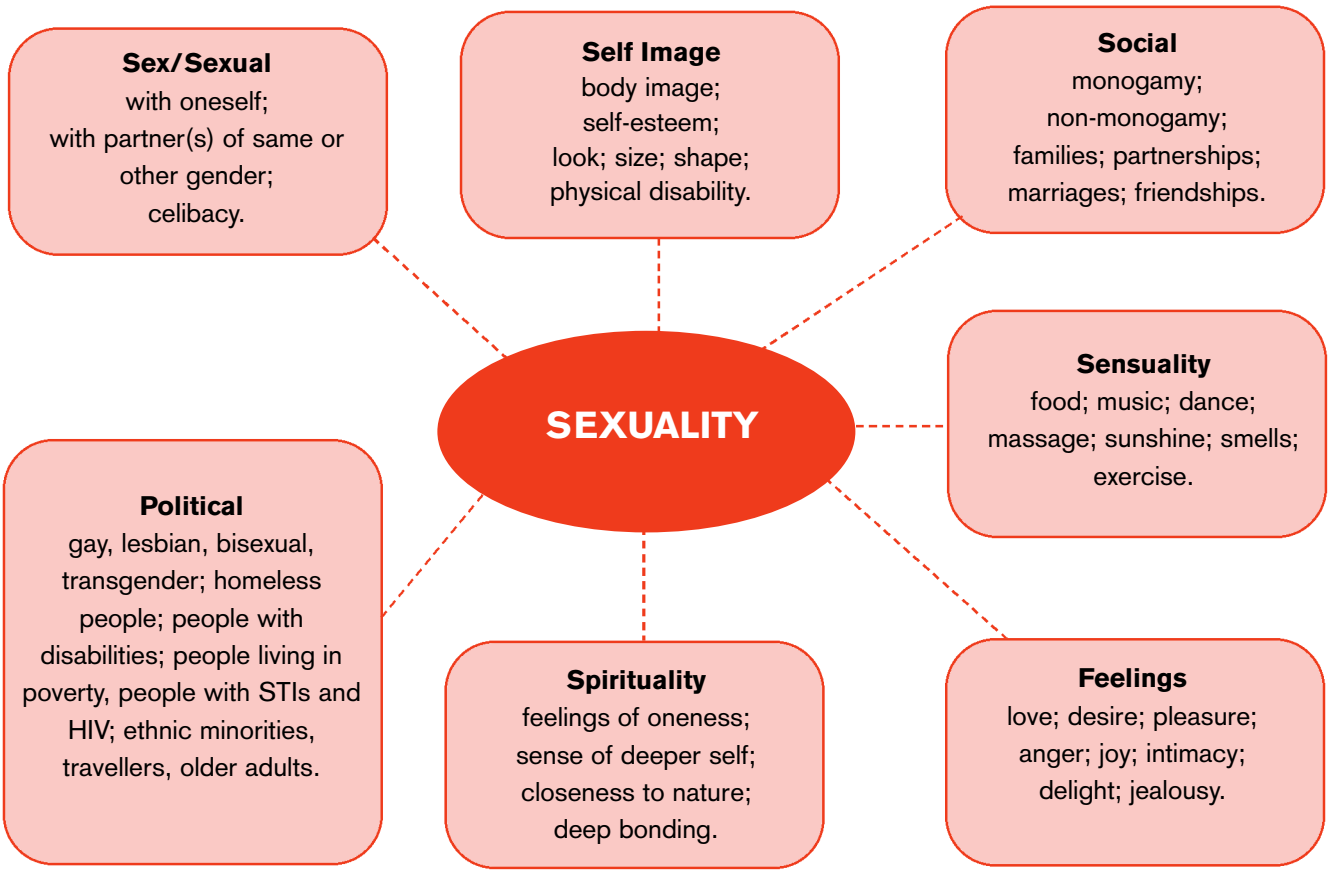
Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values and behaviours of individuals. It deals with the anatomy, physiology and the biochemistry of the sexual response system. It focuses on roles, identity and personality. It also reflects individual thoughts, feelings, behaviours and relationships.

(Health Canada, 2003)

While sexuality is often seen merely in terms of sexual orientation, it is a much broader concept. It contributes to our self esteem, the way we relate to others, our feelings and our behaviours. It includes knowledge about reproductive and sexual health, and of oneself, opportunities for healthy sexual development and sexual experience, the capacity for intimacy, an ability to share relationships and to be comfortable with different expressions of sexuality including love, joy, caring, sensuality, passion, pleasure or celibacy.

There is a responsibility, however, both individually and collectively, to ensure that sexual behaviour does not result in exploitation, oppression or physical or emotional harm.

Figure 3: The Sheffield Centre for HIV & Sexual Health (2003) presents a holistic, multi-faceted definition of Sexuality as follows:



Sexual Health

Sexual health has been defined as:

> *'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' .*

(WHO, 1974 in Health Canada, 2003)

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be protected and fulfilled.

(French, 1990)

Sexual health is important throughout life. A healthy start gives children the capacity to develop a positive self image and self awareness and the potential to establish satisfying relationships. During adolescence and early adulthood, decisions about sexual activity, reproduction and parenthood become extremely important. The best possible choices can be made when information, education and supports are in place from the very beginning as a foundation to facilitate a healthier lifestyle.

Sexual Health includes:

- Feeling good about ourselves and our bodies and being able to express ourselves in the way we choose;
- Knowing our bodies and how they work;
- Being able to negotiate safer sex;
- Having enjoyable friendships with both males and females;
- Being able to discuss concerns about health and sexuality with a knowledgeable person;
- Feeling able to challenge common beliefs about how males and females should behave with each other.

(Healthlink Worldwide, 1997)

The developing sexuality of the young person may be a source of considerable anxiety, both to young people themselves and to the adults responsible for their care and education. Adolescence is the most challenging time for sexual development. This life stage can involve risky sexual practices which may result in a range of negative outcomes, including STIs, teenage pregnancies, negative impact on emotional health, unhealthy images of sex and sexuality in the media and violence in young people's intimate relationships.

(Burtney & Duffy, 2004)

Sexual Health Education

Sexual health education is concerned with the well-being of individuals. It recognises that individuals have responsibilities, and are affected by each other and by the social environment in which they live. It involves the individual's personal, family, religious, and social values in understanding and making decisions about sexual behaviour and implementing those decisions.

Sexual health education promotes behaviours that help individuals to achieve positive results and avoid negative outcomes. It employs a combination of learning experiences including:

- access to age-appropriate and culturally appropriate information;
- motivational supports;
- opportunities to develop the skills needed to become aware of and adapt to one's sexuality;
- capacity to engage in satisfying interpersonal relationships.

It enables individuals, couples, families and communities to develop the knowledge, motivation and behavioural skills needed to enhance sexual health and to avoid sexual health-related problems. Sexual health education which includes these three components in programme development can have positive effects on an individual's sexual health choices and practices.

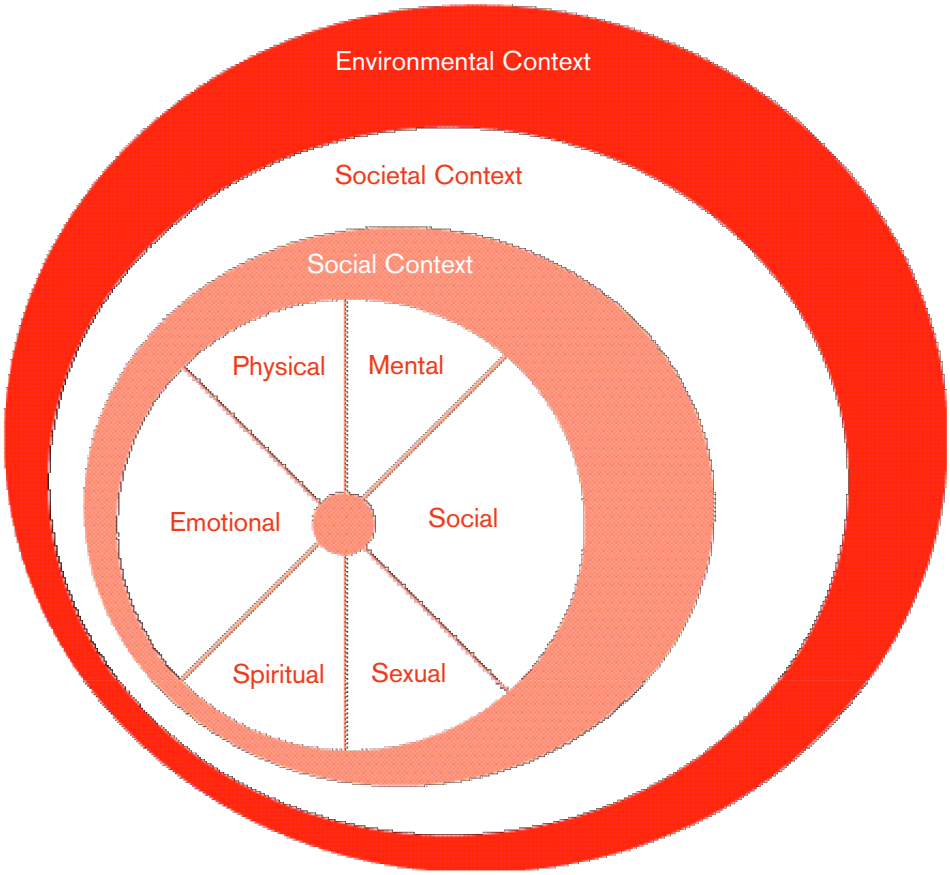
(Burtney & Duffy, 2004)

The issue of sexual health education is dealt with in significant detail in Section 2 - Developing Young People's Personal Skills.

Part 2: Young People and Health

Before exploring some of the key issues in relation to young people's sexual health, it is important to examine some of the factors that impact on young people's health in general. With regard to young people's health, it is important to recognise that a young person does not exist in isolation, but within a social and physical environment that often determines their health status. This model on the Dimensions of Health (Niadoo & Wills, 1994) highlights the individual as having physical, social, mental, emotional, sexual and spiritual needs, all of which interact with each other at any given time. The model helps one to appreciate that health is both multifaceted and multifactorial and is influenced by a wide range of physical, social and environmental factors. Therefore, one can conclude that young people's sexual health needs are influenced in the same way.

Figure 4: Promoting health with young people

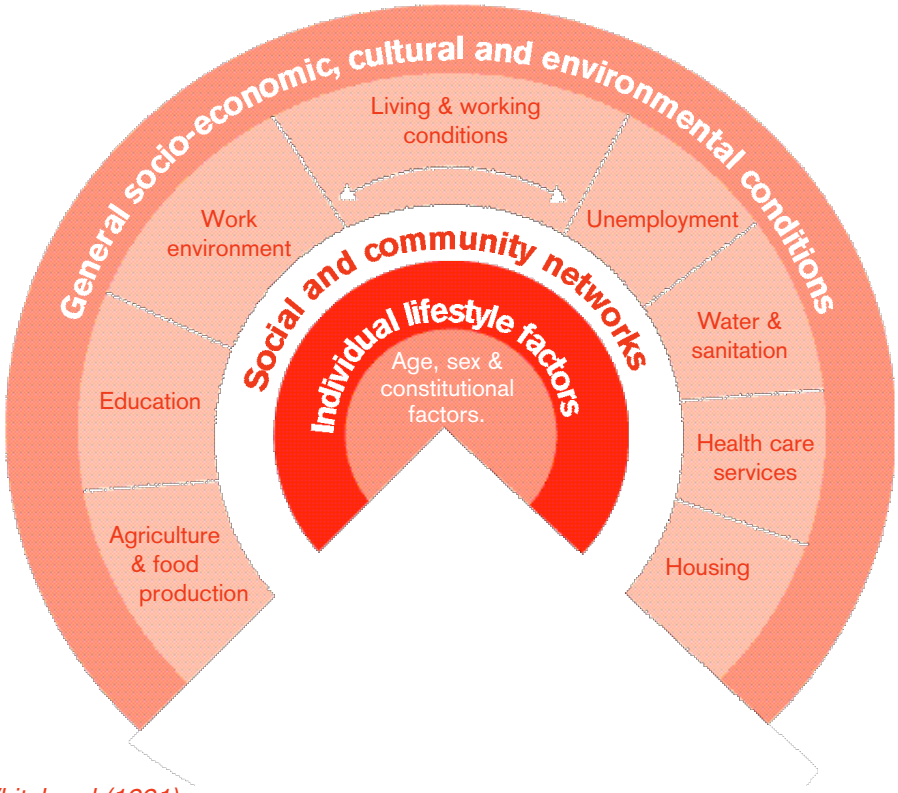


Dimensions of Health adapted from Naidoo and Wills (1994)

What determines young people's health?

Building on these dimensions of health, it is also useful to refer to the well known Determinants of Health Model by Dahlgren and Whitehead (1991), which identifies the social, economic, environmental and cultural factors which influence health. This model has been widely accepted and acknowledges that the determinants of health are the conditions and factors that have both a positive and negative influence on the health of an individual. Socio-economic status, gender, occupation, economic conditions, individual lifestyle choices, education, geographical location and ethnic grouping are all examples of determinants of health.

Figure 5: Health determinants
Source: Department of Health and Children, 2001



Dahlgren and Whitehead (1991)

While young people, in general, are regarded as a relatively healthy population group, it is acknowledged that certain groups of young people are at risk in terms of their health. With regard to young people's health, 'risk' has been identified as a key factor.

Risk has been defined as:
'The possibility that a given course of action will not achieve its desired and intended outcome but instead some undesired and undesirable situation will develop'.

(Alasweski et al, 1998)

The following are life situations or characteristics that may render a young person particularly at risk. These include:

- Being involved in criminal behaviors;
- Being in care;
- Living in poverty and/or poor quality housing;
- Having a history of family problems or abuse;
- Having learning or physical disabilities;
- Having psychological or behavioral problems;
- Working in prostitution;
- Having academic problems and/or a bad experience of school;
- Having mental health problems;
- Being out of home;
- Having a crisis pregnancy at an early age;
- Experiencing discrimination due to sexual orientation, race or ethnicity e.g. Travellers, gay, lesbian and bisexual young people, refugees and asylum seekers;
- Being from families with a history of substance misuse;
- Living in geographically isolated areas.

(Dept. of Health & Children, 1999)

When young people are exposed to multiple risk factors, their health may be adversely affected. However, some young people can be exposed to one or multiple risk factors and still manage to live a very healthy life. When looking at ways in which Youth Work can positively influence young people's health, it is therefore important to consider the range of resilience factors in a young person's life. These are the factors which protect them or enable them to overcome the risk factors previously identified. These resilience factors include:

- A supportive family environment;
- A positive caring relationship with an adult e.g. a youth worker, teacher, sports coach;
- Good educational achievement;
- Positive experiences through involvement in sports, arts or the community.

(Dept. of Health & Children, 1999)

Youth Workers can build on these resilience factors in ways which can positively enhance the experiences, environment and relationships of young people, particularly those at risk in terms of their health behaviours.

Part 3: Young People and Sexual Health

Adolescence is an intensely formative time in human development when young people are developing physically, emotionally, socially, spiritually and sexually. It is natural for adolescents to engage in experimental behaviours that help them to identify who they are and develop the values that will guide them into adulthood. They face the challenges of forming a positive sexual identity and protecting their sexual and reproductive health in a culture that frequently bombards them with complicated and contradictory messages about sex and sexuality.

(Coleman et al, 1999)

The terms adolescence, youth and young people are often used interchangeably. The WHO defines young people as being between the ages of 10 and 24 years. Within that, youth are defined as 15-24 years and adolescents as 10-19 years. For the purposes of Youth Work the term 'young person' refers to a person who has not attained the age of 25 years.

(Youth Work Act, 2001)

Sexual development is central to adolescent development. Underlying this is the biological maturation which starts at the onset of puberty and continues for at least three or four years. However, sexual development involves not only biological change, but also growth and maturation in the social and emotional worlds of the young person.

A person's sense of self and their self-perception is significantly influenced by the comfort and confidence they possess in relation to their sexuality. Therefore, it is essential that young people are given every possible opportunity to develop a positive and responsible attitude to their own, and others' sexuality.

N.B. For the purposes of criminal law, the age of consent to sexual intercourse is stated as 17 years of age (Children First: National Guidelines for the Protection and Welfare of Children, Dept. of Health & Children, 1999). This applies to both hetrosexual and homosexual sexual intercourse.

Overview of Young People's Sexual Health Issues

Young people's sexual health and behaviours can directly impact on their current and long term health status. Societal norms and attitudes in the area of sexual behaviour have changed considerably in recent years and today, for example, young people grow up in a society where relationships and sexuality education (RSE) is part of the school curriculum. Issues of sexuality are discussed more openly. Homosexuality is legal and contraception is widely available.

While there remains limited national data on young people's sexual health behaviour, over the last decade a number of research projects have attempted to collect information on young people's sexual knowledge, attitudes and behaviour (e.g. Collins & Jenkins, 1993; Bonner, 1996; McHale & Newell, 1997; Dunne et al, 1997; Sheerin, 1998; Duggan, 2000; HBSC, 1999 & 2004; SHB & Orga Chorcai, 2003; NWHB, 2004 & Fullerton, 2004).

The main issues identified through this and other relevant research include:

- Teenage Pregnancy
- Crisis Pregnancy
- Contraception
- STIs
- HIV/AIDS
- Sexual Health Services
- Sexual Health and Mental Health
- The Sexual Health Needs of Young Lesbian, Gay, Bisexual, Transgender People
- Sexual Health and Disability
- Sexual Health and Travellers
- Specific Needs of Ethnic Minorities
- Young People's Sexual Health Rights
- Role of Parents and Family

Teenage Pregnancy

While it is often perceived that the number of births to teenage mothers is increasing, the number in the Republic of Ireland, in fact, has decreased from 3,311 in 1982 to 2,637 in 1993. The birth rate for women aged 15-19 years has also decreased from 21 to 16 per 1,000 between 1982 and 1991. There has, however, been a dramatic increase in the percentage of non-marital births in this age group from approximately 50% to 90% (CSO, 2004). Among teenage mothers, two thirds of births occur in the 18-19 years age group and this figure has remained constant over the decade. Figures released by the CSO (2004) show a total of 750 teenagers in Ireland gave birth in the first three months of 2004, 14 of whom were aged 15 or under.

Who becomes a teenage parent?

Research indicates that girls and young women from social class V (unskilled manual worker) are approximately 10 times more likely to become teenage mothers as girls and young women from social class I (professional worker). Young people with below average achievement levels at ages 7 and 16 have also been found to be at significantly higher risk of becoming teenage parents.

