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The National Youth Council of Ireland (NYCI) is the representative body for voluntary youth organisations in Ireland. NYCI use their collective experience to act on issues that impact young people.

[www.youth.ie](http://www.youth.ie)

## National Youth Health Programme

The National Youth Health Programme (NYHP) is a partnership between the National Youth Council of Ireland (NYCI), the Health Service Executive (HSE) and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

[www.youth.ie/programmes/youth-health](http://www.youth.ie/programmes/youth-health)

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An Roinn Leanaí, Comhionannais,  
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To Moira Germaine, Education and Training Manager from the HSE's Sexual Health and Crisis Pregnancy Programme who supported Louise throughout the process. Without your willingness to share your thoughts and experiences with Louise, the update of *Sense and Sexuality* would not have been possible.

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## Abbreviations

- National Youth Council of Ireland (NYCI)
- National Youth Health Programme (NYHP)
- Sexual Health and Crisis Pregnancy Programme (SHCPP)
- The term 'worker(s)' is used throughout to refer to all those working with young people in youth organisations in either a paid or voluntary capacity
- The World Health Organisation (WHO)
- Sexuality Education (SE)

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## Foreword

The vision of the National Youth Health Programme is for an Ireland where all young people can experience positive health and wellbeing. Sexual health is a major component of a young person's health and wellbeing as, behaviours, attitudes, norms, relationships, and practices are developed during adolescence. It is therefore vital that, where young people are interacting, they are provided the opportunity to receive good sexual health education and the tools needed to develop good relationships and safeguard their own sexual health.

The youth work sector plays a pivotal role in young people's lives. It is here young people build their self-esteem and confidence, develop their ability to manage relationships and develop new skills. These skills however, would not thrive if it wasn't for the dedication and commitment from the youth workers. The youth workers provide and create opportunities where the young people feel heard and their opinions respected. Where everyone is equal, and no young person feels left behind. It is therefore crucial that youth workers are provided the opportunity to build their capacity in supporting the needs of the young people engaging within youth services.

*Sense and Sexuality 2.0* provides the youth work sector and those working with young people, guidance and a practical framework to develop and implement support structures (policy and/or strategy) that will address the sexual health needs of the young people engaging in the service. In line with good practice, *Sense and Sexuality 2.0* is supported by a comprehensive suite of trainings made available by the National Youth Health 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.



**Rachael Treanor**

National Youth Health Programme Manager  
National Youth Council of Ireland

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An illustration featuring two stylized figures. The upper figure is a person wearing a purple hijab and a dark blue long-sleeved shirt with yellow abstract patterns. Their right arm is extended upwards, and their left hand is holding a dark blue shoe with blue laces. The lower figure is a person with a light blue and pink striped long-sleeved shirt and a dark blue cast on their right arm. They are wearing brown gloves and blue sneakers. The background is a light purple gradient with a large, dark purple abstract shape in the upper right. The word 'INTRODUCTION' is written in a bold, purple, sans-serif font in the center-left area.

## INTRODUCTION

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# Introduction to Sense and Sexuality 2.0

The everyday practice of Youth Work is challenged by a broad range of factors relating to young people's health and wellbeing. Addressing the issues of young people's sexuality and sexual health is a significant priority for youth organisations.

A youth organisation is an ideal setting which provides a safe and supportive environment wherein young people can explore their sexuality needs (and general health needs) in an atmosphere of trust and openness.

However, over the last number of years, Youth Work has experienced a number of developments that has influenced the evolution of Youth Work with a move towards more formalised structures, practice and policy. This support pack *Sense and Sexuality 2.0* takes into consideration these developments and aims to provide support to youth organisations to address the sexuality and sexual health needs of young people.

## **Aim of the Support Pack:**

This Support Pack aims to provide youth organisations with a comprehensive framework within which to address the issue of sexuality and 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 issues of sexuality and 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 sexuality and sexual health work with young people.
- Develop an increased awareness of the issues relating to young people's sexuality and sexual health as identified by current research.
- Consider the concept of sexuality education in its broadest terms.
- Apply a practical framework for planning, implementing, and evaluating sexuality 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 the rationale, purpose and process for developing a sexuality policy.
- Examine the key issues for consideration in relation to the development of a sexuality policy.
- Examine the issue of partnership as it pertains to this work.

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**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.





## Who should use this Pack?

This support pack *Sense and Sexuality 2.0* is designed to be used by youth organisations in developing their practice and policy in relation to sexuality 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.

*Sense and Sexuality 2.0* 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 sexuality and sexual health pertaining to young people. If this is not the case, 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.

[www.youth.ie/health](http://www.youth.ie/health)

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## The Policy Context

There are several key policy documents alongside national strategies which have relevance with regard to young people's sexual health. These include the following:

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### **National Sexual Health Strategy 2015-2020**

This National Sexual Health Strategy was Ireland's first national framework for sexual health and wellbeing. The strategy takes a life course approach.

It acknowledges the importance of developing a healthy attitude to sexuality throughout childhood and adolescence and builds on that foundation for positive sexual health and wellbeing into adulthood and older age.

The Strategy contains 71 recommendations that address a wide spectrum of sexual health services, from surveillance and prevention, to treatment, counselling and supports, to education and professional development.

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### **LGBTI+ National Youth Strategy 2018-2020**

This strategy was a first for Ireland and for the world. Its mission is to ensure that all LGBTI+ young people are visible, valued and included. The strategy guarantees a cross-governmental approach to put additional measures in place to further enhance the lives of LGBTI+ young people and address some of the key challenges they may face as part of their day to day lives.

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### **Better Outcomes Brighter Futures. The National Policy Framework for Children and Young People 2014-2020 (and successor framework)**

Better Outcomes Brighter Futures aligns government commitments to children and young people against five national outcomes.

The policy framework identifies six areas that have the potential to improve outcomes and transform the effectiveness of existing policies, services and resources in achieving these national outcomes.

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### **National Youth Strategy 2015-2020 (and successor strategy)**

The National Youth Strategy has its basis in Better Outcomes Brighter Futures. The aim of the strategy is to enable all young people to realise their maximum potential, by respecting their rights and hearing their voices, while protecting and supporting them as they transition from childhood to adulthood.

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### **Connecting for Life 2015-2020**

Connecting for Life is Ireland's national strategy to reduce suicide. It sets out a vision of an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing.

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### **Sharing the Vision. A Mental Health Policy for Everyone 2020-2030**

Sharing the Vision focuses on developing a broad based, whole system mental health policy for the whole of the population. It focuses on key areas - promotion, prevention and early intervention, service access, coordination and continuity of care, social inclusion and accountability and continuous improvement.

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### **The National Drugs Strategy – Reducing Harm, Supporting Recovery – A health-led response to drug and alcohol use in Ireland 2017-2025**

The strategy sets out an overarching vision for 'a healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and



communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life'. It also states that harm-reduction advice promoting sexual health and screening programmes will continue to play an important role in reducing the risks of contracting blood-borne viruses such as HIV and Hepatitis C.

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### **Action Plan on Bullying 2013**

The Action Plan on Bullying sets out the approach to be taken by the Department of Education and Skills to tackling bullying and promoting an anti-bullying culture in schools. It recommends 12 actions that focus on support for schools, teacher training, research and awareness raising and aims to ensure that all forms of bullying are addressed.

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### **Public Sector Equality and Human Rights Duty (Irish Human Rights and Equality Commission Act 2014)**

The Public Sector Equality and Human Rights Duty ('the Duty') is a statutory obligation for public bodies in Section 42 of the Irish

Human Rights and Equality Commission Act 2014. Section 42(1) requires public bodies, in the performance of their functions, to have regard to the need to eliminate discrimination, promote equality and protect human rights of staff and people availing of their services. Section 42(2) requires public bodies to assess, address and report on progress in relation to equality and human rights in their strategic plan and annual reports in a manner that is accessible to the public.



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# The National Youth Health Programme

**The National Youth Health Programme (NYHP) is a strategic partnership of The National Youth Council of Ireland (NYCI), The Department of Children, Disability, Equality, Integration and Youth (DCDEIY) and the Health Service Executive (HSE).**

The National Youth Council of Ireland (NYCI) is the representative body for voluntary youth organisations in Ireland. It is a membership led umbrella organisation that represents and supports community, voluntary and not for profit youth organisations across Ireland and uses its collective experience to act on issues that impact on young people. It seeks to ensure that all young people are empowered to develop the skills and confidence to fully participate as active citizens in an inclusive society. NYCI's role is recognised in legislation through the Youth Work Act 2001.

The Department of Children, Disability, Equality, Integration and Youth was set up with a mandate to put in place a unified framework of policy, legislation and service provision across Government for children and young people. Its mission is to lead the effort to improve outcomes for children and young people in Ireland.

The Health Service Executive (HSE) provides public health and personal social services through medical professionals, hospitals

and across a network of Community Health Organisations, health facilities and clinics at community level. The HSE's Health Promotion and Improvement (HP&I) service aims to embed preventative health measures and messages in models of health service delivery and in the settings where people are born, live, learn, socialise and work.

The National Youth Health Programme is dedicated to:

- Developing and promoting a culture within the youth sector which focuses on health and wellbeing.
- Building capacity within the sector through the provision of training and evidence-based resources for groups and youth workers using both a topics and settings approach.
- Advocating on those issues that affect the health and wellbeing of young people.
- Using our unique position as a conduit between grass roots experience and the development of public policy and national strategy in the area of youth health and wellbeing.

It is through these various strands of work that the programme seeks to better enable young people, and particularly those in non-formal education and out-of-school settings, to increase control over and improve their health.

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## Vision

Ireland: A country where all young people can experience positive health and wellbeing.

## Mission

The National Youth Health Programme will make a defining contribution to the development of effective youth health promotion practices which support young people to make healthy and positive choices.

## Our Operating Values

The following values underpin the approach of the National Youth Health Programme and inform the design and delivery of our work:

- **YOUNG PERSON FOCUSED**

The programme exists to serve the health and wellbeing related needs of young people within the youth sector. We are driven by a desire to recognise equity of access for young people to quality supportive health promoting youth organisations for all, irrespective of economic background, setting or location.

- **CONNECTED**

We ensure relevance in what we do and how we do it by learning from the experience of the youth sector. We are committed to applying new thinking, relevant methods and approaches in response to health related challenges and opportunities faced by young people and those that work with them.

- **LEADERSHIP**

Through our active engagement with the youth sector we harness valuable health related information and experience in order to inform the development and implementation of national policy and strategy. We are proactive in using national and international research to provide guidance, support and inspiration to the youth sector.

- **PARTNERSHIP**

We work collaboratively with other stakeholders to bring about strategic and operational developments that empower youth organisations to make Ireland a healthier nation for young people.

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## Framework for Sense and Sexuality 2.0

The framework for the development of this support pack for youth work settings is informed by an exploration of the principles of youth work and the principles of health promotion and the ensuing links between the two.

### The Definition of Youth Work

Youth work has been enhancing the lives of young people and adults in Ireland for more than 100 years. It was given formal statutory recognition in the Youth Work Act 2001, which defines youth work as:

*‘A planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young people through their voluntary involvement, and which is complementary to their formal, academic or vocational education and training and is provided primarily by voluntary youth work organisations’.*

Youth work is above all an educational and developmental process, based on young people’s active and voluntary participation and commitment. It is often defined as ‘non-formal education’. Youth work is for all young people, with particular focus on those aged 10 to 25 from all aspects of Irish life, urban, rural, all nationalities and social classes.

### The Purpose of Youth Work:

- To build young people’s self-esteem and self-confidence.
- To develop their ability to manage personal and social relationships.
- To offer worthwhile and challenging new experiences.
- To provide learning opportunities to enable young people to gain knowledge and develop new skills.
- To build young people’s capacity to consider risks and consequences and make informed decisions and take responsibility.
- To help young people to develop social awareness and a sense of social solidarity.
- To give young people a voice in decision-making which affects their lives.
- To enhance young people’s role as active citizens.
- To listen to and hear what young people have to say.

### Youth Work: How does it happen?

With a focus on process in which the active and critical participation of young people is essential, the methods adopted, and the programmes and activities engaged in by youth workers and young people are very diverse, including:

- Recreation, sport and indoor/outdoor pursuits.
- Arts and culture, including drama and the Irish Language.
- Citizenship, social action, youth participation, rights and equality issues, the environment, development education and politics.
- Welfare and well-being including health promotion, relationships and sexuality, stress management, first aid, drugs, alcohol and smoking.
- Life skills, such as leadership, teamwork, planning and decision making, communication, problem solving, initiative and responsibility.
- Critical analysis and creative and reflective thinking.
- Intercultural and international awareness activities and exchanges.
- Information technology.





### **What are the Values of Youth Work?**

The values of youth work match the purpose of education and are fundamental to the process, raising the confidence of individuals, their contribution to society, and their value as citizens. These values are:

- Empowerment of young people.
- Equality and inclusion.
- Respect for all young people.
- Involvement of young people in decision-making.
- Partnership.
- Voluntary participation.

### **What are the Benefits of Youth Work?**

Youth work adds value to the lives of all young people, helping them develop lasting skills and attributes, and can particularly affect the lives of young people who are vulnerable or

disadvantaged, or are most challenged by school. It can help to build confidence, provide role models, open new experiences and give young people a sense of belonging.

#### **FOR YOUNG PEOPLE**

Youth work is both educational and enjoyable; both fulfilling and fun along with those that take part have more opportunities and more options for the future.

#### **FOR COMMUNITIES**

Youth Work is about adults and young people working together, building community spirit and playing an active role in the development of their communities.

#### **FOR SOCIETY**

Youth work tackles real social issues, it combats disadvantage, it enhances democratic life, and it is huge value for money.

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## Definitive Features

- Youth work is about voluntary participation.
- Young people are involved in youth work because they choose to be, because they want to do worthwhile, enjoyable things in their free time in the company of their friends and interested, supportive adults, both paid and voluntary.
- Youth work 'starts where young people are at'.
- Youth work is flexible and versatile in its approach. It starts with young people's own interests and ambitions and helps them to expand their horizons.
- Youth work is about partnership.
- In youth work the young people are active partners in making decisions, planning programmes, setting priorities. The youth work relationship is based on dialogue between young people and adults.

For more information please visit  
[www.youth.ie/whatisyouthwork](http://www.youth.ie/whatisyouthwork)

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## How can Youth Work impact on the health (including the sexual health) of young people?

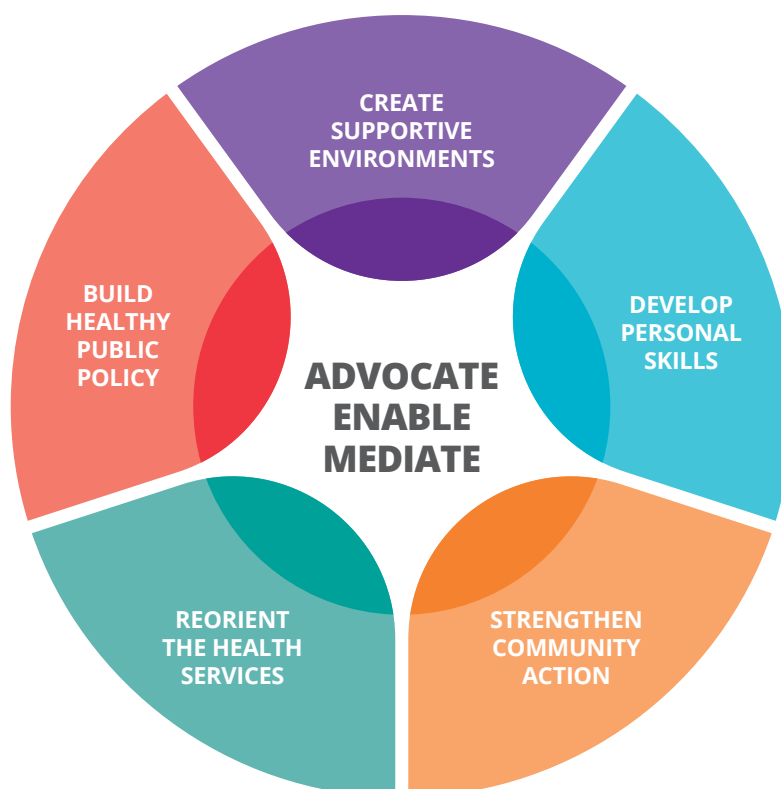
In order to fully appreciate the potential role of youth organisations in promoting sexual health with young people, it is important to appreciate the close links between the definition of Youth Work and the Cornerstones of Health Promotion as identified by the Ottawa Charter (WHO 1986). The Ottawa Charter 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.

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## Ottawa Charter for Health Promotion, WHO 1986

Figure 1: Ottawa Charter for Health Promotion, 1986





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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.

