

Have you been **KIST?**

Kent Intervention Screening Tool



Relationships & **Sex**

**Attitudes
Skills
Knowledge**

**Understanding
Support**

Devised and developed by Carol Robinson and Laura Jones

Values and Attitudes • Communication • Choices • Self Esteem • Managing Emotions • Friendships

Relationships • Consent, Sex and the Law • Risk taking • Safer sex • Contraception

Sexually transmitted infections • Drugs and Alcohol • Reality parenting • Support and signposting



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Kent Intervention Screening Tool (KIST)

Carol Robinson and Laura Jones

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Kent Intervention Screening Tool



by Carol Robinson
and Laura Jones

www.hyphop.co.uk

ABOUT HYP HOP

About the Authors

Carol Robinson Managing Director HYP HOP Ltd

BSc (Hons) Community Health, RGN, NDN, Higher Diploma Nursing, Cert Counselling, PG Cert Education, Specialist Contraceptive Nurse, Independent Nurse Prescriber

Carol Robinson pioneered HYP HOP whilst working as a sexual health outreach nurse in Kent in an area of high deprivation with high rates of teenage pregnancy. In 2006 Carol set up HYP HOP Limited, a company dedicated to improving the health including sexual health and emotional well-being of all young people regardless of gender, ability, culture, faith and sexuality. Carol has considerable experience working in the field of sexual health having worked as a sexual health outreach nurse, specialist contraceptive nurse and lecturer. This has included working with vulnerable groups of young people including Looked After Children, young people excluded from mainstream education, unaccompanied asylum seekers, young people with a learning disability and/or sensory impairment and teenage parents including a young father's project. Her work has included needs assessments and research, sex and relationships education policy development and the provision of relationship and sex education and parenting programmes. Carol is also employed as senior lecturer in sexual health at Canterbury Christ Church University. Carol is committed to promoting high quality relationships and sex education to young people and sexual health training for professionals.

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BSc (Hons) Community Health, RGN, Higher Diploma Child Health, Family Planning Nurse (Young People), PC Cert Education

Laura Jones is a training consultant for HYP HOP Ltd and also works as Sexual Health Outreach Nurse working with vulnerable, hard to reach young people in an area of high deprivation. The aim of her outreach work is to reduce the rates of teenage pregnancy and improve the sexual health of the young people she works with. This work is varied and often diverse and includes running sexual health outreach clinics, working with young parents, youth offender groups, Looked After Children, ethnic minority groups and those excluded from mainstream education. Her work includes the delivery of the HYP HOP and other programmes of relationship and sex education to groups of identified young people and co professionals. Laura has been involved with the delivery of HYP HOP to both young people and the training of those working with young people and is passionate about the positive messages that HYP HOP promotes to recipients. Laura has extensive experience of working with young people, including many years as a paediatric nurse and working as a school nurse with specific responsibility for adolescent health. She currently enjoys sessional lecturing in aspects of sexual health at Canterbury Christchurch University, as well as her current role. She is a qualified contraceptive nurse and also holds a Higher National Diploma in child health as well as a BSc in community health. Laura has also completed a Post Compulsory certificate in Education.

About Hyp Hop

HYP HOP Limited was founded by Carol Robinson in February 2006 following extensive sexual health outreach work in Thanet with young people including needs assessment and research to inform the development and provision of relationships and sex education resources and training programmes. HYP HOP's pioneering approach led to Carol being highly commended in the Nursing Standard - Nurse of the Year awards in 2004 and the model was identified as an example of good practice by the National Teenage Pregnancy Unit. Carol has presented the HYP HOP relationships and sex education model at conferences both nationally and internationally including the RCN National Sexual Health Conferences in London, Protect and Respect Conferences throughout the United Kingdom and the International Sexual Health Conference in Chaam, Thailand.

HYP HOP resources are developed in collaboration with a wide range of experienced professionals and with significant input from young people. This multi-agency approach draws on the skills and expertise of all those involved and demonstrates how health and other professionals, educationalists and young people can work creatively together to make positive use of their unique skills and expertise. The resources and training programmes also reflect the criteria of Children's Trusts, Children and Young Peoples Plans, local Teenage Pregnancy Strategies and their related targets.

For further information on all HYP HOP resources and training programmes please visit:

www.hyphop.co.uk or email: **info@hyphop.co.uk**

Acknowledgements

In developing this screening tool and portfolio of supporting interventions a working group was established which consisted of professionals responsible for supporting young people on an operational, management and strategic level. These professionals were geographically based in Kent and represented health including sexual health, education, drug and alcohol services, youth and community and Connexions.

The input of the working group was invaluable to the success of the project and we would like to extend our thanks to all the professionals who participated. We would also like to extend our sincere thanks to all the practitioners involved in the development of the interventions.

Working Group

- Angela El Sheref - Sexual Health Outreach Nurse Swale
- Anne Hogan - Sexual Health Outreach Nurse West Kent
- Cathy Donelon - Health Coordinator for Kent, Connexions Kent and Medway
- Gill Hopper - Sexual Health Outreach Nurse Dartford and Gravesham, Team Leader Contraceptive Services
- Samantha Sheppard - Kent Safe Schools
- Julie Beavers - Team Leader Sexual Health Outreach Nurse East Kent
- Steve Butler - Young People's Services Manager KCA
- Anne Lord - Drug Education Coordinator KCC
- John Turner - Assistant Head of Youth and Community
- Liz McAvan - Healthy Schools Coordinator West Kent
- Jennifer Holland - Health promotion Practitioner East Kent Lead Healthy Schools and Young People
- Tina Owen - Locality Clinical Co-ordinator CIUS Shepway Professional lead for School Nursing
- Nikki Patient - KCC
- Mary Burwell - KCC
- Ruth Herron - KCC Senior Commissioner for teenage pregnancy

Portfolio of Interventions

- Making Choices - Kathy Ring RN
- Negotiating Safer Sex - Tamsin Miles
- Aggressive, passive, assertive - Amanda Lukehurst, Stephanie Washer, Anna Stephens and Cheryl Hixon
- Deal? No Deal? - Amanda Lukehurst
- Agony Aunt Letters - Janice Beukes Options Pregnancy Crisis Centre Margate



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Introduction

In today's modern society, inequalities in young people's sexual health are recognised as an important dilemma both nationally and internationally. Tackling inequalities in sexual health among young people is incorporated into much of the current policy drivers. Evidence suggests that the age of first sexual intercourse is declining among young people with over a half of both sexually active males and females under the age of 16 reporting engaging in unsafe sexual practices. Regardless of this, teenage pregnancy rates have been gradually declining nationally, since the launch of The National Teenage Pregnancy Strategy in 1999 (Teenage Pregnancy Unit, 1999).

The United Nations Convention on the Rights of the Child (1989) states that children and young people have the right to access information and advice in order to make decisions concerning their health. This entitlement is irrespective of gender, sexual identity and sexual orientation, physical, learning or emotional ability and culture or religion. Young people have the right whatever their background and community or social circumstance.

From the literature it is apparent that the main elements that determine young people's sexual behaviour are:

Attitudes

Skills

Knowledge

Understanding

Support

(Which can be remembered as a useful mnemonic ASK US)

These five elements have formed the theoretical framework for the development of the Kent Intervention Screening Tool and portfolio of interventions. Recognition was also given to the need to rebalance the relationships and sex education framework from being very information focused and to begin instead with allowing young people opportunities to explore and challenge attitudes, thoughts and feelings. The interventions aim to develop relevant skills, including communication and negotiation skills. Building on young people's knowledge is a natural progression ensuring understanding and awareness of the support available and confidence to access it.

The screening tool has been developed by an expert working group of professionals and consists of statements about a young person's values, understanding and available support. The answers are set out in the agree - disagree continuum style and will produce a score which will identify the level of risk the young person is taking with regard to their sexual health including alcohol/drug use.

This will have a twofold effect; firstly it will help the young person to reflect on their own behaviour and the seriousness of this, and secondly it will direct the level of intervention needed. There will be some cases where risk taking is so high that the young person will be immediately referred to a sexual health outreach nurse for intense and specialised one to one work. This whole process will be underpinned by the Common Assessment Framework (CAF) and Safeguarding Procedures in order to prevent any misunderstandings with regard to referral routes.

The interventions have been developed using the knowledge and expertise of the working group and their colleagues. The key is that the interventions are simple and quick to use by the worker with the young person. After a defined period of time the screening tool can be reapplied to measure success for evaluation purposes.

The Aims and Objectives of the toolkit is:

- To moderate or reduce risk taking behaviour in young people that may lead to teenage pregnancy or parenthood
- For front line workers to have the tools to screen and make an informed decision about the most appropriate intervention a young person may need to reduce their risk taking behavior which may include referral to a specialist service.

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Guidance Notes

Definition of Terminology

Vulnerable Group

Young people are at increased risk of poor sexual health and drug/alcohol misuse if they belong to certain groups. The risks increase if there is a membership of more than one group.

Protective Factors

Increase a young person's resilience to the development of sexual health and drug/alcohol problems.