(Kiernan, 1995)

Less is know about who becomes a young father. Evidence suggests that young fathers (defined as those who become fathers before the age of 22) like young mothers, are more likely to come from lower socio-economic groups, from families that have experienced family difficulties and are more likely than average to have left school at the minimum age. There is some evidence that certain groups of young people seem to be particularly vulnerable to becoming teenage parents. These include:

- Young people in or leaving care;
- Homeless young people;
- School excludees, truants and young people under performing at school;
- Children of teenage mothers;
- Young people involved in crime.

(Health Development Agency, 2003)

Risk factors associated with early adolescent sexual activity and teenage pregnancy

As already stated, little research has been carried out in Ireland regarding the risk factors associated with early adolescent sexual activity and teenage pregnancy. However, much research has been conducted in the UK and the US based on large scale studies such as the National Sexual Attitudes and Lifestyles (NATSAL) survey and the National Child Development Study (NCDS).

The following table sets out some of the findings from these and other studies highlighting the range of risk factors as follows:

Table 1: Risk Factors Associated with Early Adolescent Sexual Activity and Teenage Pregnancy.
(Adapted from the Effective Health Care Bulletin, NHS, 1997; Cited in Fullerton, 2004)

Socio-economic	Individual	Family	Educational	Community	Contraception
Poverty/low income; Poor employment prospects; Poor housing and social conditions; Limited opportunities /aspirations.	Early onset of first intercourse; Level of emotional maturity; Low knowledge levels; Low self-esteem; Poor skills base; Level of cognitive maturity; Mental health problems; Level of physical maturity; Experimental behaviour; Alcohol and drug misuse.	Family structure including single parent families; Family size; Parenting style – support, control, supervision; Parent/child communication; History of teen pregnancy – mother/sister; Child abuse/neglect.	Low educational attainment and school non-attendance/ truancy/exclusion; Low educational goals; Level of sex education at school.	Social norms (sexual activity, pregnancy/teen pregnancy); Peer influences; Cultural and religious influences; Media influences; Experimental behaviour.	Contraceptive services, cost, norms; Awareness; Availability; Accessibility.

Although parenthood can be a positive and life enhancing experience for some young people, it may also bring a number of adverse outcomes for teenage mothers and their children. These factors include:

Table 2: Outcomes for Teenage Mothers and Their Children.
(Adapted from Effective Health Care Bulletin, NHS 1997; Cited in Fullerton, 2004)

	Health Outcomes	Educational Outcomes	Social & Economic Outcomes
For the young person:	Hypertension, anemia, placental abruption, obstetric complications; Depression and isolation; Termination of the pregnancy.	School drop-out and gaps in education.	Reduced employment opportunities due to missed education; Increased reliance on state welfare; Poor housing and nutrition.
For the child:	Increased risk of sudden infant death syndrome, prematurity, low birth weight, hospitalisation due to accidental injuries; Increased risk of experiencing abuse and future teenage pregnancy.	In pre-school years children of teenage mothers display developmental delays.	Increased risk of living in poverty; Poor housing and nutrition.

Recent research has argued that higher risk is associated with social deprivation and is less a consequence of physical immaturity. Some argue that adverse health outcomes associated with teenage pregnancy and motherhood are not necessarily due to the age of the mother, but are the result of lifestyle factors such as smoking and alcohol use during pregnancy and/or poor diet and nutrition.

(Hoffman, 1998, Olausson et al 2001; Smith et al, 2001 in HDA, 2003)

While there is little data available with regard to young fathers, health, economic and employment outcomes for young fathers post parenthood seem to be similar to those of young mothers.

(Health Development Agency, 2003)

Crisis Pregnancy

Crisis pregnancy has been defined as:

> *'a pregnancy which is neither planned nor desired by the woman concerned, and which represents a personal crisis for her'*

(Crisis Pregnancy Agency, 2001).

Teenage pregnancies are often cited as crisis pregnancies. However, they are not always considered crises by the teenagers themselves, despite the fact that they often present social and/or educational challenges for the teenagers themselves, their parents and others.

What factors contribute to the incidence of crisis pregnancy?

A Crisis Pregnancy Agency report (Fullerton, 2004) reviewed the range of factors that give rise to crisis pregnancies at individual, relational, situational, contextual and policy levels. These factors are outlined in the table below:

Table 3: Factors contributing to the incidence of crisis pregnancy

Level	Influencing Factors
Individual level	• Age; • Socio-economic status; • Knowledge about fertility and contraception; • Skills, attitudes, intentions, self-esteem.
Relational level	• Type, nature and duration of the relationship; • Known levels of risk-taking within short-term relationships; • Taking less care in contraceptive use in long-term relationships; • Ability to negotiate the use of contraception within the relationship or sexual encounter; • Poor communication.
Situational level	• Consumption of alcohol; • Technical failure of contraception e.g. burst condoms; • Access to contraception (appropriate to the needs of different groups); • Availability and suitability of contraceptive services, cost and confidentiality; • Knowledge about contraception and how to use it appropriate to the needs of different groups.
Contextual level	• Influence of peers, parents, media; • Poor family communication; • Social and cultural norms and societal expectations.
Policy level	• Inadequate service delivery; • Lack of supportive policy initiatives at a number of levels; • Lack of holistic, strategic responses.

Young People and Contraception

Since contraception was legalised in Ireland in 1979, there has been a considerable reduction in birth rates and total family size. Studies which have examined patterns of contraceptive use among women experiencing crisis pregnancy have generally documented a low level of use of contraception. Lack of sexual health services for young people and/or lack of targeted information on services are significant barriers to young people's use of contraception.

(Crisis Pregnanacy Agency, 2003)

The issue of contraception can prove controversial for youth organisations to deal with. Often, youth organisations are limited in the responses they can make due to legal, ethical and moral considerations. Many youth organisations respond to the issue of contraception through referral of young people to appropriate agencies.

In this context, it is essential that youth organisations develop policies and procedures which take account of the legal, ethical and moral considerations impacting on their work and which are grounded within their own values framework.

Sexually Transmitted Infections (STIs)

The number of notified cases of diagnoses of STIs has increased in the general population over the last decade (National Disease Surveillance Centre (NDSC), 2000). Of particular concern is the rise in the notifications of Chlamydia trachomatis infection in the general population. Chlamydia is a particularly worrying STI, as approximately 50% of females and 70% of males have no symptoms, and if left untreated, it can result in infertility (Fullerton, 2004). Additionally, new figures by the NDSC (2004) show that STIs have increased by over 100% between 1995 and 2001 in Ireland. Figures show that almost 14% of STI cases were among people under the age of 19 years old. The three most commonly notified STIs in 2001 were ano-genital warts, chlamydia and non-specific urethritis. The NDSC suggests that the increase in reported cases reflected unsafe sexual practices, but was also due to other factors such as increased testing for chlamydia and greater public awareness of STIs.

HIV/AIDS

HIV infection, the virus that can cause AIDS, is a particularly important sexually transmitted infection because it is potentially fatal. Recent developments in combination drug therapies mean that the life expectancy of many HIV positive people has been extended. A reduction in mortality rates results in an increase in the number of people living with HIV long-term.

A recent report from the NDSC (July 2004) reveals that the number of newly diagnosed HIV cases in Ireland during the last six months of 2003 is 192. This brings the number of newly diagnosed HIV infections for 2003 to 399. This compares to 364 cases in 2002 and represents a 10% increase. It is important to note that these figures do not represent the number of people infected with HIV in Ireland but rather provide information on the number of new diagnoses in a given time period. The number of new diagnoses reported is dependent on methods and patterns of HIV testing and reporting.

Sexual Health Services for Young People

According to the Crisis Pregnanacy Agency (2003), services aimed at enabling individuals to avoid crisis pregnancy are under developed in Ireland. For example, contraceptive services are limited in rural areas and uptake is further confounded by a lack of awareness of the type of service available. Lack of sexual health services for young people, insufficient publicity about contraceptive services and/or lack of targeted information on services are significant barriers to young people's use of contraception. Appropriateness of services, suitable opening hours and approachability of staff members are also important (Fullerton, 2004). Furthermore, young people may not trust the service or may feel ashamed, embarrassed, afraid to use services or simply uncomfortable about being seen using services or being associated with particular services.

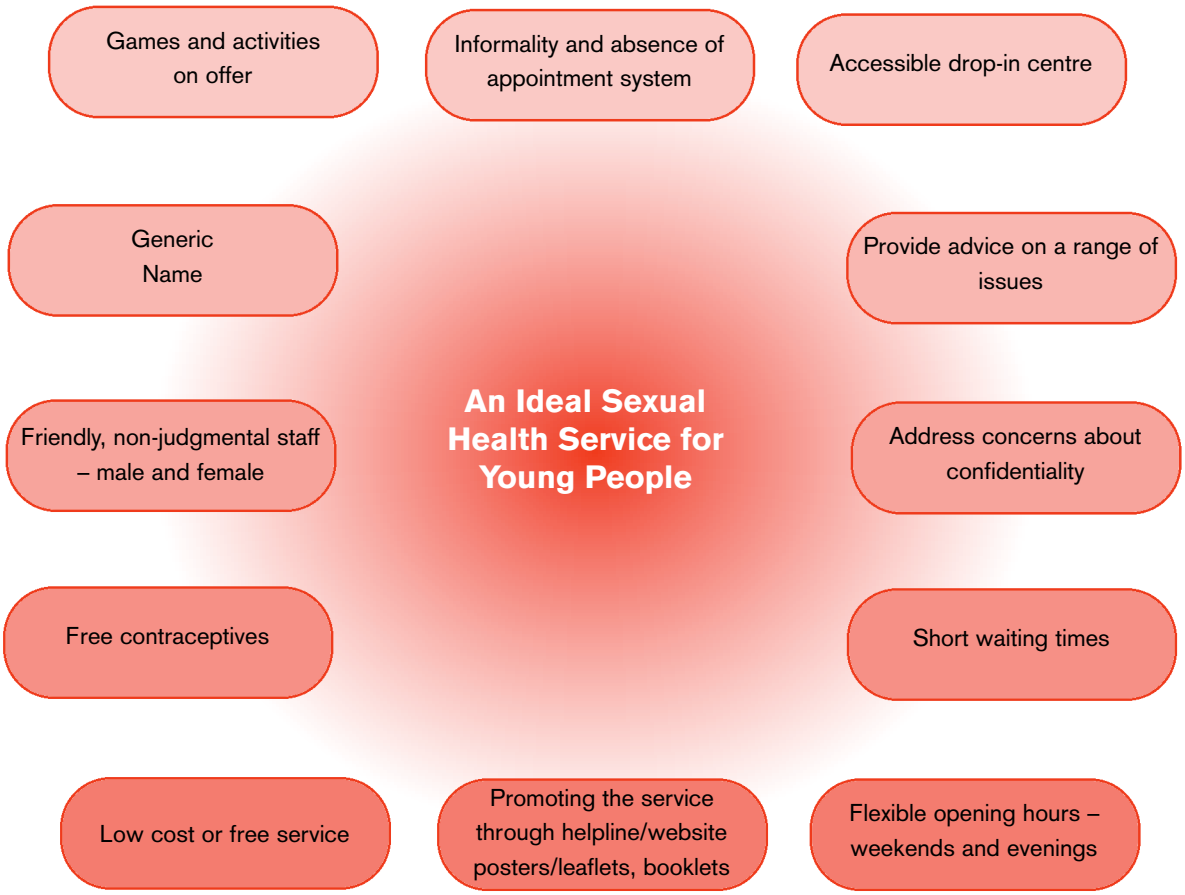
There has been much debate of late on the nature of health services best designed to meet the needs of young people. In 2000, the National Conjoint Child Health Committee proposed a model for an Adolescent Friendly Health Service emerging from recommendations from the Sub-Committee on Adolescent Health (Best Health for Adolescents, 1999). This model suggests, that in order to appeal to young people and meet their health needs, health services need to be accessible, flexible, confidential, provide accurate information, have staff that are well trained in how to respond to young people. Such a service should operate in partnership with parents and key sectors such as education, employment, environment, finance etc to ensure that factors impacting on the health of adolescents are addressed. In addition, adolescent friendly health services should involve and consult with young people on an ongoing basis and responds to their expressed needs.

In recent years, this model has been used as the basis on which many services for young people have been developed, particularly services which operate in partnership between Health Boards and key Youth Work providers.

Figure 6: Adapted from Adolescent Friendly Health Service, National Conjoint Child Health Committee, 1999.

In a recent report by the North Western Health Board (2004), an extensive consultation was conducted with young people with regard to sexual health. As part of this work, young people were asked to imagine and describe an ideal sexual health service.

Figure 7: An Ideal Sexual Health Service for Young People



Sexual Health and Mental Health

As part of overall health, mental and emotional health or "wellbeing" is a necessary condition to enable young people to manage their lives successfully. It is the emotional resilience that allows young people to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of wellbeing and an underlying belief in their own and others' dignity and worth.

(Design for Living Partnership, 2003)

There are a number of factors that support or influence young people's mental health. These include:

- a stable and secure environment that ensures young people's needs are met. These needs include not only basic physical needs such as food and warmth but also higher needs such as affectionate relationships, self-esteem, dignity and respect.
- the emotional skills to manage change, make and maintain relationships, cope with stress, survive difficulties in life, and both acknowledge and communicate feelings.
- self-esteem, coping and lifeskills which help young people to interpret events, have control in their lives and deal with stressful circumstances effectively.

(Design for Living Partnership, 2003)

On this basis, the links between sexual health and mental health are clearly evident. Addressing issues of self-esteem, decision-making, negotiation skills, communication and coping strategies are integral to both sexual health and mental health promotion with young people.

In addition, research has identified sexuality as one of the top five issues impacting on young people's mental health. Concerns include sexual orientation, attitudes towards this and pressure to be sexually active.

(NWHB, 2004)

The links between sexual health and mental health reinforce the necessity to address the issue of sexual health within a holistic health promoting framework.

The sexual health needs of lesbian, gay, bisexual and transgender young people

Existing Irish data sources do not provide extensive information about sexual orientation and associated needs. While lesbian, gay, bisexual and transgender (LGBT) young people are as diverse as heterosexual youth, there are also significant differences within this group in terms of patterns of attitudes and behaviours and in relation to sexual health needs. Areas of commonality and mutual interest among this group include exclusion, discrimination, stigma and homophobia.

Aggleton et al (1999) note the legacy of the classification of homosexuality as a mental disorder in terms of biased service provision. They identified the need for professional development in the field of sexuality for all those who work with young people. Activities to address the mental health aspects of sexuality should be embedded within a holistic health promotion programme addressing all aspects of health.

Historically, the needs of LGBT people have tended to focus on the physical aspects of sexual health and in particular on the issue of HIV/AIDS among gay men.

The focus on physical health that grew out of concerns about HIV downplayed important psychological and emotional aspects of sexuality for LGBT people, particularly around discrimination.

In Ireland, the Report of the Equality Authority on Implementing Equality for Lesbians, Gays and Bisexuals (2002) sought recognition for gay, lesbian and bisexual issues in the wider equality strategies and initiatives being pursued across Irish Society in the work of the Equality Authority (EA). The Employment Equality Act (1998) and the Equal Status Act (2000) enables the EA to promote equality for the LGBT community in terms of their experience, situation and identity. The extent of discrimination and exclusion experienced by the LGBT community is clearly established in this report.

The lack of recognition of LGBT people and assumptions of heterosexuality in service design and provision has debilitating consequences in a broad range of areas such as housing, education, health, employment and training.

Many of the difficulties faced by LGBT young people arise because of homophobia and heterosexism. Homophobia has been defined as 'negative and/or fearful attitudes about homosexuals or homosexuality' (Sprecher & McKinney, 1993). Heterosexism is 'an underlying belief that heterosexuality is the natural/ normal/acceptable or superior form of sexuality'.

(Williamson, 2000)

Many young LGBT people show great resilience in encountering heterosexism and homophobia. However, for some, there is a wide range of detrimental effects which can include fear of being 'found out', denial of true feelings, shame, isolation and exclusion, school absenteeism and even self-harm and suicidal ideation or behaviour.

(Burtney & Duffy, 2004)

Sexual Health and Disability

Sexual health is a complex issue for young people and even more so for those with disabilities. Frequently, stereotypical norms influenced by the media, depict an association of sex with those who are able-bodied and physically attractive. A deviation from these norms can be viewed negatively. In general, the lives and experiences of disabled people are not reflected positively in societal stereotypes. Those with physical and intellectual disabilities, generally, do not enjoy the same representation of their sexuality.

The development of sexuality and emergence of our sexual selves is something that happens to everyone. Some people wrongly regard disabled people as not developing sexually in the same way as non-disabled people. While it is true that puberty may begin a little later and that some disabilities can affect sexual performance, disability does not prevent sexual maturity, or remove sexual feelings, desires or curiosity. Even if a disability does cause a loss of sexual function, a disabled person remains in tune with their sexuality. The physical and emotional aspects of sexuality continue to be as important for disabled people as for non-disabled people.

Education and the freedom to learn about our bodies and how they work is a fundamental part of growing as complete individuals. Young disabled people need to prepare for adulthood and the sexual and social development process should not be denied or inhibited. Full, open and appropriate sexual health education can help create the confidence that promotes well rounded sexual health among young disabled people. This is particularly important for young disabled women who face additional challenges in terms of their sexual development.

By challenging misconceptions and exploring myths about disability and sex, sexual health education can help to promote the sexuality of young disabled people in a positive manner. Sexual health education directed at young people with learning difficulties should be ongoing and provided in a format and at a pace that is compatible with their personal cognitive abilities and developmental and communication needs. Those who work with disabled young people need to be sensitive to these issues, particularly in designing sexual health education interventions.

Sexual Health and Travellers

There has been little research into the sexual health needs of young Travellers. What is known is that young Travellers marry at an earlier age than the general population. Furthermore, the high birth rate prevalent in the Traveller Community contributes to both higher proportions in the younger age groups and consequentially lower proportions in the older age groups. In addition, the latter is also affected by higher mortality rates for the Traveller Community at younger ages compared with the population as a whole. Proportionately fewer of the population aged 15 years and over within the Traveller Community are single compared with the general population, although the differences between the relevant proportions for males and females are not pronounced. The tendency for higher marriage rates among Travellers is more prevalent in the younger age groups.