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

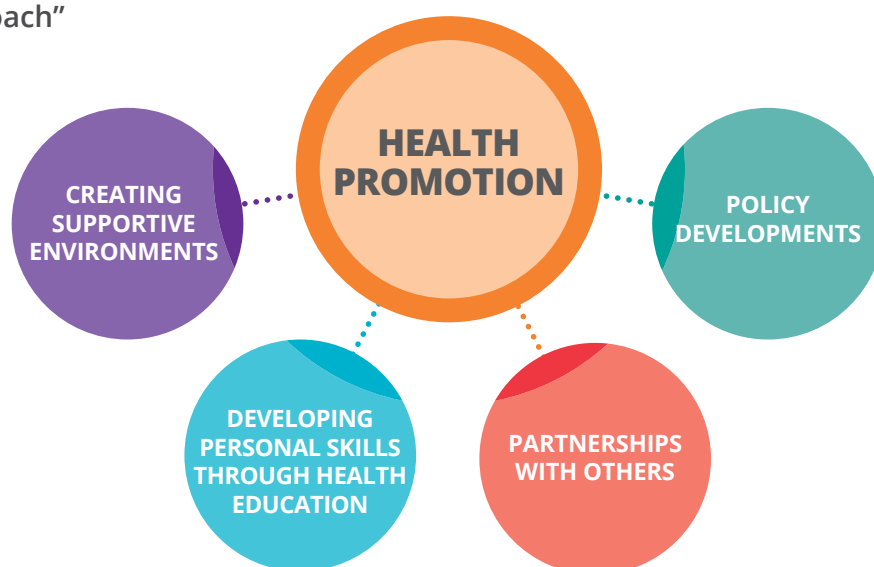
Through this approach, Youth Work settings provide a safe and supportive environment

in which young people can explore their health needs (including sexual health) in an atmosphere of trust and openness. 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 role to play in addressing the sexual health needs of young people in four main ways as follows:

- 1. Developing personal skills through health education** – (e.g. lifeskills including communication, decision-making, negotiation, confidence building etc.) through sexual health education and promotion.
- 2. Creating supportive environments** – through providing supportive environments in which sexual health work can take place and in supporting workers to carry out this work with young people.
- 3. Policy development** – to support sexual health work at organisational level i.e. ensuring that appropriate policies and procedures are in place to protect everyone involved.
- 4. Partnerships with others** – working in partnership with young people, parents/guardians and other agencies and services to address sexual health.

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### A “whole-organisation approach” to Promoting Health





# SETTING THE CONTEXT



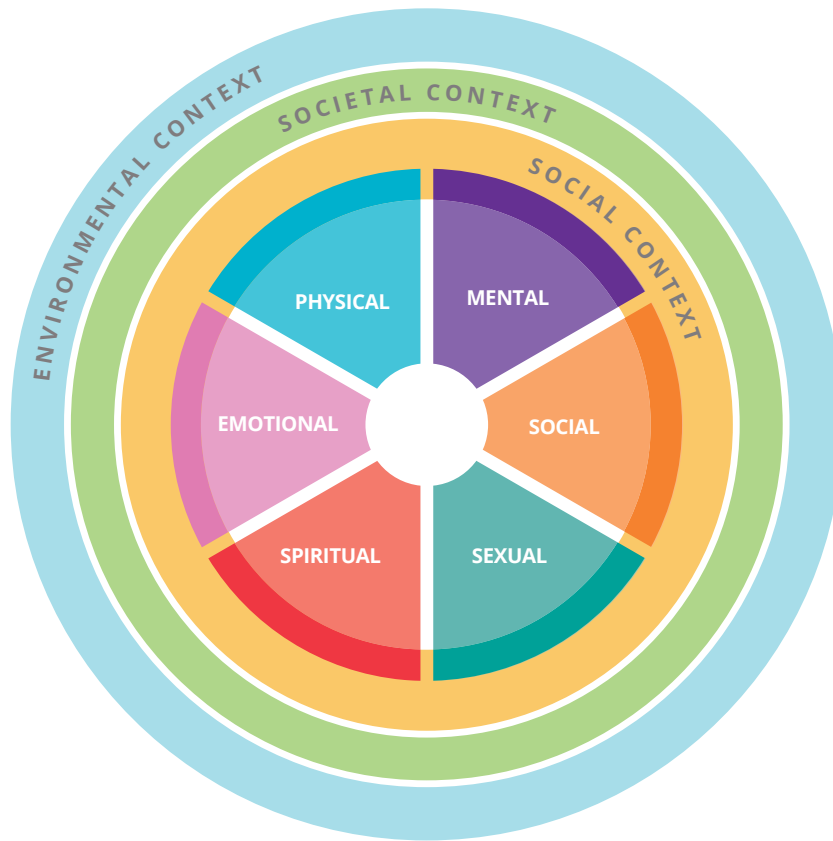
## In this section

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### **Introduction**

### **Key Concepts & Definitions**

- Health
  - Dimensions of Health
  - Health Education
  - Health Literacy
  - Health Promotion
  - Sexual Health
- Sexual Health Promotion
  - Sexuality
  - Sexual Rights
  - Sexuality Education
  - Core Principals to Support Sexual Health Promotion



## Introduction

To fully appreciate the complexities involved in addressing the issues of sexuality and sexual health with young people, it is firstly essential to understand the basic concepts and definitions involved.

This section introduces:

- The key concepts and definitions relating specifically to sexuality and sexual health work with young people.
- The determinants of young people's health in general and examines some risk and resilience factors specifically.
- The role of youth organisations in relation to young people's sexual health and suggests a comprehensive framework for addressing this issue.

## Key Concepts & Definitions

### Health

Health has been defined as:

*'a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities'.*

(Ottawa Charter for Health Promotion WHO, 1986)<sup>1</sup>

### The Dimensions of Health

The above diagram illustrates the dimensions of health and how they relate to one another in the context of promoting health with young people.

<sup>1</sup> World Health Organization (1986). The Ottawa Charter for Health Promotion. [www.who.int/healthpromotion/conferences/previous/ottawa/en/](http://www.who.int/healthpromotion/conferences/previous/ottawa/en/)

The dimensions of health (Ewles & Simnett, 2004)<sup>2</sup> provide a holistic picture of the complex and varied dimensions as follows:

DIMENSION OF HEALTH	DESCRIPTION
Physical health	Physical health relates to how the body functions.
Mental health	The ability to think and make judgments.
Social health	The ability to make and maintain relationships.
Emotional health	Being able to recognise emotions (such as fear, joy, grief, anger) and to express these emotions appropriately. This includes coping with stress, anxiety, etc.
Spiritual health	Not only includes religious beliefs but may be other personal beliefs, principles of behavior and ways of being at peace with oneself.
Sexual health	Acceptance of and ability to achieve a satisfactory expression of one's sexuality.
Societal health	Societal health relates to the person in their society and the basic infrastructure necessary for health e.g. shelter, peace, food, income, a certain degree of integration within society.
Environmental health	Environment health includes housing, transport, sanitation, availability of clean water, pollution control, etc.



<sup>2</sup> Ewles, L. & Simnett, I. (2004). Promoting Health – A Practical Guide. 5th Edition. Bailliere Tindall: London)

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## Health Education

Numerous definitions of health education exist. The following are some of the better-known definitions.

*“Health education is any planned activity which promotes health or illness related learning; that is, some relatively permanent change in an individual’s competence or disposition”*  
(Tones, 1990)<sup>3</sup>.

*“Health education is not about behaviour change, and it is not about overt political action to affect the determinants of health. Rather, health education is about enabling – supporting people to set their own health agendas, they can implement in ways decided by themselves collectively or as individuals”* (French 1990)<sup>4</sup>.

*“Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes”.*  
(WHO, n.d.)<sup>5</sup>.

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health. It also includes individual risk factors and risk behaviours and use of the health system.

The above definitions are useful in informing a common understanding of health education. The terms health education and health promotion are often used interchangeably. They are often seen as similar concepts and people are sometimes unsure of the factors that distinguish them from one another. While there is a close relationship between the two concepts, health promotion is a broader concept and an umbrella term, which includes health education as one component in its broader remit.

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<sup>3</sup> Tones, K. (1990). Why theorise? Ideology in Health Education. *Health Education Journal* 49 (1), 2-6.

<sup>4</sup> French, J. (1990). Boundaries and Horizons – the role of Health Education within Health Promotion. *Health Education Journal* 49 (1), 7-12.

<sup>5</sup> World Health Organisation (n.d.). Definition of health education. [www.who.int/topics/health\\_education/en/](http://www.who.int/topics/health_education/en/)

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## Health literacy

Health literacy is defined as:

*'the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course'* (Kwan et al, 2006)<sup>6</sup>.

The term health literacy was first introduced in the health education context about 40 years ago. Today, it is considered an important concept not only among health education practitioners but also among those involved in the broader aspects of health promotion.

A further definition of health literacy suggests that *'health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health'* (WHO, 1998)<sup>7</sup>.

By improving people's access to health information and their capacity to use it effectively, health literacy is crucial to empowerment (WHO, 1998)<sup>8</sup>.



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<sup>6</sup> Kwan, B, Frankish, J, Rootman, I. (2006). The development and validation of measures of 'health literacy' in different populations. Vancouver, University of British Columbia Institute of Health Promotion Research and University of Victoria Centre for Community Health Promotion Research.

<sup>7</sup> WHO (1998). Health promotion glossary. Geneva. Cited in WHO (2012). Health education: theoretical concepts, effective strategies and core competencies.

<sup>8</sup> WHO (1998). The WHO Health Promotion Glossary. Geneva.

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## Health Promotion

Health promotion is defined as ‘...the process of enabling people to increase control over, and to improve, their health’ (WHO, 1986)<sup>9</sup>.

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Health Promotion represents a comprehensive approach to bringing about social change in order to improve health and well-being. The previous focus and emphasis on individual health behaviour was replaced by a significantly expanded model of health promotion which is reflected by the five cornerstones of the Ottawa Charter as follows:

- Building healthy public policy
- Reorienting the health services
- Creating supportive environments

- Strengthening community action
- Developing personal skills

According to the Health Promotion Strategic Framework (HSE, 2011)<sup>10</sup>, the Ottawa Charter remains a significant source of global guidance and continues to shape the development of health promotion alongside other important international documents such as the Jakarta Declaration (WHO, 1997) and the Bangkok Charter (WHO, 2005).

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<sup>9</sup> World Health Organisation (1986). Ottawa Charter for Health Promotion. Cited in Health Service Executive (2011). Health Promotion Strategic Framework.

<sup>10</sup> Health Service Executive (2011). Health Promotion Strategic Framework.  
[www.healthpromotion.ie/hp-files/docs/HPSF\\_HSE.pdf](http://www.healthpromotion.ie/hp-files/docs/HPSF_HSE.pdf)



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The five cornerstones of the Ottawa Charter are as follows:

- 
- |          |                                       |  |
|----------|---------------------------------------|--|
| <b>1</b> | <b>DEVELOPING<br/>PERSONAL SKILLS</b> | Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By doing so, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health |
|----------|---------------------------------------|--|
- 
- |          |   |  |
|----------|---|--|
| <b>2</b> | <b>CREATING<br/>SUPPORTIVE<br/>ENVIRONMENTS</b> | The obvious links between people and their environment constitute the basis for a socioecological approach to health (whereby health is a prime consideration in the way in which society is organised). Life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. |
|----------|---|--|
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|----------|---|---|
| <b>3</b> | <b>STRENGTHENING<br/>COMMUNITY<br/>ACTION/<br/>MOBILISATION</b> | 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, their ownership and control of their own endeavours. |
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- 
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|----------|-------------------------------------|---|
| <b>4</b> | <b>DEVELOPING<br/>PUBLIC POLICY</b> | Health promotion goes beyond health services. It 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. |
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| <b>5</b> | <b>REORIENTING THE<br/>HEALTH SERVICES</b> | 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 providing a health care system which contributes to positive health for the whole population. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Other sectors have a role to advocate for health services to pursue their health promotion agenda. |
|----------|--|---|
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## Applying the Ottawa Charter in a youth organisation context:

In examining how the Ottawa Charter for health promotion applies to a youth work context, the role of youth organisations in promoting health is evident at all five levels as follows:

CORNERSTONES OF THE OTTAWA CHARTER	ROLE OF YOUTH ORGANISATIONS IN RELATION TO EACH CORNERSTONE
<b>Developing personal skills</b>	Youth organisations, through the broad range of programmes and activities delivered to young people, including health education and health information, positively influence the development of personal skills e.g. self-esteem, self-efficacy, communication, negotiation, life skills and motivation. The development of these skills has a positive impact on health.
<b>Creating supportive environments</b>	<p>Through creating safe and secure physical and social environments, youth organisations provide young people and staff with opportunities to discuss and explore health issues and practice health-enhancing behaviours, thus supporting health education and 'making the healthier choice the easier choice'; e.g.</p> <ul style="list-style-type: none"><li>&gt; providing healthy food options in the tuck shop</li><li>&gt; providing healthy snacks for after schools clubs</li><li>&gt; providing a smoke free environment</li><li>&gt; implementing an anti-bullying policy</li><li>&gt; providing adolescent-friendly physical and social environments in which young people can actively and voluntarily participate</li></ul>
<b>Strengthening community action</b>	Through developing partnerships and alliances with other organisations and sectors in the community, youth organisations can build capacity and positively influence health within the wider community, which in turn, can continue to support the health of their target groups who live in the community e.g. delivering parent programmes, working in partnership with healthy towns initiatives, engagement in community initiatives such as the Gaisce Awards, etc.

CORNERSTONES OF THE OTTAWA CHARTER	ROLE OF YOUTH ORGANISATIONS IN RELATION TO EACH CORNERSTONE
<b>Developing healthy public policy</b>	<p>Through the development of health-related policy internally, youth organisations demonstrate evidence-informed practice indicating the importance of having policy in place to support practice e.g. sexual health policy, substance use policy.</p> <p>Additionally, youth organisations have a key role to play in raising and advocating for public policy development and change in order to support their health-related work and the health of their target groups e.g. national alcohol policy, national health strategy, etc.</p>
<b>Re-orienting the health service</b>	<p>Advocating for the development and provision of health services that can respond to the health needs of young people is a key role of youth organisations e.g. youth organisations have a role in creating awareness and advocating for the provision of an adolescent-friendly health service for young people.</p>



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Furthermore, the youth sector, in its day-to-day work with young people, encapsulates the World Health Organisation (WHO) principles for health promotion (cited in Rootman, 2001)<sup>11</sup> as follows:

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<b>EMPOWERMENT</b>	Health promotion initiatives should enable individuals and communities to assume more power over the personal, socio-economic and environmental factors that affect their health.
<b>PARTICIPATE</b>	Health promotion initiatives should foster physical, mental, social and spiritual health.
<b>HOLISTIC</b>	Health promotion should foster physical, mental, social and spiritual health.
<b>INTER-SECTORAL</b>	Health promotion initiatives involve the collaboration of agencies from relevant sectors.
<b>EQUITABLE</b>	Health promotion initiatives should be guided by a concern for equity and social justice.
<b>SUSTAINABLE</b>	Health promotion initiatives bring about changes that individuals and communities can maintain once initial funding has ended.
<b>MULTI-STRATEGY</b>	Health promotion initiatives should use a variety of approaches in combination with another, including policy development, organisational change, community development, legislation, advocacy, education and communication.

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<sup>11</sup> Rootman, I. (2001). A framework for health promotion evaluation. In I. Rootman, M. Goodstadt, B. Hyndman, D. McQueen, L. Potvin, J. Springett & E. Ziglio (eds). Evaluation in Health Promotion (WHO Regional Publications European Series No 92., pp. 3-6). Geneva: World Health Organization.



## Sexual Health

Sexual health is an integral part of overall health, well-being and quality of life.

The World Health Organisation has defined sexual health as:

*"...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. 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 of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."* (WHO, 2006a)<sup>12</sup>

This definition is viewed as particularly useful because it highlights the physical, emotional and social aspects of sexual health, as well as emphasising sexual wellbeing and the concept of pleasure.

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 youth 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 to facilitate a healthier lifestyle.

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<sup>12</sup> (WHO (2006a) Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002, Geneva), available at [www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health](http://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health)



## Sexual Health Promotion

Sexual health promotion is defined as:

*‘Any activity which proactively and positively supports the sexual and emotional health and well-being of individuals, groups, communities and the wider public and reduces the risk of HIV transmission’*

(Department of Health UK, 2003, p.8)<sup>13</sup>.

The World Health Organization (2004) advocates that sexual health promotion is integrated into other health promotion activities and programmes, and targets multiple levels including individuals, groups and communities. In their view, all activities need to be underpinned by the six supportive actions.

The six underlying key principles of actions to promote sexual health include:

1. Awareness of the importance of gender and gender-related power dynamics influencing sexual health.
2. Recognition of and respect for diversity.
3. Promotion of respect for the rights of individuals.
4. Participation of all, including the most vulnerable and marginalised in activities to promote sexual health.
5. Awareness of the need to address both risk and vulnerability.
6. Working with social norms to create an environment that supports sexual health.

(World Health Organization, 2004)<sup>14</sup>

<sup>13</sup> Department of Health UK (2003) Effective Sexual Health Promotion. A Toolkit for Primary Care Trusts and Others

<sup>14</sup> Working in the Field of Promoting Good Sexual Health and HIV Prevention. London: Department of Health.