Risk Factors

Increase the likelihood of poor sexual health and drug/alcohol misuse

Risk and Protective Factors

If the young person is well known to you and you have knowledge of their social, cultural and personal factors you may wish to take into consideration the following risk and protective factors below

Risk Factors

Belonging to a vulnerable group

- Truanting/excluded from school
- Looked after child
- Learning Disability/Special Education Need
- Sexual exploitation/sex worker
- Mental health problems
- Young Offender
- Substance misusing parents
- Experience of physical/sexual abuse/neglect
- Homeless

Social and Cultural Factors

- Living in an area of poverty and deprivation

Individual Risk Factors

- Poor educational attainment
- Behavioral difficulties
- Alcohol/substance misuse
- Born to a mother who was a teenage parent
- Early sexual activity
- Poor contraceptive use
- Previous abortion

Protective Factors

- Positive attitude
- Supportive family environment
- Good social support group
- In education/training/employment
- Good communication skills
- Aspirations and ambition
- Positive self esteem
- Recreational activities/interests

Confidentiality

The guiding principle of confidentiality is that personal information about an individual should not be disclosed without the young person's consent, unless a disclosure of harm is made relating to the individual or another person. Issues around confidentiality are fundamental to the risk assessment tool and identified interventions. All practitioners will have confidentiality guidelines relating to their area of work, which they should follow at all times when working with children and young people.

Practitioners should refer to Procedures and Practice Guidance for Working with Young People who are Sexually Active (2008) for detailed guidance relating to confidentiality and handling disclosures.

Fraser Guidelines

The Family Law Reform Act (1969) gives the right to consent to treatment to anyone aged 16 to 18. Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them to fully understand what is proposed. It is lawful for practitioners to provide contraceptive advice and treatment without parental consent to young people under the age of 16 providing certain criteria are met. These criteria, known as the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords' case and require the practitioner to be satisfied that:

- The young person understands the practitioner's advice
- The young person cannot be persuaded to inform their parent or carer;
- The young person is likely to begin or continue having sexual intercourse with or without contraceptive advice or treatment;
- Unless the young person receives contraceptive advice and/or treatment their physical or mental health, or both are likely to suffer;

- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Consent

The Sexual Offences Act (2003) states that in England and Wales the legal age for young people to consent to having sexual intercourse is 16 years of age.

Young people under the age of 13 cannot lawfully consent to sexual activity and there is a presumption that all cases will be discussed with a nominated child protection lead and referred to Children's Social Care. For children aged 13 to 15 the younger their age, the greater the risk, that their behaviour is considered to be harmful. Practitioners may lawfully provide advice and guidance to young people including those under the age of 13, in accordance with the Fraser Guidelines. Appropriate action should be taken in accordance with Kent Child Protection and Safeguarding Procedures and utilising the risk assessment tool.

Safeguarding Guidance

The Procedures and Practice Guidance for Working with Young People who are Sexually Active (Kent Safeguarding Children's Board (KSCB) 2007) have been endorsed for use in Kent. This guidance is designed to provide a management framework, for all practitioners who come in contact with children and young people, under the age of 18 who are in an ostensibly sexual relationship.

Arising from a disclosure of sexual activity or an intention to become sexually active by a young person under the age of 18 years, there is a need for practitioners working in Kent to try to ascertain whether the young person in question is being abused or at risk of abuse (KSCB, 2007). Appropriate action should be taken in accordance with Kent Child Protection and Safeguarding Procedures and utilising the risk assessment tool.

Common Assessment Framework

The common assessment framework (CAF) includes a holistic assessment tool that can be used by anyone working with children or young people and puts the child and family at the heart of this process. Where multiple services need to support the child and family, the framework uses a team around the child (TAC) to ensure joint planning and co-ordination of advice and support and reviews of progress. If used effectively, the common assessment and team around the child model can play a key role in ensuring that children's needs are identified early, problems are prevented from escalating and, for most children, can be managed within preventative services.

The principles of the common assessment framework:

- Is undertaken with informed and explicit consent by the parent and/or young person who are fully involved and consulted throughout
- Looks at the whole child / young person
- Takes account of strengths as well as needs and understands the role of parents/carers and a wide range of family and environmental factors on child development
- Is simple to use and geared towards the practical delivery of support to children, young people and their family members
- Is building a working partnership with the child and family and seeks to work with them to identify and understand the issues and develop solutions
- Provides a common structure for recording and sharing information between practitioners
- Enables and encourages information held by agencies to follow the child
- Is a tool to support practice, is not used mechanically and enhances communication within and between agencies
- Prevents children and young people being subjected to a multitude of assessments or multiple referrals to a range of services.
- Is not a referral form



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part

1

Screening Tool

HAVE U BEEN KIST?

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1. I Have Respect For Myself;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

2. In The Last Month I Have Mostly Felt Happy;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

3. I Have A Good And Supportive Group Of Friends;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

4. My Friends Are An Important Source Of Information About What Is Right And Wrong;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

5. It Is Ok To Have Sex If You Are Under 16;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

6. I Would Be Able To Say No To Sex If There Was No Contraception

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

7. I Would Always Aim To Use A Condom When Having Sex;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

8. I Feel Confident that I Could Use A Condom Correctly;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE



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9. The Use Of The Pill Will Always Replace The Need To Use Condoms;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

10 It Is Ok To Have Sex The First Time You Meet Somebody;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

11. I Often Feel Pressured Into Doing Things I Don't Want To Do; ;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

12. In The Last 6 Months I Have Done Something I Wished I Hadn't Done, Whilst Under The Influence Of Drugs Or Alcohol;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

13. If I Found Out That I/My Partner Was Pregnant I Would Want To Keep The Baby;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

14. I Know Where To Go To Talk About My Sexual Health Needs;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

15. If I Had A Sexual Health Problem I Would Feel Embarrassed Talking About It;

STRONGLY AGREE AGREE NEITHER AGREE OR DISAGREE DISAGREE STRONGLY DISAGREE

U HAVE NOW BEEN KIST?

Score Sheet



1. I Have Respect For Myself;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1	2	3	4	5

2. In The Last Month I Have Mostly Felt Happy;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1	2	3	4	5

3. I Have A Good And Supportive Group Of Friends;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1	2	3	4	5

4. My Friends Are An Important Source Of Information About What Is Right And Wrong;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

5. It Is Ok To Have Sex If You Are Under 16;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

6. I Would Be Able To Say No To Sex If There Was No Contraception

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1	2	3	4	5

7. I Would Always Aim To Use A Condom When Having Sex;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1	2	3	4	5

8. I Feel Confident that I Could Use A Condom Correctly;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1	2	3	4	5



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U HAVE NOW BEEN KIST?

Score Sheet



9. The Use Of The Pill Will Always Replace The Need To Use Condoms;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

10 It Is Ok To Have Sex The First Time You Meet Somebody;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

11. I Often Feel Pressured Into Doing Things I Don't Want To Do; ;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

12. In The Last 6 Months I Have Done Something I Wished I Hadn't Done, Whilst Under The Influence Of Drugs Or Alcohol;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

13. If I Found Out That I/My Partner Was Pregnant I Would Want To Keep The Baby;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

14. I Know Where To Go To Talk About My Sexual Health Needs;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1	2	3	4	5

15. If I Had A Sexual Health Problem I Would Feel Embarrassed Talking About It;

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
5	4	3	2	1

U HAVE NOW BEEN KIST?

How did you do?



SCORING

55-75 - "RISKY BUSINESS"

THE PERSON YOU ARE WORKING WITH MAY WANT TO DO SOME MORE WORK WITH YOU, AND OR REFER YOU ONTO ANOTHER PROFESSIONAL TO TALK ABOUT SOME OF THE UNSAFE RISKS THAT YOU ARE TAKING

35-55 - "WATCH YOUR STEP"

WELL DONE YOU ARE MAKING SOME GOOD CHOICES BUT YOU MAY NEED TO DO SOME FUTHER WORK TO ENSURE THAT YOU KEEP YOURSELF SAFE AND HEALTHY AT ALL TIMES

15-35 - "SAFE AS HOUSES"

GOOD FOR YOU. YOUR ANSWERS TELL US THAT YOU ARE MAKING GOOD HEALTHY DECISIONS THAT REDUCE YOUR CHANCE OF RISK. KEEP UP THE GOOD WORK

NOTES:



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So Where Next?