(Midland Health Board, 2000)

The National Health Strategy (2001) and the Traveller Health Strategy (2002) acknowledges the health inequalities experienced by Travellers. The Traveller Health Strategy affirms Travellers rights "to have their culture recognised in the planning and provision of health services". This Strategy also states that all health services should be 'Traveller-Proofed' to ensure Travellers' interests and needs are reflected within the services that impact on Travellers' health.
Research completed within the Midland Health Board region in 2000 and ongoing work with Travellers highlights the impact of cultural beliefs and traditional practice on Travellers' Sexual Health and well-being. While there is no specific breakdown in relation to age, the following general points highlight some of the sexual health issues relevant to Travellers as follows:

- There are clear gender divisions within Travellers' sexual health;
- Contraception and family planning are essentially seen as female issues, men play a very passive role in these areas;
- Travellers have a low level of awareness about safer

sexual health practices, their knowledge of STIs is low and the use of condoms is not normalised behaviour for Traveller men or women;
- Travellers' knowledge and awareness of the male and female reproductive anatomy is generally poor;
- Travellers source much of their knowledge on sexual health, family planning and contraception 'through word of mouth' within their own community. The GP is identified as the next most likely source of information on contraception and family planning;
- Traveller women identify the lack of choice in relation to female GP services as a barrier in their access and use of women's health services.

(Midland Health Board, 2000)

The National Traveller Health Strategy identifies the need for peer-led sexual health promotion programmes to be developed and delivered in partnership with Travellers in community and health care settings. The Strategy also prioritises the need to develop culturally appropriate and sensitive sexual health information materials (videos and audio-tapes) in response to Travellers' poor literacy status, given that more than 80% of Travellers are unable to read or write.
The particular needs of young Travellers must be taken into account in the development of appropriate sexual health education interventions in terms of culture, ethnicity and literacy.

Specific issues for Refugees and Asylum Seekers

A number of issues relating to the sexual health of refugees and asylum seekers have been identified. Adolescence is a time for learning about close relationships. In normal circumstances much of this information is gained from peers and role models in the young person's family and community. There may not be the same access to these role models within refugee settings. As respected adults in the lives of young people, male and female youth workers may become important role models and should be aware of their potential influence.

Many young people can lack a comprehensive plan for the future. This can be reinforced by refugee or displaced status. The behaviour of young people in refugee or displaced situations may not be subjected to the same kind of scrutiny as it would under normal circumstances. The separation from one's homeland, one's family and one's traditional culture may create a situation in which risk-taking behaviour is less controlled. In addition, there is greater risk of teenage pregnancy, STIs and HIV.

(Burtney & Duffy, 2004)

Young women are much more vulnerable to sexual health problems and they invariably bear most of the consequences. For example, some young women coming from conflict areas have been subjected to rape, genital mutilation and other forms of sexual abuse. Anecdotal evidence from projects currently working with unaccompanied minors indicates difficulties experienced by these young people because of differing ages of consent (i.e. the age of consent in Ireland versus the age of consent in their country of origin). Additionally, these young people may be subject to an increased risk of sexual exploitation.

In Ireland, the potential exists for increasing numbers of young refugees and asylum seekers to be integrated into mainstream youth projects. It is essential that those working with these diverse groups, particularly on sexual health issues take account of these differing needs and cultural norms.

While it is recognised that there are significant numbers of people from other ethnic minorities resident in this country, there is little information currently available on their sexual health needs.

Young people's rights in relation to sexual health

Human rights are basic standards to which all human beings are entitled. They concern fundamental freedoms and human dignity. They are enshrined in international conventions, agreements, laws and declarations. Furthermore, governments are obliged to respect, protect and fulfill the human rights of all their citizens. Sexual rights provide the framework within which sexual health and wellbeing can be achieved.

Based on a review of international literature (the International Planned Parenthood Federation Charter on Sexual and Reproductive Rights (2003), the UN Convention on the Rights of the Child (1989) and the Nordic Resolution on Adolescent Sexual Health and Rights (1999) young people's rights in relation to sexuality and sexual health can be summarised as follows:

- Sexual rights are human rights and young people are human – human rights are universal and should not be limited on the grounds of culture, religion or tradition;
- Young people should have access to comprehensive sexual health education from an early age – this education should promote positive sexuality and equip young people with the ability to make fully informed and healthy decisions about all aspects of their sexual lives;
- Young people should have access to youth-friendly sexual health services which are accessible, affordable, equitable and confidential (as appropriate) – sexual health services are vital in safeguarding and promoting the life, health and wellbeing of young people;
- Gender equality* is an important aspect of young people's lives – sexual health education can help break down the gender norms and stereotypes that can deny young people control over their lives, especially where sexual health rights are concerned;
- Sexuality and sexual expression are integral parts of the personal identity of all young people – young people (including lesbian, gay, bisexual and transgender youth) should not be discriminated against on the basis of their sexual orientation;
- Youth participation is essential to ensure that sexual health and rights programmes and policies address the needs of young people – young people should have opportunities to contribute to society and should be given a voice in all policy and decision-making processes, which is recognised, respected and incorporated.

*Specifically in relation to equality, it is important to pay particular attention to the 9 grounds of the Equal Status Act (2000).

The Equal Status Act prohibits discrimination on the following grounds:

- The **gender** ground – a man, a woman or a transsexual/transgender person;
- The **marital status** ground – single, married, separated, divorced or widowed;
- The **family status** ground – pregnant, parent or the resident primary carer;
- The **sexual orientation** ground – heterosexual, gay, lesbian or bisexual;
- The **religion** ground – different religious belief or none;
- The **age** ground – everybody over 18 years (the other 8 ground cover those under the age of 18 years);
- The **disability** ground – this is broadly defined to include people with physical, intellectual, learning, cognitive or emotional disabilities and a range of medical conditions;
- The **race** ground – a particular race, skin colour, nationality or ethnic origin;
- The **Traveller Community** ground – people who are members of the Traveller Community.

It is important to recognise that rights entail responsibilities as they apply to individuals, institutions and states. It is also important to recognise that whereas the existence of these rights – as articulated in international conventions that Governments have voluntarily entered into – is indisputable, there is a margin of discretion which can apply to the ways in which these rights can be implemented and enjoyed by different individuals and groups in different settings.

Role of Parents & Family

Parents are the primary influencers on their children and have a profound impact on their developing beliefs, attitudes and behaviours. In exploring the role of parents in relation to young people's sexual health, it is important to recognise that parents are a diverse group. They come from different cultures, background and religious groups. Parenting also takes many forms. For example, they may be single, coupled, married, divorced, heterosexual, lesbian, gay, bisexual and may be natural, adoptive or foster parents.

Research indicates how children internalise parental attitudes and often act in response to parental behaviour (whether consistent or deliberately at odds with this behaviour) (Bandura, 1977). Furthermore, in relation to sexuality and relationships, Porter (1991) argues that these are first nurtured in the home. Children learn and are consciously and unconsciously shaped, both by what parents tell them directly and by observing how parents talk and act in their own relationships with partners and others. In this way, anyone in a parenting relationship is educating their child about sexuality, even if they are not directly teaching the "facts of life".

In recognising the important role that parents play in their children's sexual development, it is essential that any sexual health work carried out by youth organisations takes account of this role. Ideally, this work should be carried out with the full understanding and consent of the parents. Furthermore, organisations may be in a position to include a specific component for parents within a sexual health programme for young people in order to maximise the effectiveness of such a programme. This can provide a space for parents and young people to communicate in a more structured way about this important issue.

In addition to the influence of parents, the emotional climate of one's family also shapes a young person's ability to engage in healthy sexual relationships. A childhood characterised by emotional warmth, close contact, clarity of rules, predictability, and respect of individuality is associated with healthier relationships.

(Vanwesenbeeck et al, 1999)

Part 4: The Role of Youth Organisations in relation to Young People's Sexual Health

Youth Work takes place in a variety of settings, ranging from youth centres to outreach and detached work, to information and support projects. The Health Promotion Agency, Northern Ireland (1997) defines the sector as

> *"…places where young people choose to go on a voluntary basis, to engage in a range of activities and build relationships with peers and adults they know and trust. The special relationship that youth workers have with young people, meeting with them on their own territory and in situations which are relaxed, informal and of the young people's choosing means they are singularly well placed to facilitate effective health promotion".*

Furthermore, the National Health Promotion Strategy (2000-2005) identifies the Youth Sector as;

> *"…a forum through which young people, especially those who leave school early, can be offered a range of opportunities to develop their personal skills and enhance their confidence".*

Youth Work has an important role to play in addressing many of the sexual health issues outlined above, through direct work with young people. It also has a role to play in influencing factors at contextual and policy levels through advocacy, participation, partnerships and policy development.

The role of youth organisations in promoting health with young people has been increasingly developed in recent years. In this regard, the National Youth Health Programme (NYHP) has been to the forefront in developing a number of initiatives including the Health Promoting Youth Service Initiative. This work has focused on addressing a broad range of health issues with young people in a holistic way. It paves the way for organisations to take a more proactive role in addressing the sexual health needs of young people.

Additionally, youth organisations target and work with young people during the formative period of adolescence. This is particularly important given that the WHO (Cited in Department of Health & Children, 1999) suggests the following reasons as to why adolescence is an appropriate time to target young people with health interventions. They state that it is a period where there is:

- Rapid physical growth and development;
- Physical, social and psychological maturation occurring at different times for different individuals;
- Sexual maturation and the start of sexual activity;
- A trying out of experiences for the first time;
- A frequent lack of knowledge and skills to make healthy choices;
- The start of behaviours that may become lifetime habits that result in diseases many years later.

It is generally recognised that one of the virtues of being young is that it is a time in life when one is most likely to be healthy. Therefore, the challenge for Youth Work is to build on this natural advantage.

As already identified, sexual health is an integral part of young people's general health and requires the same attention as other health issues pertaining to young people. Youth organisations, therefore, have a key role to play in addressing the issue of sexual health with young people.

As per the framework for the Pack, youth organisations are in a position to respond to young people's sexual health needs in the following ways:

- Developing young people's personal skills (e.g. lifeskills including communication, decision-making, negotiation, confidence building etc…) through sexual health education and promotion;
- Supporting sexual health work within the organisation– through providing supportive environments in which this work can take place and in supporting workers to carry out this work with young people;
- Developing policies, procedures and guidelines to support sexual health work at organisational level i.e. ensuring that appropriate policies and procedures are in place to support everyone involved.

Each of these areas will be explored in greater detail in the remaining sections in the Pack.

Section 2: Developing Young People's Personal Skills

2

Section 2: Developing Young People's Personal Skills

In this section -

Introduction

Part 1: A Broad Exploration of Sexual Health Education

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- Does Sexual Health Education work?
- Effectiveness of Sexual Health Education Programmes;
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  - Step-by-Step Guidelines and Checklist for Evaluating Sexual Health Education Programmes
- Good Practice Guidelines for Planning, Implementing and Evaluating Sexual Health Education Programmes in Youth Organisations;
- 10 tips for Promoting Sexual Health with Young People.

Introduction

It is widely recognised that the central focus of Youth Work is the development of young people's personal skills through a variety of educational and recreational programmes, activities and interventions. For youth organisations, the primary response to the sexual health needs of young people is generally to develop their personal skills in this area through the provision of sexual health education programmes. These programmes, therefore, build on existing life skills and personal development approaches used by youth organisations.

In order to enable youth organisations to plan, implement and evaluate their work in this area, this section presents;

(i) a broad exploration of sexual health education;
(ii) a practical framework to enable organisations to plan, implement and evaluate effective sexual health education programmes;
(iii) issues for consideration when delivering sexual health education programmes to specific target groups;
(iv) a set of good practice guidelines for planning, implementing and evaluating sexual health education in youth organisations.

Part 1: A Broad Exploration of Sexual Health Education

Sexual health education is part of a lifelong process. This involves gaining knowledge, developing skills, informing beliefs, values and attitudes about sex, sexuality, sexual health and emotions. It should support young people in coping with adolescence and enable them to prepare for an adult life in which they can:

- 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 crisis/teenage pregnancy and STIs including HIV;
- Access confidential advice and support;
- Neither exploit nor be exploited;
- Develop a values and moral framework that will guide their decisions, judgments and behaviour.

(Ensuring Entitlement: Sex Education Charter Fact sheet 14, 1997; National Youth Agency, 1999)

The Sex Education Forum (1992) states that sexual health 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 values and 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 sexual exploitation.

A Rationale for Sexual Health Education

The WHO believes that education for health is a fundamental right of every child. Education can help to increase self-esteem, develop effective communication skills, and encourage each person to respect his/her own body, and understand their responsibilities to others.

Surveys among adults as well as young people regularly show considerable ignorance about issues related to sex and sexuality, resulting in confusion, unhappiness and the breakdown of relationships. The media bombards society with overt and sometimes misleading information, which influences a young person's knowledge and attitudes to their own sexuality as well as that of others.

Sometimes, young people are excluded from discussions about relationships and sexuality. This mixture of secrecy, lack of knowledge, taboo and negative media messages confuses young people and encourages poor self-esteem, resulting in uninformed and unintentional choices being made. This may lead to teenage/crisis pregnancy, STIs including HIV/AIDS, or deeply unhappy and damaging relationships. Therefore, it is important to recognise the need to provide young people with guidance and the opportunity to examine sexual issues in a supportive environment.

(The Sex Education Forum, 1992)

Does Sexual Health Education Work?

One of the most popular opposing arguments is that sexual health education encourages early sexual activity. However, there is no evidence that sexual health education leads to earlier or increased sexual activity in young people *(Kavanagh 2003)*. In fact, they found the opposite to be true: sexual health education delays onset of sexual activity, and increases safer sexual practices by those already active. This survey also showed that programmes advocating both postponement of sexual intercourse as well as condom use were more effective in preserving health than those that promoted only abstinence.

Sexual Health Education Programmes are most likely to be effective if they:

- Are based on theory and have clear behavioural goals and outcomes;
- Promote self-esteem;
- Are based on a detailed understanding of background behaviours, beliefs and risk perceptions of the target population. This information can be useful in developing programmes which are appropriate to the target population in terms of age, gender, sexual

experience and culture;
- Provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse;
- Have a narrow focus on reducing sexual risk-taking, specifically delaying intercourse and using protection;
- Are multi-faceted including a number of components – such as skills development, motivation building and attitude change in addition to factual information. Information provision alone is insufficient to influence behaviour change. Personal and structural factors such as attitudes towards safer sex and condoms, motivation, the influence of significant others; wider social influences as well as practical skills all play an important part in the ability to change behaviour;
- Focus on improving contraceptive use and at least one other behavior e.g. assertiveness;
- Are of appropriate duration. It requires considerable time and multiple activities to change long established sexual risk-taking behaviour;
- Tailor programmes to meet local needs, and target high risk groups if relevant;
- Have clear, unambiguous messages;
- Address social and media influences on sexual behaviour;
- Use participatory delivery methods;
- Use peer educators, particularly with adolescent audiences. Some adolescents may be more comfortable receiving sexual health-related information from peers rather than adults and peers may also have added credibility because of their perceived recent experience of the issues under discussion;
- Use workers who have been trained and are committed to the programme and to working with young people;
- Model communication and negotiation skills;
- Whenever possible, respect young people's confidentiality and views;
- Are in place before young people become sexually active;
- Focus on both young women and young men;
- Foster an open, communicative atmosphere for talking about sex and sexuality.

(Kavanagh, 2003)

The Outcomes of Effective Programmes

The expected outcomes of effective sexual health education programmes are young people who know and accept themselves for what they are, and who make responsible decisions about their sexual behaviour. They communicate with partners, are able to differentiate between high and low risk behaviours, protect themselves and their partners from unwanted pregnancy and infections and know how to gain access to and use health care information and services.

(Kavanagh, 2003)

When should sexual health education start?

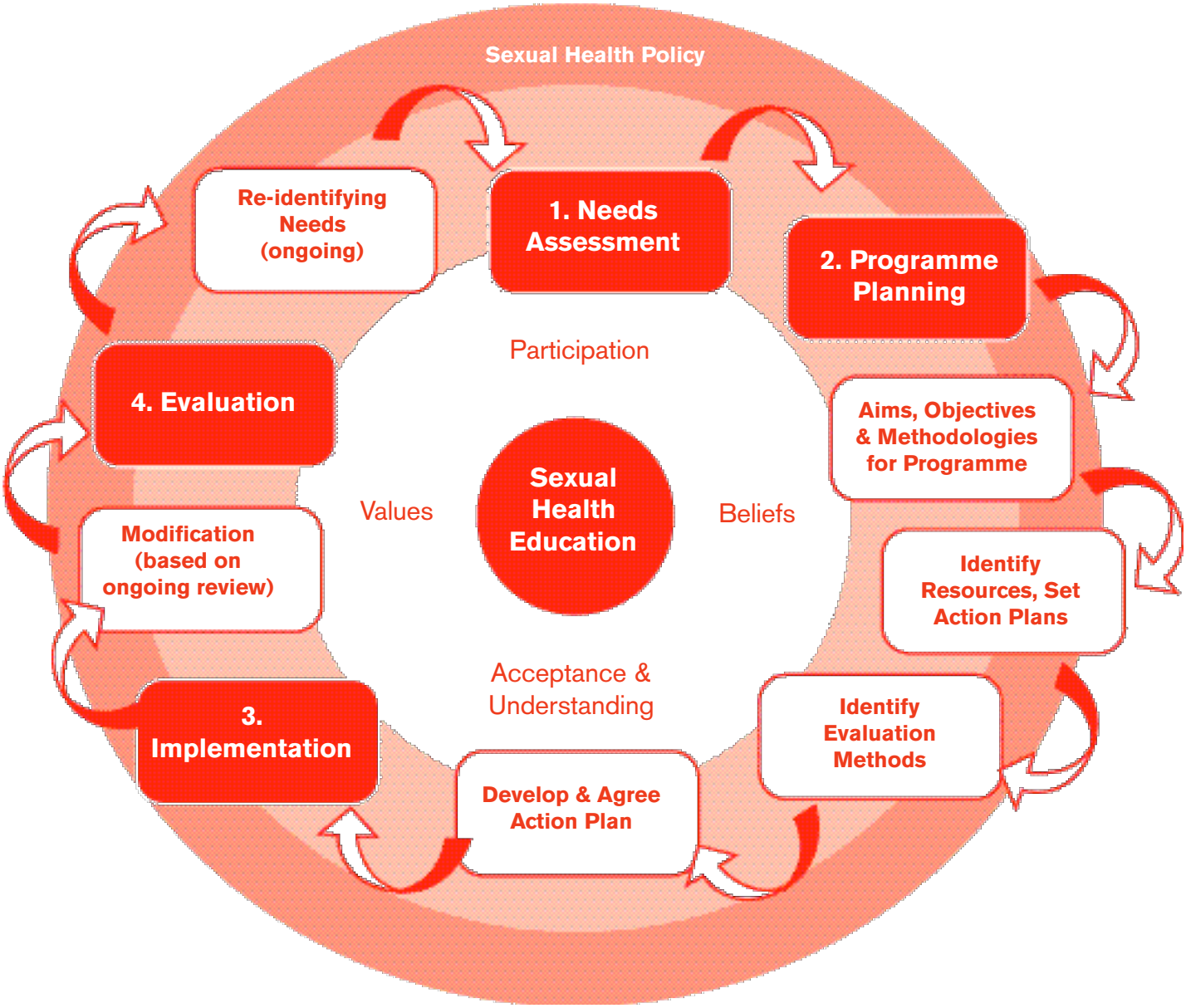
Sexual health education that works starts early, before young people reach puberty and before they have developed established patterns of behaviour.
The precise age at which information should be provided depends on the physical, emotional and intellectual development of the young people as well as their level of understanding. What is covered and also how, depends on who is providing the sexual health education, when they are providing it and in what context, as well as what the individual young person wants to know about.