## 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 & 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)<sup>15</sup>

While sexuality is sometimes seen merely in terms of sexual orientation, it is a much broader concept. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors. (WHO 2004)<sup>16</sup>

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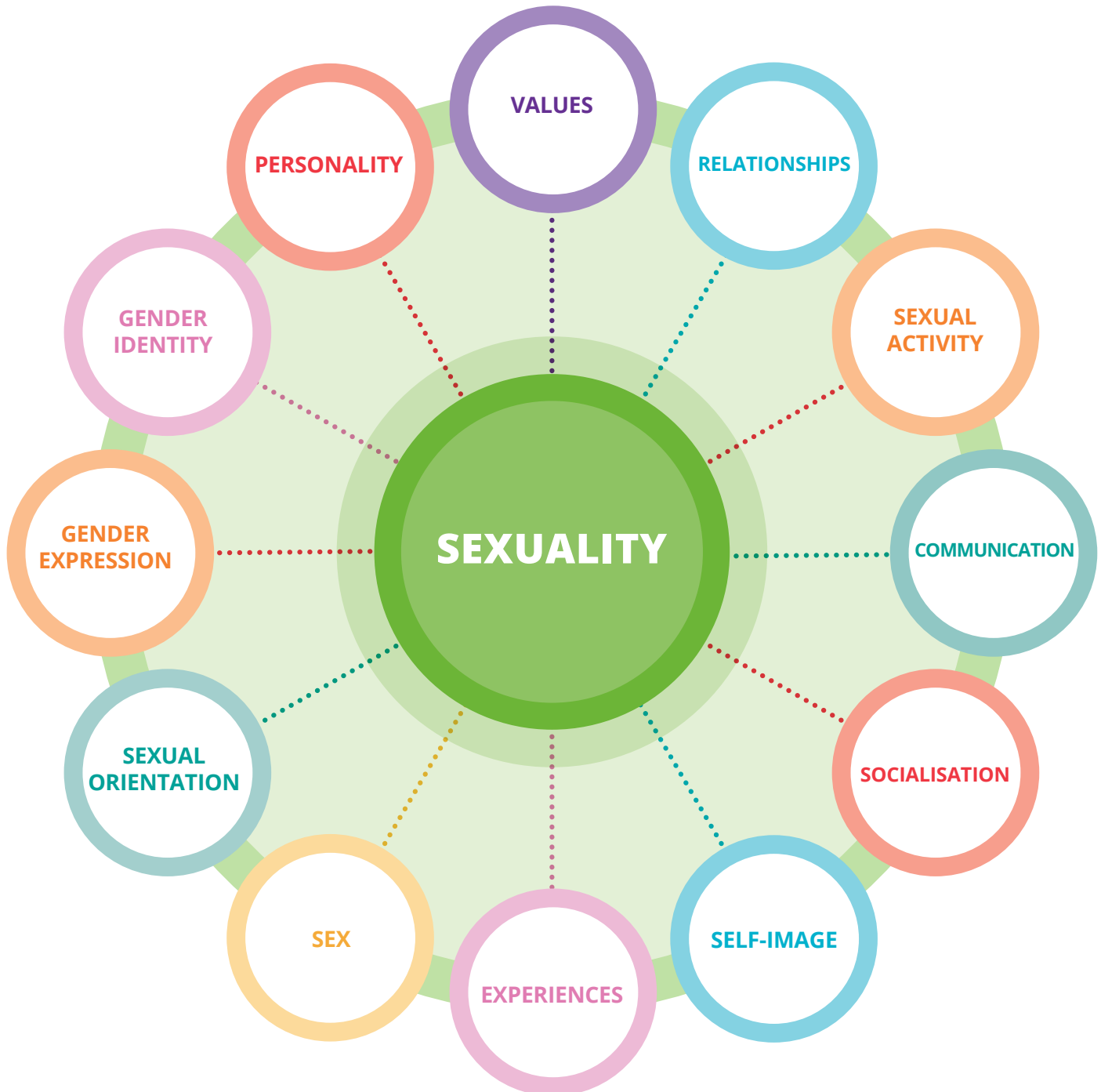
<sup>15</sup> Canadian Guidelines for Sexual Health Education) [sieccan.org/pdf/guidelines-eng.pdf](https://www.sieccan.org/pdf/guidelines-eng.pdf)

<sup>16</sup> World Health Organisation (2004) Progress in Reproductive Health Research: sexual health - a new focus for WHO Issue 67. Geneva: World Health Organisation



## The Sexuality Wheel

The Sexuality Wheel gives an idea of the many elements that make up or influence a person's sexuality. It shows that our understanding and experience of our sexuality and how we express it in the world is a core part of who we are as human beings.





## VALUES

A collection of ideas that people see as important; a set of assumptions about how things are.

## RELATIONSHIPS

The way people are connected and how they act toward each other.

## SEXUAL ACTIVITY

One way people experience or express their sexuality. Sexual activity includes kissing, sexual touching, and sexual intercourse (e.g. oral, anal or vaginal).

## COMMUNICATION

The way people connect and share ideas, goals and create understanding.

## SOCIALISATION

Learned behaviours that include customs, attitudes and values that are acceptable to a social group, community or culture.

## SELF-IMAGE

How a person thinks about or sees themselves, including their personality, their appearance and their values.

## EXPERIENCES

What people have done, gone through, or been exposed to in their life. Personal experience help form people's values.

## SEX

Categories (male, female) to which people are typically assigned at birth based on physical characteristics (e.g. genitals). Some people may be assigned intersex, when their reproductive, sexual or genetic biology doesn't fit the traditional definitions of male or female.

## SEXUAL ORIENTATION

A person's emotional and sexual attraction to other people. It can be fluid and may or may not reflect sexual behaviours.

## GENDER EXPRESSION

How a person presents their gender. This can include name, appearance, pronoun and social behavior.

## GENDER IDENTITY

A person's internal sense of identity as female, male, both or neither, regardless of their sex assigned at birth.

## PERSONALITY

A combination of traits or characteristics that make up a person's unique character.

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## Sexual Rights

There is growing recognition that sexual health cannot be achieved and maintained without respect for, and protection of, certain human rights. The working definition of sexual rights given here is a contribution by the World Health Organisation to ongoing discussion about sexual health (This definition does not represent an official WHO position).

“The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognised in international and regional human rights documents and other consensus documents and in national laws. Rights critical to the realisation of sexual health include:

- The rights to life, liberty, autonomy and security of the person.
- The rights to equality and non-discrimination.
- The right to be free from torture or to cruel, inhumane or degrading treatment or punishment.
- The right to privacy.
- The right to the highest attainable standard of health (including sexual health) and social security.
- The right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in, and at the dissolution of marriage.
- The right to decide the number and spacing of one's children.
- The right to information, as well as education.
- The right to freedom of opinion and expression.
- The right to an effective remedy for violations of fundamental rights.

The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.” (WHO, 2006a, updated 2010).<sup>17</sup>

There is a growing emphasis placed on a rights-based approach to sexual health promotion (World Health Organization, 2010)<sup>18</sup> that encourages healthy behaviour patterns and addresses the negative effects of inadequate sexual health due to social, economic and health inequalities. As such, there is also a strong call for sexual health promotion initiatives that redress sexual health inequalities, with particular emphasis being placed on the need to ensure that vulnerable and marginalised societal groups are targeted.

The National Sexual Health Strategy (2015 – 2020) has identified the following at risk and/or vulnerable groups:

- Early school leavers or those at risk of becoming so.
- People living in disadvantaged communities.
- Young people in care or aftercare.
- Young adults.
- People with disabilities or mental health problems.
- Sex workers.
- Travellers.
- LGBTI+ people.
- Men who have sex with men.
- People who inject drugs.
- Prisoners.
- Migrants.

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<sup>17</sup> (WHO (2006a) Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002, Geneva), available [www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health](http://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health)

<sup>18</sup> WHO (2010) [Developing Sexual Health Programme. A Framework for Action.](#)

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It is important to remember that these groups are not mutually exclusive and that this is not a comprehensive list of those groups who may be at risk or vulnerable. Ongoing research and developments may identify additional groups.

## Sexuality Education

Sexuality 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.

Sexuality 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 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. Sexuality education that includes these three components in programme development can have positive effects on an individual's sexual health choices and practices. (Burtney & Duffy, 2004)<sup>19</sup>.

The issue of sexuality education is dealt with in significant detail in [Section 3 - Developing Young People's Personal Skills](#).

In addition to setting out five core domains for action, the World Health Organization (2006)<sup>20</sup> has also outlined a set of core principles for programmes to support sexual health promotion.



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<sup>19</sup> Burtney, E. & Duffy, M. (2004). *Young People and Sexual Health – Individual, Social and Policy Contexts*. Great Britain: Palgrave Macmillan.

<sup>20</sup> (World Health Organization (2006) *Defining sexual health: report of a technical consultation on sexual health 28–31 January 2002*. Geneva: World Health Organization.)

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## Core Principles to Support Sexual Health Promotion

1. Using affirmative and positive approaches to sexuality as opposed to fear, that recognises that people are sexual throughout the life cycle.
2. Promoting autonomy and self-determination in choices about sexual lives.
3. Responding to changing sexual health needs of women and men across the life cycle.
4. Planning and developing services based in a comprehensive understanding of sexuality.
5. Respecting people's rights to confidentiality and privacy, and their right not to feel compelled to share information or have information about them divulged to others.
6. Advocating for the promotion of sexual health and well-being.
7. Respecting cultural diversity and recognising the cultural practices, traditions, beliefs and values that are beneficial and promote sexual health when designing interventions and services.
8. Developing programmes and services that are based on equity and cater to needs of each sex, as opposed to perpetuating stereotypes.
9. Addressing violence, sexual violence and abuse.
10. Developing services and programmes that are based on a non-judgemental approach that respects the values of others.
11. Developing services that are accessible, affordable, confidential, or high quality, and age- and culture-appropriate.
12. The health system to be accountable and responsible for developing and implementing programmes based on the above principles.



## DEVELOPING YOUNG PEOPLE'S PERSONAL SKILLS

# In this section

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## Introduction

### **An Exploration of Sexuality Education in its broadest terms:**

- A rationale for Sexuality Education
- Does Sexuality Education work?
- Key Characteristics of Effective Sexuality Education
- Characteristics of Good Practice in the delivery of Sexuality Education (SE) Programmes

### **A Practical Framework to enable Youth Organisations to Plan, Implement and Evaluate Sexuality Education Programmes:**

- Needs Assessment, Planning, Implementation and Evaluation
- Planning Effective Sexuality Education Programmes

- > Approaches
- > Methodologies
- > The Context for Sexuality Education with Young People in Youth Organisations
- > Selecting & Adapting Materials
- Key considerations in implementing Sexuality Education Programmes
  - > Contracting with Young People
  - > Use of Language
  - > Single and/or mixed gender groups
  - > Support for Individual Young People
  - > Dealing with Sensitive Issues
  - > Tensions & Difficulties
  - > Guidelines for Involvement of Guest Speakers

## **Competencies of Sexuality Educators**



## Introduction

It is widely recognised that the central focus of Youth Work is the development of young peoples' 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 sexuality education programmes. These programmes, therefore, build on existing life skills and personal development approaches used by youth organisations.

To enable youth organisations to plan, implement and evaluate their work in this area, this section presents:

- An exploration of sexuality education in its broadest terms.
- A practical framework to enable organisations to plan, implement and evaluate effective sexuality education programmes.
- Issues for consideration when delivering sexuality education programmes to specific target groups.
- A set of good practice guidelines for planning, implementing and evaluating sexuality education in youth organisations.

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## An Exploration of Sexuality Education in its broadest terms

The terms 'sex education' and 'sexuality education' are often used to describe the same thing. In Irish schools, this is referred to as "Relationships and Sexuality Education". This is to emphasise that, although the subject covers issues around sexual activity for older adolescents, it is about so much more than that.

According to the World Health Organisation, sexuality education should cover the physical, emotional and social aspects of a person's development.

The WHO (2010)<sup>21</sup> have defined sexuality education as ...'learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. For children and young people, it aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and wellbeing. It enables them to make choices which enhance the quality of their lives and contribute to a compassionate and just society. All children and adolescents have the right to access age- appropriate sexuality education'.

Young people's access to sexual and reproductive health information, education and services, is enshrined in international agreements signed by Ireland<sup>22</sup>. These include:

- Programme of Action of the International Conference on Population and Development (ICPD) in 1994.
- Education 2030 Incheon Declaration
- 2030 Agenda for Sustainable Development.
- United Nations Convention on the Rights of the Child, 1989.
- United Nations Convention on the Rights of Persons with Disabilities (ratified by Ireland in March 2018).
- Ireland has a permanent delegation to the United Nations Educational Scientific and Cultural Organisation (UNESCO), which has developed an evidence-informed approach to technical guidance for sexuality education programming (2018).
- The World Health Organisation considers sexuality education an intrinsic component of population development and health promotion.
- The European Expert Group on Sexuality Education positions relationships and sexuality education in a rights based framework.
- As a United Nations member state, Ireland is obliged to comply with human rights, including the right to sexuality and reproductive health education.
- Ireland's National Sexual Health Strategy 2015-2020 stresses the importance of early exposure to quality sexuality education.
- Article 42.1 of Bunreacht na hÉireann recognises parents as the primary educators of their children.

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<sup>21</sup> World Health Organization, Sexuality Education, Policy Briefing 1.

<sup>22</sup> Spotlight. School based relationships and sexuality education (RSE) lessons for policy and practice. Nolan, A (2018). Oireachtas Library & Research Service.





## Outcomes from Sexuality Education

The WHO (2010)<sup>21</sup> have identified the following outcomes in relation to sexuality education:

1. To contribute to a social climate that is tolerant, open and respectful towards sexuality, various lifestyles, attitudes and values.
2. To respect sexual diversity and gender differences and to be aware of sexual identity and gender roles.
3. To empower people to make informed choices based on understanding, and acting responsibly towards, oneself and one's partner.
4. To be aware of and have knowledge about the human body, its development and functions, in particular regarding sexuality.
5. To be able to develop as a sexual being, meaning to learn to express feelings and needs, to experience sexuality in a pleasurable manner and to develop one's own gender roles and sexual identity.
6. To have gained appropriate information about physical, cognitive, social, emotional and cultural aspects of sexuality, contraception, prevention of STI and HIV and sexual coercion.
7. To have the necessary life skills to deal with all aspects of sexuality and relationships.
8. To have information about provision of and access to counselling and medical services, particularly in the case of problems and questions related to sexuality.
9. To reflect on sexuality and diverse norms and values with regard to human rights in order to develop one's own critical attitudes.
10. To be able to build (sexual) relationships in which there is mutual understanding and respect for one another's needs and boundaries and to have equal relationships. This contributes to the prevention of sexual abuse and violence.
11. To be able to communicate about sexuality, emotions and relationships and have the necessary language to do so.



## **A Rationale for Sexuality 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.

### **WHY DO YOUNG PEOPLE NEED SEXUALITY EDUCATION?**

Too many young people receive confusing and conflicting information about relationships and sex, as they make the transition from childhood to adulthood. 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 often misleading information, which influences a young person's knowledge and attitudes to their own sexuality as well as that of others. This has led to an increasing demand from young people for reliable information, which prepares them for a safe, productive and fulfilling life. A lack of high-quality, age- and developmentally-appropriate sexuality and relationship education may leave children and young people vulnerable to harmful sexual behaviours and sexual exploitation.

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## Does Sexuality Education Work?

One of the most popular arguments against the provision of sexuality education is that it encourages early sexual activity. This has been refuted by many studies.

The Sexual Health and Crisis Pregnancy Programme (SHCPP) in its summary report on Research on Teenage Sexuality (2012)<sup>23</sup> highlighted the following:

- Sex education is linked with safer sexual behaviour.
- 86% of young people have received some form of sex education.
- School-based sex education tends to focus on biological topics, with less emphasis on emotions, sexuality and relationships, which young people are keen to learn about.
- Although most parents say they have spoken to their children about sex, many young people still say that they have not received sex education at home.

UNESCO's Review of the Evidence on Sexuality Education (2018)<sup>24</sup> concluded that the evidence re-emphasises that sexuality education — in or out of schools — does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates.

## What works?

The Spotlight report on 'School-based relationships and sexuality education (RSE): Lessons for Policy and Practice' (2018)<sup>25</sup> highlights the following points for consideration in relation to sexuality education:

- Programmes addressing gender or power are five times as likely to be effective in reducing crises pregnancy and STIs.
- Young people engage better with a 'sex positive' approach: they want to learn about the risks but also the pleasures of sexuality.
- There is clear evidence that school-based sex education programmes are effective in improving sexual health outcomes.