SIGNPOSTING TO INTERVENTIONS

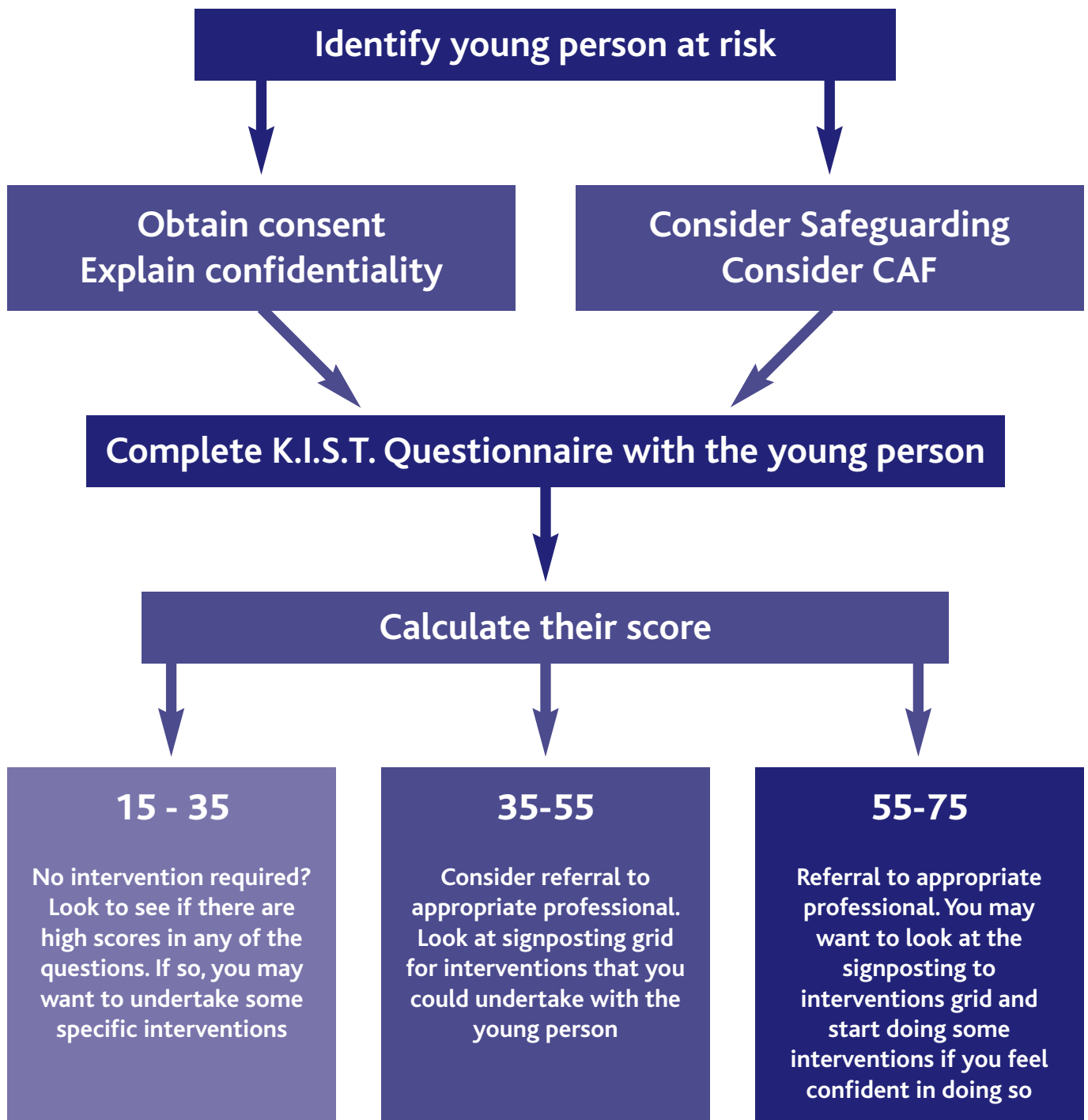
QUESTION NO	NAME OF INTERVENTION
QUESTION 1	Self esteem and aspirations. Managing emotions
QUESTION 2	Self esteem and aspirations. Managing emotions
QUESTION 3	Communication. Friendships. Relationships
QUESTION 4	Relationships. Peer influence. Friendships
QUESTION 5	Values and attitudes. Consent, Sex and the law.
QUESTION 6	Contraception. Safer sex. S.T.I's. Choices. Risk taking. Communication
QUESTION 7	Contraception. Safer sex. S.T.I's. Risk taking
QUESTION 8	Contraception. Safer sex S.T.I's.
QUESTION 9	Contraception. Safer sex. S.T.I's. Risk taking
QUESTION 10	Relationships. Consent, Sex and the law. Self esteem and aspirations. Peer influence. Risk taking
QUESTION 11	Relationships. Choices. Peer influence. Risk taking. Communication
QUESTION 12	Drugs and alcohol. Consent, Sex and the law. Peer influence. Self esteem and aspirations
QUESTION 13	Reality parenting. Communication
QUESTION 14	Support and signposting
QUESTION 15	Support and signposting. Communication. Self esteem and aspirations



A HIGH OVERALL SCORE MAY INITIATE A REFERRAL

REMEMBER THAT A LOW OVERALL SCORE MAY NOT NECESSARILY MEAN THAT NO INTERVENTION IS REQUIRED. YOU MAY WANT TO IDENTIFY A SPECIFIC INTERVENTION IF A HIGH SCORE OF 4-5 HAS BEEN REACHED IN INDIVIDUAL QUESTIONS

FLOWCHART FOR PROFESSIONALS



**IS THIS YOUNG PERSON AT RISK OF PREGNANCY OR AN STI?
IF SO EITHER REGISTER THEM FOR A C CARD OR SIGNPOST TO
THE NEAREST REGISTRATION POINT**





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part

2

INTERVENTIONS

Attitudes and Values

Attitudes and Values

Aim:

- To allow a young person to begin to understand that everyone is different and everyone will have attitudes and values which may be influenced by certain factors including culture, media, peers, religion or family values.

Key Issues

- For the young person to understand that values are qualities are important to a person.
- To be more confident and self aware in order to be able to make more informed decisions and choices

What are Your Values... ?

In the space provided below each question, write your answers to the questions.

1. If you found a twenty pound note on the floor at school, what would you do?
2. If you saw one of your friends shop lifting from a supermarket, what would you do?
3. If you were late for school and on your way you see an elderly lady fall over on the other side of the road, what would you do?
4. If you hadn't done your homework and one of your friends offers to let you copy theirs, what would you do?
5. If you saw your best friend's girlfriend/boyfriend kissing another boy/girl what would you do?
6. If you were searching your girlfriend/boyfriends text messages and found one which was sent to another boy/girl, what would you do?
7. If you overheard one of your friends arranging to buy some drugs, what would you do?
8. If you found out that your best friend was having sex with a much older person, what would you do?

What are your Values?

What Do You Think?

1. Having 3 or 4 drinks before going out is not binge drinking

AGREE NOT SURE DISAGREE

Why?

2. People are not responsible for what happens when they are drunk

AGREE NOT SURE DISAGREE

Why?

3. It is OK for girls to carry condoms

AGREE NOT SURE DISAGREE

Why?

4. It is OK to have sex with someone if they are drunk

AGREE NOT SURE DISAGREE

Why?

5. Sex before the age of 16 is not acceptable

AGREE NOT SURE DISAGREE

Why?

6. Schools and colleges should carry out random drug testing on students

AGREE NOT SURE DISAGREE

Why?

7. Contraception is a girl's responsibility

AGREE NOT SURE DISAGREE

Why?

8. Abortion is not acceptable

AGREE NOT SURE DISAGREE

Why?

9. There should be more teaching on gay and lesbian issues

AGREE NOT SURE DISAGREE

Why?

10. The internet is a good source of information about sex for young people

AGREE NOT SURE DISAGREE

Why?



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What do you think?

What Do You Value in Yourself.....?

Complete the following in order to determine what you value in yourself.

Circle the appropriate number based on the importance you assign to this attribute. 1 being not very important and 5 being very important

	NOT IMPORTANT			VERY IMPORTANT	
To be honest	1	2	3	4	5
To have a positive attitude	1	2	3	4	5
To do well at school	1	2	3	4	5
To have lots of friends	1	2	3	4	5
To get a good job	1	2	3	4	5
To be fit and healthy	1	2	3	4	5
To always look good	1	2	3	4	5
To become famous	1	2	3	4	5
To get the most out of everything	1	2	3	4	5
To be respected by my parents/carers	1	2	3	4	5
To be successful in the activities I enjoy	1	2	3	4	5
To be in a happy relationship	1	2	3	4	5
To have a baby	1	2	3	4	5

After completing this write down or discuss what you feel about what you value.



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Communication

Assertive, Passive and Aggressive?

Game Cards

Scenarios

Assertive, Passive and Aggressive?

Aim

To help a young person understand how we relate to people and how our responses can affect how others respond to us.

How to use the resource:

Cut out the 3 cards **Assertive**, **Passive** and **Aggressive** and place on a table in front of the young person. Explain that they are about to hear some real-life scenarios with a choice of three possible responses, and that they should listen carefully and pick the answer that is most like what they would do in real life. The most relevant scenario cards may be chosen and others omitted according to the needs of the young person.

Ask the young person to pick a 'scenario card' and read it out to them including the three possible answers and their corresponding letters. Ask the young person to choose which answer is most like what they'd do.

Explain to them which answer corresponds to which card (using the key below)

Light answers = Assertive response
Middle answers = Passive response
Dark answers = Aggressive response

Repeat the process with a number of different scenario cards.

Reflect with the young person to ascertain if there was a pattern to their responses, for example; did they always end up on a particular card? If so, how does 'passivity' (for example) work for them? How do people respond to them? Get some reflections from the young person regarding each card, to help elicit definitions for assertive, passive and aggressive communication.

Define assertiveness, passive responses and aggressive responses to the young person based on the answers extracted from them.

Focus on assertiveness, the response this is likely to get and other ways it can be beneficial (it is being more real about your thoughts and emotions).

Continue as before and read scenarios, but that this time ask the young person to listen carefully and try to pick the **assertive** answers.

Assertive, Passive and Aggressive? GAME CARDS



ASSERTIVE



AGGRESSIVE



PASSIVE



Assertive, Passive and Agressive?

SCENARIOS

You are talking to someone who does not answer you

- A You repeat what you said a little louder
- B You think "no one ever listens to me"
- C You say "I am speaking to you cloth ears"

You have just found out someone has been telling lies about you

- A You moan with your friends but don't actually talk to the person responsible
- B Say "I heard you said something that is not true about me. Can we sit down about it because it's left me feeling uncomfortable"
- C Say "what the hell do you think you are doing telling stories about me?"