Providing basic information establishes the foundation on which more complex knowledge is built up over time. This also means that sexual health education has to be sustained, e.g., when they are very young, children can be informed about how people grow and change over time, and how babies become children and then adults. This provides the basis on which they can understand more detailed information about puberty provided in the pre-teenage years.

(Kavanagh, 2003)

Some people are concerned that providing information about sex and sexuality leads to curiosity and to sexual experimentation. There is no evidence to support this (Wellings et al, 1995). It is important to remember that young people can store up information and develop an embodied knowledge which can resource them in later years.

Part 2
Figure 8: A Practical Framework to Enable Youth Organisations to Plan, Implement and Evaluate Sexual Health Education Programmes



This model (adapted from NYHP – A Practical Model for Promoting Health in Youth Work Settings (1999) provides a framework for the development of a comprehensive sexual health education programme in youth organisations. The model is cyclical in design and illustrates that each stage in the cycle is related to the next. No stage should be addressed in isolation e.g. the implementation of any programme is informed by effective planning and appropriate needs assessment. Furthermore, this model also acknowledges that each stage in the design and development of a sexual health education programme is influenced by the organisation's sexual health policy and good practice in this area (these areas will receive further consideration in later sections of the Pack).

This section will now focus on the four predominant stages in this cyclical model for developing sexual health education programmes, i.e. needs assessment, programme planning, implementation and evaluation.

1. Needs Assessment

Assessing young people's sexual health needs

What is a needs assessment?

A needs assessment is the process by which programme planners identify and measure the gaps between what is and what ought to be.

(McKenzie & Jurs, 1993)

With regard to sexual health education, it could be described as the difference between an individual/group's current sexual health status (including knowledge, attitudes, behaviour) and the programme/services etc needed to improve it. It is also about identifying the level of relevant information, motivation, and behavioural skills that the individual/group has that is directly related to specific health behaviours.

Needs assessment is important for a variety of reasons including:

- Being able to identify the specific needs of particular target groups e.g. lesbian, gay, bisexual, transgender young people, those with disabilities, ethnic minorities etc…
- The ability to inform the planning, implementation, monitoring and evaluation of programmes.

In order to understand the concept of need, there are four levels at which needs can be identified:

Normative needs:

These are the needs identified by the expert or professional according to his/her own standards. The needs identified at this level are those services, facilities, actions etc. the professionals believe a given target group must have, or be able to do, in order to improve their sexual health. They are often based on the value judgments of the professionals and can prove problematic on two fronts: professional opinions can vary over what is appropriate or acceptable; values and standards of professionals may differ from those of the target groups.

Felt needs:

These needs are identified by the target group themselves and are those services, actions etc. that the target group says they must have, or be able to do, to improve their sexual health. Felt needs can be restricted or increased by people's awareness of what is or is not available to them.

Expressed needs:

Expressed needs are what people say they need; they are felt needs which have been translated into an expressed request or demand. Lack of opportunity, motivation or assertiveness could all prevent the expression of a felt need. This may be particularly true in the context of expressing sexual health needs due to embarrassment, fear, language etc.

Comparative needs:

Comparative needs are identified by making a comparison between similar groups, some of whom are in receipt of a service or programme and some who are not. Those who are not are then identified as being in need.

All four types of needs are important in carrying out a needs assessment. If any of these is ignored, the true needs of a given target group may not be fully understood. Ongoing consultation with, and participation of young people, is essential to the success of effective identification of needs. The needs of young people should be assessed prior to, during and after any sexual health and relationships education programme.

How to Conduct a Needs Assessment:

There are five main steps involved in conducting a needs assessment:

Step 1: Determining the current health status of the target group;

Normative/Comparative Needs
Sources of information reflecting needs from the view point of programme planners
E.g. evidence base, literature review.

Felt/Expressed Needs
Consultation with target group
E.g. focus groups, questionnaires, interviews etc…

Step 2: Determining the status of available programmes/services;

- What programmes/services are currently available to the target group?
- Where are they being used and by whom?
- Who implements them?
- How effective are they?
- Are they accessible, affordable and equitable?
- Do they meet the needs of the target group?

Step 3: Determining the needs;

- Review/analyse the information collected from all above sources and document accordingly.

Step 4: Dealing with the issues identified;

In order to prioritise needs the following questions should be explored:

- What is the most pressing need?
- Are there adequate resources available?
- Is it your role to address the need?
- Can the need be met in a reasonable amount of time?

Step 5: Validating the needs.

- Confirm that the needs identified/prioritised are the needs that will now be addressed.
- Any changes in circumstances should be accounted for and adjusted accordingly.

2. Programme Planning

Planning Effective Sexual Health Education Programmes:

Planning – is the preparation for actions using certain resources in specific ways to attain specific goals.

Planning enables workers to:

- Present the facts based on accurate information;
- Facilitate open dialogue for programme participants;
- Provide clear guidelines for measuring the effectiveness of the programme;
- Provide a well thought out rationale for the programme;
- Outline realistic and attainable aims and objectives;
- Identify clear outcomes.

Steps in Planning

Generally, programme planning involves a number of steps including:

- Checking if standard planning processes or models are used in the organisation and how the programme can fit in with these;
- Assessing available resources - considering the setting, organisation, staffing, funding and determining what can be achieved;
- Securing funding and developing a budget for the programme;
- Consulting with key stakeholders e.g. by holding a meeting or forming a steering committee;
- Setting goals relating to the issue being addressed;
- Setting aims and objectives;
- Selecting approaches and methodologies and developing associated activities to meet the objectives;
- Developing a time table;
- Allocating tasks and clarifying roles;
- Developing evaluation plans and collecting baseline data (if appropriate);
- Developing and pre-testing (piloting) programme materials e.g. methodologies, approaches, handouts and other resources;
- Training staff and volunteers to implement the programme;
- Setting up administration, advertising and record-keeping procedures.

What are the aims of sexual health education?

The aims of sexual health education are ambitious. Sexual health education seeks to:

- reduce the risks of potentially negative outcomes from sexual behaviors such as unplanned/crisis pregnancies or infection from STIs and HIV;
- enhance the quality of relationships;
- promote self-esteem;
- develop young people's ability to make decisions over their entire lifetime.

Approaches for use in sexual health education

Sexual health education is an educational experience aimed at developing the capacity of young people to understand their sexuality in the context of biological, psychological, sociocultural and reproductive dimensions and to acquire skills in making responsible decisions and actions with regard to sexual and reproductive health behaviour.

The most comprehensive sexual health education programmes not only cover the biology and anatomy of reproduction and sex, but also provide young people with information and skills to enable them to develop and sustain healthy friendships and relationships. They also help young people to develop the skills necessary to make responsible decisions, resist peer influence, develop respect for the human body and appreciate sensitivity and equity in gender relations.

(Collins et al, 2002)

The approaches used within sexual health education programmes mirror those traditionally used to address other health issues such as drugs. There is general acceptance that 'information only' based approaches are less effective than more comprehensive approaches such as a lifeskills approach. Furthermore, there may be a combination of elements from different approaches used within a sexual health education programme e.g. a peer-led programme addressing lifeskills with an abstinence-plus focus.

Collins et al (2002) have suggested that approaches to sexual health education can be grouped into two distinct categories: abstinence-only programmes and comprehensive sexual health education or abstinence-plus programmes.

The key features of both approaches (Adapted from Collins et al, 2002; Cited in Fullerton, 2004) are outlined in the table below. Additionally, the table outlines a number of other possible approaches which can be used in sexual health education and their accompanying features.

In planning any sexual health education programme youth organisations need to decide on which approach or combination of approaches to use based on a number of factors including the following:

- organisation's ethos and values base;
- existing organisational policy (health education/sexual health education policy);
- needs of target groups;
- cultural factors;
- age profile;
- parental considerations;
- capacity and competence of workers;
- availability of resources;
- access to external expertise/services.

Table 4: Approaches for Sexual Health Education

Approaches	Features
Information-only	• assumes that young people are sexually active due to a lack of information; • provides factual information focused on biological/scientific aspects of sexual health; • some information-only approaches focus on scare tactics and promote a 'just say no' message; • widely acknowledged as being ineffective for behavioural change.
Comprehensive Sexual Health Education – Abstinence-Plus	• teaches that sexuality is a natural, normal, healthy aspect of life; • promotes abstinence from sex; • offers young people the opportunity to explore and define their values; • acknowledges that many young people will become sexually active; • teaches about contraceptive and condom use (harm reduction focus); • includes discussions about contraception, abortion, STIs, HIV.
Abstinence-Only	• abstinence-only education includes discussions about values, character-building, and in some cases, refusal skills; • teaches that sex outside marriage will have emotional, physical and social consequences; • promotes abstinence from sex; • teaches one set of values as morally correct for all young people; • does not acknowledge that many young people will be sexually active; • avoids discussions on abortion; • cites STIs and HIV as reasons for abstinence; • discusses condoms only in terms of failure rate, often exaggerates failure.
Lifeskills	• focuses not only on transmitting knowledge, but applying knowledge to personal situations; • focuses on enhancing self-esteem; • aims at shaping values, attitudes and developing personal skills; • aims to enhance young people's ability to take responsibility for making healthier choices, resisting negative pressures, negotiating healthier relationships and avoiding risk behaviours; • uses methods which are young person centered, gender sensitive, interactive and participatory.

Table 4: Approaches for Sexual Health Education (Continued)

Approaches	Features
Peer Education	• focuses on the peer educators modeling appropriate behaviours and teaching social skills, rather than just producing factual information; • assumes that peers are more likely to have the kind of credibility with other young people that may be quite difficult for a professional worker to acquire; • suggests that messages are more likely to be listened to if those delivering them appear easy to identify with and are not strongly associated with the establishment; • focuses on enabling young people to gain from the process in terms of their own personal development and the development of skills such as communication, planning, decision-making etc.
Harm Reduction	• aims to reduce harm from risky sexual behaviour through the provision of accurate information about sexual health and risk-taking behaviour; • promotes the development of safer sex practices; • assumes that some young people will have sex and that they will be more likely to avoid harm from their sexual behaviour through harm minimisation education than through education that implicitly or explicitly advocates abstinence.

Methodologies for Sexual Health Education

For sexual health education programmes to be effective, the use of diverse methodologies is recommended with different individuals or groups in order to respond sensitively and appropriately to their particular needs. The following is a sample list of possible methodologies which can be used with young people in sexual health education programmes:

Table 5: Methodologies for Sexual Health Education

Methodology	Description
Group Work:	A frequently used methodology in Youth Work settings drawing on the experiences and skills of the young people themselves and creating an environment conducive to support, fun and learning.
Word Storming:	A means of generating highly creative ideas in a group. The ideas can then be sorted, categorised or prioritised depending on the group task.
Buzz Groups:	Buzz groups provide an opportunity, following input, to break into smaller groups to discuss issues and then feedback opinions, questions or conclusions through the group facilitator to the whole group.
Games:	Used to motivate and provide energy in a group – the type of game depends on the group. Games can involve an element of change or competition or are merely for fun.
Icebreakers:	Any activity which serves as an introduction and establishes rapport in the group.
One-to-One Work:	Useful with individuals who are particularly vulnerable and in need of intensive support.
Peer Education:	Involves young people working with others of the same age group or younger under supervision of workers. Extensive training and support is required to enable young people to act as peer educators.

Methodology	Description
Role Play:	Where young people are invited to adopt roles and practice responding to situations that might occur in real life. Role play can contribute to sensitivity, self-expression, communication and observation skills and helps to build individual and group confidence. Should always be followed by de-briefing and discussion.
Simulations:	The creation of situations as close to reality as possible in order to learn skills which are important for the real situation.
Project Work:	Can be used by individuals or the group and involves an investigation into a particular topic for the purpose of presenting findings. Can also add a community and parental dimension to the programme and can increase the level of awareness among parents and others of the influence they can have on a young person with regard to a particular sexual health issue.
Assignments:	Usually an exercise requiring learners to read some information and to prepare either written or verbal answers to a series of questions. Can be linked more effectively with other methods such as discussion.
Workshops:	Opportunities to discuss or discover practical approaches to handling given situations. Emphasis is on the practical realities rather than theoretical input.
Creative Methods:	Includes drama and theatre, video making, puppets, photography, visual arts, cartoons, storyboards etc… Useful for group/individuals with literacy issues. Brings an added dimension of creativity and fun to the programme. Encourages self-expression.
Case Studies:	A report of some event or scenario, real or fictional, designed to focus attention on a particular issue. Allows the group to examine the factors involved and to suggest possible courses of action. Should be followed by discussion.
Demonstrations:	A method of showing a group the best approach to handle a given situation, set of circumstances or procedures.
Debates:	An interesting way of engaging young people in their own learning by encouraging them to research sexual health topics where factual information is important. Debates also provide opportunities for developing communication skills and self expression.
Fishbowl:	A means of studying group behaviour by dividing into teams. One team undertakes a task or discussion while the second team observes and notes the process. The results are then discussed before the roles are reversed.
Quizzes:	Can be used to assess the amount of information young people have on a particular sexual health topic and as a focus for exploring and clarifying attitudes. Although not an end in themselves, they can easily be used as a way of providing a stimulus for future discussion.
Moving Debates:	Used to clarify attitudes, stimulate group discussion and create a sense of energy in the group.
Guest Speaker/Visitor:	Some groups may choose to bring in a guest speaker with a special knowledge or first hand experience of a particular issue. Preparation by both the group and the guest speaker should take place in advance. (See guidelines re involvement of Guest Speakers).

What are the key Components of an Effective Sexual Health Education Programme?

Sexual health education should be part of the youth organisation's broad-based, holistic health education programme, closely aligned with provision for personal and social development. In addition to these aspects, young people's personal and social development is enhanced by the positive ethos of the youth organisation.

Research has identified the basic components needed to develop effective sexual health education programmes that contribute to reducing negative sexual health outcomes and improving sexual health. Effective sexual health education programmes combine relevant information with motivational opportunities and skill-building experiences. These are described as the knowledge, motivation, skills and environmental components of sexual health education

(Health Canada, 2003)

Figure 9: Components of a Sexual Health Education Programme

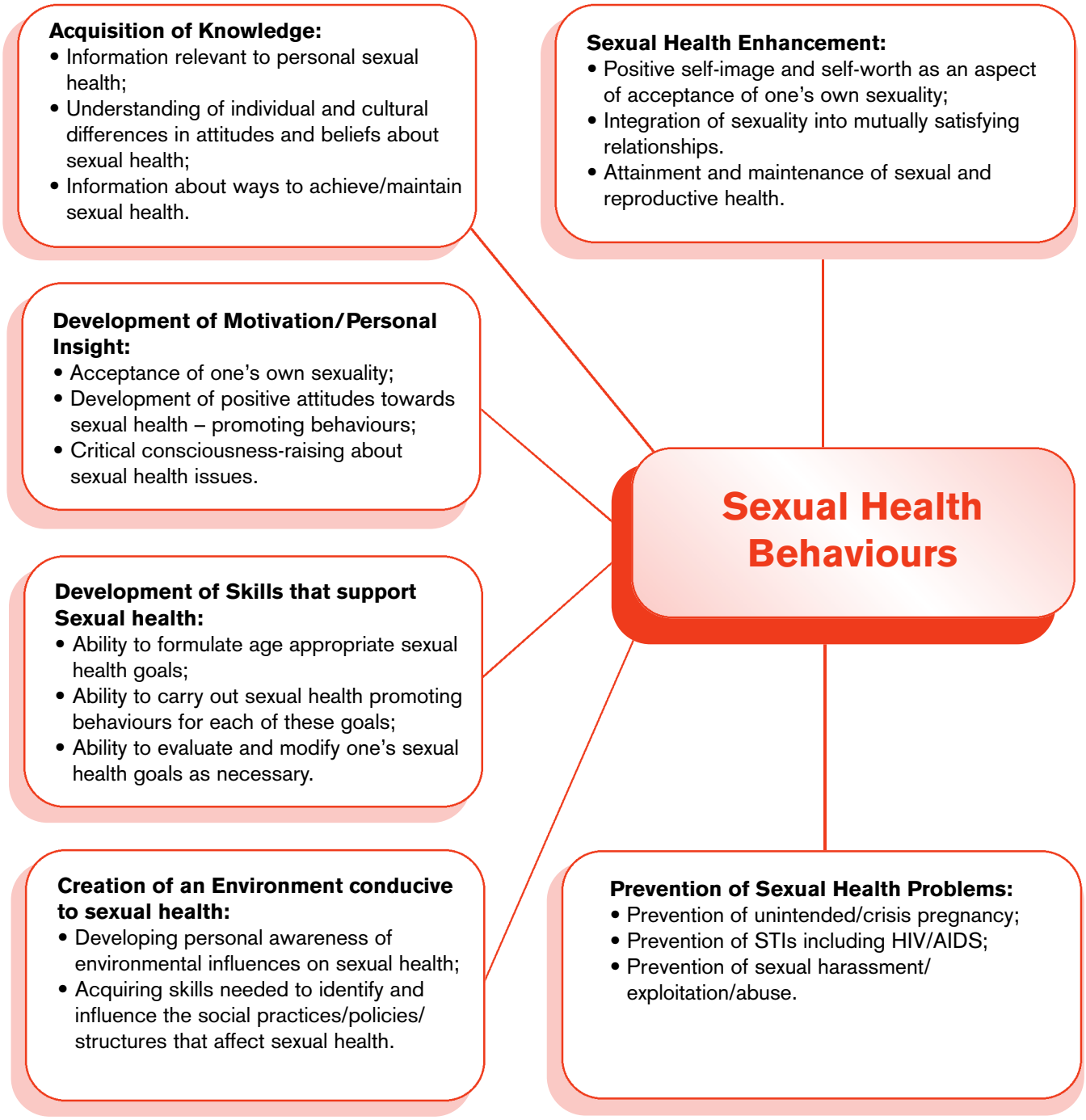


Table 6: Components of Sexual Health Education
(Adapted from Health Canada, 2003)

Component	Contribution of Components to Sexual Health Education
Acquisition of Knowledge	This component helps individuals to do the following: • acquire knowledge that is appropriate to their level of development, and directly relevant to their own sexual health needs, including information about developmental stages; prevention of sexual health problems and enhancement of sexual health; • integrate personal values and relevant information to create a personal sexual health plan; • recognise the behaviours and resources that can help them to attain positive sexual health outcomes; • learn how to apply their new knowledge to behaviour that will lead to positive sexual health outcomes and prevent negative ones; and • learn how to share their knowledge and promote sexual health with family, friends, partners, and their community.
Development of Motivation and Personal Insight	This component: • offers opportunities for clarification of personal values; • fosters self-esteem and helps individuals to accept their own sexuality as a basis for maintaining and enhancing sexual health; • helps individuals to recognise that sexual health information is directly relevant in their lives; fosters the development of positive attitudes that can lead to actions and values that promote sexual health and healthy living; and • raises an individual's awareness of the personal benefits of taking action to enhance sexual health and prevent sexual health problems. It also raises an individual's awareness that there is social support (e.g. peer group approval) for taking action to promote sexual health.
Development of Skills that Support Sexual Health	This component: • provides individuals with developmentally appropriate skills to establish personal sexual health goals. This involves a personal decision-making process in which individuals integrate information with their own values and make conscious decisions about their sexual health; • provides opportunities to learn how to raise, discuss and negotiate sexual health issues with partners; • helps individuals learn to evaluate the potential outcomes of their sexual health practices and to modify their behaviours as necessary; • helps people to learn how to use materials and resources that can promote sexual health, such as purchasing condoms, getting tested for STI/HIV in a clinical setting and seeking counselling and professional support in the face of sexual assault or coercion; and • teaches individuals to feel positive about themselves. This will help them to be more effective in negotiating sexually healthy behaviours with a partner. The intent is to encourage consistent practice of behaviours that enhance sexual health and to help individuals learn appropriate ways of communicating their appreciation to partners who support them in their personal sexual health goals. Individuals who feel reassured when they make positive choices about their sexual health may be inclined to do so consistently.