- The most effective interventions are held in small groups, are multifaceted, interactive and involve a variety of activities.
- Well trained instructors are critical to a programme's success. The characteristics of the instructor affects young people's acceptance and engagement with the programme.
- Programmes that involve close liaison with sexual health services are particularly effective.
- Multicomponent interventions that link school-based sexuality education with non-school-based youth-friendly health services report better outcomes.

## Important to Note

- Abstinence-only programmes are not effective at promoting positive changes in sexual behaviour & young people report that they find abstinence approaches unrealistic.
- Discomfort is sometimes reported in mixed-sex classes emphasising the need for good class control to ensure a safe environment.
- There is an association between frequent use of violent pornography and sexually aggressive attitudes among adolescent boys.
- In excess of one third of students in an NUIG study exploring issues of consent who were not in a relationship (n=240) said they would find it difficult or very difficult to tell a partner that a particular sexual activity was not making them feel good.
- School-based sex education is not enough by itself to prevent HIV and ensure the health and rights of young people but it is a cost-effective strategy.
- Some LGBTI students report feeling invisible within sexuality & relationships education.
- Young people who report lessons at school as their main source of information about sex are less likely to have had unsafe sex in the past year than young people who report receiving most of their information about sex from other (non-parental) sources.

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## Key Characteristics of Effective Sexuality Education

The WHO (2010)<sup>21</sup> has identified key characteristics in relation to effective sexuality education (SE). These characteristics include:

- Youth participation in organising, delivering and evaluating.
- Interaction with young people as partners, using appropriate language and terminology with communication as a central focus and the trainer in the facilitator role.
- Continuous development and revisiting of the themes in a spiral fashion.
- Cooperation with partners in various settings.
- Responsiveness to the context of the young person and their specific social, cultural environment and developmental stage.
- Gender responsiveness to address different needs and concerns.

## Characteristics of Good Practice in the delivery of Sexuality Education (SE) Programmes

(adapted from Schools Based Relationships and Sexuality Education. Spotlight 2018)<sup>25</sup>

- Sexuality Education (SE) should be appropriate for young people's culture, age and sexual experience. It should use age-appropriate language, topics and activities.
- SE should continue throughout the period of the young person's engagement with the youth organisation.
- SE programmes should be of sufficient duration and intensity; that is programmes should be delivered via regular sessions, as well as special projects and events.

- SE programme content should be adaptable and flexible and identify core and peripheral features.
- Workers should employ a diverse range of interactive and participatory methodologies that actively engage young people.
- Where possible, youth organisations should take a proactive approach to engaging parents about Sexuality Education by informing them about programme content and accessing consent (where young people are under 18 years) and signposting them to sources of support and information.

## Sexuality Education Programme Content

- Bearing in mind age appropriateness, SE should be 'sex-positive'; that is, it should be open, frank and informative, and should acknowledge the pleasure of sex. It should reflect that some young people are sexually active and acknowledge young people's autonomy and level of maturity. It should not focus on abstinence.
- SE should reflect sexual diversity. It should avoid a heteronormative approach and highlight the full range of sexual activity, including lesbian, gay, bisexual and transgender relationships as well as Intersex and asexuality.
- SE should include sessions on consent, sexting, cyberbullying, online safety, sexual exploitation, and sexual coercion.
- SE should challenge, rather than reinforce, gender stereotypes and inequalities.
- SE should be culturally sensitive.
- SE should be integrated into a 'whole organisation' approach and should take account of the 7 Social and Personal

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<sup>23</sup> **Research on Teenage Sexuality.** For parents and people working with young people, such as youth workers and teachers (2012). HSE Crisis Pregnancy Programme.

<sup>24</sup> **"UNESCO. 2016. Review of the Evidence on Sexuality Education.** Report to inform the update of the UNESCO International Technical Guidance on Sexuality Education; prepared by Paul Montgomery and Wendy Knerr, University of Oxford Centre for Evidence-Based Intervention. Paris, UNESCO.

<sup>25</sup> **Spotlight. School based relationships and sexuality education (RSE) lessons for policy and practice.** Nolan, A (2018). Oireachtas Library & Research Service.

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Development Outcomes (UBU 2019)<sup>26</sup>; Communication Skills, Confidence & Agency, Planning & Problem Solving, Relationships, Creativity & Imagination, Resilience & Determination, Emotional Intelligence.

- SE should provide impartial information on contraception, safer sex, pregnancy and abortion.
- SE should discuss relationships and emotions.
- Where appropriate, potentially risky practices should be considered in combination, for example, considering the risks of sexual activity alongside substance use.
- Sessions on the risks of sexual activity need to be developed carefully; an overemphasis on risk can alienate some young people, particularly if the risks are emphasised at the expense of the positive and pleasurable aspects of sex.
- SE programmes should be developed with input from young people.

## SE delivery

- SE should take place in a safe environment for young people, where the limits of confidentiality are clearly outlined, and young people are free from any form of harassment. This includes the development of a group contract at the start of any programme (as is standard practice in youth work).
- Workers should be clear about their obligations in relation to any child protection concerns which may arise during a session.

- Workers should be aware of links with other policies, e.g. anti-bullying policy, equality policy etc.
- Sessions should be delivered in small groups.
- Workers delivering SE should be trained in this area, be sex-positive and enthusiastic about delivering SE.
- External sexual health professionals may be involved in the delivery of programmes on the basis of need and their particular expertise.
- Trained peer educators have a role to play in delivering SE, in partnership with workers in the organisation.

## Sexual health and advice services

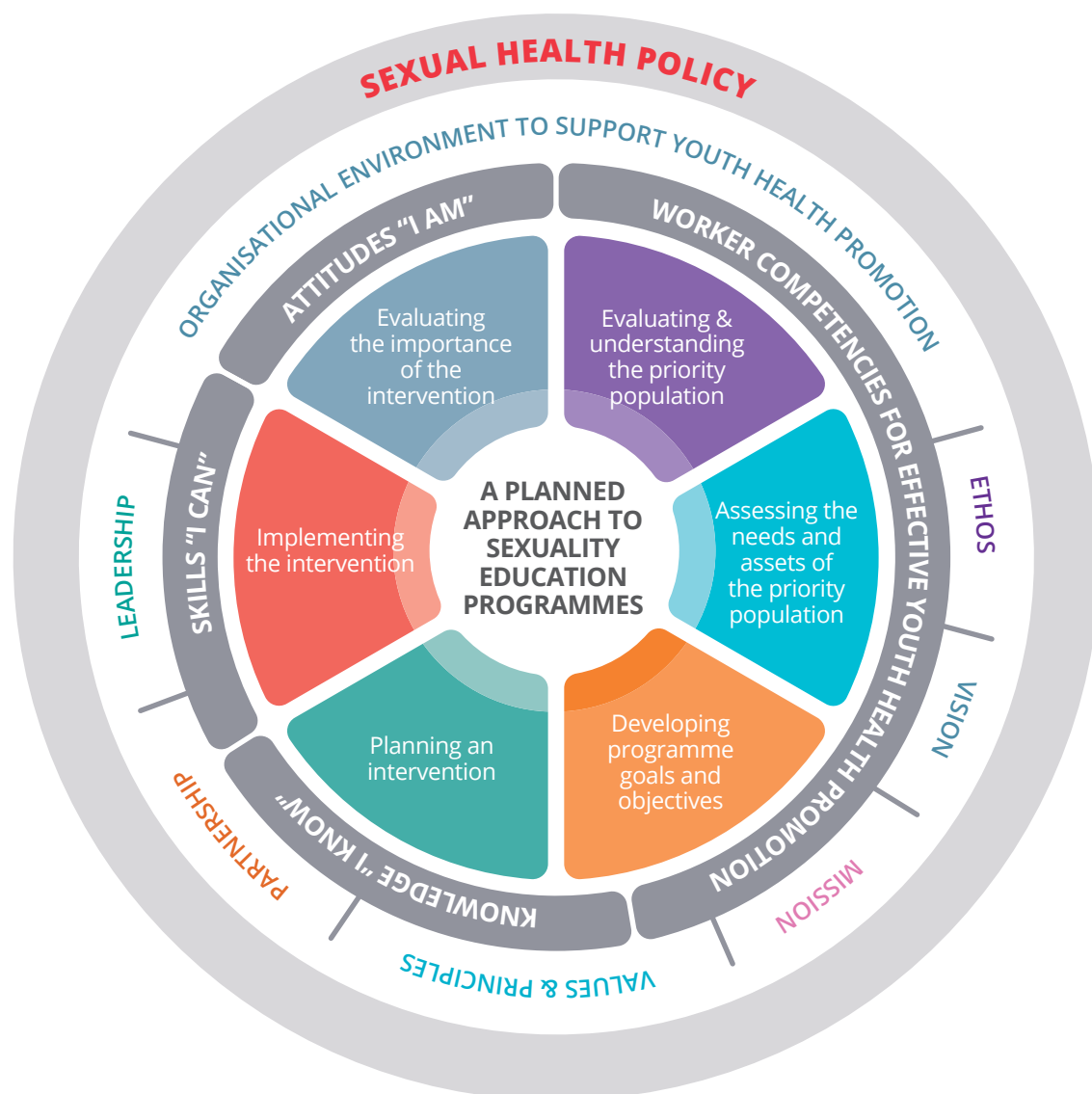
Sexuality Education programmes should involve close liaison with relevant sexual health and advice services, which can compliment the programme content and take referrals from the youth organisation if necessary.

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<sup>26</sup> UBU Your Place Your Space. Policy and Operating Rules. Department of Children and Youth Affairs 2019.

# A Practical Framework to enable Youth Organisations to Plan, Implement and Evaluate Sexuality Education Programmes

**Figure 4:** A Practical Framework to enable Youth Organisations to Plan, Implement and Evaluate Sexuality Education Programmes:



## Needs Assessment, Planning, Implementation and Evaluation

This model (taken from NYHP – Promoting Health in the Youth Sector: A Practice Manual)<sup>27</sup> provides a framework for the development of a comprehensive health

education programme in youth organisations. The model can also be applied to develop a comprehensive sexual health education programme.

<sup>27</sup> Promoting Health in the Youth Sector: A Practice Manual. 2013. National Youth Council of Ireland, National Youth Health Programme.



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The model can also be applied to develop a comprehensive sexual health education programme. 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 sexuality 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).

For more information on needs assessment, planning, implementation and evaluation, please click [here](#) which will take you to '**Promoting Health in the Youth Sector – A Practice Manual**' developed by NYHP 2013.

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## Planning Effective Sexuality Education Programmes

### APPROACHES FOR USE IN SEXUALITY EDUCATION:

Approaches to sexuality education exist in cultural and societal contexts which both inform and shape programme development and delivery. These contexts are constantly changing, sometimes in response to critical events, political developments or changes in legislation.

In planning any sexuality 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 promotion / sexuality policy)
- Needs of target groups
- Diversity factors
- Cultural factors
- Age profile
- Parental considerations
- Capacity and competence of workers
- Availability and evidence base of resources
- Access to external expertise/services

The main approaches to sexuality education that have emerged fall into three broad categories: the abstinence only, the comprehensive sexuality education and the holistic sexuality education approaches. A sex positive approach is critical in the delivery of sexuality education. There is sometimes a tendency for sexuality education programmes to focus on the risks associated with sexual activity. Young people engage more with programmes that recognise the reality that sexual activity is meant to be pleasurable and enjoyable.

The key features of these approaches are outlined in the table below. Additionally, the table outlines a number of other possible approaches which can be used and their accompanying features.

APPROACHES	FEATURES
<b>Abstinence Only Approach</b>	<p>The main aim of this approach is to delay the sexual initiation of young people, and at its most extreme, to delay sexual intercourse until marriage. Programmes using this approach often do not include information and advice on safer sexual practices or contraception.</p> <p>Critics of this approach suggest that it is overly focused on problematising sex and is out of step with the reality of young people's lives.</p>
<b>Comprehensive Sexuality Education (CSE) Approach</b>	<p>Within this approach, delay in sexual activity may be the desired outcome, but it recognises the reality that some young people will engage in sexual activity and there is a need to provide them with the information and skills necessary to engage in and manage healthy sexual relationships.</p> <p>It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realise their health, well-being and dignity; develop respectful and social relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.</p> <p>Comprehensive sexuality education (CSE) is a curriculum based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. CSE addresses social and emotional learning alongside biological and risk prevention information. Critics of this approach contend that it does not go far enough in promoting a positive view of sexuality as a source of growth, development and happiness, rather than predominantly addressing its health risks.</p>
<b>Holistic Sexuality Education (HSE) Approach</b>	<p>The Holistic Sexuality Education (HSE) Approach and the CSE approach may be seen as 'more of a continuum than opposing views' (Keeting and Winkleman 2013)<sup>28</sup>. The HSE approach focuses on 'sexuality as a positive human potential and as a source of satisfaction and pleasure'.</p> <p>The aim of HSE programmes is to help young people to develop the ability to make conscious, satisfactory, healthy and respectful choices regarding relationships and sexual health. This approach advocates programmes that are age and stage appropriate, culturally, socially and gender-responsive. HSE is a lifelong process from birth and is based on scientifically accurate information. (WHO 2010)<sup>21</sup></p>



APPROACHES	FEATURES
<b>Life Skills Approach</b>	<p>The Lifeskills Approach seeks to embed positive values and attitudes towards sexual and reproductive health, and self-esteem, respect for human rights and gender equality.</p> <p>It aims to enhance young people's ability to take responsibility for making healthier choices, resisting negative pressures, negotiating healthier relationships and avoiding risk behaviours.</p>
<b>Sex Positive Approach</b>	<p>A Sex Positive approach to sexuality education refers to a programme that is frank and open, while acknowledging the diversity of sexual desire and emphasising consent.</p> <p>UNESCO (2018) noted that research has indicated that young people have expressed a desire for more unbiased information about abortion, forms of contraception and the feelings that can accompany sexual activity. Some young people also reported that lesbian, gay, bisexual and transgender students were invisible within sexuality and relationships education (Spotlight 2018)<sup>25</sup></p>
<b>Peer Education Approach</b>	<p>The Peer Education approach focuses on the peer educators modelling appropriate behaviours and teaching social skills, rather than just producing factual information. It 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.</p> <p>It suggests that messages are more likely to be listened to if those delivering them appear easy to identify with and are strongly associated with the establishment. It also 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.</p>
<b>Harm Reduction Approach</b>	<p>The Harm Reduction approach aims to reduce harm from risky sexual behavior through the provision of accurate information about sexual health and risk-taking behavior.</p> <p>It promotes the development of safer sex practices. It also assumes that some young people will have sex and that they will be more likely to avoid harm from their sexual behavior through harm minimisation education than through education that implicitly or explicitly advocates abstinence.</p>

<sup>28</sup> Ketting, E., and Winkelmann, K. (2013) 'New Approaches to sexuality education and underlying paradigms', Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz 56(2), 250-255



## **Methodologies for Sexuality Education**

For sexuality 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. Please click [here](#) which illustrates a list of possible methodologies which can be used with young people in sexuality education programmes.

## **The Context for Sexuality 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. Many more organisations access training in evidence based/evidence informed programmes. Some organisations also choose 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 work ongoing

within youth organisations in this area. In the past, the assumption was sometimes made, that in order to respond to the sexuality education needs of young people, programmes had to focus exclusively on the biological and technical aspects of sex and sexuality. However, a comprehensive sexuality education programme is developmental in nature and is also based on a holistic exploration of personal, social and life skills.

It should be remembered that sexuality 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 & alcohol use
- Mental & emotional wellbeing
- Spiritual health
- Physical health
- Personal development
- Diversity
- Oppression & discrimination
- Body image & self-esteem.

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The provision of the sample topic guide below, is in no way intended to replace or take from the excellent work currently undertaken by youth organisations. This sample topic guide:

- Offers a framework on which youth organisations can further develop existing programmes.
- Provides an incentive for youth organisations to make formal provision for sexuality education.
- Offers a flexible framework within which organisations can plan for the sexuality education programme most suitable for the particular needs, age and developmental stage of the young people and the ethos and value base of the organisation in question.

The following points (adapted from SPHE Guidelines, 2000)<sup>29</sup> should be considered when using this sample topic guide to plan a sexuality education programme within your organisation:

- Any sexuality education work should be integrated into a holistic, broad-based health education programme addressing a variety of issues including mental health, physical health, social health etc. taking a sex positive approach.
- The characteristics of the local situation should determine the contents of the local programme. Young people's needs and expectations, developmental differences in young people, local socio-economic influences, parents' 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 – the time allocated 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 your organisation's programme is dependent on the young people's age, needs and circumstances. The range of themes and topics you choose to address in your organisation's sexual health education programme should also be dictated by the developmental stage at which the young people are at.
- Overlapping of topics – your sexuality education programme may contain topics or aims which are common to other health education programmes delivered within your organisation. 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 sexuality education programme should be undertaken in the light of organisational policy in this area.

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<sup>29</sup> Social, Personal and Health Education. An Roinn Oideachais agus Eolaíochta.



## **A Sample Topic Guide for Sexuality Education with Young People in Youth Organisations.**

The International Technical Guidance on Sexuality Education (2018)<sup>30</sup> was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials.