Someone calls you a dirty name

- A Say "Listen to the pot calling the kettle black"
- B Say "I don't see the point in calling names. Would you like it if I did the same to you?"
- C Walk away and ignore them whenever you see them, hiding your feelings

Someone owes you money, but says he does not

- A You say "oh I must have got you muddled up with someone else"
- B You threaten to hit him if he does not give it to you
- C You remind him of the circumstance and ask him to give it to you by a set time

You're in the park with your friends and one of them pulls out funny smelling cigarettes, which gets passed around and everyone is trying it. You don't know what it is

- A Take it but try not to inhale properly, hoping no one will notice
- B You call them a bunch of druggie wasters and storm off shouting abuse
- C Ask them what it is they are smoking and consider whether you WANT to take part or not

You are trying to watch TV and someone next to you is talking loudly

- A You tell them to "shut up", turning the volume up
- B You say could "you talk somewhere else. I want to watch this programme"
- C You would sit there and seeth

Your best friend tells you that if you keep talking to a person that you fancy, then you will lose their friendship and everyone else's. They said that they will find a way to turn everyone against you, but you're really into this person

- A You stop talking to the person you fancy because you don't want to lose your friends
- B You tell your best friend that you really like this guy and that there is no reason for you to stop talking to them as right now they're single and up for grabs
- C You tell you best friend to **** off and start texting all your mates first, spreading a rumour about your best friend being a lesbian

You are at a party and a loud-mouth you know is daring you to drink a mucky cocktail of alcohol, and you are not sure if you want to

- A Threaten to throw it over the person if they try to make you do it
- B You tell them that you've already had enough to drink and that you don't want to chunder everywhere
- C You bite your tongue and down it anyway, hoping you can keep it down

You are wearing a new coat you have bought yourself and someone burns it with a cigarette

- A You say "oh god look what you have done to my coat you clumsy idiot"
- B You don't say anything
- C You say "excuse me your cigarette has just burnt my coat"

Assertive, Passive and Agressive?

SCENARIOS

You are on a date with someone you have been friends with for a while. They suggest that you take the relationship further and that tonight should be the night. You are not prepared and don't have any condoms

- A Ask them if they have any condoms and suggest that you go to the chemist to get some if not
- B Go ahead with it with out condoms and worry about it later
- C Say "I'm not having sex without a condom. Who knows what you've got. If you don't like it, tough"

You're getting ready to go to clubbing with friends, and one of your friends suggests you take pills which they have brought. They say it'll give you a buzz but you don't know what they are or where they have come from

- A You thank your friend for the thought but say you don't want to take anything unknown, so refuse it politely
- B Freak out that they you mate is offering you something that is possibly dodgy and tell them where to go
- C You try to make some excuse that distracts from the situation hoping your friend won't push you

You're on your social networking site and a person you're contacting and flirting with suggests you send them a naked photo of yourself. You've been chatting for a couple of months

- A You tell them that you don't feel comfortable putting that kind of image of yourself out over the internet and suggest meeting in a public place instead
- B You're not sure what to make of it so you avoid answering
- C Insult them for being potential pervert and block them

You are out on a date with someone you met on an internet site. You have exchanged a few emails and chatted on webcam. They suggest that you go back to theirs for coffee.

- A You agree to go back to their and ignore your worries, hoping it'll be ok
- B Tell them "No way. You could be a psycho-killer weirdo"
- C Tell them that you're not sure and think a few more dates first would be a good idea

Someone at a party is really drunk and kissing lots of people. They can barely stand up. They sit on your lap and suggest that you go upstairs for sex and that they have a condom. You have a partner

- A Shout loudly "**** off you skank" and shove them off onto the floor
- B Sit uncomfortably and hope someone helps you or that they are too drunk to try it on
- C Tell them "I'm seeing someone so I'm not interested. I'd also like it if you get off my lap please"

You do your best at a job, but are told it is not good enough

- A Say "I am sorry that it's not good enough but I have done my best"
- B Say "I have had it with you taking me for granted get out of my face"
- C Sulk for days, not talking to the person

You are at a party and kiss a person in a drinking game. It gets steamy and you are turned on. They suggest you go out together, you think you might actually be gay

- A Tell them you're interested but that you're sorting through some issues at the moment
- B Shrug them off and say they're not a good kisser
- C Agree to go out with them and hope things sort themselves out

Assertive, Passive and Agressive? SCENARIOS

You are involved in sexual activity with someone you are dating. They suggest that you do something that you haven't heard of before and you are not sure as to whether you want to. It grosses you out a little

- A You can't bring yourself to say no and end up doing it anyway
 - B Slap them and tell them to get real and that they watch too much porn
 - C Tell them that you are not sure about it and that it grosses you out a little.
- Suggest other ways to have fun

Someone threatened to beat you up

- A You ring the police
- B You stop going out
- C You round your mates up to start a fight

Try coming up with some of your own scenarios in the boxes below

Then give Assertive, Passive and Agressive reponses

Scenario:

A:

B:

C:

Scenario:

A:

B:

C:



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Choices

Making Choices

Issue Cards

Scenarios

Possible Responses

Making Choices Poster

Risk Line

Making Choices

Aims:

- To provide an opportunity for a young person develop practical and communication skills which may be repeated when negotiating sexual behaviours
- To prepare a young person for the responsibility of sexual relationships by challenging perceptions of potential for harm in a situation in order that behaviours may become more personally protective.

How to use the risk poster and risk line:

- Using the intervention examples, 1-5 (easy choices – harder choices), 6-8 (sexual health) present the young person with an issue and ask them to think of choices they could make which could increase/reduce the potential for their harm or increase/reduce the potential for their protection. Examples may be omitted or varied depending on the individual needs and circumstances of the young person.
- Ask the young person to indicate what their choice might be in a situation. This may be undertaken in various ways, for example, using a whiteboard/picture cards or using role-play in order to de-personalise choice options and reduce stigma.
- Ask what was the main issue (central section) that may have influenced their personal choice and consequently the outcome of the activity for them.
- Using the risk line ask the young person to indicate where on the risk line they think their choices lie. Have their perceptions of risk changed?
- Evaluation of learning may be carried out by assessing whether perceptions of risk have changed between the start and end of the session

Key Issues:

- The young person understands that the issues they face allow them to make various choices and that those choices have different potentials for good or harm, depending on the activity and their personal needs and circumstances
- The young person understands that choices have personal implications for long-term physical, emotional and social well-being

Issue Cards

ISSUE ONE

Will I eat a ham sandwich?

ISSUE TWO

Will I go out without a coat/jacket?

ISSUE THREE

Will I cross the road where there's no crossing?

ISSUE FOUR

Will I put sunscreen on?

ISSUE FIVE

Will I jump out of that window?

ISSUE SIX

Will I have sex?

ISSUE SEVEN

Will I protect myself from catching a sexually transmitted Infection

ISSUE EIGHT

Will I protect myself or my partner from pregnancy?

Possible Responses

Issue 1: *Will I eat a ham sandwich?*

What might make it a bad choice?	What might make it a good choice?
I'm a vegetarian I'm Jewish / Moslem etc I'm allergic to wheat	I'm hungry It tastes good

main issue 4U?

Vegetarian / religion / allergy / hunger / enjoyment?

what's your choice?

Pass on it / eat it?

Issue 2: *Will I go out without a coat/jacket?*

What might make it a bad choice?	What might make it a good choice?
Cold / wet weather Might catch a cold If unwell I won't be able to: Play football / go dancing etc	Warm / sunny weather I look better without one

main issue 4U?

Weather?

what's your choice?

Wear it / not wear it?

Issue 3: *Will I cross the road where there's no crossing?*

What might increase the risk 2U	What might decrease the risk 2U
After dark Wet / icy roads Rush hour I've been drinking	Daytime Good weather No cars around Not been drinking I know my green cross code

main issue 4U?

Weather / time of day / alcohol?

what's your choice?

Cross / find a proper crossing place?

Possible Responses

Issue 4: *Will I put sunscreen on?*

What might increase the risk 2U	What might decrease the risk 2U
I'm skint Can't be bothered Isn't cool Don't like the sun – I'll stay inside I'm naturally dark-skinned	Given some sunscreen Girl /boyfriend can massage it in for me! Protects / moisturizes my skin Mum had skin cancer Have fair hair & fair skin – burns easily

main issue 4U?
Skin-type / money?

what's your choice?
Use it / don't use it?

Issue 5: *Will I jump out of that window?*

What might increase the risk 2U	What might decrease the risk 2U
It's 5 storeys up I'll be badly injured	We're on the ground floor Minor risk of harm to me There's a fire and there's no other exit Fire brigade have made it safe to jump

main issue 4U?
My safety / necessity for jumping?

what's your choice?
Jump / don't jump?

Issue 6: *will I have sex?*

What might increase the risk 2U	What might decrease the risk 2U
I feel pressurized I'm half drunk Got no condom My mum will kill me if I get pregnant! I might have an STI He / she might have an STI	Ready for the commitment I know what I'm doing Been going out for ages Got a condom I've had lots of support and advice both been checked for STIs

main issue 4U?
Right person, right time, right place? / got a condom?

what's your choice?
Yes / no?

Possible Responses

Issue 7: *will I protect myself from getting an STI?*

What might increase the risk 2U	What might decrease the risk 2U
Not wearing a condom High number sexual partners Alcohol or drug-use Smoking	Always using a condom Getting advice & support Not having sex when drunk / out of it Not smoking Abstaining if I've got no condom

main issue 4U?

Fear of catching / passing on an infection?

what's your choice?

Condom / no condom?

Issue 8: *will I protect myself from getting pregnant*

What might increase the risk 2U	What might decrease the risk 2U
Not getting advice Not using reliable contraception Not accessing condoms Use of alcohol / drugs Low self-esteem / confidence	Getting sexual health advice and support Always using reliable contraception Always using condoms Not having sex when drunk / on drugs Emergency contraception if condom fails

main issue 4U?

Fear of pregnancy / no education / no money / no fun / no friends / no home / no boyfriend?

what's your choice?