Table 6: Components of Sexual Health Education
(Adapted from Health Canada, 2003)

Component	
Creation of an Environment Conducive to Sexual Health	This component: • provides opportunities to develop awareness of the ways in which the environment can help or hinder individual efforts to achieve and maintain sexual health; • establishes an atmosphere where participants feel safe to ask questions, discuss values and to share their views with others; • encourages respect for diverse views, norms and values and provides support for decisions that support sexual health; • helps people to empower themselves with the knowledge and skills used to identify sexual health resources in their community and to act both individually and collectively to create an environment conducive to sexual health; • helps individuals to assess a group's sexual health needs and to note the availability or lack of resources to meet those needs; • provides an opportunity to organise, support and promote sexual health education programmes in addition to related clinical services and counselling which are needed; and • increases the impact of sexual health education through consistent health-promoting messages and services from governments, social service agencies, employers, media, religious organisations and other institutions and agencies. **Please note: This area is explored in greater detail in Section 3.**

(Adapted from Health Canada, 2003)

A Sample Curriculum for Sexual Health Education with Young People in Youth Organisations.
Over the years, youth organisations have adopted a variety of ways in which to respond to the sexual health education needs of young people. Some organisations have devised their own programmes, drawing on a variety of resources (both national and international), and have trained their workers to deliver these programmes directly to the young people. Other organisations have chosen to enlist the support of external professionals in this area e.g. Public Health Nurses. Irrespective of the approach chosen, it should be recognised that there is a considerable amount of foundation work ongoing within youth organisations, particularly within the realm of lifeskills.

The assumption is sometimes made, that in order to respond to the sexual health education needs of young people, programmes must focus exclusively on the biological and technical aspects of sex and sexuality. However, a comprehensive sexual health education curriculum is developmental in nature and is also based on a holistic exploration of personal, social and lifeskills.

It should be remembered that sexual health education is a strong feature of health education and can be easily cross-referenced through a range of other health related issues addressed by youth organisations.

Some examples include:

- Drug and alcohol use;
- Mental and emotional wellbeing;
- Spiritual health;
- Physical Health;
- Personal development;
- Managing disabilities;
- Oppression and discrimination;
- Body image and self-esteem;
- Gender work.

The provision of this sample curriculum is in no way intended to replace or take from the positive work currently undertaken by youth organisations. This sample curriculum:

- offers a framework within which youth organisations can further develop existing programmes;
- provides an incentive for youth organisations to make formal provision for sexual health education.

It also offers a flexible framework within which organisations can plan for the sexual health education programme most suitable for the particular needs, age and developmental stage of the young people and complementary to the ethos and value base of the organisation in question.

The following points (adapted from SPHE Guidelines, 2000) should be considered when using this sample curriculum to plan a sexual health education programme within the organisation:

- Any sexual health education work should ideally be integrated into a more holistic, broad-based health education programme addressing a variety of issues including mental health, physical health, social health etc…

- The characteristics of the local situation should determine the contents of the local programme. Community attitudes, developmental differences in young people, local socio-economic influences, parents' expectations, young people's needs and expectations, religious, cultural and other perspectives and organisational policy should be paramount in influencing the design of the local programme.

- Allocating time to each theme and topic should be dictated by the needs of the young people as well as the available resources.

- Selection of topics for inclusion in the organisation's programme is dependent on the young people's age, needs and circumstances. The range of themes and topics included in your organisation's sexual health education programme should also be guided by the developmental stage at which the young people are at.

- Overlapping of topics – the sexual health education programme may contain topics or aims which are common to other health education programmes delivered within the organisations. Such an overlap is essential to an integrated and holistic programme; topics and skills should be revisited often under different headings and from a variety of perspectives within a developmental programme.

- Planning for a sexual health education programme should be undertaken in the light of organisational policy in this area.

The Curriculum Framework

In the absence of any nationally agreed comprehensive sexual health education curriculum for youth organisations, the content of this curriculum has been adapted from various sources including;

- Relationships and Sexuality Education Programme for Post Primary Schools (Junior Cycle) 1998;
- Social, Personal and Health Education Programme (Junior Cycle, 2000);
- Report of the Working Group on Sex Education in Scottish Schools, 1998.
- Irish Family Planning Association Education Service Programme Planning for Relationships and Sexuality Education (1995).

Figure 10: Curriculum Framework for a Sexual Health Education Programme

Selecting and Adapting Materials:

In developing your sexual health education programme it is unlikely that you will find one resource that meets all the needs of your group. It is usually necessary to adapt existing resources and materials in order to meet the specific needs of your particular target group. Existing materials may be out of date, may not be of high enough quality, may handle the sexual health issue at the wrong level for your target group, may have the wrong emphasis for your programme or may be based on a different legal framework to that relevant in the Irish context.

Here are some areas you need to consider when adapting resources and materials:

Figure 11: Selecting and Adapting Materials

(1) Who are you working with?

Each of these areas should be considered carefully in choosing the materials you are going to use/adapt in sexual health education. Different kinds of exercises and activities are required for groups in different circumstances. You should always ensure that the materials/exercises and approaches you use are age appropriate, gender sensitive and culturally appropriate. Additionally, your materials should be suitable for the literacy levels of your group members, therefore, the use of creative, non literacy-based activities are accessible and most suitable for groups with low literacy levels.

Often, group work activities can be energetic and involve physical participation. In deciding on such activities you should consider if these are suitable for young people with disabilities and adapt them according to the abilities of the group.

In general, your decisions on the materials and activities you will use in sexual health education programmes will be dependent on how well you know your group, how long you have worked with them, your knowledge of their ability and readiness to deal with sensitive and difficult issues and your knowledge of what kinds of activities gain and maintain their attention and interest levels.

(2) Which Resources?

The best resources are often those that have been developed by or with young people themselves, by workers with direct access to them and those that have been tried out in advance with similar groups. It is often helpful to check with other organisations involved in similar work to see what materials they have, including any locally produced materials.

A wide variety of resources have been signposted in this Pack (see Appendix 2).
It is not necessary for your organisation to purchase all these materials…they can be sourced from a variety of local and national organisations or perhaps you may be able to borrow them from a neighbouring organisation.

It is important to remember that when using resources developed, for example, in the United Kingdom, or in another jurisdiction outside of the Republic of Ireland, there will be significant differences with regard to legal implications and accepted practices e.g. age of consent, access to contraception, parental consent etc. It will be necessary in these instances to ensure that any resources used take account of the legalities operating within this jurisdiction.

No activity on its own can provide all the answers to working with young people on sexual health. A wide variety of activities, exercises and games is required to provide variety and engage young people in learning about sexual health.

Through appropriate activities and exercises, young people need to be able to explore ideas for themselves, develop solutions that are appropriate to their needs and practice skills they will need to put this knowledge into action.

While there are many sexual health education resources and materials available for adaptation to your own circumstances, in some cases, you may feel it is inappropriate to adapt existing materials. Alternatively, you may choose to develop new activities, exercises and games. Be confident in your ability to be creative and develop your own materials!

In addition to the issues discussed above, the following provides some general guidelines for developing materials and information resources for use with young people in youth organisations.

Guidelines for Developing Materials and Information Resources:

1. Be realistic about what resources can/can't do:

Remember, materials like leaflets and posters do not in themselves actively promote health. However, what they can do is;

- Reinforce messages;
- Give practical information;
- Help young people find sources of direct help;
- Reassure young people about any anxieties they may have about e.g. accessing services.

2. Consider the needs of the target audience – ensure that what you develop is relevant and applicable to the particular needs of your group.

3. Do some research on what already exists and choose the most suitable activities, adapting if necessary.

4. Use simple, plain language and explain any technical words;

5. Involve the target group in designing activities;

6. Use positive, empowering messages rather than negative scare tactics;

7. Update materials regularly;

8. Use small, discrete formats for information as young people may be embarrassed to be seen carrying e.g. credit card size information cards.

Signpost to Relevant Sexual Health Education Resources/ Materials

See Appendix 2 for a comprehensive list of sexual health education resources and materials.

3. Implementation

Implementing Sexual Health Education Programmes in Youth Organisations

Programme implementation is the process of implementing the sexual health education programme's strategies.
Key processes for programme implementation involve:

- establishing effective communication channels;
- documenting processes;
- identifying opportunities to build on your programme;
- developing contingency plans if obstacles or changes need to be addressed in order to progress the programme.
- monitoring all activities on a regular basis to ensure the activities are working towards the initial aims and objectives set for the programme.

Having identified the content, materials, approaches and methodologies for your sexual health education programme, the next stage in the process is to implement the programme. According to Kavanagh (2003) there are a number of key issues to be considered at this point. These include;

- Contracting with young people;
- Use of Language;
- Single and/or mixed gender groups;
- Support for individual young people;
- Dealing with sensitive issues;
- Tensions and difficulties;
- Guidelines for involving guest speakers.

Contracting with young people

Key elements include:

- Consultation with young people – talking to young people, establishing what their needs are and ensuring that their needs are met through a programme that has relevance for them;
- Setting and agreeing ground rules including appropriate language – this promotes a shared responsibility and encourages a level of autonomy on the part of the young people;
- Agreement on personal disclosures – establishing an agreement whereby both worker and the young people are confident that they will not have to answer personal questions nor enter into any discussion which they may feel uncomfortable about;
- Agreement on the limits of confidentiality – establishing an agreement whereby both the worker and the young people are clear about the organisation's policy in relation to confidentiality and how this impacts on possible disclosures within the group;
- Participatory methodologies – using methodologies that encourage interaction and a sharing of views, while at the same time, allow distancing so that young people do not reveal their own concerns within a group unless they wish to do so;
- Addressing discrimination – ensuring that gender, sexuality, sexual orientation and any other discrimination issues are addressed appropriately and that harassment or bullying in the group or elsewhere is challenged;
- Reflecting on learning – providing opportunities to consider the implications of their learning experiences and how they may impact on their lives and the lives of others.

Use of Language

It is important to establish agreement on the language used in sexual health education programmes. Young people have their own words for body parts and sexual activity. The worker may feel uncomfortable with certain words or phrases used by young people, but at the same time, want the young people to use words they know and understand. Young people should also understand how different types of language can be considered appropriate/inappropriate in different situations. Therefore, agreement should be reached between the worker and young people on the type of language to be used as part of establishing ground rules for the group.

Single and/or mixed gender groups

It is important that boys and girls have the opportunity to work together in order to foster understanding about one another. However, there may be times where it is more appropriate to work in gender specific groups because it is more productive or there is a need to explore an issue in some detail. For some young people, it will be culturally inappropriate to discuss some issues in mixed gender groups.

Support for Individual Young People

There may be occasions when an individual young person confides in a worker or seeks support for a particular issue or concern. Those trained in counselling and guidance will be familiar with the following, however, highlighting these issues may help clarify matters and reassure workers, helping them to identify their role and the role of others:

- The nature of the support a young person requires or asks for should be carefully considered and should be in line with the protocols agreed within the organisation and with external agencies;
- Support for a young person with concerns about sexuality should be provided in a sensitive manner;
- Young people should be made aware that workers cannot guarantee absolute confidentiality in relation to any disclosures that they may make to them. As with the issue of agreed protocols with external agencies, youth organisations should have devised a policy in relation to confidentiality which is known to all organisational workers and the young people involved;
- Any suspicion of child abuse should be dealt with in accordance with the organisation's child protection policy and procedures;
- Any suspicion of bullying relating to sexual orientation, minority beliefs or racial origin should be referred to a member of the senior management team within the organisation and dealt with in accordance with the organisation's anti-bullying policy.

Dealing with Sensitive Issues in Sexual Health Education

It should be acknowledged that:

- There is likely to be a wide spectrum of maturity within any group of young people;
- Sexual health education deals with feelings as well as facts and this can make additional demands on the workers;
- Young people, especially boys, may not want to discuss their feelings publicly;
- There may be feelings of discomfort within the group at times;
- Some young people may be tempted to boast about their experiences;
- Workers may be asked questions about their personal lives;
- Some young people may be uncertain about their sexuality or certain that they are gay or lesbian;

It is important that the worker feels comfortable and secure in their role when delivering any aspect of sexual health education. The following skills and qualities are helpful:

- A good relationship with young people;
- The use of participatory methodologies;
- Knowledge about issues that are relevant to young people;
- Ability to encourage reflection on beliefs, attitudes and values;
- Recognition of the influences of sexuality on the individual and on society;
- Ability to provide an open and supportive environment for discussion;
- Skills to encourage discussion and handle controversary;
- Ability to contribute to young people's thinking without imposing personal values;
- Awareness and respect for one's own attitudes and values in relation to gender, sexuality and sexual orientation.

Tensions and Difficulties

The breadth of sexual health education creates potential areas of tension between those in the field faced with the reality of working with young people and the views of wider society.

- A common fear in the wider public is that passing on information 'encourages sexual activity'. However, effective sexual health education is about exploring (and in some cases challenging) behaviour. Research has indicted that in countries where there is greater access to services and sexual health education; there is a lower rate of teenage pregnancy, birth and abortion (Kavanagh, 2003).
- Another area of contention relates to the discussion of values/or 'morals'. While many argue that a specific set of values should be actively promoted by the educators, e.g. 'sex should be reserved for a loving marriage', the task of the educator is to assist young people to make and to behave within their own moral judgments, rather than attempt to impose them.

- There are times too, when the approach of encouraging young people to make their own choices has legal implications – underage sex is one obvious area. The dilemma here is around what is in the best interests of the young person.
- Sexual health education is a field that is particularly vulnerable to prejudice and personal anxieties. Criticism of the work is all too easily based on personal prejudice – e.g. about homosexuality – rather than educational factors.
- A further area of potential conflict which arises in an approach which is focused upon young people being empowered to take responsibility and make informed choices, is that their choices may not lead to desired outcomes. It may mean that specific 'undesirable' behaviour is not stopped or reduced.
- Because sexual health education is about something very personal, there are also inevitable difficulties in measuring the impact of the work, especially in the short term.

Given the nature of their relationships with young people and their professional skills, youth workers are well positioned to take a central role in the delivery of sexual health education (National Youth Agency, 1999).

Guidelines for involving guest speakers

Research has shown that many 'once-off' isolated talks prove to be of little long term benefit to young people and are therefore not recommended. However, the involvement of guest speakers – generally health professionals, can contribute greatly to any programme on sexual health education being run with young people in youth organisations, depending on the context of their involvement.

The rationale for involving health professionals may, perhaps, be due to a lack of knowledge about a certain aspect of sexual health (e.g. the medical, biological aspects) or may be related to your wish for your group to learn more about local sexual health services and what they can offer your group. Generally, the involvement of health professionals in your programme should be to compliment and enhance the programme you are running and their involvement should be in the context of, and supported by, a comprehensive and holistic programme within your organisation.

The following guidelines for involving guest speakers/ health professionals have been adapted from the Southern Health Board Guidelines for Health Professionals Facilitating Health Promotion in Schools.

When requesting an input from a guest speaker/ health professional:

- be clear about why you require their involvement;
- ensure that their involvement will compliment the programme you are already implementing;
- ensure that their input is not 'once off' – (i.e. their input should not be in isolation but as part of an ongoing programme the youth organisation is delivering);
- ensure that the person you are requesting the input from is the most appropriate person to make the input i.e. that this work is within their brief and that they have the specific knowledge you require to input into your programme;
- check what ground work needs to be done with your group so that they can gain maximum benefit from the visitor's input (e.g. if it is an input on contraception, is the group familiar with biological terms for sexual body parts, conception etc.?).

When preparing the guest speaker for their involvement:

- ensure that you provide them will all relevant information about your group i.e. size of group, level of maturity, gender, cultural issues, previously relevant material covered by the group (what you have covered with them to date) and where their input fits within the overall programme. It is also important to inform them of any potential issues that might arise in their session i.e. if any members of your group might be particularly vulnerable to specific issues e.g. sexual orientation, teenage pregnancy etc;
- inform them about the organisational ethos and approach to the sexual health issue;
- if parental consent is required for the work, ensure that you, as the Worker, have obtained it – this is not the responsibility of the guest speaker;
- ask for an outline of the session, materials and approaches to be used during the session so that you can prepare your group if appropriate;
- discuss the possible follow-up required after their input and how this can be facilitated.