This guidance provided takes a rights-based approach that emphasises values such as inclusion, respect, equality, empathy,

responsibility and reciprocity as inextricably linked to universal human rights. It is also grounded in the understanding that advancing gender equality is critical to young people's sexual health and wellbeing. Finally, it promotes a learner-centred approach to education, whereby the focus of instruction is on the young person. The guidance outlines 8 key concepts, topics and learning objectives. The following table provides an overview of the concepts and associated topics.

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<sup>30</sup> International Technical Guidance on Sexuality Education. Evidence Informed Approach. Revised Edition (2018) Published by the United Nations Educational, Scientific and Cultural Organization (UNESCO), 7, place de Fontenoy, 75352 Paris 07 SP, France, UNAIDS Secretariat, 20, Avenue Appia, CH-1211 Geneva 27, Switzerland, The United Nations Population Fund (UNFPA), 605 Third Avenue, New York, NY 10158, United States of America, The United Nations Children's Fund (UNICEF), UNICEF House, 3 United Nations Plaza, New York, NY 10017, United States of America, UN Women, 220 East 42nd Street, New York, NY 10017, United States of America, And The World Health Organization (WHO), 20, Avenue Appia, CH-1211 Geneva 27, Switzerland. © UNESCO 2018 UNESCO's ISBN 978-92-3-100259-5.

KEY CONCEPT 1 <b>RELATIONSHIPS</b>	<b>Topics</b> <b>1.1</b> Families <b>1.2</b> Friendship, Love and Romantic Relationships <b>1.3</b> Tolerance, Inclusion and Respect <b>1.4</b> Long Term Commitments and Parenting
KEY CONCEPT 2 <b>VALUES, RIGHTS, CULTURE &amp; SEXUALITY</b>	<b>Topics</b> <b>2.1</b> Values and Sexuality <b>2.2</b> Human Rights and Sexuality <b>2.3</b> Culture, Society and Sexuality
KEY CONCEPT 3 <b>UNDERSTANDING GENDER</b>	<b>Topics</b> <b>3.1</b> The Social Construction of Gender and Gender Norms <b>3.2</b> Gender Equality, Stereotypes and Bias <b>3.3</b> Gender-based Violence
KEY CONCEPT 4 <b>VIOLENCE &amp; STAYING SAFE</b>	<b>Topics</b> <b>4.1</b> Violence <b>4.2</b> Consent, Privacy and Bodily Integrity <b>4.3</b> Safe Use of Communication and Information Technologies ICTs
KEY CONCEPT 5 <b>VALUES, RIGHTS, CULTURE &amp; SEXUALITY</b>	<b>Topics</b> <b>5.1</b> Norms and Peer Influence on Sexual Behaviour <b>5.2</b> Decision-making <b>5.3</b> Communication, Refusal and Negotiation Skills <b>5.4</b> Media Literacy and Sexuality <b>5.5</b> Finding Help and Support
KEY CONCEPT 6 <b>THE HUMAN BODY &amp; DEVELOPMENT</b>	<b>Topics</b> <b>6.1</b> Sexual and Reproductive Anatomy and Physiology <b>6.2</b> Reproduction <b>6.3</b> Puberty <b>6.4</b> Body Image
KEY CONCEPT 7 <b>SEXUALITY &amp; SEXUAL BEHAVIOUR</b>	<b>Topics</b> <b>7.1</b> Sex, Sexuality and the Sexual Life Cycle <b>7.2</b> Sexual Behaviour and Sexual Response
KEY CONCEPT 8 <b>SEXUAL AND REPRODUCTIVE HEALTH</b>	<b>Topics</b> <b>8.1</b> Pregnancy and Pregnancy Prevention <b>8.2</b> HIV and AIDS Stigma, Care Treatment and Support <b>8.3</b> Understanding, Recognising and Reducing the Risk of STIs, including HIV

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## Selecting and Adapting Materials:

In developing your sexuality education programme, it is unlikely that you will find one resource that meets all the needs of your group. It is sometimes 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:

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**Figure 5:** Selecting and Adapting Materials:





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Each of these areas should be considered carefully in choosing the materials you are going to use / adapt for use in sexuality 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, and culturally appropriate.

Remember that you cannot assume sexual orientation and therefore, any resources/materials used should avoid a heteronormative bias. Also remember that you cannot assume gender identity and that some young people may identify as non-binary or gender fluid or maybe be Transgender but not yet transitioning. It is important to ensure that all groups participating in sexuality education understand that this is the norm. Additionally, your materials should be suitable for the literacy levels of your group members, therefore, the use of creative, non-literacy-based activities are 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 sexuality 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.

## 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 piloted first 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.

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, that 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 are 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 sexuality 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!



### **Some Key Consideration Regarding Implementation of Sexuality Education Programmes**

Having identified the content, materials, approaches and methodologies for your sexuality education programme, the next stage in the process is to implement the programme.

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.



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## Contracting with young people:

Key elements include:

- **Consultation with young people** – talking to young people, establishing what their needs are and ensuring that needs are met through a programme that has relevance for them.
- **Setting and agreeing ground rules including appropriate and inclusive 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.
- **Reporting Obligations** – Ensure that both workers and young people are clear about workers' reporting obligations in relation to child protection issues and risk of harm.
- **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 sexuality 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 / offensive in different situations. Therefore, agreement should be made 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 young people of all genders can work together in order to foster understanding about one another. However, there may be times where it is more appropriate to work in single gender 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. However, we still need to remember not to make assumptions about any young person's gender identity.



### **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.
- 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 issues related to child protection should be dealt with in accordance with the organisation's child protection policy and procedures.
- Any suspicion of bullying relating to sexual orientation, gender identity 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 Sexuality Education:

It should be acknowledged that:

- There is likely to be a wide spectrum of maturity within any group of young people.
- Sexuality education deals with feelings as well as facts and this can make additional demands on the workers.
- Young people 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 sexual orientation while others may be very clear and confident in this regard.
- Some young people may be uncertain about their gender identity while others may be very clear and confident in this regard.

It is important that the worker feels comfortable and secure in their role when delivering any aspect of sexuality 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 controversy.
- Ability to contribute to young people's thinking without imposing own values.
- Awareness and respect for one's own attitudes and values in relation to gender, sexuality and sexual orientation.

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## Tensions and Difficulties:

The breadth of sexuality 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 fear sometimes expressed in the wider public is that passing on information 'encourages sexual activity'. However, effective sexuality education is about exploring (and in some cases challenging) behaviour. Research has indicted that sexuality education – in or out of schools – does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates (UNESCO 2018)<sup>31</sup>.
- 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.

- Sexuality 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 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 sexuality 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 sexuality education and in the management of these tensions and difficulties.

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<sup>31</sup> Why Comprehensive Sexuality Education is Important. 2018. UNESCO. [www.unesco.com](http://www.unesco.com)



## Competencies of Sexuality Educators

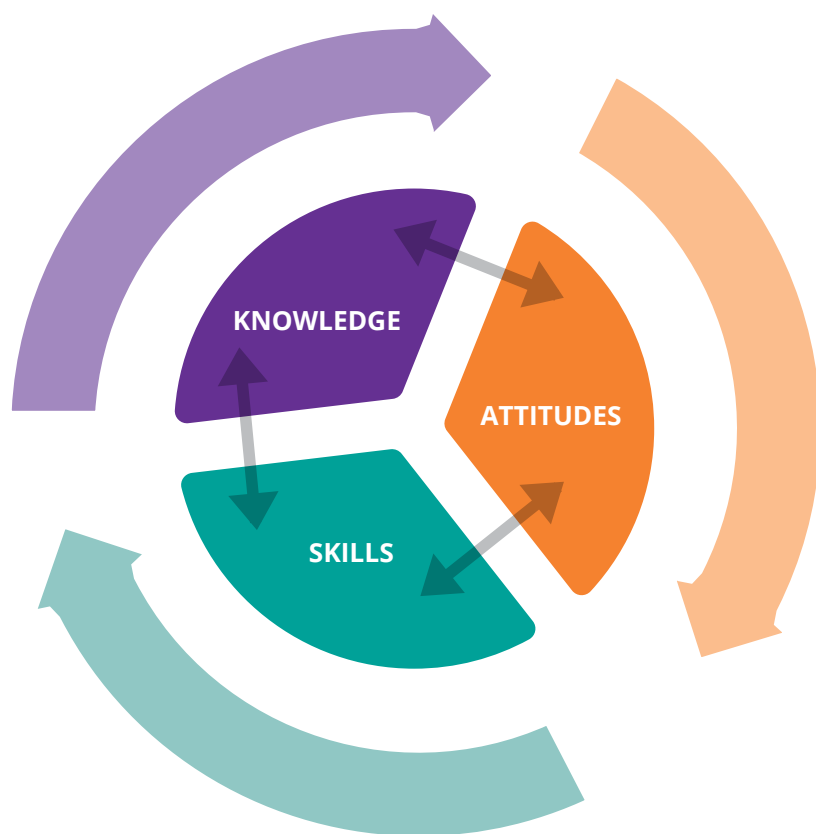
The WHO (2017)<sup>21</sup> have developed a framework which focuses on sexuality educators and the competencies they should have, or develop, in order to conduct sexuality education.

The framework is intended to provide support and to facilitate the implementation of training programmes for sexuality educators and/or improve the quality of existing programmes. It is intended as a foundation document to guide countries in the development of their own training manuals and methods. In answer to the question 'Why should educators be trained for sexuality education?', The WHO identified the following:

- Training of sexuality educators is one of the key factors influencing the quality of sexuality education programmes.

- Sexuality education differs from other topic areas in different ways. These differences make specific training for educators in this area especially crucial.
- Learners and sexuality educators themselves demand quality training of sexuality educators.
- In addition to training, sexuality educators need a supportive environment in order to deliver sexuality education in an effective, enabling and inclusive way.

The framework presents different components of the interrelated competencies sexuality educators should possess in order to conduct sexuality education – namely attitudes, skills and knowledge (Fig. 6).



Interrelationship of attitudes, skills and knowledge

## Overview of Components of Competencies of Educators

### Attitudes

- Commitment to sexuality education.
- Respect for integrity and understanding of boundaries.
- Open-mindedness and respect for others.

### Skills

- Ability to create and maintain a safe, inclusive and enabling learning environment.
- Ability to use interactive teaching and learning approaches.
- Ability to communicate effectively.
- Ability to reflect on beliefs and values.

### Knowledge

- Knowledge about relevant topics in sexuality education.
- Basic knowledge of health promotion and psychology.
- Knowledge of methods on how to deliver sexuality education.
- Knowledge about different sexuality education approaches and their impact.





## Attitudes

### **Commitment to Sexuality Education**

- Be willing and motivated to teach sexuality education.
- Be committed to the principles of comprehensive and holistic sexuality education.
- Be convinced that comprehensive and holistic sexuality education has a positive impact on the (sexual) health and well-being of learners.
- Be prepared to examine and challenge harmful sexual and gender norms and practices, injustices and vulnerabilities
- Be willing to challenge personal opinions, norms and feelings related to topics in sexuality, different cultural and religious backgrounds, abilities, gender identities and sexual orientation of learners, their parents and colleagues (other educators).
- Be aware that own experiences, attitudes and behaviour influence the way of educating learners.
- Be responsive to parents' concerns about sexuality education and be prepared to address them with respect and by reasoning with evidence-based information.

### **Respect for Integrity and Understanding of Boundaries**

- Respect privacy and the physical, psychological and sexual integrity of oneself and others (learners, parents, colleagues).
- Refrain from disclosing information about the sexuality of learners.
- Refrain from sharing personal information about own sexuality.
- Be willing to reflect on and understand personal and other people's situations, feelings, beliefs, attitudes and values (including own biases and personal opinions) regarding sexuality and relationships.
- Be aware of and accept own boundaries and limitations and be willing to refer to other professionals.
- Be committed to treating all persons, regardless of their different backgrounds, abilities, gender identities and sexual orientation, with respect and dignity.
- Demonstrate zero tolerance of sexual and gender-based violence and discrimination and be prepared to protect learners from it.

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## Open Mindedness and Respect for Others

- Regard sexuality as a positive potential of all individuals.
- Demonstrate a positive attitude and respect towards sexuality in children, young people and adults, according to their age and development level.
- Be willing to leave children and young people their freedom and the social space they need to develop their sexuality according to their age and development level.
- Be open about different backgrounds, abilities, gender identities and sexual orientation.
- Demonstrate an understanding for societal, cultural, religious, familial and individual factors influencing sexual behaviours and other expressions of sexuality.
- Demonstrate understanding of and respect for human rights that apply to learners, their parents and colleagues, including sexual and reproductive rights as stipulated in relevant policies, conventions and declarations.
- Understand and respect the many different perspectives relating to sexual choices, behaviours and expression.
- Respect and create awareness of social responsibility and promote tolerance.

## Skills

### Ability to Create and Maintain a Safe, Inclusive and Enabling Learning Environment

- Be able to create and maintain a safe, inclusive and enabling learning environment so that all learners of different cultural and religious backgrounds, abilities, gender identities and sexual orientations feel protected, included and empowered to participate.
- Be able to use sexuality education to promote and reinforce health-promoting-school policies (including prevention of sexual and gender-based violence).

- Be vigilant for early symptoms, markers or signs of aggressive behaviour, sexual and gender-based violence and abuse among learners and colleagues and respond adequately.
- Be able to establish rules about respect, confidentiality and questions.

### Ability to Use Interactive Teaching and Learning Approaches

- Be able to use a wide range of interactive and participatory student-centred approaches and tools to help learners stay engaged, acquire knowledge, stimulate reflection and communication and develop skills necessary for building healthy relationships and making informed decisions.
- Be able to search and assess existing materials and methods in order to identify evidence informed, age- and development-appropriate materials and effective methods.

### Ability to Communicate Effectively

- Be able to communicate with confidence and in a non-judgemental way.
- Be able to use appropriate language that is understood by the learners, that feels comfortable and takes into account different cultural and religious backgrounds, abilities, gender identities and sexual orientations.
- Be able to discuss openly various sexuality-related topics and issues with learners in an age-appropriate and development-appropriate, culturally sensitive and multi-perspective way
- Be able to refrain from imposing personal views, beliefs and assumptions on learners.
- Be able to analyse and critically discuss social and cultural contexts and factors that influence sexuality and sexual behaviour of learners.
- Be able to communicate effectively with learners and their parents on complex and controversial topics related to sexuality in a professional and non-judgemental way.





- Be able to respond appropriately to provocative questions and statements.

### **Ability to Reflect on Beliefs and Values**

- Be able to reflect critically and constructively on and understand personal feelings, beliefs, experiences, attitudes and values (including biases and prejudices) regarding sexuality and relationships.
- Be able to reflect on and better understand others' feelings, beliefs, attitudes and values regarding sexuality and relationships.
- Be able to reflect on what is understood as "normal" by learners and in the wider society (e.g. body image, gender roles).
- Be able to support learners in developing critical thinking (for example, in differentiating between reliable and unreliable sources of information).

## **Knowledge**

### **Knowledge about the Relevant Topics in Sexuality Education**

- The human body and human development (e.g. all body parts, their function, different body types, age differences in bodies and their development).
- Fertility and reproduction (e.g. pregnancy, birth, menstrual cycle and development, impact of motherhood and fatherhood).

- Sexuality in general (e.g. emotion, feelings, physical aspects, enjoyment, pleasure, different sexual expressions and behaviour, sexuality at different ages, gender differences).
- Variety of emotions (e.g. different types of emotions, words for emotions, different kinds of love and differences between love, friendship, etc.).
- Relationships and different lifestyles (e.g. friendship, companionship, dating relationships, same-sex relationships; various forms of family relationships and their breakdown, maintaining relationships).
- Sexuality, health and well-being (e.g. how to build up awareness of own body; symptoms, risks and consequences of unsafe, unpleasant and unwanted sexual experiences; transmission of HIV and other sexually transmitted infections, prevention, treatment, care and support; risky sexual behaviour and its consequences, sexual abuse, positive influence of sexuality on health and wellbeing).
- Sexuality and rights (e.g. international sexual rights of children, national laws and regulations).
- Social and cultural determinants of sexuality (e.g. social, cultural and religious norms and values in different societies; influence of peer pressure, media, pornography, laws on sexual decisions, partnership and behaviour).

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## **Basic Knowledge of Health Promotion and Psychology**

- Psychosexual development and theory of socialisation of children and young people.
- Learning styles and learning strategies of learners.
- Communication and crisis intervention.
- Behaviour development and/or change.
- Concept of health literacy.
- Models and good practice of sexual health promotion.
- Determinants of sexual behaviour of learners (e.g. background, school environment, family, peers).
- Relevant support services, including referral systems, for learners and educators for information on sexuality and health.