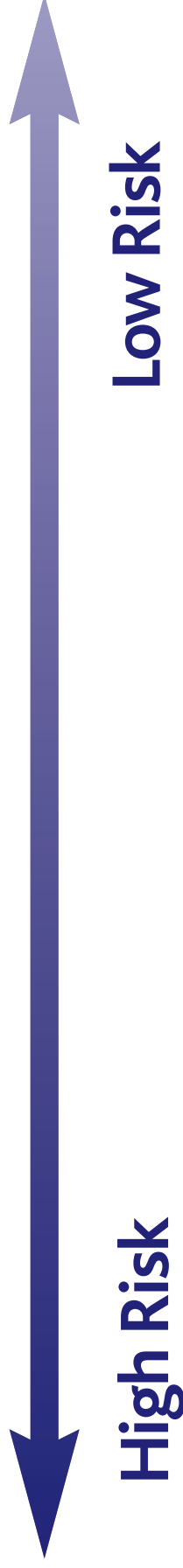
Always using reliable contraception / condoms / only bothering when I remember / not bothering with contraception / abstaining from sex / EHC / abortion / adoption / having the baby?

Making Choices Poster



Making Choices - Risk Line

Where do your choices fit on this line?





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Self Esteem

All About Me

What is Self Esteem?

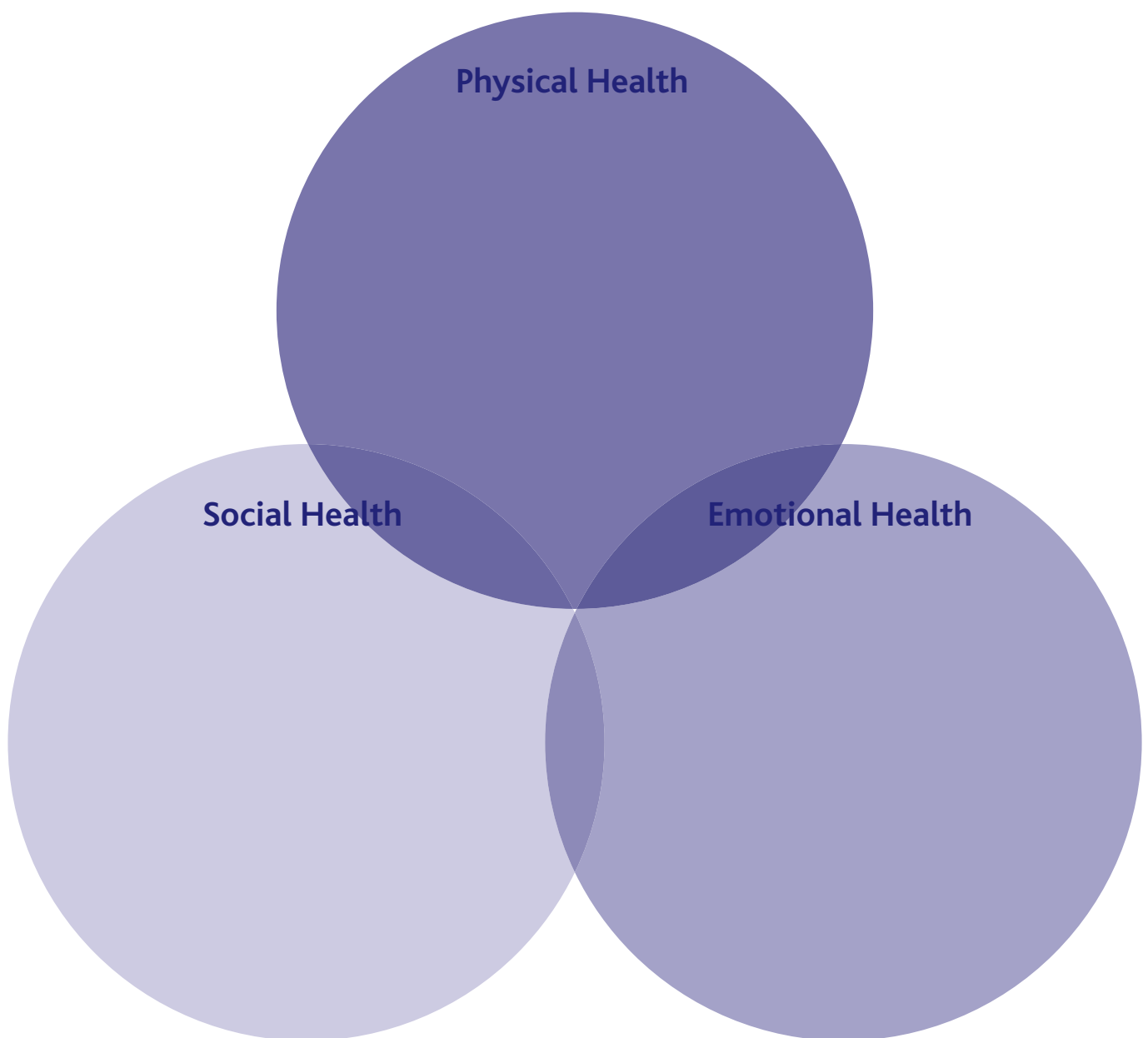
My Self Esteem Checklist

All About Me

Who you are is a combination of your physical, emotional and social health. Your physical health refers to how your body works and your body image. Emotional health describes your values, emotions and your ability to deal with stress. Finally, social health refers to how you get along with others and interact with different people, for example, your friends, family or carers and teachers.

In the circles below write in the words that describe your physical, emotional and social health.

Remember, if you do not feel good about yourself talk to someone you trust about your feelings. Your worker will always help you.



What is Self Esteem?

Worksheet

List below some examples which you associate with having high and low self esteem.

HIGH SELF ESTEEM

LOW SELF ESTEEM

My Self Esteem Checklist

	NO	YES
I look forward to things	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in expressing my feelings	<input type="checkbox"/>	<input type="checkbox"/>
It's OK for me to make mistakes	<input type="checkbox"/>	<input type="checkbox"/>
I am good at making decisions	<input type="checkbox"/>	<input type="checkbox"/>
I deserve the best life has to offer	<input type="checkbox"/>	<input type="checkbox"/>
I can say NO to things I don't want to do	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to feel angry some of the time	<input type="checkbox"/>	<input type="checkbox"/>
I don't often allow things to get me down	<input type="checkbox"/>	<input type="checkbox"/>
I mostly feel happy	<input type="checkbox"/>	<input type="checkbox"/>
I believe in myself	<input type="checkbox"/>	<input type="checkbox"/>

How are you feeling after answering these questions?

Are you feeling high or low in self esteem?

Now think about the things that help you to feel relaxed and happy and remember to be kind to yourself
Talk to someone you trust if you are feeling low or worried.



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Managing Emotions

Reactions

Managing Stressful Situations

Reactions

Everyone reacts differently to situations that make us feel stressed, angry, hurt, frightened or unhappy. The following table identifies some of the common physical, emotional and behavioural reactions that people may have when under stress. Circle the reactions that you have experienced when you are under stress.

At the end of each list are some spaces for you to write down some other examples that have affected you.

PHYSICAL	EMOTIONAL	BEHAVIOURAL
Sweating	Anger	Over Talkative
Spots	Fear	Silent
Feeling Sick/Vomiting	Depression	Emotional Outbursts
Dizziness	Inappropriate Laughter	Loss of Appetite
Rapid Heart Beat	Irritability	Increase of Appetite
Nail Biting	Agitation	Fear of Being Alone
Grinding Teeth	Crying	Wanting to be Alone
Headache	Guilt	Wanting to Sleep

Managing Stressful Situations

Sometimes harmless situations turn into stressful situations because of people's reactions. For example, imagine that you have placed an order at a fast food restaurant and you are given the wrong order. You react by yelling and screaming at the counter assistant. Suddenly you have turned an innocent mistake into a stressful situation which could easily have been rectified by politely pointing out the mistake.

Below are some situations. For each situation, write down a healthy reaction and an unhealthy reaction in the appropriate boxes.

STRESSFUL SITUATION	HEALTHY REACTION	UNHEALTHY REACTION
<p>A person in the coffee shop trips and bumps into you causing you to fall forward. Your drink spills all over your clothes.</p>		
<p>You have spent a lot of time and worked really hard on your English homework. The teacher gives you a poor mark and accuses you of copying.</p>		
<p>You find out that your boy/girlfriend lied to you about where he/she was last night. They were actually with an old girl/boyfriend but they claim they are just good friends.</p>		
<p>You buy some sweets from the local shop and when you get outside you realise that you have been short changed.</p>		