When preparing your group for the involvement of a guest speaker:

- ensure that your group know why you are bringing in a guest speaker for a particular issue – clarify what their role will be;
- clarify what your role will be in the session;
- inform your group about the session content and approaches to be used if appropriate.

During the session:

- you should remain in the room during the session. This will ensure accountability and facilitate follow-up which may be needed;
- you should ensure that there is an agreed contract between your group and the guest speaker (e.g. re confidentiality, disclosures, group dynamics, timekeeping etc…);
- you can ensure that the group adhere to the working contract with the guest speaker;
- it may be appropriate for you to facilitate some part of the session with the guest speaker – this will pave the way for follow-up with the group after the guest speaker has gone;
- you can support the guest speaker, while at the same time, ensure that the ethos and policies of the organisation are being adhered to in the session.

Following the session:

- request that the guest speaker recommends relevant follow-up materials or activities to reinforce learning from the session e.g. the health professional may recommend some specific material or an additional input from a different professional, depending on the requests from the young people;
- review/evaluate the session, with the guest speaker, against the original aim and objectives to ensure that the session achieved what it was supposed to;
- establish a mechanism with the guest speaker to maintain an ongoing working relationship with the young people, if appropriate, in the context of future sexual health education programmes you may be developing;
- revisit the learning with your group at their next session – recap on what they gained from the session, evaluate the benefits of involving the guest speaker with the young people and ensure that any follow-up agreed to is put in place.

4. Evaluation — Evaluating sexual health education programmes:

What is Evaluation?

Evaluation has been defined as:

> '...making a judgement about the value of something…"

(Ewles & Simnett, 1999)

Evaluation tries to answer the questions…

- What difference has the sexual health education programme made?
- What changes in sexual health status has it produced?

Evaluation involves observing, documenting and measuring. It compares the actual results of the programme with what was expected to happen.

Evaluation Basics

Planning for evaluation is an essential part of the initial sexual health education programme planning process. There are three different levels of evaluation which can be used to assess the effectiveness of a sexual health education programme:

- process evaluation
- impact evaluation
- outcome evaluation

These must be done in a logical order - the short term effects of the sexual health education programme must be assessed before any long term benefits can be measured.

Process Evaluation:

Process evaluation assesses the sexual health education programme's quality, the way the programme was run, and whether the target group was reached.

Process evaluation usually focuses on the following key areas:

- Is the programme reaching the target group?
- Are participants satisfied with the programme?
- Are the activities of the programme appropriate and being implemented as planned?
- Are the materials and components of the programme of good quality?

Impact Evaluation:

Impact evaluation measures the short term effects of the programme and is concerned with whether the objectives were met.
Impact evaluation measures changes in behaviour, environments, health knowledge, social participation, lifestyle or risk factors.

Examples of questions asked:

- What proportion of the target group has engaged with the sexual health education activities?
- Has there been a change in behaviour e.g. less risk-taking behaviour?

Outcome Evaluation:

Outcome evaluation assesses whether the sexual health education programme has been effective in the longer term and whether its overall goal has been met.

Examples of questions asked:

- Has there been a decrease in teenage pregnancy as a result of the programme?
- Are participants satisfied with the programme?
- Have young people increased their use of services such as STI Clinics/other relevant health services as a result of the programme?

Table 7: Step-by-Step Guidelines and Checklist for Evaluating Sexual Health Education Programmes
(Adapted from National Youth Agency, 1999)

Step-by-Step Guide	Checklist
Step 1: Design the evaluation plan: Remember – evaluation is part of the whole process, not just something you do at the end of a programme. You need to plan your evaluation before you begin.	• Do you know why you want to evaluate this sexual health education programme? • Have you identified the types of evaluation (process, impact, and outcome) and when these will be applied? • Have you selected an appropriate methodology (quantitative e.g. questionnaire, or qualitative e.g. focus group)? • Have you identified appropriate performance indicators? • Do you have baseline information in order to make an evaluation of the programme's outcomes? • Have you organised data collection (who and how it will be collected)? • Have you allocated time for the analysis of the information? • Have you decided who will document and disseminate evaluation findings and who these findings will be presented to?
Step 2: Monitor your sexual health education programme throughout implementation:	• Is the sexual health education programme running according to plan? • Are roles and responsibilities involved in the programme clear? • Are evaluation processes in place? • If problems in implementing the programme are being experienced, are they being addressed? • Are successes in implementing the programme being experienced? • What progress is being made against identified performance indicators? • Is the implementation process being adequately documented?
Step 3: Collate evaluation data:	• Do you have all the relevant evaluation data needed to make an assessment? • Have key people/groups been asked to comment? • Has time been allocated to analyse the results? • Have you clarified who is responsible to co-ordinate and monitor the collection of data? • Have you clarified who will write the evaluation report and when it is required?
Step 4: Assess the results of the sexual health education programme:	• Was your sexual health education programme implemented as planned? • Did it reach the intended target group? • Was the intended target group satisfied with the programme? • Were the resources and approaches used appropriate? • Did the programme meet its stated aims and objectives? • Have findings and recommendations been made by the key stakeholders? • Did the evaluation findings demonstrate if the programme was effective or otherwise? • What were the outcomes as initially planned? • Were there any unintended outcomes? • Was the programme successful overall? • Have you considered unforeseen factors that may have influenced your results?
Step 5: Communicate the evaluation results and recommendations:	• Did you report conclusions and recommendations to your stakeholders, target group, other relevant individuals and groups, and the public (if applicable)?
Step 6: Assess the value of continuing the sexual health education programme:	• Has the future of the programme been decided? • Are you taking steps to modify the programme? • Have resources been identified to enable the continuation of the programme? • Have the needs of your target group changed? • Have you considered how the programme can develop to meet these changing needs?

Good Practice Guidelines for Planning, Implementing and Evaluating Sexual Health Education Programmes in Youth Organisations

Youth Organisations should:

- Ensure the involvement of young people at all stages in the process;
- Always start from where the young people are at – i.e. your choice of programme content, materials and methodologies should always take account of;
  - ~ age and developmental stage of the young people involved;
  - ~ gender;
  - ~ race and ethnicity;
  - ~ socio-economic factors;
  - ~ sexual orientation;
  - ~ abilities/disabilities;
  - ~ literacy levels;
- Provide sexual health education within the context of the broad ethos and values base of the organisation;
- Provide sexual health education which is grounded in a positive holistic model of sexuality and sexual health;
- Provide accurate, up-to-date information in attractive and accessible forms and language;
- Focus on the self-worth and dignity of the individual;
- Help individuals to become more sensitive to and aware of the impact of their behaviour on others;
- Encourage critical thinking about gender role stereotyping;
- Actively counter and challenge discrimination;
- Enable young people to develop the skills to resist coercion, pressure, exploitation, abuse, harassment and bullying;
- Ensure a balance between the positive aspects of human sexuality and sexual health problems;
- Consider carefully the role of parents e.g. parental consent etc…
- Consider the involvement of parents in the programme as a support to the worker - how might this happen?
- Consider the rights of young people in relation to their sexual health;
- Offer support in making healthy choices and happy and healthy relationships;
- Enable young people to develop practical skills e.g. negotiation or assertiveness skills, as key elements of sexual health and related decision-making;
- When working with mixed groups of young people it is good practice for workers to work in pairs, preferably ensuring a gender balance;
- Ensure that all workers delivering sexual health education programmes with young people are adequately trained –e.g. workers should be familiar and comfortable with the language and vocabulary in relation to sexual health issues and should not impose their own values on the young people;
- Workers should be familiar with legal considerations in relation to this area e.g. the age of consent, legalities around referral etc…
- Always consider the safety of both the young people and the workers – any work on sexual health with young people should always take account of the organisation's child protection policy and procedures;
- A wide range of programme materials exist (See Appendix 2) – These may need to be adapted to take account of the particular needs of any target group;
- Use a broad range of different methodologies to maximise learning and enjoyment for the young people;
- Ensure that the learning environment is suitable from both a physical and psychological basis – comfortable, warm, clean and a nice place for young people to learn;
- Address the issue of confidentiality as a priority within the organisation's guidelines and policy;
- Create opportunities for discussion, reflection and exploration of issues, attitudes, values and beliefs in relation to sexual health;
- Establish a structure for reporting and referral, both internally and with relevant external agencies;
- Ensure that the youth organisation is informed of all sexual health education work conducted with young people and that the organisation can stand over all of this work;
- Establish structures for initiating and maintaining interagency co-operation and networking, thereby, maximising the quality of programmes delivered to young people;
- Ensure that any service offered to young people is done so in a way that is non-judgmental, respectful and sensitive;
- Ensure that the sexual health work is informed by a research and evidence base which ensures maximum effectiveness and optimal use of resources;
- Always review the work on an ongoing basis, establishing a quality system of monitoring and evaluation.

Ten Tips for Promoting Sexual Health with Young People

1. Praise them and welcome them, don't judge them:
Youth organisations have a responsibility to ensure that young people are treated in a respectful and non-judgmental manner. Furthermore, young people should be positively affirmed in relation to their attempts to seek information, advice and support. This includes an awareness and acceptance of diversity in terms of sexual orientation, gender, ability/disability, race, ethnicity and culture.

2. Clarify with them the nature of confidentiality in relation to your service;
Each organisation should have its own guidelines in relation to the issue of confidentiality reaching a point where youth workers can be knowledgeable about the levels of confidentiality that they can provide. It is essential that young people are clear as to the extent of confidentiality they can expect to receive from any particular service, in advance of making any kind of a disclosure.

3. Help them practice skills such as "saying no":
When working with young people on developing the skills to "say no", workers are most likely to be successful in helping them to apply these if thay start by exploring what their fears and fantasies are about the potential losses of saying no – no to sex or to drugs, to alcohol or to pressure from their friends.

They can then move on to focusing on what the possible gains in their lives would be from saying no including putting their needs, rights and wishes first. It also helps to remind people that when they say no to someone, they are saying yes to themselves and that they count too.

4. Practice decision-making skills:
Being able to make positive, proactive decisions is a basic skill for young people if they are to grow to be rounded and effective members of society and to take responsibility for their lives. Making good decisions is a skill which young people need to learn about and practice. Opportunities to practice decision-making should be built into effective sexual health education programmes at all levels.

5. Check out that if they are having sex, this is safer and consensual sex:
The reality of Youth Work is that workers are in contact with young people who are having sex under the age of consent. Young people themselves may view their sexual relationships as consensual and based on mature decision-making. However, this is not always the case and workers should be vigilant for tell-tale signs of coercion, exploitation or abuse. Furthermore, youth organisations should develop policies to support workers to deal with these situations.

6. Provide them with information/referrals to sexual health services which best meet their needs:
Young people need information and support in relation to the sexual health services available and how to access these. It is important that workers become familiar with the range of services available locally and work with service providers to ensure that young people are able to access these services in a way which best meets their needs.

7. Use methods and approaches which engage young people and provide lots of space for discussion:
The more we engage young people's imagination and energy, and offer them opportunities for reflection and personal development, the more control and responsibility they will be encouraged to take over their own sexual health and relationships. In all of this, we will need to create an atmosphere and culture in which it is safe for them to ask questions and to reveal their lack of knowledge without fear or mockery or loss of face. This will mean creating a positive and supportive group work environment with clear guidelines on ways in which people can support each others' learning.

You can contribute to this supportive environment by making sure that the space is physically accessible to all and by providing a social environment which is respectful of diversity (i.e. ensuring that there is never prejudice or ignorance through the use, for example, of homophobic or racist jokes). In addition, all materials/ exercises should be gender-proofed and used in a

manner that is gender sensitive.

8. Talk with young men as well as young women about emotions, feelings and anxieties:

It is often easier to access and work with young women in relation to these issues. It is often more difficult to engage with young men and this poses a challenge for youth organisations. Working with young men on sensitive issues will mean helping them question the cultural stereotype which suggests that men be sexually experienced and toughand to discuss their feelings is to present as weak. It will involve workers providing space and encouragement for young men to talk about their anxieties about sex, to ask questions which might reveal their ignorance or lack of experience, to talk about feelings and emotions and to practice being a young man without presurised to conform to certain masculine stereotypes.

It is also important to be aware of issues such as sexism and homophobia and to challenge these issues appropriately. Workers will also need to tackle the challenge of working with issues which are especially pertinent for young men, eg. aggression, violence, self image, self esteem, personal effectiveness etc..

9. Involve young people in all stages of sexual health promotion work:

Young people's participation is a core principle of effective Youth Work practice. It is important to involve young people in the needs assessment, planning, design, implementation and evaluation of programmes, interventions etc. Young people are more likely to actively participate in programmes when they have had a say in their development. Workers need to use thoughtful and innovative methods for consulting with young people. The crucial issue in consulting with young people is to take their opinions on board. In this way, young people's opinions can be integrated into this work in order to make it more relevant, appropriate and user friendly.

10. Talk about difficult things:

While workers must be careful not to omit the positive aspects of sex and relationships when working with young people, it is also important to address some of the contentious issues which surround sexual health for them. These may include e.g. regret about sex, negative body image, peer pressure and how to deal with the potential conflict between demands of parents, peers and culture.

If the space and time is created and afforded to young people to explore these issues they will be better able to deal with them and to make healthy choices.

Section 3: Supporting Sexual Health Work in Youth Organisations

3

In this section -

- **Introduction;**

Part 1:

- The Organisation's Ethos and Values Base;
- Induction, Training, Support and Supervision for *Workers*;

Part 2:

- Good Practice Guidelines for Creating Supportive Social Environments for *Young People* and *workers*;
- Good Practice Guidelines for Creating Supportive Physical Environments for *Young People and Workers*;
- Good Practice Guidelines for Creating Supportive Social Environments for *Young People*;
- Good Practice Guidelines for Developing and Maintaining Links with Relevant Individuals and Agencies External to the Organisation
- Good Practice Guidelines for Creating Supportive Social Environments for *Workers*;

Introduction

In addition to the development and delivery of sexual health education programmes for young people, it is essential for youth organisations to have in place support structures that enable this work to be implemented in the most effective way possible. The nature and type of support structures will vary depending on the nature and type of the organisation e.g. larger organisations will require a more diverse support structure to take account of the differing levels and roles of workers and the kind of work they are involved in. Furthermore, the support issues encountered by a management committee would differ from those encountered by a youth worker dealing directly with young people.

However, irrespective of the size and nature of youth organisations and their accompanying resources, all organisations have the capacity to engage in sexual health work and therefore require relevant support structures to meet their particular needs.

This section will explore the importance of the organisation's ethos and value base and the necessity for creating supportive social and physical environments both for young people and workers.

Part 1: The Organisation's Ethos and Values Base

Young People

SOCIAL ENVIRONMENT:

- Respect, honesty, openness and non-judgmental approach;
- Access to accurate information and needs based education programmes;
- Access to workers of both genders;
- Acceptance of difference and diversity;
- A supportive referral system when needed:
- A safe space e.g. group work, one-to-one work where appropriate;
- Empowerment and opportunities for participation in decision-making;

Workers

SOCIAL ENVIRONMENT:

- Respect, honesty, openness and non-judgmental approach;
- Access to induction, training, support and supervision; a safe space in which to discuss issues of concern;
- Acceptance of difference and diversity;
- Policies in place to support the work;
- Access to accurate, up to date information;
- Opportunities for participation and empowerment in organisational decision-making processes;
- Relationships with external agencies and openness to working in partnership.

EXTERNAL ENVIRONMENT:

- Relationships with parents/guardians/carers – informing them about this work;
- Availability of appropriate services for young people when required;
- Links with the community – partnerships and alliances to support this work;
- Relationships with other relevant stakeholders – informing them about this work.

PHYSICAL ENVORONMENT:

- Comfortable, warm, hazard-free space in which to work and learn;
- Compliance with Health and Safety Legislation and policy;
- Access to privacy when required;
- Physically accessible buildings for those with special needs.

Organisation's Ethos and Values Base:

Ethos is defined as:

> "The character, sentiment or disposition of a community or people, considered as a natural endowment; the spirit which actuates manners and custom; also the characteristic tone or genius of an institution or social organisation"

(Webster Dictionary)

It is essential that an organisation's work, particularly in relation to young people's sexual health, is reflective of its' ethos and value base. This ensures that all those internal and external to the organisation are aware of the organisation's stance, approach and response to various sexual health issues.

A clear and explicit values base ideally will:

- Ensure sexual health work is accessible – this means taking account of particular needs of the organisation's target groups;
- Recognise (respect) diversity e.g. in terms of sexuality, ethnicity, socio-economic factors, culture, age or ability;
- Ensure that individuals and groups are able to resist coercion - this includes equipping people with the skills to identify and avoid pressure, exploitation, abuse, harassment and bullying;
- Support the development of self-esteem;
- Enable people to develop practical skills as key elements of sexual health and related decision-making;
- Be grounded in a positive and holistic model of sexuality and sexual health;

(Adapted from Toolkit for Primary Care Trusts: Department of Health, UK, 2003)

Part 2 - Good Practice Guidelines for Creating Supportive Social Environments for Young People and workers

*Good Practice Guidelines for Creating Supportive Social Environments for **Young People**:*

Organisations should:

- Work with young people in a way which promotes respect, honesty and openness in a non-judgmental environment;
- Provide young people with access to accurate, age-appropriate sexual health information in attractive and user-friendly formats;
- Provide opportunities for young people to participate in needs based sexual health education programmes;
- Provide young people with opportunities to access workers of both genders, particularly in the context of sexual health education;
- Promote equality and an acceptance of difference and diversity, particularly with regard to sexual orientation, ethnicity, culture and disability;
- Have developed and implemented referral procedures which best meet the needs of the young people with whom they work;
- Provide young people with a safe space in which they feel comfortable in discussing issues of concern and importance in relation to their sexual health;
- Empower young people to have a voice and to actively participate in decision-making processes within the organisation.

*Good Practice Guidelines for Creating Supportive Social Environments for **Workers**:*

Organisations should:

- Promote a working environment for all workers which is based on respect, honesty, openness and a non-judgmental approach;
- Ensure that workers have access to induction, training, support and supervision and a safe space in which to discuss issues of concern (see below for further information);
- Promote equality and an acceptance of difference and diversity, particularly with regard to sexual orientation, ethnicity, culture and disability;
- Ensure that a range of policies have been developed and implemented to support the sexual health work including sexual health policy, equality policy, child protection policy, health and safety policy, bullying policy, substance use policy etc…
- Provide workers with opportunities to access accurate, up-to-date information which supports them in their work in this area;
- Provide equal opportunities for workers to participate in organisational decision-making on the basis of their skills and experience;
- Promote a working environment which encourages empowerment and personal growth among workers;
- Provide opportunities for workers to build relationships and work in partnership with relevant external agencies in support of their work in this area.