## **Knowledge of Methods on How to Deliver Sexuality Education**

- Interactive and participatory teaching methods appropriate for specific target groups (with different backgrounds and abilities) and learning objectives.
- Knowledge of different quality materials, lesson packages and sources of information for educators.
- Knowledge of how to organise, manage and conduct a project and lessons in sexuality education (e.g. coordinating different actors in a project, planning field trips).
- The language children and young people use in regard to sexuality.
- Accurate terminology in different fields dealing with sexuality (e.g. psychology, medicine, sociology).
- Strategies and techniques to empower learners in media literacy, especially in respect of social media.
- Online and offline information provided about sexuality used by learners (e.g. pornography and its messages, magazines, books).

## **Knowledge About Different Sexuality Education Approaches and Their Impact**

- Different concepts of sexuality education.
- Quality criteria of programmes and methods in sexuality education
- Impact of holistic sexuality education on the sexual health and well-being of learners.
- Positive impact of holistic sexuality education on societal development
- Resistance against sexuality education in society.
- Barriers to the implementation and provision of sexuality education.
- Ensure that the youth organisation is informed of all sexuality 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, therefore, 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-judgemental, respectful and sensitive.
- Ensure that the sexuality and sexual health work is informed by a research and evidence base which ensures maximum effectiveness and best use of resources.
- Always review the work on an ongoing basis, establishing a quality system of monitoring and evaluation.



## CREATING SUPPORTIVE ENVIRONMENTS

## In this section

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- Introduction
- The Organisation's Vision, Mission and Values
- Good Practice Guidelines for Creating Supportive Social Environments for Young People
- Good Practice Guidelines for Creating Supportive Social Environments for Workers
- Good Practice Guidelines for Creating Supportive Physical Environments for Young People & Workers
- Induction, Training, Support & Supervision for Workers



## Introduction

**In addition to the development and delivery of sexuality 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 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 board of management 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 sexuality and sexual health work and so require relevant support structures to meet their particular needs.

This section will explore the importance of the organisation's vision, mission, and values, as well as the necessity for creating supportive social, physical and cultural environments both for young people and workers.




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# The Organisation's Vision, Mission and Values

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## Young People

### SOCIAL ENVIRONMENT

- Respect, honesty, openness & non-judgemental approach.
  - Access to accurate information & needs based education programmes which are evidence based and evidence informed.
  - Access to workers of both genders.
  - Celebration of diversity.
  - An appropriate 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 & non-judgemental approach.
- Access to induction, training, support and supervision; a safe space in which to discuss issues of interest and concern.
- Celebration of diversity.
- Policies in place to support the work.
- Access to accurate, up to date information.
- Empowerment and opportunities to participate in organisational decision-making.
- Relationships with external agencies & openness to working in partnership.


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## 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.
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## Physical Environment

- Comfortable, warm, hazard-free space in which to work and learn.
  - Use the physical space to communicate positive messages about sexual health, e.g. posters, leaflets.
  - Compliance with Health & Safety Legislation & policy.
  - Access to privacy when required.
  - Physically accessible buildings for those with special needs.
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# The Organisation's Vision, Mission and Values

## Vision Statement

A vision statement is a statement of an organisation's overarching aspirations of what it hopes to achieve or to become in the future.

## Mission Statement

A mission statement describes what the organisation needs to do now to achieve the vision.

The vision and mission statements must support each other, but the mission statement is more specific.

## Values

Values are fundamental beliefs. The strengths of the organisation are built on these core values. They become the essence of the organisation, understood and respected by all everyone in the organisation.

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

## A CLEAR AND EXPLICIT VALUES BASE IDEALLY WILL:

- Ensure sexuality and sexual health work is accessible – this means taking account of particular needs of the organisation's target groups.
- Celebrate diversity e.g. in terms of identity, gender, sexual orientation, ethnicity, socio-economic factors, culture, age or ability.
- Ensure that individuals and groups are safe from coercion and discrimination - this includes equipping people with the skills to identify pressure, exploitation, abuse, harassment and bullying and to seek the necessary support to address these issues.
- Support the development of self-esteem.
- Support young people to develop the competencies necessary to achieve the 7 personal and social outcomes ([ubu.gov.ie](http://ubu.gov.ie)) supporting the development of their sexual health
- Be grounded in a positive and holistic model of sexuality and sexual health.









## A Supportive Cultural Environment

The vision, mission and values base of an organisation informs the culture of an organisation. The National Sexual Health Strategy (2015) highlights the importance of a supportive cultural environment for sexual health and wellbeing and includes three recommendations in this regard as follows:

- 1 Promote an environment of openness to reduce the negative impact of stigma relating to sexual health and wellbeing.
- 2 Develop guidelines on the implications of the legislative environment relating to the provision of sexual health services.
- 3 Develop a communications strategy to highlight developments and priorities in sexual health both through research findings and progress on strategic actions. This work is ongoing at both national and local level and informs the development and maintenance of supportive environments within organisations.

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# Good Practice Guidelines for Creating Supportive Social Environments for Young People

## Organisations should:

- Work with young people to create an environment where it is relaxed, safe and comfortable to talk about sex in a positive way.
- Work with young people in a way which promotes respect, honesty and openness in a non-judgemental environment.
- Provide young people with access to accurate, age-appropriate sexual health information in attractive and user-friendly formats.
- Provide evidence informed and evidence-based sexuality education programmes for young people which are inclusive of diversity and not exclusively heteronormative in focus and content.
- Ensure that young people are involved in the development of group contracts to support this work and that they are aware of the limits of confidentiality in this regard.
- Promote equality and a celebration of diversity, particularly with regard to identity, gender, sexual orientation, ethnicity, culture and disability.
- Ensure that discrimination of any kind, e.g. homophobia, transphobia, is addressed.
- Have developed and implemented referral procedures which best meet the needs of the young people with whom they work.
- Empower young people to have a voice and to actively participate in decision-making processes within the organisation.

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Youth Work Ireland's Resource **'Talking about Sexual Health. Opening Conversations with Young People about sexual health and staying safe' (2019)**<sup>33</sup> provides additional guidance on Creating a Safe Environment to talk about sexual health.

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<sup>33</sup> **Talking about Sexual Health. Opening Conversation with Young People about Sexual Health and Staying Safe,** Youth Work Ireland 2019.

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# 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-judgemental approach.
- Ensure that workers have access to induction, training, support and supervision, and a safe space in which to discuss issues of interest and concern.
- Provide workers with opportunities to access accurate, up-to-date information which supports them in their work in this area.
- Ensure that workers have access to training on evidence informed and evidence-based sexuality education programmes which are inclusive of diversity and not exclusively heteronormative in focus and content.
- Promote equality and a celebration of diversity, particularly with regard to gender, sexual orientation, ethnicity, culture and disability. For more information in this regard, please see [NYCI's resource; 8 Steps to Inclusive Youth Work](#).
- Ensure that discrimination of any kind, e.g. homophobia, transphobia is addressed.
- 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 & safety policy, anti-bullying policy, complaints policy, substance use policy etc.
- Provide opportunities for workers to participate in organisational decision-making based on 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.





## 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.
- Use the physical space (as well as the organisation's online space) to communicate positive messages about sexual health, e.g. posters, leaflets.
- Ensure that the physical working environment complies with Health & Safety Legislation and should have in place an accompanying Health & 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.



## Induction, Training, Support & Supervision for Workers

To support the implementation & maintenance of sexuality and sexual health work, workers need to be equipped with the knowledge, skills, qualities and supports that allow them to respond to young people openly and objectively. Sexual health work may raise some issues and concerns for young people that 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.

### Induction

Part of an effective induction process is to introduce workers to the organisation's vision, mission and values base as well as the policies and practice. This should include the sexual health policy and the various responses and approaches used in this work.

### 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 identify and explore 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 information in relation to young people's sexual health.
- Provide workers with the skills necessary to identify the needs of their specific target groups and identify and implement and evaluate appropriate responses.
- Incorporate good practice guidelines which will promote the safe and effective implementation of this work.
- Familiarise workers with organisational policy in this regard.



It is essential for workers to have access to established forms of support. Work with young people, especially those with complex needs, 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 ethical dilemmas which personally impact them. Although there may be line management supervision in place, managers may not always have in-depth knowledge of sexual health issues. A supportive 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 about their work performance, agreed tasks and future development. Supervision is essential in order to:

- Monitor practice.
- Monitor feedback from young people.
- Ensure accountability in relation to work and performance.
- Discuss factors, achievements, issues and concerns affecting work.
- Provide support for workers.
- Identify emerging needs and accompanying responses for workers.

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



## Checklist for Youth Organisations regarding Induction, Training, Support & Supervision

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

\* For more information please download NYCI Starting Out The National Induction Training Programme for Volunteers engaged in Youth Work Practice.<sup>34</sup>

KEY AREAS	KEY QUESTIONS
INDUCTION	<p>Does your organisation have a formal induction programme / process for new workers?</p> <ul style="list-style-type: none"><li>• Which of the following does it include and how is the worker inducted into the following areas?<ul style="list-style-type: none"><li>&gt; Organisational ethos / vision / mission.</li><li>&gt; Organisational Policy (e.g. sexual health, referral, child protection, confidentiality, health &amp; safety, bullying, drugs and alcohol, mental health etc.).</li><li>&gt; Organisational Procedures (e.g. reporting, referral, code of behaviour etc.).</li><li>&gt; Role, Responsibilities &amp; Accountability.</li></ul></li><li>• Who has responsibility for the provision and effective management of this induction process?</li><li>• How does the organisation ensure that induction is provided on an equal / equitable basis?</li></ul>
TRAINING	<ul style="list-style-type: none"><li>• How are workers' training needs identified?</li><li>• How are training needs prioritised?</li><li>• What types of training does the organisation access (e.g. in-house, external, expert-led, accredited etc.)?</li><li>• How does the organisation motivate workers to participate in training in order to enhance their personal and professional development?</li><li>• How are workers facilitated to participate in training in order to improve their practice?</li><li>• How is the impact and outcomes of training evaluated?</li><li>• How is any learning from training disseminated within the organisation?</li><li>• Who has responsibility for the provision and effective management of training in the organisation?</li><li>• How does the organisation ensure that training is provided on an equal / equitable basis?</li></ul>

<sup>34</sup> 'Starting Out', The National Induction Training Programme for Volunteers engaged in Youth Work Practice, provides a framework for the content and learning outcomes for training volunteers. Further information is available at: [www.youth.ie](http://www.youth.ie)



KEY AREAS	KEY QUESTIONS
SUPPORT	<ul style="list-style-type: none"> <li>• What support systems exist for workers within the organisation (e.g. peer support, line management support, external support)?</li> <li>• How are these systems implemented and evaluated?</li> <li>• How are workers encouraged and facilitated to avail of these support systems?</li> <li>• Who has responsibility for the provision and effective management of these support systems?</li> <li>• How does the organisation ensure that support is provided on an equal / equitable basis?</li> </ul>
SUPERVISION	<ul style="list-style-type: none"> <li>• What supervision structures exist for workers within the organisation (e.g. formal, informal, group, one-to-one, internal, and external)?</li> <li>• 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, feed back to the organisation etc.)?</li> <li>• How is the effectiveness of these systems monitored and evaluated?</li> <li>• Who has overall responsibility for the provision and effective management of these supervision structures?</li> <li>• How does the organisation ensure that supervision is provided on an equal /equitable basis?</li> </ul>



**POLICIES &  
PROCEDURES TO  
SUPPORT SEXUAL  
HEALTH WORK IN  
YOUTH ORGANISATIONS**

# In this section

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## **Introduction**

## **Policy Development**

- Definition of Policy
- Rationale & Purpose for Policy
- 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
- Good Practice Guidelines for Developing, Implementing and Evaluating Sexual Health Policy in Youth Organisations

## **Key Issues for Consideration in Relation to the Development of a Sexual Health Policy:**

- Consent
- Age of Consent

- Assent
- Parental Consent
- Confidentiality
- Links with the Organisation's Child Protection Policy
- Links with Other Relevant Policy Areas
- Definition of Sexual Abuse
- Underage Pregnancy
- Recording, Reporting & Referrals

## **Legal Considerations:**

- The Legislation
- Rape
- Aggravated sexual assault
- Sexual assault

## **Guidelines of Managing Sexual Health Related Incidents**



## Introduction

Youth organisations have amassed a considerable amount of experience, at this stage, in the area of policy development across a significant number of areas.

Management and workers are very aware of the importance of having effective and accessible policies in place to support the planning and delivery of safe and effective Youth Work. The demands made in this regard, are ever increasing. These have been driven by legislative requirements, quality assurance measures, developments in practice and the complex social issues organisations have to face.

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. However, regardless of all of these extremely important considerations, it is vital that organisations do not lose sight of the need to take a sex/sexuality positive approach in this area of policy. There is sometimes a tendency for policy to focus on what cannot/should not be done due to legal considerations or particular sensitivities. Young people and workers look to policy as a guide and support for the work they are jointly involved in. Therefore, it is important that policies in this regard are positive in tone and content and motivate, support and celebrate this work.

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 the organisation's approach to sexual health, age of consent, parental consent and confidentiality.



## 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..."*

(Professor Platt 2022)<sup>35</sup>

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 & Purpose for Policy

Policy development is necessary for the following reasons:

- To enable organisations to reflect their mission, vision, and values in the work they do.
- To encourage good practice.
- To support young people, workers and management within the organisation.
- To meet the specific needs of the organisation's target groups.
- To provide a framework for interagency cooperation.
- 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.

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<sup>35</sup> Professor Lucinda Platt. 2022: What is Social Policy? International, Interdisciplinary and Applied. The London School of Economics & Political Science



## 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. Organisations should be taken

to mean 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.









STEP	ACTION
<b>1</b> Assemble a policy working group	<ul style="list-style-type: none"> <li>• Identify key stakeholders (within and outside of the organisation) to participate in the working group.</li> <li>• Nominate a member of the working group to oversee and co-ordinate the activities of the working group (with senior management support).</li> <li>• Clarify roles and responsibilities of the working group.</li> <li>• Agree a timeframe for the working group and for the completion of each step in the process.</li> </ul>
<b>2</b> Clarify the present position within the organisation	<ul style="list-style-type: none"> <li>• Revisit the vision, mission and value base of the organisation.</li> <li>• Review existing and related policies and legislation.</li> <li>• Explore any existing research that has been undertaken regarding sexual health or reference other sources of local information.</li> <li>• Consider the sexual health work undertaken by the organisation to date and its perceived strengths and weaknesses.</li> <li>• Review existing levels of training, knowledge and skills of workers involved in sexual health work.</li> <li>• Identify other resources, local provision and contacts that can support the policy development and implementation process.</li> </ul>
<b>3</b> Carry out a Needs Assessment	<ul style="list-style-type: none"> <li>• Identify key informants to participate in the needs assessment including young people, parents, management, workers and local service providers.</li> <li>• Identify appropriate methodologies for conducting the needs assessment (e.g. questionnaires, focus groups, interviews, creative data collection techniques etc).</li> <li>• Identify who will conduct the needs assessment with the various informants.</li> <li>• Allocate sufficient time and resources (financial and personnel) to this stage of the process.</li> <li>• Collate the findings from the needs assessment to inform the next step in the process.</li> <li>• Disseminate the findings as appropriate.</li> </ul>

STEP	ACTION
<b>4</b> Write the Policy	<ul style="list-style-type: none"> <li>• Agree the target audience for the policy.</li> <li>• Agree the content and format for the policy (see framework for policy content presented below).</li> <li>• Assign roles and responsibilities regarding the writing of the policy.</li> <li>• Following completion of the first draft circulate to relevant stakeholders for comment and feedback.</li> <li>• Ensure that the policy has been gender and equality proofed at each stage.</li> </ul> <p><b>Note:</b> There will be a range of views and feedback and a simple comment form with a selection of questions may help this task.</p> <p>Views may be conflicting but you should be able to assess:</p> <ul style="list-style-type: none"> <li>• If the policy covers what they expected.</li> <li>• Whether it will be effective in supporting workers in the organisation.</li> <li>• Whether it will be effective in supporting practice with young people.</li> <li>• If anything important is missing.</li> <li>• What needs to be made clear.</li> <li>• Whether the format and structure works well.</li> <li>• If there is a problem with the tone of the language.</li> <li>• Whether there are any errors e.g. spelling, grammar etc.</li> <li>• Complete a revised draft taking account of the feedback (it may be necessary to repeat this process to arrive at a satisfactory final draft).</li> </ul>
<b>5</b> Pilot the Policy	<ul style="list-style-type: none"> <li>• Following agreement on final draft of the policy, disseminate as appropriate for comment on its usefulness.</li> <li>• Pilot the policy using relevant case studies / scenarios to test its usefulness.</li> <li>• Make any changes necessary to improve its effectiveness.</li> <li>• Ensure that any legal implications of the policy have been approved.</li> </ul>
<b>6</b> Ratify the Policy	<ul style="list-style-type: none"> <li>• The 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).</li> </ul>

STEP	ACTION
<b>7</b> <b>Implement the Policy</b>	<ul style="list-style-type: none"> <li>• Identify who needs to be involved in the implementation process.</li> <li>• Identify who will take responsibility for coordinating implementation.</li> <li>• Identify strategies (taking account of resource implications) for implementation including:               <ul style="list-style-type: none"> <li>&gt; Dissemination to relevant stakeholders both within and outside the organisation.</li> <li>&gt; Briefing sessions for relevant stakeholders as appropriate.</li> <li>&gt; Provision of a 'youth friendly' version of the policy for young people.</li> <li>&gt; Provision of relevant information on the policy for parents of under 18's.</li> <li>&gt; Training courses on the use of the policy for relevant personnel as well as guidance on how the policy will be used in support and supervision sessions.</li> </ul> </li> <li>• Identify how the implementation of the policy will be reviewed.</li> </ul>
<b>8</b> <b>Monitor &amp; Evaluate the Policy</b>	<ul style="list-style-type: none"> <li>• Appropriate monitoring and evaluation measures should be in place to support the implementation of the policy.</li> <li>• 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.</li> <li>• 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, or sooner as a result of changes in legislation or developments in best practice.</li> </ul>





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### Ways of measuring effectiveness:

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

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### 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.