NOTES



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Friendships

My Friendship Circle

Different Friends for Different Needs

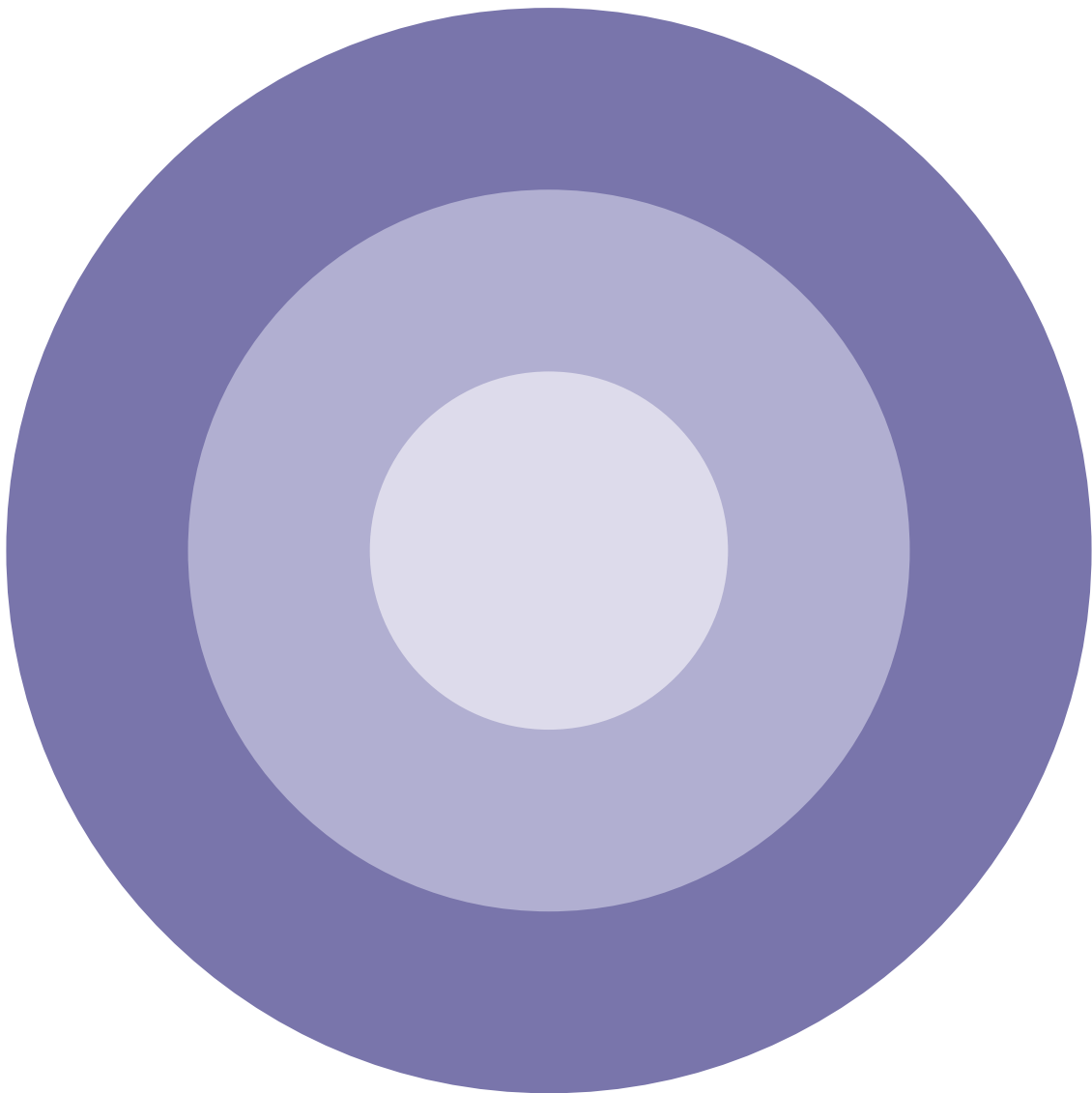
My Friendship Circle

Most people have a lot of friends and acquaintances, but some are closer than others. The friendship circle will help you to think about the different degrees of closeness you have with your friends.

Many people have one or maybe two best friends. These friends are the ones you trust the most, would confide in and like to hang out with. Write the name(s) of your best friend(s) in the centre circle.

Next, we will probably have a group of close friends whom we see regularly for example, at school. These friends may know quite a lot about you, and you probably find it easy to be yourself with this group of friends. Write down the names of your close friends' in the centre circle.

Finally, we will have many acquaintances in life. These are the people that we may enjoy spending time with or participating in activities with, for example, music, swimming, football. We may not confide or reveal our feelings to as we do with our close friends. In the outside circle, write down the names of some of your acquaintances.



Different Friends for Different Needs

During your lifetime you will meet lots of different people and make lots of different friends. Some of the friendships will last longer than others. You will also discover that different friends meet different needs. For example, you may enjoy hanging out and maybe watching a film with one friend but playing a sport with another.

Write the name in the space provided of the friend you would most likely want to be with in the following situations. Try to use a different person for each situation.

You need help with your homework

You are going to the library

You have 2 tickets to see your favourite band

You need to tell someone a secret

You want to go shopping for new clothes

You are going for a bike ride or out for a run

You need a shoulder to cry on

NOTES



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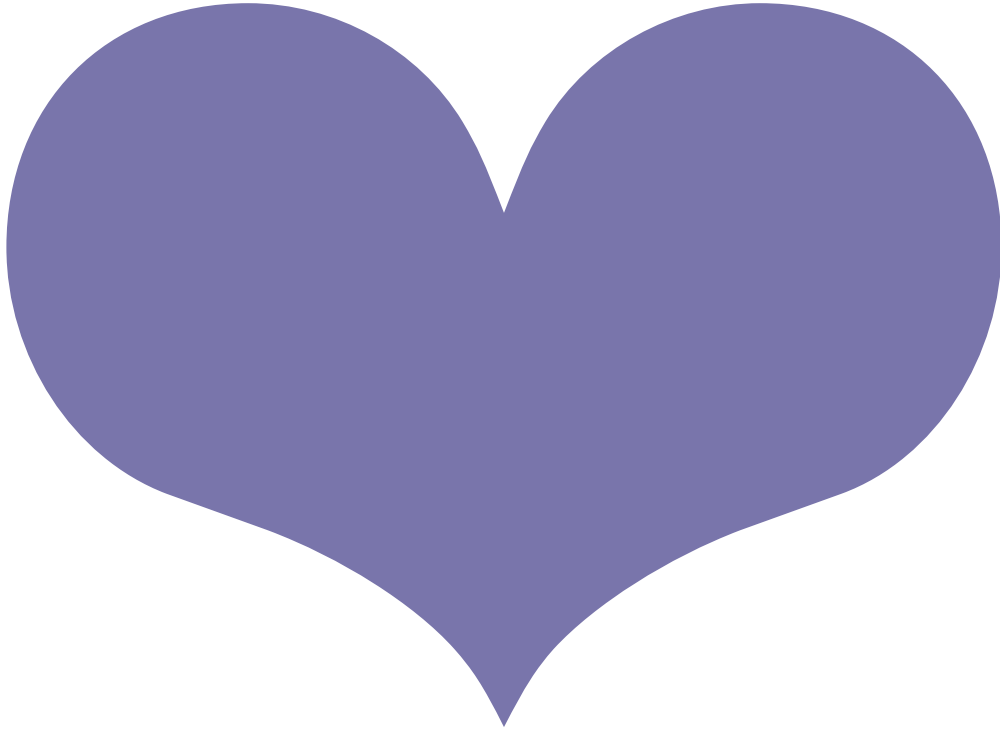


Love and Relationships

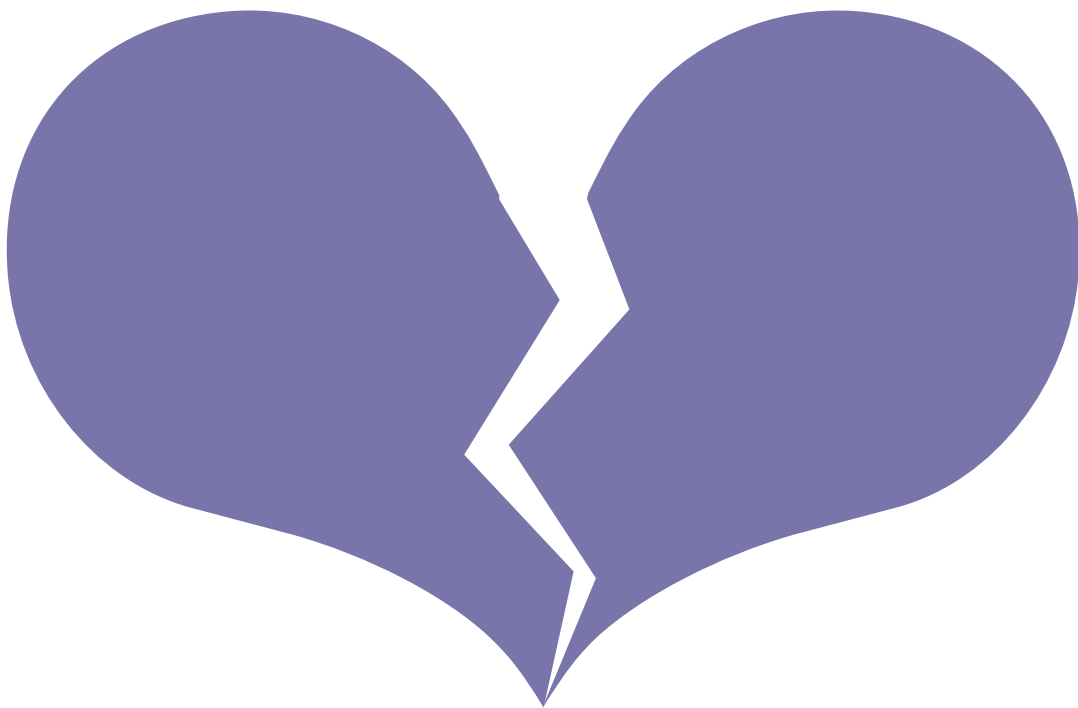
What is Love?
The Love Triangle
Is This Love?

What is Love?

On the heart below write down things you think love is...



On the broken heart below write down things you think love is not...



The Love Triangle

Robert Sternberg, a psychologist, has done lots of research on love and the various types of love. Sternberg believes that ideal love requires three elements: **passion, intimacy and commitment**.

Below is a triangle that shows these three aspects of love. In the space provided, write down the qualities that you think relate to each section of Sternberg's triangular theory of love. Some examples from young people are given as a starting point.



Passion: *sex, physical excitement*

Intimacy: *(not sexual), friendship, sharing a problem, being there in times of trouble*

Commitment: *being faithful, accepting the person for what they*

Think of some famous couples where would you place them on the triangle?

Is This Love?

Read the following scenarios.

Each scenario describes one of the different types of love in Sternberg's love triangle theory. Identify the type of love described in each scenario.

1. Jodie and Ashley meet at a friend's party. They hit it off immediately and tell each other their secrets. They are both seeing someone else and have no intentions of seeing each other again.