Induction, Training, Support and Supervision for Workers:

To support the implementation and maintenance of sexual health work, workers need to be equipped with the knowledge, skills and support that allow them to respond to young people openly and objectively. The issues and concerns that sexual health raises for young people can be difficult and in some cases traumatic. Workers may not always feel prepared for the unexpected situations they are faced with. Initial induction to policies, training, support and supervision should be available to all workers.

The following pointers have been adapted from The Youth Service Sex and Relationships Education Policy Toolkit, National Youth Agency (1999).

Induction:

Part of an effective induction process is to introduce workers to the organisation's ethos, values base, policies and practice. This should include the sexual health policy and approaches which are used in practice.

Training:

It is essential that all workers engaged in sexual health work with young people are adequately trained for this role.

Training should;

- Enable workers to explore and challenge their own values and attitudes in relation to sexual health;
- Draw on generic Youth Work skills and equip workers with accurate and up-to-date knowledge in relation to young people's sexual health;
- Provide workers with the skills necessary to design, deliver and evaluate sexual health education programmes to meet the needs of their specific target groups;
- Incorporate good practice guidelines which will promote the safe and effective implementation of this work;
- Familiarise workers with organisational policy in this regard.

Support

It is essential for workers to have access to established forms of support. Work with young people can be stressful and challenging and when working in the area of sexual health, workers can feel a deep sense of responsibility. They may be faced with adverse situations which can leave them depleted and stressed. Although there may be line management supervision in place, managers may not always have knowledge of sexual health issues and these are not always the appropriate forums to share certain concerns. A recognised setting in which workers can gain clarification and mutual support, or express their concerns or frustrations, is invaluable. Steps should therefore be taken to establish such support mechanisms for those working in this area.

Supervision

Formal supervision should be an ongoing practice in Youth Work and should provide a forum for workers to talk individually about their work performance, agreed tasks and future development. Supervision is essential in order to:

- Monitor practice;
- Monitor feedback from young people;
- Evaluate work and performance;
- Discuss factors, problems and concerns effecting work;
- Identify emerging needs.

The practice of supervision is particularly important in the area of sexual health work.

The following is a checklist which should enable organisations to assess their practice in relation to these areas.

Table 8: Checklist for Youth Organisations Regarding Induction, Training, Support and Supervision:

Key Areas	Key Questions
Induction	Does your organisation have a formal induction programme/process for new staff? • Which of the following does it include and how is the worker inducted into the following areas: (a) Organisational ethos/vision/mission: (b) Organisational Policy (e.g. sexual health, child protection, confidentiality, health and safety, bullying, drugs and alcohol, mental health etc.); (c) Organisational Procedures (e.g. reporting, referral, code of behaviour etc); (d) Role, Responsibilities and Accountability; • Who has responsibility for the provision and effective management of this induction process? • How does the organisation ensure that induction is provided on an equal/equitable basis?
Training	• How are workers' training needs identified? • How are training needs prioritised? • What types of training does the organisation access (e.g. in-house, external, expert-led, accredited etc.)? • How does the organisation motivate workers to participate in training in order to enhance their personal and professional development? • How are workers facilitated to participate in training in order to improve their practice? • How is the impact and outcomes of training evaluated? • How is any learning from training disseminated within the organisation? • Who has responsibility for the provision and effective management of training in the organisation? • How does the organisation ensure that training is provided on an equal/equitable basis?
Support	• What support systems exist for workers within the organisation (e.g. peer support, line management support, external support)? • How are these systems implemented and evaluated? • How are workers encouraged and facilitated to avail of these support systems? • Who has responsibility for the provision and effective management of these support systems? • How does the organisation ensure that support is provided on an equal/equitable basis?
Supervision	• What supervision structures exist for workers within the organisation (e.g. formal, informal, group, one-to-one, internal, and external)? • How are these systems implemented to meet the needs of workers (e.g. formal contract to agree frequency, boundaries, limits of confidentiality, two-way communication process, feedback to the organisation etc..)? • How is the effectiveness of these systems monitored and evaluated? • Who has overall responsibility for the provision and effective management of these supervision structures? • How does the organisation ensure that supervision is provided on an equal/equitable basis?

Good Practice Guidelines for Creating Supportive Physical Environments for Young People and Workers

Organisations should:

- Provide a comfortable, warm, hazard-free space in which to work and learn – this is equally important for young people and workers;
- Ensure that the physical working environment complies with Health and Safety Legislation and has in place an accompanying Health and Safety policy;
- Ensure that workers and young people have access to an appropriate private space when required, taking due account of child protection considerations;
- Ensure that buildings are physically accessible to those with special needs.

Good Practice Guidelines for Developing and Maintaining Links with Relevant Individuals and Agencies External to the Organisation

Organisations should:

- Ensure that parents/guardians/carers are fully informed about the organisation's work in the area of sexual health;
- Promote the involvement of parents/guardians/carers in this work where appropriate;
- Become familiar with the range of sexual health services/agencies available locally, regionally and nationally as appropriate;
- Establish agreed procedures with these services/agencies in order to facilitate an effective referral system for young people;
- Identify opportunities for working in partnership with other relevant agencies in the community to better meet the sexual health needs of young people;
- Identify a range of external experts with specialist knowledge who can support, reinforce and build on the organisation's sexual health work with young people;
- Have in place an agreed protocol for the involvement of external experts under defined circumstances.

Section 4: Developing Policies and Procedures to Support Sexual Health Work in Youth Organisations

4

Section 4: Developing Policies and Procedures to Support Sexual Health Work in Youth Organisations

In this section -

Introduction

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- A Process for Policy Development
- A Step-by-Step Approach to Developing Policy
- A Framework for a Sexual Health Policy – what to include in the policy document
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Introduction

Over the past number of years the area of policy has developed significantly within youth organisations. There has been a growing recognition of the importance of the role that policy plays in the planning and delivery of safe and effective Youth Work services. Increased demands have been made on youth organisations in relation to policy development in recent years. These have been driven by legislative requirements, changes to programmes and the complex social issues organisations now have to face. The issue of child protection has particularly impacted on policy development within youth organisations.

Research indicates that policy, alongside programmes, has been shown to be a significant factor in developing healthy and supportive environments within which organisations can address health issues with young people. This is particularly important in relation to the issue of sexual health given the sensitivities, legal complexities, challenges and practical implications for addressing this work in youth organisations.

This section provides a rationale, purpose and process for policy development in the area of sexual health. It also outlines some key issues for consideration in relation to the development of a sexual health policy such as age of consent, parental consent and confidentiality.

Part 1: Policy Development

Definition of Policy

Policy can be defined as:

> "…a statement of intent on the part of the organisation vis-à-vis some set of activities or issues…"

(Garavan et al, 1997)

Policy sets the boundaries in relation to organisational practice. Central to the development of policy is the identification of procedures which enable the organisation to respond to the issue in question. Procedures are policy in action.

Rationale and Purpose for Policy

Policy development is necessary for the following reasons:

- To enable organisations to reflect their ethos and position in the work they do;
- To encourage good practice;
- To support workers, management and the young people within the organisation;
- To meet the specific needs of the organisation's target groups;
- To provide a framework for interagency co-operation;
- To enable organisations to reflect the needs and aspirations of the community in which they work;
- To provide consistency in how to respond to sexual health issues.

A process for policy development

This section aims to provide a step-by-step framework for organisations to follow or adapt, where appropriate, when developing their own sexual health policy. The process outlined is such that it can be adapted and followed at all levels within an organisation, i.e. at local, regional and national level. In the context of this pack "organisations" refers to workers (either paid or voluntary), management and young people. Therefore, a whole organisational approach is required.

This approach has been designed to encourage the development of a comprehensive policy that has been contributed to and supported by the whole organisation. Furthermore, this model of policy development has been used by youth organisations in the development of health promotion and drugs policy.

Table 9: A Step-by-Step Approach to Developing Policy

Step	Action
Step 1: Assemble a policy working group	• Identify key stakeholders (within and outside of the organisation) to participate in the working group; • Nominate a member of the working group to oversee and co-ordinate the activities of the working group (with senior management support); • Clarify roles and responsibilities of the working group; • Agree a timeframe for the working group and for the completion of each step in the process.
Step 2: Clarify the present position within the organisation:	• Define the ethos and value base of the organisation; • Review existing and related policies and legislation; • Explore any existing research that has been undertaken regarding sexual health or reference other sources of local information; • Consider the sexual health work undertaken by the organisation to date and its' perceived strengths and weaknesses; • Review existing levels of knowledge and skills of workers involved in sexual health work; • Identify other resources, local provision and contacts that can support the policy development and implementation process.
Step 3: Carry out a needs assessment:	• Identify key informants to participate in the needs assessment including young people, parents, management, workers and local service providers; • Identify appropriate methodologies for conducting the needs assessment (e.g. questionnaires, focus groups, interviews, creative data collection techniques etc…) • Identify who will conduct the needs assessment with the various informants; • Allocate sufficient time and resources (financial and personnel) to this stage of the process; • Collate the findings from the needs assessment to inform the next step in the process; • Disseminate the findings as appropriate.
Step 4: Writing the policy:	• Agree the target audience for the policy; • Agree the content and format for the policy (see framework for policy content presented on page 71); • Assign roles and responsibilities regarding the writing of the policy; • Following completion of the first draft circulate to relevant stakeholders for comment and feedback; • Ensure that the policy has been gender proofed at each stage (see Appendix 3 for guidelines); *Note:* There will be a range of views represented in the feedback and a simple comment form with a selection of questions may help with this task. Views may be conflicting but you should be able to assess: If the policy covers what they expected; Whether it will be effective in supporting workers in the organisation; Whether it will be effective in supporting practice with young people; If anything important is missing; What needs to be made clearer; Whether the format and structure works well; If there is a problem with the tone of the language; Whether there are any errors e.g. spelling, grammar etc… • Complete a revised draft taking account of the feedback (it may be necessary to repeat this process to arrive at a satisfactory final draft).

Step	Action
Step 5: Pilot the policy	• Following agreement on the final draft of the policy, disseminate as appropriate for comment on its usefulness; • Pilot the policy using relevant case studies /scenarios to test its usefulness; • Make any changes necessary to improve its' effectiveness; • Ensure that any legal implications of the policy have been approved.
Step 6: Ratify the policy:	• Senior management/Board of Management within the organisation should officially sign off on the policy. (Some organisations may wish to publish and formally launch the policy at this stage)
Step 7: Implement the policy:	• Identify who needs to be involved in the implementation process; • Identify who will take responsibility for co-ordinating implementation; • Identify strategies (taking account of resource implications) for implementation including: - Dissemination to relevant stakeholders both within and outside the organisation; - Briefing sessions for relevant stakeholders as appropriate; - Training courses on the use of the policy for relevant personnel; • Identify how the implementation of the policy will be reviewed;
Step 8: Monitor & evaluate the policy:	• Appropriate monitoring and evaluation measures should be in place to support the implementation of the policy. Monitoring: As monitoring is an ongoing process there are obvious outlets for measuring how the policy is impacting on the development of worker's practice and ultimately how this impacts on young people.

Ways of Measuring Effectiveness:

- Recording sheets;
- Supervision;
- Appraisal;
- Training;
- Team meetings;
- Feedback from young people;
- Feedback from parents;
- Feedback from partner organisations.

How do you know if policy is effective?

- Workers and management feel guided by policy;
- Workers and managers quote policy;
- Workers and managers recognise the need for training;
- Workers use the policy for planning;
- Workers' knowledge and skills increase;
- Workers feel more confident with partnership work;
- Young people's needs are being met;
- Feedback from young people is positive;
- Colleagues from other settings are more informed;
- Crisis is avoided or managed effectively because of policy.

Evaluation: Evaluation will determine the worth, value and effectiveness of your policy.

Who to involve in the evaluation process?

- Members of original policy working group;
- Young people;
- Parents;
- Workers and management;
- Partner organisations;
- Other relevant stakeholders

What needs to happen?

- Select the areas of policy that you want to evaluate;
- Collect the information and any evidence required;
- Assess the information to see if it demonstrates whether the policy has been effective;
- Review if there have been any changes in legislation/developments in Youth Work
- Adjust the policy if necessary to improve its value and effectiveness.

A small review of the policy will be necessary at the end of the first year, and then a full evaluation can be scheduled, preferably every three years.

Table 10: Framework for a Sexual Health Policy

Framework for a Sexual Health Policy **What to include in the Policy Document**	**Reference Points:** **Links to the Step-by-Step Approach**
A statement of the organisation's views on sexual health (i.e. the policy statement):	Step 2
A morals and values framework for the organisation's approach based on its' ethos;	Step 2
Clear definitions in relation to sexual health i.e. sexuality, sexual health, sexual health education, age of consent, parental consent etc…	Step 2
Aims and objectives of the policy:	Step 4
Target audience for the policy:	Step 4
Geographical boundaries of the policy:	Step 3 and 4
Sexual health education – aims, objectives, approaches and methodologies and good practice guidelines;	Steps 3, 4 and 5
Guidelines on procedures for managing sexual health related issues; - principles to remember when responding to and managing specific sexual health related situations; - general guidelines for good practice; - confidentiality; - recording information; - reporting procedures; - referrals; - links with other relevant policy areas.	Steps 4 and 5
The organisation's sexual health work in a broad community context;	Steps 3, 4 and 5
The involvement, under defined circumstances, of outside agencies where appropriates;	Steps 3, 4 and 5
Staff development, training and support Issues:	Step 5
Specific roles and responsibilities;	Step 2, 3 and 7
The process by which the policy is to be implemented:	Steps 1, 3, 4, 6, 7 and 8
Procedures for monitoring and evaluation;	Step 7
Appendices:	Step 8

Good Practice Guidelines for Developing, Implementing and Evaluating Sexual Health Policy in Youth Organisations

The organisation should;

- encourage the development of a sexual health policy to be incorporated into the overall organisational policy in a holistic way;
- actively consult with all relevant stakeholders e.g. young people, parents, workers, management, external agencies (where appropriate) in the development of the policy;
- ensure that the policy is reflective of the needs of the diverse groups of young people with whom the organisation may work e.g. young people who are gay, lesbian, bisexual, transgender, disabled, Travellers, young people from ethnic minorities etc;
- ensure that the policy incorporates the organisation's equality statement;
- acknowledge and actively pursue adequate resources for the implementation of the sexual health policy within the organisation;
- acknowledge the need for and actively encourage the provision of training in sexual health for all involved in the organisation;
- research and become familiar with relevant local support, expertise and resources available in relation to young people's sexual health;
- monitor the implementation of the policy on an ongoing basis;
- evaluate the policy at agreed intervals e.g. every three years.

A checklist for organisations that have already developed and implemented a sexual health policy:

- Are your policy guidelines more than three years old?
- Have your policy guidelines been evaluated in the past two years?
- Was there a need to change practice because of evaluation?
- Are your monitoring systems successfully measuring practice?
- Are you confident that the policy is ensuring good practice?
- Have any legal or statutory details changed?
- Have the changing needs of young people affected the policy?
- Will new research and government initiatives effect your policy?
- Are you able to use your policy with partner organisations?

Part 2: Key Issues for Consideration in Relation to the Development of a Sexual Health Policy

Age of Consent

For the purposes of criminal law, the age of consent to sexual intercourse is stated as 17 years of age (Children First: National Guidelines for the Protection and Welfare of Children, DoHC, 1999).

> *'In cases where abuse is not suspected or alleged, but the boy or girl is under age, consultation must be held between the Health Board and An Garda Siochana who will examine all aspects of the case. Both agencies must acknowledge the sensitivity required in order to facilitate vulnerable young people in availing of all necessary services while at the same time satisfying legal requirements'.*

(Children First, 1999; Pg 91-92).

Parental Consent

The issue of parental consent is somewhat complex. Parents/Guardans are the primary carers for children and young people and therefore have rights in this regardto enable them to fulfill their responsibilities. Conflicts can arise where a young person requires or requests an intervention in relation to a sexual health issue but does not want their parents to be informed. Under the Non-Fatal Offences against the Person Act (1997) parental consent is required for medical interventions under the age of 16 years. Some organisations/services may make exceptions, taking account of the particular circumstances of the young person. Youth organisations should have clear procedures in place in relation to the issue of parental consent.

Confidentiality

The issue of confidentiality is a key consideration in health related policy and practice and is especially important in the context of young people's sexual health. Given the nature of this work, it is likely that young people will disclose sensitive information about personal issues. It is important to recognise the strength of the often unique relationship that develops between a youth worker and a young person. However, workers and young people always need to be fully aware of the limits of confidentiality within this relationship.

Limits to confidentiality should be made clear to young people at the earliest opportunity. These limits should take account of the following situations:

- Where child protection issues are involved;
- Where there is significant threat to life;
- Where the young person needs urgent medical treatment;
- Where criminal offences are involved.

(Connexions, 2004)

All disclosed information should only be shared on a 'need to know basis' in the interests of the young person. In addition, consideration should be given to the 'Principle of Paramountcy' where the welfare of the child/young person is of paramount importance (Children First, 1999). If confidentiality needs to be broken the young person should be informed first.

Confidentiality policies should be clear and explicit about the boundaries of legal and professional roles and responsibilities. A clear and explicit policy should ensure good practice which all concerned can understand.

Addressing health related issues with young people can raise concerns about confidentiality. Young people may have questions or may inadvertently reveal information which suggests that someone has acted unlawfully. Workers may be willing to listen to young people's concerns or queries but are not in a position to guarantee confidentiality and this should be made clear to young people from the outset. A worker, for example, cannot guarantee confidentiality of information that may be evidence that a criminal offence has been committed.

If a young person is in danger, then the worker (and the organisation) must act to protect them. Such action may involve disclosure to appropriate people or agencies. All organisations must act in accordance with procedures on child protection and within the framework of their policies and guidelines.

Appropriate shared professional protocols and line management arrangements should be in place to address issues such as workers' professional responsibilities for young people's welfare, the rights and responsibilities of parents and the legal capacity of the young person to consent to medical treatment.