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### Who to involve in the evaluation process?

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

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### 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 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 Framework for a Sexual Health Policy

This is not a prescriptive list in terms of content and order – organisations may have standard formats for policy which should be adhered to.

<b>Framework for a Sexual Health Policy</b> What to include in the Policy Document 	<b>Reference Points:</b> Links to the Step-by-Step Approach
<b>1. Sexual Health Policy Statement</b> A statement of the organisation's views on sexual health and wellbeing.	<b>Step 2</b> Clarifying the present position within the organisation.
<b>2. Definitions</b> Clear definitions in relation to sexual health i.e. sexuality, sexual health, sexuality education etc. – any terminology that requires explanation.	<b>Step 2</b> Clarifying the present position within the organization.
<b>3. Legal Considerations</b> A brief outline of relevant legislation, national policy and strategy pertaining to this work.	<b>Step 5</b>
<b>4. Aims and Objectives of the Policy</b> <b>Aim/s:</b> What is the desired outcome of this policy? <b>Objectives:</b> How will we go about achieving those aims?	<b>Step 4</b>
<b>5. Scope of this Policy</b> Who does this policy apply to? E.g. Young people/staff/volunteers/students on placement/management? What are the geographical boundaries of this policy and what settings does it cover? E.g. projects/clubs/trips away or abroad?	<b>Step 3 and 4</b> Agree the target audience for the policy.

<b>Framework for a Sexual Health Policy</b> What to include in the Policy Document 	<b>Reference Points:</b> Links to the Step-by-Step Approach
<p><b>6. Proactive Responses to Sexual Health and Wellbeing Implemented by the Organisation Including:</b></p> <p>Proactive approaches, methodologies and any associated good practice guidelines as well as aims and objectives of these methodologies – ensuring a sex positive approach.</p> <p>This is dependent on the range of proactive responses available to the organisation and could include some of the following as well as additional areas:</p> <ul style="list-style-type: none"> <li>• Awareness Raising.</li> <li>• Provision of accessible information, resources and supports.</li> <li>• Sexuality Education Programmes.</li> <li>• Condom Distribution (if relevant).</li> <li>• Use of Guest Speakers.</li> <li>• Visits to relevant services.</li> <li>• Supportive environments providing for acceptance, inclusion, recognition of rights.</li> </ul>	<p><b>Steps 3, 4 &amp; 5</b></p>
<p><b>7. Guidelines on Procedures for Managing Sexual Health Related Issues (Reactive Responses)</b></p> <p>Guidelines on procedures for managing sexual health related issues:</p> <ul style="list-style-type: none"> <li>• Principles to remember when responding to and managing specific sexual health related situations.</li> <li>• General guidelines for good practice.</li> <li>• Specific considerations for young people who may be more vulnerable including young people with disabilities, LGBT+ young people, young people who are travellers, young people from minority ethnic communities, young people who are homeless etc.</li> <li>• Confidentiality.</li> <li>• Procedures for recording .</li> <li>• Procedures for reporting (internally and externally).</li> <li>• Procedures for referral.</li> <li>• Links with other relevant policy areas.</li> </ul>	<p><b>Steps 4 &amp; 5</b></p>

<b>Framework for a Sexual Health Policy</b> What to include in the Policy Document 	<b>Reference Points:</b> Links to the Step-by-Step Approach
<b>8. Specific Roles and Responsibilities</b> Outline the specific roles and responsibilities of relevant staff involved in this work.	<b>Step 2, 3 &amp; 7</b>
<b>9. Links with Other Relevant Policy Areas.</b> Outline any other organisational policies which may impact or are related to this policy such as Child Protection/Vulnerable Adult Policy/Anti-Bullying/Harassment/Equality and Integration/LGBTI+ etc. as relevant.	<b>Step 2, 3 &amp; 7</b>
<b>10. Dissemination and Implementation of the Policy</b> Outline how the policy will be disseminated and to whom it will be disseminated – including young people, parents, staff, volunteers, management, partner organisations, etc. Outline how the policy will be implemented – e.g. via induction programmes, support and supervision, critical reflection etc.	<b>Step 2, 3 &amp; 7</b>
<b>11. Staff/volunteer Development, Training &amp; Support Issues</b> Outline how staff/volunteers/others (as relevant) will be trained and supported to implement this policy.	<b>Step 2, 3 &amp; 7</b>
<b>12. Procedures for Monitoring and Evaluation</b> The methodologies and dates for monitoring/review and evaluation of the policy should be included at the end of the document along with the name of the person responsible for doing so.	<b>Step 8</b>
<b>Appendices (if relevant):</b> These are entirely at the discretion of the organisation and might include information such as: <ul style="list-style-type: none"> <li>• Support services.</li> <li>• Referral Agencies.</li> <li>• Other relevant internal documents etc.</li> </ul>	





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

The organisation should:

- Develop a sexual health policy in line with its vision, mission and values and taking a positive approach to sexuality and sexual health.
- 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 LGBTI+, young people with disabilities, young people from the Traveller and Roma communities, young people from minority ethnic groups etc.
- Ensure that the policy takes account of the organisation's equality statement and child protection policy.
- 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 and national 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

Is your policy more than three years old?

☐

Has your policy been evaluated in the past two years?

☐

Has there been any need to change practice/policy because of the outcomes of evaluation?

☐

Are your monitoring systems capturing outcomes?

☐

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 affect your policy?

☐

Are you able to use your policy with partner organisations?

☐



## Key Issues for Consideration in Relation to the Development of a Sexual Health Policy

### Defining Consent

It is important to remember that the concept of consent is much broader than its application to sexual activity. Consent may be defined as permission for something to happen or agreement to do something. Furthermore, it is a concept which is relevant throughout the life course. Much of the discussion and debate on this issue focuses on young people. However, adults also need to be very clear as to the nature and meaning of consent.

### Defining Sexual Consent

Sexual consent is defined in Irish law and to summarise, a person consents to a sexual act if he or she freely and voluntarily agrees to engage in that act. **The Criminal Law (Sexual Offences Act) 2017** provides a legal definition of sexual consent as follows:

*“9. (1) A person consents to a sexual act if he or she freely and voluntarily agrees to engage in that act.”*

This legislation goes on to outline the conditions under which consent cannot be given, as well as some additional considerations.

### The Legal Age of Consent

The law says that a person must be 17 years of age to be able to consent to engaging in a sexual act. This means that a young person under the age of 17 is not legally old enough to consent to a sexual act even if they want to. Remember, it is a crime to engage in a sexual act with someone who has not, or cannot, give consent. The age of consent is the same for all persons, regardless of gender or sexual orientation.

The law recognises that younger people may be engaging in sexual activity with each other and has introduced a ‘proximity of age’ defence. This is sometimes called the “Romeo and Juliet Defence”.



This means that if a person has been charged with an offence of engaging in a sexual act with a person between the ages of 15 and 17 years he or she can put forward a defence but only if all of these conditions apply:

- The age difference between the two parties is not more than two years.
- Agreement was given freely and voluntarily.
- Neither party felt exploited or intimidated.
- Neither person is a person in a position of authority. So, for example, this defence may be open to two 16 year olds, or to a 16 year old and an 18 year old, but only if all the conditions above are present.

It may ultimately be up to a court of law to decide if there was actually free and voluntary consent in these circumstances.

The law in this area is complex. The consent of the Director of Public Prosecution is always required for any prosecution of a child under the age of 17 years. It is advised that where any formal charges have been brought around underage sexual activity, even where it does not appear to be abusive, legal advice should immediately be sought.





## Parental Consent

The issue of parental consent is somewhat complex. Parents / Guardians are the primary carers of children and young people and therefore have rights in this regard to enable them to fulfil 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.

## The Concept of Assent

We are often directed to the law for guidance on the various ages at which an individual can legally consent to various interventions or actions, e.g. medical treatment, participation in research, etc. This can sometimes lead to the assumption that a child or young person who does not meet the age requirement should not have their views or wishes taken into account. This is where the concept of assent comes into play. **The National Consent Policy (HSE 2019)** defines assent as 'an expression of willingness or affirmative agreement to a health or social care intervention given by a young person who is not legally authorised or has insufficient understanding to be competent to give full consent'. This means that even when children and young people are not legally capable of giving consent, reasonable efforts should be



made to ensure that they understand the particular circumstance and the implications of their agreement in this circumstance. This is an important building block in terms of supporting an evolving understanding of consent. Assent takes account of the child's human rights as well as their developing autonomy. It is also about involving the child or young person in the overall decision-making process, not just getting a 'yes' from them or getting them to go along with the situation. This is also about showing respect to the child or young person. An example in relation to sexual health might mean a young person agreeing to receive the HPV vaccine on the basis of the information they receive, process and accept, even though legal consent lies with the parent/s/guardian. This concept very much aligns with the ethos

of youth work and its strong emphasis on youth participation, giving young people opportunities to make their views known and their voices heard.

Please see NYHP's resources:

- **Let's Talk about Consent – A Guide for Young People Exploring the Topic of Consent**
- **Let's Talk about Consent: A Guide for Youth Workers Exploring the Issue of Consent with Young People**

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## Confidentiality

Confidentiality is about managing sensitive information in a manner that is respectful, professional and purposeful. 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.

It is important to recognise the strength of the unique relationship that develops between a youth worker and a young person. Given that relationship, as well as the nature of this work, it is likely that some young people will disclose sensitive information about personal issues. However, workers and young people always need to be aware of the limits of confidentiality within this relationship. Young people have high expectations when it comes to confidentiality and yet for youth workers the ability to keep some things confidential is not always legally (or morally) possible.

Confidentiality facilitates the development of the sort of trust that young people need prior to sharing personal information. The information provided by young people should not therefore be used against them or shared needlessly with others. Youth workers often develop helping relationships with young people who are struggling with very serious issues in their lives (i.e. violence, abuse, and/or criminality).

The evolution of the professional relationship is often a slow process and the development of a 'covenant' or contract comes at a particular point in this process. The youth worker should carefully consider the point at which the nature of their professional relationship is clarified, i.e. that the young person is the youth worker's primary consideration, and that they operate under legal limitations in relation to confidentiality.

Workers need to consider carefully the rights of parents/guardians to information indicating areas of concern for their children. Young

people need secure 'family' relationships or a safety and support network around them, in order to develop into mature adults. They need a network which is available to them beyond the limits of a youth worker's role and period of involvement. Therefore, assisting a young person to build connections with family or others, within the limits of this role, is an important priority. In reality, if young people are asked if they are willing for the worker to have contact with family member/s, the young person will usually see this as reasonable, particularly if they can see the worker has goodwill and their interests at heart.

Apart from the benefits of helping young people in their relationships with family, working with young people around confidentiality and consent issues may produce other benefits for young people. Working with the young person to decide what issues they would like to be discussed with family members can assist the young person to practice setting appropriate personal boundaries, develop negotiation and conflict resolution skills.

Youth workers play an important role in empowering the young person to set these personal boundaries and make informed choices. Too often, young people with complex needs are inclined to disclose personal information about themselves to anyone who asks; they are so used to professionals and others intervening in their lives. Teaching them to communicate carefully and appropriately is important.

In this regard, it is useful for workers to take the time to develop a Confidentiality Agreement with a young person, including:

- Who they are happy for workers to talk to?
- Who they do not want workers to talk to?
- What they are happy for workers to discuss with others?



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Such an agreement must, of course, take account of a worker's responsibility to report anything that gives rise to concerns about the safety and wellbeing of a young person.

There are, then, clear parameters surrounding what youth workers can treat as confidential, so we need to clarify the limits of confidentiality with young people at the outset of our engagement with them.

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.

Therefore, there are circumstances in which passing information about a young person on is not only ethically justified but is legally required. Many youth organisations have written guidelines for staff on this issue. Where information needs to be shared, the young person involved needs to be advised and provided with an explanation for this.

Youth workers need to be aware that other organisations/professions they collaborate with, may have different policies regarding confidentiality. Some youth workers face ethical dilemmas with the timing of conversations about confidentiality and issues such as record keeping. This concern arises from fears that the difficult task of

engaging with marginalised young people may become impossible if youth workers introduce conversations around confidentiality and record keeping. This timing should be guided by a critical understanding of the ethical considerations of the issue at hand.

(For more information please click here:

**A Framework for the inclusion of Ethics in Youth Work NSETS 2016)**

It is, therefore, critical that confidentiality policies should be clear and explicit about the boundaries of legal and professional roles and responsibilities. They should address issues such as workers' professional responsibilities for young people's welfare, the rights and responsibilities of parents, as well as the legal entitlement of the young person (dependent on their age) to confidentiality in their own right. A clear and explicit policy should ensure good practice which all concerned can understand.



## Links with the Organisation's Child Safeguarding Statement and accompanying Policy and Procedures

As Youth Work provision responds to the evolving needs of young people, child protection issues are a constant concern for the Youth Work sector. While developing your sexual health policy you may consider it necessary to revisit the organisation's Child Safeguarding Statement and relevant policy and procedures. The following points are particularly relevant:

- **Best interests of the child**

Child welfare and protection policy is based on a legal framework provided primarily by the Child Care Act 1991 and the Children First Act 2015. The policy and practice that applies in this area is outlined in Children First Guidance National Guidance for the Protection and Welfare of Children (2017). There are a number of key principles of child protection and welfare that inform both Government policy and best practice for those dealing with children and one of these is that the best interests of the child should be paramount. This principle should always be at the core of work on sexuality and sexual health with young people.

- **Definitions of abuse**

The organisation should be clear about the definitions of child abuse and in particular child sexual abuse which is defined in the Children First Act (2015) and the Children First National Guidance for the Protection and Welfare of Children (2017)

- **Procedures for dealing with disclosures of abuse and reporting procedures**

The organisation should have reporting procedures in place to enable workers to make reports to the statutory authorities 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.



For more information on child protection, please refer to **NYCI's Child Protection Programme**.

### **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, anti-bullying and harassment, drugs and alcohol 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 or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.

Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a

single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members.

Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child.
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation.
- Sexual intercourse with a child, whether oral, vaginal or anal.



- Sexual exploitation of a child, which includes:
  - > Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
  - > Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act
  - > Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse
- Exposing a child to inappropriate or abusive material through information and communication technology.
- Consensual sexual activity involving an adult and an underage person.

An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage should a child's safety be compromised because of concern for the integrity of a criminal investigation.

In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse.'

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<sup>36</sup> Children First National Guidance for the Protection and Welfare of Children, Department of Children and Youth Affairs (2017).



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## Under-age Pregnancy

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

**Tusla's Child Protection and Welfare Practice Handbook 2 (2018)** specifically states the following:

*'When young people engage in underage sexual activity that leads to pregnancy, there is a need to ensure that the young person's welfare is promoted and protected, and to ensure that the pregnancy did not result from sexual abuse. There is also a need to consider the welfare or protection needs of the unborn child. Tusla has a specific responsibility in this regard. In partnership with An Garda Síochána there is a requirement to intervene, as appropriate, to ensure both the legal and welfare components associated with underage pregnancy are followed up. The Children First Act 2015 details conditions that must be met to exempt the reporting of sexual activity between children... In cases where abuse is not suspected or alleged, social work staff may consult with An Garda Síochána to examine all aspects of the cases. Both agencies should acknowledge the sensitivity required in order to facilitate vulnerable young girls to avail of medical or therapeutic services, while at the same time satisfying relevant legal requirements.'*

## 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. A comprehensive policy on recording information is the means by which the privacy rights of individuals are safeguarded in relation to the processing of their personal records and data.

Organisations have responsibilities in relation to the information that is processed and also need to take account of the 7 principles in the General Data Protection Regulation as follows:

1. Lawful, fair and transparent processing
2. Specified and lawful purpose
3. Minimisation of processing
4. Accuracy
5. Storage limitation
6. Security and confidentiality
7. Liability and Accountability

(The Wheel 2018)<sup>37</sup>

Many organisations have devised their own standard recording forms for this purpose. It is important that any reports generated are factual and where opinion is given it must be recorded as such. It is important to think about who may have access to a report, e.g. the young person themselves may see the report at some stage. Write using plain accessible user friendly language. Any reports must be signed and dated and stored securely and confidentially.