What type of love is this?

2. Nathan and Corry, both sixteen, have been seeing each other for two weeks. They are extremely attracted to each other and are thinking about having sex.

What type of love is this?

3. Your best friends Mum and Dad have been married for sixteen years and still find each other attractive. They are also best friends who tell each other everything.

What type of love is this?

4. Ali and Louise have been going out with together for three years; they have known each other since starting secondary school. Louise still enjoys spending time with her friends and finds it easier to open up and talk about her thoughts and feelings than she does with Phil.

What type of love is this?

5. Shelley and Mark go to the same school. They meet up in the local park where they have sex. They have no plans to see each other again.

What type of love is this?

6. Molly has been chatting to Sam on an internet site for months. They have seen photographs of each other and Molly says she finds Sam fit. They decide to meet up.

What type of love is this?

7. Jack and Mai meet when out with friends. They break away from the group and spend hours on the beach chatting.

What type of love is this?

8. Holly has been going out with Fred for two years and they are thinking of moving in together. Holly meets Simon whilst out clubbing and goes back to his flat where they have sex.

What type of love is this?



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Media and Peer Influence

Agony Aunt Letters

Agony Aunt Letters

Read the following Agony Aunt Letter:

Dear Lola

I have been going out with my boyfriend, Adam, for 3 months. He wants to have sex with me, but I'm not sure and feel I want to get to know him better. He keeps putting the pressure on and says he loves me. My mates would love the chance to go out with Adam, and they think I'm mad to keep putting him off. They're always giving me grief about being a virgin and it's starting to get me down. I'm only 16 and think I've got plenty of time yet.

Adam is 21 and I know he's had sex with at least 3 girls before and one of those girls has slept around a lot! I did discuss contraception with Adam, but he said he never likes using condoms and that he's careful and never got a girl pregnant yet. He said I should go on the pill if I'm worried. I tried to explain my fears about catching an STI, but he got really annoyed about that and I don't really want to upset him again.

I've never known my father and my mum is so busy coping with the rest of the family that she doesn't really have much time to listen to me. I love Adam and really like it when he holds me and tells me he loves me, it makes me feel special and wanted. I just wish it could stay like this for longer.

Please tell me what you think I should do? I really need to know what to say to Adam and how to cope with my friends' pressure?

Chloe

Consider the following questions:

1. Do you think Adam really does love Chloe?
2. Do you think Chloe is ready to have a sexual relationship with Adam?
3. What would be the risks if she does? (especially as he doesn't like using condoms)
4. If she says 'no' do you think Adam will stay with her?
5. If she says 'yes' do you think Adam will stay with her?
6. If she says 'no' how will you advise her to cope with her friends' pressure?
7. Do you think Chloe is with Adam because she really loves him?



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Agony Aunt Letters

Consider the following letters:

Dear Lola,

I am 15 and have been going out with my boyfriend, who is 17, for just over six months. We have just started to have sex, but he won't use a condom because he says he knows how to be careful. He said none of his previous girlfriends seemed to mind. I feel I ought to go on the pill, but I don't know what it costs or how to go about it without my mum knowing. Please can you advise me?

Claire

Dear Lola,

I went to visit my brother at his flat yesterday and found that he was looking for somewhere else to live. When I asked him why he was going, he told me that he was moving out because his flat mate had just been diagnosed as HIV positive. He told me "I would be scared to use the same cutlery and stuff - and I'll be forever disinfecting the loo!" He said his mates are putting the pressure on a bit and that there's no way they're coming over any more. He says his social life is really being affected by this. His flat mate is feeling very alone. His girlfriend has broken up with him and he's been rejected by most of his friends and family. I feel this is all so unfair.

Is my brother acting a bit over the top, or is he right to move out?

Tim

Dear Lola,

I love my girlfriend very much and she reckons she loves me, but she says she's not ready to have sex yet. She keeps saying she's not sure I really love her and I get a bit annoyed at having to keep reassuring her that I do. I keep telling her how much I fancy her and I haven't had any other girls or anything in all the 9 months we've been together, so I feel I've been pretty patient and committed to her! She still reckons something's missing in our relationship. She says I never seem to talk about my work or stuff that happens when I don't see her and she says I never seem to listen to her. She says she shares more about her life with people she doesn't even know when she's on line in chat rooms! I like to keep my thoughts and feelings to myself and I guess I expect her to as well. Perhaps you could give me some advice? I'm 18 and she's 16.

John

Dear Lola,

I am 16 and on the pill. I've slept with 2 older boys and I know they've had sex with several girls before me. We did STIs in school today and now I'm freaked. They say that sometimes you don't even know you've got it. What are my chances of having an STI? I've been on the pill, but I realise now we should have used condoms. How can I find out if I'm OK? Please give me some advice as I can't talk to my parents about this stuff.

Stephanie

Agony Aunt Letters

What would you say in reply to one of the letters on the previous page?



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Consent

Sex and The Law

Sex and The Law - Situation Cards

Leon and Jess are both 15. They have been going out with each other for about a year and they both feel ready to have sex.

Soraya is 15 and is sexually active. Soraya and her boyfriend are using condoms but she wants to go on the pill. Soraya does not want her Mum to know.

Rick and Ahmad both 12 buy condoms from the local supermarket.

Katie 14 takes a photograph of herself naked on her phone and sends it to her boyfriend Abdul who is 15.

Louise is 12 and has been going out with Josh 16 for about 2 months. Josh wants to have sex with Louise.

Carrie, 18 has a mild learning disability and has recently started going out with Tom also 18 who she met at college. Tom does not have a learning disability but says he loves Carrie. They are thinking of having sex.

George is 16 and his partner Brad is 18. They are thinking of having sex.

Gemma, 18 buys some alcohol for her sister Laura who is 17.

Beth 17, has fallen for Brett who is 23 and a newly qualified teacher. Beth is one of Brett's students.

Chloe is 15 and has just found out she is 6 weeks pregnant. Chloe wants to have an abortion but does not want her Mum and Dad to know.

Emily and her partner Charlotte are both 16 they have been in a sexual relationship for nearly a year.

Dean, 18 has just found out that his ex girlfriend Chrissie is 24 weeks pregnant. He is trying to persuade her to have an abortion.

Storm and Hussein are both 16. Storm has just found out that she is pregnant and they now want to get married.

Lucy, 15 has recently had sex with Jamaal also 15. Lucy's parents have just found out and want to call the police.

Harry is 15 and regularly visits gay chat rooms on the internet.

Miriam is 14 and she met John, 27 on the internet. Miriam visits John at his house where they often have sex.

Sex and The Law - Responses

Leon and Jess

Legal Considerations:

- The Sexual Offences Act (2003) is not intended to support a prosecution in the case of two young people of similar age engaging in mutually agreed sexual activity. The Sexual Offences Act is gender neutral and not intended to prosecute mutually agreed underage sex.

Rick and Ahmad

Legal Considerations:

- There is no minimum age limit for purchasing condoms.
- The Sexual Offences Act 2003 makes it clear that a child under the age of 13 is of insufficient maturity to consent to sexual activity. A twelve year old therefore cannot give consent to sexual intercourse.

Louise and Josh

Legal Considerations:

- The Sexual Offences Act 2003 makes it clear that a child under the age of 13 is of insufficient maturity to consent to sexual activity. A twelve year old therefore cannot give consent to sexual intercourse.

George and Brad

Legal Considerations:

- The age of consent for sex between men is 16 throughout the UK. From January 2001 the age of consent became equal for gay men, lesbians and heterosexuals. In 1967 the age of consent for gay men was set at 21 and in 1994 lowered to 18. During this time there was no age of consent relating to lesbians.

Brett and Beth

Legal Considerations:

Sexual activity between a member of staff and a pupil under 18 years of age may be a criminal offence. The offence of 'abuse of a position of trust' was originally set out in the Sexual Offences (Amendment) Act 2000. The Sexual Offences Act 2003 re-enacts and extends the abuse of position of trust offences set out in the Sexual Offences (Amendment) Act 2000. Occupations to which the abuse of a position of trust laws apply:

- Institutions looking after young people who are detained under a court order or enactment, such as a Young Offenders Institution.
- Accommodation provided by local authorities and voluntary organisations under statutory provision.
- Hospitals, independent clinics, care homes, residential care homes, private hospitals, community homes, voluntary homes, children's homes and residential family centres.
- Educational institutions.

Emily and Charlotte

Legal Considerations:

In England, Wales and Northern Ireland, the legal age for young women to consent to any sexual activity is 16, whether they are straight, gay or bisexual. The Sexual Offences Act (2003) is not intended to support a prosecution in the case of two young people of similar age engaging in mutually agreed sexual activity. The Sexual Offences Act is gender neutral and not intended to prosecute mutually agreed underage sex.

Sex and The Law - Responses

Storm and Hussein

Legal Considerations:

According to the law of the United Kingdom, a man and a woman cannot marry under the age of 18 without parental consent.

Harry

Legal Considerations:

It is important for young people to be aware of the risks associated with internet social networking sites. The Sexual Offences Act 2003 makes it an offence for a person aged 18 or over to meet intentionally, or to travel with the intention of meeting, a child aged under 16 where there has been communication at least two earlier occasions, and intends to commit a "relevant offence" against that child. The Act also covers situations where an adult establishes contact with a child through, for example, meetings, telephone conversations or communications on the Internet, and gains the child's trust and confidence so that they can arrange to meet the child for the purpose of committing a "relevant offence" against the child.

Having someone to talk to is a common dilemma for many young people exploring their sexuality. Therefore, it is important to give young people information regarding local services such as young people's sexual health services, school nurses, youth support services and health promotion specialists.