Links with the Organisation's Child Protection Policy

As Youth Work provision has developed in response to the changing needs of young people, child protection issues are becoming more of a concern for the Youth Work sector. While developing your sexual health policy you may consider it necessary to revisit the organisation's child protection policy and procedures. The following points are particularly relevant:

- The organisation should be clear about the definitions of child abuse and in particular child sexual abuse which is defined in Children First 1999, (see below);
- The organisation should have procedures in place for workers when abuse is suspected;
- There should also be procedures in response to a young person's disclosure;
- Workers should ensure that their working practice does not place either themselves or the young person at risk;
- There should be procedures in place to deal with allegations against workers;
- There should be procedures in place relating to the recruitment and selection of workers.

Links with other related policy areas

In addition to child protection, there are a number of other policy areas which impact on sexual health policy. These include policies on confidentiality, referral, alcohol and drugs and mental health. It is important that organisations are consistent in the procedures in relation to these issues and that what is indicated in one policy area does not contradict what is laid down in another.

Definition of Sexual Abuse

Sexual abuse occurs when a child is used by another person for his/her gratification or sexual arousal or for that of others. Examples of sexual abuse include the following;

(i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
(ii) intentional touching or molesting of the body of a child either by a person or object for the purpose of sexual arousal or gratification;
(iii) masturbation in the presence of a child or the involvement of the child in an act of masturbation;
(iv) sexual intercourse with the child, whether oral, vaginal or anal;
(v) sexual exploitation of a child includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recordng (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children which is often a feature of the 'grooming' process by perpetrators of abuse.
(vi) Consensual sexual activity involving an adult and an under age person. In relation to child sexual abuse, it should be noted that, for the purposes of criminal law, the age of consent to sexual intercourse is 17 years. This means, for example, that sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.

The decision to initiate child protection action in such cases is a matter for professional judgment and each case should be considered individually. The criminal aspects of the case will be dealt with by An Garda Siochana under the relevant legislation.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offenses of sexual assault.

(Children First National Guidelines for the Protection & welfare of Children, Department of Health & Children, 1999).

Under-age Pregnancy

In responding to the issue of under-age pregnancy, youth organisations should be aware of potential child protection concerns and should take account of their child protection policy in this regard. Children First specifically states;

> 'When a pregnant girl under 17 years presents to a health service, a health professional will undertake an assessment and attempt to establish whether this pregnancy is the result of child sexual abuse. Two key issues will be considered:
> (i) the presence or otherwise of evidence to suggest child sexual abuse;
> (ii) whether any previous report or notification has been made to the Health Board concerning the girl or her family.
>
> In cases where abuse is suspected or alleged the childcare manager/designate must be informed and a notification made to An Garda Siochana.
>
> In cases where abuse is not suspected or alleged, local Health Board procedures should be in place to provide guidance on consultation with An Garda Siochana to examine all aspects of these cases. Agencies must acknowledge the sensitivity required in order to facilitate vulnerable young girls to avail of medical or therapeutic services and to satisfy relevant legal requirements'.
>
> *(Children First 1999; pg 92).*

Recording

In line with good practice it is important to record incidences that may arise in relation to a young person's sexual health e.g. when a disclosure is made. Many organisations have devised their own standard recording forms for this purpose. Generally such recording forms would include the following:

- Accurate identifying information, as far as is known, name, address and age of young person and any other relevant family known information;
- Name, address and age of others that may be associated with the incident;
- An account of the specific information;
- Circumstances in which the concern arose or the incident occurred;
- The young person's own statement if relevant;
- Details on how the situation was handled;
- Details of any follow-up.

(Kerry Diocesan Youth Service, 2002)

Any reports of this nature should be stored in a secure location with restricted access.

Reporting

A clear reporting procedure should be in place within the organisation in order to support workers and young people in the context of sexual health work. In the event of a concern, disclosure or allegation workers and young people should be clear about;
(a) to whom to report and
(b) how to report.

Organisations should develop internal reporting procedures and external reporting procedures. These procedures should be in line with the organisation's child protection policy.

Referrals

It should be recognised that, within the area of sexual health, incidents will arise where it is necessary to refer the young person to an external agency/service. Organisations should develop and agree procedures in relation to referrals. In developing these procedures there should be clarity in relation to the following:

- The range and nature of services available locally (and regionally where appropriate);
- The contact details for these services;
- Any protocols attached to these services regarding e.g. parental consent, cost, confidentiality, availability, accessibility;
- The process for engaging with the service;
- Ongoing support for the young person from the worker following referral.

Furthermore, in the event of a disclosure/suspicion/ concern in relation to rape or any other form of sexual violence, it is essential that the organisation has in place appropriate referral and reporting procedures in place to deal with these issues sensitively.

Part 3: Legal Considerations

There is a large amount of legislation pertaining to young people's sexuality and sexual health. Some of the main areas of legislation governing this include the following:

- Criminal Law (sexual offences)Act 1993
- Criminal Law (Rape) Act 1981 and amendments
- Equal Status Act 2000
- Non-Fatal Offences Against the Person Act 1997
- Regulation of Information
- Services Outside the State for Termination of Pregnancies Act 1995
- Criminal Law (Incest Proceedings) Act 1995
- Health (Family Planning) Act 1979 and amendments
- Child Trafficking and Pornography Act 1998
- Censorship of Publication Act 1967

Areas covered by this legislation include unlawful carnal knowledge, sexual assaults, rape, incest, bestiality, sodomy, gross indecency, harassment, assault, abduction, pornography, prostitution, abortion, contraception, discrimination and the protection of a person who is mentally impaired.

Freedom of Information Act (1997)

This Act enables members of the public to obtain access, subject to certain limitations, and consistent with the public interest and the right to privacy, to information in the possession of pubic bodies and other designated organisations and agencies. More information from www.irishstatutebook.ie

Sexual Assault

Any indecent touching of a person without their consent is a sexual assault. Aggravated sexual assault is a sexual assault which involves serious violence or the threat of serious violence or is such to cause injury, humiliation or degradation of a grave nature to the person assaulted.

Rape

Rape is the penetration of the vagina, anus or mouth by the penis, or penetration of the vagina by any object held or manipulated by another person where there is an absence of consent. Any rule of law by virtue of which a male is treated by reason of his age as being physically incapable of committing an offence of a sexual nature is abolished. And any rule of law by virtue of which a husband cannot be guilty of the rape of his wife is abolished.

Protection of a Person who is Mentally Impaired

A person who has attempted to have sexual intercourse, or commits or attempts to commit an act of buggery, with a person who is mentally impaired (other than a person to whom he is married or to whom he believes with reasonable cause he is married) shall be guilty of an offence.

Incest

A male person who has sexual intercourse with a female who is, to his knowledge, his mother, sister, daughter or granddaughter is guilty of incest. Any female person of or above the age of sixteen years who with consent permits her grandfather, father, brother, or son to have carnal knowledge of her (knowing him to be her grandfather, father, brother, or son as the case may be) shall be guilty of incest. Consent is not a defence because the law considers sexual intercourse between closely related persons to be immoral.

Abduction

Abduction is without lawful authority or reasonable excuse, to intentionally take or detain a child under the age of 16 from the person having lawful control of that child. In certain circumstances a parent or guardian may commit this offence.

Harassment

Any person who, without lawful authority or reasonable excuse, by any means including by use of the telephone, harasses another by persistently following, watching, pestering, besetting or communicating with him or her shall be guilty of harassment. Harass means to act intentionally or recklessly towards the person in such a way as to seriously interfere with his or her peace or privacy, or cause harm, distress or alarm.

Homosexual Sex

Since the introduction of the Criminal Law (Sexual Offences) Act 1993, the act of sodomy or buggery is only an offence where the male victim is under 17. Gross indecency is an act of a gross nature and purpose between male persons which falls short of buggery, and is only an offence where one party is under 17 years of age.

Contraception

Contraception, defined as any means capable of preventing pregnancy – and through the treatment of involuntaryfertility. Contraception is governed under Irish legislation by the Health (Family Planning) Act 1979 and amendments to this act in 1985, 1992 and 1993.

Discrimination

The Equal Status Act 2000 protects against discrimination on grounds of family status, religious belief, sexual orientation (heterosexual, homosexual or bisexual), disability, age or race.

Abortion

The express right to life of the unborn was inserted into the constitution by an amendment in 1983. The equal right to life of the mother is also acknowledged. In the case Attorney General V X (1992), the Supreme Court ruled that the right to life of the mother, a fourteen year old girl who was suicidal, prevailed over her unborn child's right to life. Two amendments were added to the constitution in 1992. The first provides that the guarantees granted to the unborn of the right to life and the mother's right to life shall not limit freedom to travel between Ireland and another state. The second provides that these rights shall not limit freedom to obtain or make available in this state, subject to such conditions as may be laid down by law, information relating to services lawfully available in another state.
For conditions refer to Regulation of Information (Services outside the State for Termination of Pregnancies) Act 1995, at
http://www.bailii.org/ie/legis/num_act/roiotsftopa1995824/ or http://www.irishlaw.org/

Prostitution

Soliciting for the purpose of prostitution in any public place, the organisation of prostitution, living on the earnings of prostitution, and the keeping of a brothel, are offences contrary to the Criminal Law (Sexual Offences) Act 1993.

Pornography

Writings, films or pictures designed to be sexually exciting are defined as pornographic. Some legislation governing pornography includes the Child Trafficking and Pornography Act 1998, the Censorship of Publication Act 1967 and the Censorship of Films Act 1992.

A public sale or exposure for sale, or exposure to public view of any indecent book, picture or print is an offence. It is also an offence to show for gain or rewards an indecent or profane performance.

(Source: Sexual Health Policy 2002
Kerry Diocesan Youth Service)

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Appendix 1: Ottawa Charter for Health Promotion, 1986

Health Promotion is…

> *"…the process of enabling people to increase control over, and to improve, their health…health promotion enables people to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment".*

Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.

Health Promotion Action Means…

Developing personal skills

Health promotion supports personal and social development through providing information and education for health in addition to enhancing lifeskills. It increases the options available to people to exercise more control over their own health and over their environments, and enables them to make positive choices in relation to their health.

Create supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The links between people and their environment constitute the basis for a socioecological approach to health – which acknowledges that people do not exist in isolation but rather, within physical and social environments where they learn, work, play and live.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organises work should help create a healthy society. Health promotion encourages living and working conditions that are safe, stimulating, satisfying and enjoyable and which support healthy choices.

Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, supporting their ownership and control of their own situations.

Community development draws on existing human and material resources in the community to enhance self-help and social support and to develop flexible systems for strengthening public participation and decision-making in relation to health. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Build healthy public policy

Health promotion puts health on the agenda of policy-makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complimentary approaches including legislation, fiscal measures, taxation and organisational change. It is co-ordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to positive health outcomes.

The role of the health sector must move increasingly in a health promotion direction, beyond it's responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respectful of cultural needs. This mandate should support the needs of individuals and communities for a healthier life and open channels between the health sector and broader social, political, economic and physical environmental components.

Moving into the future

Health is created and lived by people within the settings of their everyday life; where they live, learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Appendix 2: List of Books, Resources and Training Materials.

Books & Resource/Training Manuals:

Title	**Available from....**
• 4 Boys, 4 Girls: Talking with young people about Sex & Relationships; • The Weird & Wonderful World of Billy Ballgreedy (Video & Training Manual) • Challenging Homophobia (Video & Training Manual); • Holding the Baby: Video & Resource Manual); • Moving Goalposts – Setting a Training Agenda for Sexual Health Work with Boys and Young Men; • Exploring Healthy Sexuality. A Guide to Sex Education in a Youth Setting; • Sexualities – An Advanced Training Resource; • Developing Sex Education in Schools: A Practical Guide;	FPA, UK www.fpa.org.uk
• A guide for Teachers on LGBT Issues	Healthy Respect, Scotland www.healthy-respect.com
• Relationships & Sexuality Education- Post-Primary Junior & Senior Cycles; • On My Own Two Feet – Education Resource Material for Substance Abuse Prevention; • Exploring Masculinities (Manual & Training Video). A Programme in Personal & Social Development for Transition & Senior Cycles.	Department of Education & Science
• Young and Pregnant – A Book for You; • Your Pregnancy and Newborn Journey – A Guide for Pregnant Teens; • Understanding your Changing Life; • Working with Pregnant & Parenting Teens.	WRS Group, UK www.wrsgroup.com
• Taught Not Caught – Strategies for Sexual Education	Clarity Collective: ISBN 1855030462 Trinity Press: London.
• Peer Education – A Manual	National Youth Federation (Funded by Health Promotion Unit) www.nyf.ie

Title	Available from….
• The Youth Service Sex and Relationships Education Policy Toolkit; • The Youth Service Sex & Relationships Education Training Programme; • All the right connections – a resource handbook for personal advisors, mentors and other Connexions workers (ISBN: 086155 277 6)	National Youth Agency London: Youth Work Press. www.nya.org.uk
• Moving On – A Resource Manual for Working with Single Parents	One Family www.onefamily.ie
• Sex & Relationships Education – A Step-by-Step Guide for Teachers	David Fulton Publishers Ltd. ISBN: 1-85346-834-7 www.fultonpublishers.co.uk
• Mind Matters: A Resource Bank on Actions; • Mind Matters: A Resource Bank on Stress; • Mind Matters: A Resource Bank on Relationships; • Mind Matters: A Resource Bank on Self Esteem; • Mind Matters: A Resource Bank on Loss & Grief; • Words Hurt Too…young people and bullying; • Body, Mind and Society;	UK Youth www.tsa.uk.com
• Doing It! – Practical Strategies for Sexual Health Promotion; • Go Girls. Supporting Girls' Emotional Development and Building Self Esteem; • Girl Power – How far does it go. A Resource and Training Pack on Young Women and Self Esteem.	Sheffield Centre for HIV & Sexual Health Promotion, Training & Support Services www.sheffhiv.demon.co.uk
• Copping On – Senior Resource Pack & Junior Resource Pack	www.coppingon.ie
• Spiced Up – A Resource Book for Working with Young Women	Gender Equality Project National Youth Council of Ireland www.youth.ie
• Teenage Sexuality. Health, risk & education	Trust for the Study of Adolescence, UK ISBN: 90-5702-308-3
• Lessons in Irish Sexuality.	University College Dublin Press ISBN: 1 900621 16 9

Title	Available from….
• Myths, Risks & Sexuality. The Role of Sexuality in Working with People (Publishing (ISBN: 1-898924-36-8); • Working it Out. A Handbook for Violence Prevention in Work with Young People (ISBN: 1-903855-10-1); • C is for Confidence. A Guide to Running Confidence Building Courses for Women of All Ages (ISBN: 1-903855-02-0); • D is for Directions. A Guide to Running Confidence Building Courses for Men of All Ages (ISBN: 1-903855-18-7); • Looking Glass – a positive communication workbook. Practical exercises to help develop positive relationships with young people (ISBN: 1-903855-17-9);	Russell House Email: help@russellhouse.co.uk
• All the Right Connections. A resource handbook for personal advisors, mentors and other Connexions workers (ISBN: 0 86155 277 6); • Lets Talk Relationships. A Handbook of Resource Activities for young people (ISBN: 0 86155 250 4); • Work with Young Men. A Resource Handbook for Youth Workers, Teachers and Connexions Personal Advisors (ISBN: 0 86155 284 9); • Exploring Feelings. A Resource Handbook for work with young people aged 9-13 (ISBN: 0 86155 261 X);	National Youth Agency www.nya.org.uk
• The Mood Food Guide – A Resource Pack for work on food, feelings and society for use with young women.	Youth Clubs UK ISBN: 0 907095 75 5
• Don't Find Out by Accident. Responding to Crisis Pregnancy in out-of-school Education and Training Settings	Co. Donegal VEC Youthreach Materials

Games & Activities:

Title	Available from….
• Behaviour Skills • Spin the Bottle • Breakaway • Drunk & Dangerous Glasses • Sex & Consequences • Video: Girl Power • Video: Emotional Self Control	WRS Group www.wrsgroup.com
• It's a Man's World; • The Fatherhood Pack & Game; • Male Image Photopack; • Building Bridges; • The Relationship & Intimacy Photopack; • The Relationships Game;	The Working with Men Group, UK
• Man's World (Game); • Male Image Photopack; • Video – SAFE;	The B-Team (Working with Men Group, UK)
• The Contraceptive Display Kit	FPA, UK www.fpa.org.uk
• Sex Angles	National Youth Agency

Appendix 3: Gender Proofing your Organisation's Sexual Health Policy

Gender Proofing

Gender proofing is the means by which it is ensured that all policies and practices within organisations have equally beneficial effects on men and women.
Principles of Gender Proofing:

- Gender proofing recognises that differences exist in men's and women's lives and therefore the needs, experiences and priorities are different. Gender proofing is a process whereby these differences are taken into account in the development, implementation and evaluation of policies and actions.
- Gender proofing is based on a commitment to full gender equality. It is premised on a recognition that inequalities exist which can and do discriminate against either sex. Gender proofing is a pro-active process designed to tackle these inequalities.
- It is not simply about increasing women's or men's participation in society – it is the nature and quality of this participation (including the need to ensure that it exists at the highest level of decision making). This participation has to be actively facilitated and encouraged.
- While gender proofing is not about apportioning blame around the inequalities which exist, or discrimination which took place in the past, it is about rectifying the effects of these.

Gender Proofing is not

- just about having women on boards or committees;
- about having a well written statement, it's about changing the way you work;
- about blaming anybody for the inequalities which do exist;
- about only women taking action;
- about only women benefiting from it;
- about stopping or replacing gender specific policies and programmes targeted at either men or women.

In summary, gender proofing essentially involves answering two key questions:

1. Is there an inequality or a potential inequality between women and men in a given area?
2. What can be done about it?

How to Gender Proof

The Five Step Gender Proofing Process is essentially a set of five questions which should be posed for any actions/objectives your organisation is planning to undertake. The answers to these questions should then be integrated into the appropriate sections of your organisation's strategic plan, operational planning document or policy as appropriate.
(See 5-step process overleaf)

For more information on Gender Proofing, please contact:
The NDP Gender Equality Unit,
Department of Justice, Equality and Law Reform,
43-49 Mespil Rd,
Dublin 4.
Tel: 01 6632684
E-mail: equalityinfo@justice.ie

Gender Proofing Process

Objective/Action to be gender proofed:

Step 1: What are the different experiences and roles of men and women which might have an effect on how they benefit from/get involved in (Objective/action…….)?

Step 2: What are the implications of the differences (outlined above) for this objective?

Step 3: Given these implications, what do we need to do when pursuing this objective to ensure equality of outcome for men and women?

Step 4: Who will assume responsibility for ensuring these actions are carried out?

Step 5: How will we measure success in this area? (Indicators, targets)

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