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<sup>37</sup> The Wheel. 2019. Charities Governance Code.

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In relation to reports generated by workers, there are a number of good practice guidelines to be considered as follows:

### **WRITTEN REPORTS SHOULD:**

- Be factual, consistent, concise and accurate. The objective is to detail accurately the facts of the matter without interpretation or opinion. An attempt should be made to record a narrative of the situation as matters unfold. This helps to provide a chronology of key events and actions.
- Be contemporaneous i.e. written at the time or written as soon as possible after an event has occurred.
- Be written clearly and in such a manner that the text cannot be erased. Do not use correction fluid (if reports are handwritten).
- Be accurately dated, timed and signed, with the signature clearly identifiable. The same principle applies to additions, alterations etc.
- Attribute quotes to sources, otherwise hearsay information can appear in a record as fact.
- Minimise abbreviations (where necessary use standard, commonly used abbreviations only, not personal abbreviations).
- Avoid jargon, meaningless phrases, irrelevant speculation and offensive subjective statements.
- Reports/completed forms should be stored in a safe and secure location Organisations/ groups should devise arrangements regarding the accessing of these reports. Access to reports should only be given to those individuals who have a right to that information.
- These documents should be stored for as long as is deemed useful by the organisation. These reports are the property of the organisation, not to the person who first made the report.

## **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:

- to whom to report and
- 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 reporting procedures.

## **Referral**

It should be recognised that, within the area of sexual health, circumstances will arise where it is necessary to refer the young person to an external agency / service.

A referral is not merely an action, but a process, one in which the young person is guided and supported by the worker throughout. A well-judged and appropriate referral can offer a young person the continuity of care which can support a comprehensive response.

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. (For more information on sexual health services please visit [\*\*HSE Sexual Wellbeing\*\*](#)).

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NYHP's referral checklist (within **NYHP health manual**) may be useful in this regard and includes the following:

### DECIDING WHETHER TO REFER:

- What is the issue?
- Am I qualified to offer the required assistance?
- What person or service may be able to offer the required assistance?
- What protocols operate in relation to this referral service?
- Is the young person ready/able to engage with this service?

### MAKING THE REFERRAL

- Explain the reason for referral in a clear and open manner to the young person and seek agreement from them
- What is the referral procedure?
- What is the young person's reaction to the referral?
- What is the role of parents in relation to the referral?
- Who could accompany the young person if required?
- How will the young person get to the service (e.g. if they live in a rural area and have to travel)
- If there is a cost involved, how will the young person pay for this?
- Are there any difficulties with the referral?
- If so, what are the alternatives?

### FOLLOW-UP

- Did the young person engage with the referral service?
- What is the young person's experience of the help received from the referral service? Was the service the most appropriate one for the young person?

- If not, what alternatives may be considered?
- What is your role following the young person's engagement with the referral service?

It is likely that the G.P. will be one of the primary services to which young people may be directed. It is important to establish in advance if the G.P. concerned has any additional protocols around treating or prescribing in relation any sexual health issue for a young person. It can be challenging for a person of any age to seek support/treatment for a sexual health issue and the referral itself should not involve any surprises or anything that causes additional stress or embarrassment.

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

The following are some of the key support agencies in this regard:

- **An Garda Síochána** 999/112 or visit [www.garda.ie](http://www.garda.ie)
- **Tusla**. The Child and Family Agency [www.tusla.ie](http://www.tusla.ie)
- **Rape Crisis Network** National 24-hour Helpline on 1800 77 88 88 [www.drcc.ie](http://www.drcc.ie)
- **ISPCC** [www.ispcc.ie](http://www.ispcc.ie)  
Teenline – 1800 833 634
- **Crisis Textline Ireland** – text **TALK** to 50808
- **Jigsaw** [www.jigsaw.ie](http://www.jigsaw.ie)
- **Spunout** [www.spunout.ie](http://www.spunout.ie)







## Legal Considerations

### The Legislation

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:

**Non-Fatal Offences against the Person Act 1997.** Section 23 of the Non-Fatal Offences against the Person Act 1997 provides that a person over the age of 16 years can give consent to surgical, medical or dental treatment and it is not necessary to obtain consent for it from his or her parent(s) or legal guardian(s). The section covers any procedure undertaken for the purposes of diagnosis and any procedure, such as administration of anaesthetic, which is ancillary to treatment.

**Child Trafficking and Pornography Act 1998** prohibits the trafficking in, or the use of children for the purposes of their sexual exploitation and the production, dissemination, handling or possession of child pornography and to provide for related matters. For more information please go to the [Irish Statute Book](#).

**The Criminal Law (Sexual Offences) Act 2006** changed the age of consent to 17 for heterosexual and homosexual sex. The inequity of treatment of males and females under the Act was challenged under equality legislation but the challenge was dismissed by the High Court in March 2010. For more information, please go to the [Irish Statute Book](#).

**The Criminal Justice (Female Genital Mutilation) Act 2012** was published, outlawing the practice of FGM. It is also a crime to take a girl to another country to have FGM performed. For more information, please go to HSE website, [Female genital mutilation and pregnancy](#).

**The Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012** created a criminal offence of withholding information relating to the commission of a serious offence, including a sexual offence, against a person under 18 years or a vulnerable person. The offence arises where a person knows or believes that a specified offence has



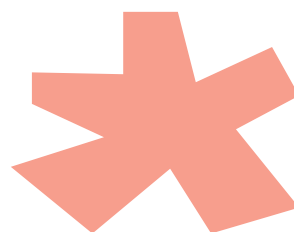
been committed against a child or vulnerable person and he or she has information which would be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence and fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of the Garda Síochána.

For more information, please go to **The Department of Justice, Criminal Justice, Withholding of information on offences against children and vulnerable person Act 2012.**

**The Freedom of Information Act 2014** provides for every person to have the following legal rights:

- the right to access official records held by Government Departments or other public bodies as defined by the act.
- the right to have personal information held on them corrected or updated where such information is incomplete, incorrect or misleading;
- the right to be given reasons for decisions taken by public bodies that affect them.

Regulations provide that parents, guardians and next-of-kin may apply to exercise these rights in certain circumstances. For more information please go to **Freedom of Information** webpage.



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**The Children First Act 2015** places a number of statutory obligations on specific groups of professionals and on particular organisations providing services to children. Through the provisions of the Act, it is intended to:

- Raise awareness of child abuse and neglect.
- Provide for mandatory reporting by key professionals.
- Improve child safeguarding arrangements in organisations providing services to children.
- Provide for cooperation and information-sharing between agencies when Tusla – Child and Family Agency, is undertaking child protection.

The legislation also contains a provision that removes the defence of reasonable chastisement in relation to corporal punishment as part of court proceedings. For more information please go to **Children's First Guidance and Legislation**.

### **The Gender Recognition Act 2015**

allows all individuals over the age of 18 to self-declare their own gender identity. 16 or 17 year olds can also be legally recognised but have to go through a different process.

Self-declaring your own gender identity means that if you were assigned male at birth, but now identify as female, you can have your gender legally recognised as female. Likewise, if you were assigned female at birth, but now identify as male, it is possible to have your gender legally recognised as male. The act means you will be fully and legally recognised as your correct gender.

### **The Assisted Decision-making (Capacity)**

**Act 2015** recognises presumption of capacity and the legal right of all adults to make their own decisions with legally recognised supports whenever possible. Some of the key features include the following:

- It applies to everyone and to all health and social care settings.
- It provides for the individual's right of autonomy and self-determination to be respected through an Enduring Power of Attorney and an Advance Healthcare Directive – made when a person has capacity to come into effect when they may lack decision-making capacity.
- It provides for legally recognised decision-makers to support a person maximise their decision making powers.
- It places a legal requirement on service providers to comprehensively enable a person make a decision through the provision of a range of supports and information appropriate to their condition.

### **The Children and Family Relationships**

**Act 2015**, amended provision for adoption, guardianship, custody, succession and assisted human reproduction. It aims to reform family law in a way that is inclusive of, and sensitive to, the reality of contemporary family life in Ireland. It attempts to better reflect this reality by meeting the needs of children living in diverse family types.

Parts 2 & 3 of the Act of 2015 contain provisions relating to the regulation of donor-assisted human reproduction (DAHR) procedures carried out in the State. This covers situations where the child born as a result of that procedure is born in the State and where the intending mother carries the pregnancy and gives birth to the child.

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**The Marriage Act 2015** entitles same-sex couples to get legally married and to have the same rights and obligations towards each other as opposite-sex married couples. It is also entitles a couple in a civil partnership to marry.

**The Criminal Law (Sexual Offences)**

**Act 2017** enhances and updates laws to combat the sexual exploitation and sexual abuse of children, including new offences relating to child sexual grooming and new and strengthened offences to tackle child pornography. The Act also criminalises the purchase of sexual services, introduces new provisions regarding the giving of evidence by victims in sexual offence trials and introduces a new offence addressing public indecency.

Other provisions include maintaining the age of consent to sexual activity at 17 years of age and for a new “proximity of age” defence as well as a statutory statement of the law as regards consent to sexual acts as well as the provision of a definition of consent.

**The Data Protection Acts 1988-2018**

are designed to protect people’s privacy. The legislation confers rights on individuals in relation to the privacy of their personal data as well as responsibilities on those persons holding and processing such data.

**The Equal Status Acts 2000-2018** (‘the Acts’) prohibit discrimination in the provision of goods and services, accommodation and education. They cover the nine grounds of gender, marital status, family status, age disability, sexual orientation, race, religion, and membership of the Traveller community.

**Domestic Violence Act 2018** replaces the Domestic Violence Act 1996 and the Domestic Violence (Amendment) Act 2002. One of the key new protections for victims under the criminal law introduced by the Act

is the creation of a new offence of coercive control. This is psychological abuse in an intimate relationship that causes fear of violence, or serious alarm or distress that has a substantial adverse impact on a person’s day-to-day activities.

Other provisions include raising the age of marriage to 18 years, from 1 January 2019, meaning that a person under the age of 18 can no longer apply to the courts for permission to marry.

**Health (Regulation of Termination of Pregnancy) Act 2018**

permits termination of pregnancy to be carried out where there is a risk to the life or of serious harm to the health of the pregnant woman, in an emergency situation where such a risk is immediate, where there is a condition present which is likely to lead to the death of the foetus either before or within 28 days of birth, and without restriction up to 12 weeks of pregnancy. Termination of Pregnancy Services have been available in Ireland since 1st January 2019.

**Harassment, Harmful Communications and Related Offences Act 2020**

This Act amended the law relating to harassment; to provide for offences relating to the recording, distribution or publication of intimate images and to provide for the anonymity of victims of those offences; to provide for an offence involving the distribution, publication or sending of threatening or grossly offensive communication; and for those and other purposes to amend the Non-Fatal Offences against the Person Act 1997, the Bail Act 1997 and the Domestic Violence Act 2018; and to provide for related matters.



## What is Sexual Violence?

### Rape

Rape is provided for by section 4 of the Criminal Law (Rape) (Amendment) Act 1990 as follows: (1) In this Act “rape under section 4” means a sexual assault that includes— (a) penetration (however slight) of the anus or mouth by the penis, or (b) penetration (however slight) of the vagina by any object held or manipulated by another person. (2) A person guilty of rape under section 4 shall be liable on conviction on indictment to imprisonment for life. (3) Rape under section 4 shall be a felony.” Rape is a gender-neutral offence for both the victim and the perpetrator.

### Aggravated Sexual Assault

This is sexual assault aggravated by serious violence, or the threat of serious violence, or is such as to cause severe injury, humiliation or degradation of a grave nature to the victim.

### Sexual Assault

This is a sexual attack with a less serious level of violence than aggravated sexual assault. There are two parts to this offence: there must be intentional assault, and an aura of indecency. Technically, the word “assault” also covers actions which put another person in fear of an assault.

(Source: **What is Sexual Violence? Department of Justice and Equality. 2019 gov.ie No Excuses**).<sup>38</sup>

### Incest

Incest is sexual intercourse between a man and his granddaughter, daughter, sister or mother, or between a woman and her grandfather, father, brother or son.





### **Female Genital Mutilation**

Female genital mutilation is defined as the partial or total removal of the external female genitalia, or any practice that purposely changes or injures the female genital organs for non-medical reasons. The practice is internationally recognized as a human rights violation of women and girls.

### **Sexual Harassment**

The Employment Equality Acts 1998-2015 define harassment as unwanted conduct which is related to any of the 9 discriminatory grounds. Sexual harassment is any form of unwanted verbal, non-verbal or physical conduct of a sexual nature. In both cases, it is defined as conduct which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person and it is prohibited under the Acts.

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# Guidelines on Managing Sexual Health Related Incidents

**It is vitally important that sexual health policies emphasis a positive approach to young people's sexuality and sexual development and outline the various proactive approaches they take in this regard.**

However, it is also important that thought is given to the various potential sexual health related incidents which may occur and that organisations are aware of the various reactive measures that they may have to take. Organisations should use any learning from past experiences in this regard to inform the development of guidelines. Using anonymised case studies/scenarios which workers can examine and discuss is also very useful. Consulting with relevant external agencies with differing expertise is also beneficial. Some general guidance is available in **NYHP's 'Promoting Health in the Youth Sector. A Practice Manual. 2013 on page 118 – Managing health-related incidents'.**

The following headings and accompanying questions may help clarify the issues involved on a sexual health related incident. Please note that this is not an exhaustive list and organisations will identify additional questions and considerations to be addressed. These questions have been adapted from the 'Hi 5 Alive Model, Decision Making Guide Supporting Relationships' developed by RUA, using the 5 headings from the model.<sup>39</sup>

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## 1. Legal considerations

- What are the ages of the young people involved?
- What is the age gap between the young people?
- Is there any suspicion of exploitation or intimidation?
- Is any person involved in a position of authority?
- Is the activity being engaged in legal?
- What are the entitlements of the parents of young people involved? Should they be

informed about this situation and, if so, who is best placed to do this and when should this happen?

- Will the young person/young people be made aware that their parents are being informed and do they require additional support in this regard?
- Do you (the worker) know, suspect or are you concerned that abuse has taken, is taking or is likely to take place? – if so please revert to your child protection procedures

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## 2. Capacity and Consent

- Does the young person/s understand what is involved in the activity?
- Does the young person/s understand the consequences of this activity?
- Does the young person/s understand all options and potential outcomes of the activity?
- Is the young person/s freely consenting to this activity?
- Is there any element of pressure/coercion involved?
- Is the young person/s involved enjoying this activity?

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## 3. Human Rights

- Are the rights of the young people involved being respected?
- Is their right to equality and non-discrimination being respected (regardless of gender, orientation or disability)?
- Is their right to freedom from abuse, exploitation and violence being respected?
- Have they been supported to recognise that rights carry responsibilities?
- Is there respect for home and family?
- Is their right to enjoy the best possible health, including sexual health being respected?



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## 4. Health & Safety

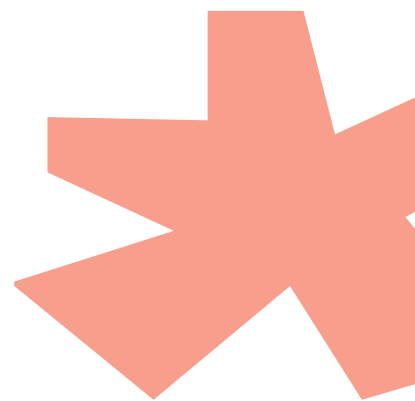
- Are the young people involved able to keep themselves safe and healthy in this activity?
- Do the young people involved have access to education and support to help them stay healthy and safe? Is parental consent required in this regard? What are the options if parental consent is not forthcoming?
- If required, can the young people involved access sexual health services including accessing contraception, STI testing and treatment? Is parental consent required in this regard? What are the options if parental consent is not forthcoming?
- How will the young person/s access and, if necessary, pay for these services?
- How will the young person/s involved be supported through the situation?

These questions may form part of the discussions with supervisors/line managers or relevant colleagues in order to come to decisions and a plan of action in relation to a sexual health related incident. The safety and wellbeing of the young person/s involved will be at the core of this process, with due regard being given to safeguarding the dignity of those involved. Additionally, there may be a delicate balancing of the rights and obligations of the key stakeholders in any situation. External expertise may be required. All decisions and actions should be recorded and retained in line with good practice.

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## 5. Beliefs and Values

- How can you support the young person/s involved to develop and understand their own beliefs and values?
- How can you ensure that you respect the beliefs and values expressed by the young person/s in this situation?
- Are you aware of your own beliefs and values in relation to this situation?
- How are you supporting the young person/s to come to a decision without imposing your own beliefs and values?



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<sup>39</sup> Decision Making Guide for Supporting Relationships . Hi 5 Alive. Adapted with permission from Saint John of God Community Services Sexuality and Intimate Relationships Policy. Document Reference No. SJOGCS07. Version No. 5. Approval date January 2021. Revision date January 2024.

# SENSE AND SEXUALITY 2.0

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