Soraya

Legal Considerations:

It is lawful for doctors to provide contraceptive advice and treatment to under 16s without parental consent providing certain criteria are met. These criteria, known as the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords' case and require the professional to be satisfied that:

- The young person will understand the professional's advice;
- The young person cannot be persuaded to inform their parents;
- The young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment;
- Unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer;
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Katie and Abdul

Legal Considerations:

"Sexting" is the phenomenon of sending, receiving, or forwarding sexually explicit messages, photos, or images via a mobile phone, computer, or other digital device. These messages, photographs and images are often being further disseminated through email and internet-based social networking websites well beyond their original intended recipients. A 2009 UK survey of over 2,000 young people between the ages of 11 to 18 found that 38% had received "offensive" or "distressing" sexual images via text (CosmoGirl 2009).

Encouraging a person, even a friend, who is under 18 to take a photo of themselves nude, or of body parts considered sexual in nature, with their mobile phone or digital camera, breaks this law. It is also illegal for anyone, with lascivious intent, to knowingly send out or disseminate pictures of a person under 18 in a state of nudity, semi-nudity or engaged in a sexual act (Sexual Offences Act 2003).

The Child Exploitation and Online Protection Centre (CEOP) has been set up to help with these issues: www.ceop.gov.uk

Sex and The Law - Responses

Carrie and Tom

Legal Considerations:

• Capacity to consent to sexual intercourse is paramount. When working with young people with a learning disability over the age of 18 years the Fraser Guidelines would apply and the Mental Capacity Act (2009) provides the legal framework for consent.

Gemma

Legal Considerations:

UK Alcohol Laws make it illegal to supply alcohol to anyone under the age of 18 or for anyone to buy alcohol in a pub for someone under 18

Also:

- It is illegal to give alcohol to a child under five years of age
- It is an offence for anyone under 18 to buy alcohol in a pub, off licence, supermarket or other outlet.
- Drinking and driving is a serious offence
- 16 or 17 year olds having a meal in a pub can drink wine, beer or cider, only in an area set aside for meals
- Police can confiscate alcohol from anyone under 18 drinking in a public place. The young person will be required to give their name and address

Chloe

Legal Considerations:

In England, Wales and Scotland a woman of any age can have an abortion if two doctors agree she has good reasons, provided that she satisfies certain statutory grounds and is less than 24 weeks pregnant.

It is lawful for doctors to provide contraceptive advice and treatment to under 16s without parental consent providing Fraser guidelines are met.

- The young person will understand the professional's advice;
- The young person cannot be persuaded to inform their parents;
- The young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment;
- Unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer;
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Dean and Chrissie

Legal Considerations:

In England, Wales and Scotland a woman of any age can have an abortion if two doctors agree she has good reasons, provided that she satisfies certain statutory grounds and is less than 24 weeks pregnant. Abortion is largely devoted to dealing with the rights of the unborn child and the mother and fathers do not have any rights concerning their unborn child.

Sex and The Law - Responses

Lucy and Jamaal

Legal Considerations:

The Sexual Offences Act (2003) is not intended to support a prosecution in the case of two young people of similar age engaging in mutually agreed sexual activity. The Sexual Offences Act is gender neutral and not intended to prosecute mutually agreed underage sex. However, parents cannot be prevented from referring to the police.

Miriam and John

Legal Considerations:

The Sexual Offences Act 2003 makes it an offence for a person aged 18 or over to meet intentionally, or to travel with the intention of meeting, a child aged under 16 where there has been communication at least two earlier occasions, and intends to commit a "relevant offence" against that child. The Act also covers situations where an adult establishes contact with a child through, for example, meetings, telephone conversations or communications on the Internet, and gains the child's trust and confidence so that they can arrange to meet the child for the purpose of committing a "relevant offence" against the child.

The Child Exploitation and Online Protection Centre (CEOP) has been set up to help with these issues:
www.ceop.gov.uk



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Have you been

KIST?

Kent Intervention Screening Tool



Risk Taking

Deal or No Deal?

Deal? or No Deal?

Aims:

To challenge personal decision making processes relating to sexual risk taking and to increase awareness of the possible results of our actions such as sexually transmitted infection, unwanted pregnancy or emotional upset and how these can be prevented or lessened.

How to use the resource:

- 1 x 'Deal' card per young person
- 1 x 'No Deal' card per young person
- 1 x set of 'Deal or No Deal CHOICES cards' (with their numbers written on the backs)
- 1 x set of 'Deal or No Deal RESULTS cards' (with their numbers written on the backs)
- Deal No Deal table cards

Additional Resources may include:

- RASH (Reminders About Sexual Health Cards www.hyphop.co.uk)
- Sexually Transmitted Infection images for example, Chlamydia, Gonorrhoea, Genital Herpes, Genital Warts
- Handouts detailing the local C Card outlets, Young Persons Contraceptive and Sexual Health Clinics

Set out the board cards on a table, on a wall or white board. Place the CHOICES 'table card' in the centre on the table with the 'Deal or No Deal CHOICES cards' below it face down on the table on 3 piles (one for the **girls** scenarios [**LIGHT borders and numbers**], one for the **boys** scenarios [**DARK borders and numbers**] and one for the **unisex** scenarios [**MIDDLE borders and numbers**]). Do the same thing for the RESULTS 'table card' and 'Deal or No Deal RESULTS cards'.

Setting the scene:

Ask the young person "*How do you go about making a decision about which new mobile phone to buy?*" (or another scenario where they are making a decision). Try to extract from the young person what they are looking for colour, cost, freebies, contract conditions etc.

Point out that what they are actually doing is making a deal. Weighing up what they will be getting for their money.

Ask the young person "*What sort of deal do you think you are making if you chose to have sex with someone?*"

Point out that when two people agree to have sex they are also making a sort of deal in which there can be a variety of possible outcomes.

Explain that the following game is an opportunity for them to think about some real-life scenarios in which they may find themselves in and explore the possible results of their choices.

Deal? or No Deal?

Explaining the rules:

Hand the young person a DEAL card and a NO DEAL card.

Explain that they are going to be invited to pick a card from the relevant CHOICE pile and read the scenario.

Tell them that you will count to three and say "Deal or No Deal", which is their cue to display whichever card would be their response.

Explain that they will then be invited to verbally share some of their thinking behind their choices.

Next the same young person will be asked to find the corresponding numbered RESULTS card and read the results.

Just before starting:

Encourage the young person to answer DEAL or NO DEAL based on what they think they would probably do in that scenario, so that they can look at the possible results of their choices.

Stress that obviously if they answer NO DEAL to everything, then they will not run the risk of any of the possible results. Abstaining from sex is the only way to prevent all of the possible outcomes 100%.

Playing the game:

Invite the young person to pick a card from the relevant CHOICE pile and read the scenario. Be prepared to help with reading if needed. If the young person can't read the card still get them to choose a card.

Count to three and say "Deal or No Deal", which is their cue to display whichever card would be their response. Then ask the young person why they chose 'Deal' or 'No Deal'. Discuss.

Ask the young person to find the corresponding numbered RESULTS card and read the results.

Discuss the RESULTS. What are their reactions? If a sexually transmitted infection has been mentioned, what do they know about it? If appropriate give them further information.

Repeat the above process with each relevant card.

Ending the session:

Ask the young person what they thought of the game. Have they learnt anything? Is there anything they would like to do differently in future?

If relevant offer handouts detailing local C Card outlets, Young Persons Contraceptive services and places to get STI tests and treatment and check they know where the places are.



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Deal? or No Deal? Cards



DEAL?



NO DEAL?



Deal? or No Deal? - Table Cards



CHOICE



RESULTS



IT'S YOUR CHOICE!



Deal? or No Deal? - CHOICES Cards

1. You are out and about with friends, and have been drinking for a few hours.

You pull a stranger and are thinking about having sex with them. You think they might have a condom.

2. A friend of yours that you have known for a long time suggests you have sex.

They tell you they are on the pill.
Neither of you have a condom.

3. You are hanging out with friends and feeling rather bored.

A friend is flirting with you and sex may be an option.
Both of you have condoms.

4. Someone who says they are a virgin asks to have sex with you.

You don't know them very well.
You don't have a condom.

5. You've been in a relationship for a month.

Your partner wants to have sex.
You are on the pill.
You have condoms.

6. You and your partner of two weeks want to have sex.

She tells you she is on the pill.
You are both drunk.
You have condoms.

7. Things are getting spicy between you and your boyfriend and you want to have sex.

You can't remember whether you took your pill today.
He has a condom.

8. You've just started going out with someone.

You don't know if she is on the pill.
Neither of you have condoms but you are feeling up for it.

9. You are out for the night and have drunk quite a lot. You bump into your ex-partner and he makes a move on you.

You had the contraceptive injection recently.
Neither of you have condoms.

10. A friend of yours has recently split up with his girlfriend and you are trying to cheer him up. You have always thought he was fit. He asks you if you fancy sex.

Neither of you have condoms.

11. You are at a party. You get chatting to someone new who you think is hot.

They suggest to you that you have sex.
Neither of you have a condom.

Deal? or No Deal? - ANSWER Cards

1. You find out that they haven't got a condom but have sex anyway.

Several months later you notice fleshy lumps around your vagina and on your labia...

You have caught **genital warts** which can be treated but may return and can stay with you for life!

2. Sadly, your friend has a bit of a plan and you have been used!

She's not on the pill and secretly wants to get pregnant.

Luckily for you she didn't get pregnant this time - but are you sure she hasn't given you an STI?

You'd better get yourself tested!!

3. Well done for being prepared!

Who knows where this may lead.....friendship is a very good starting point for a relationship.

However, they have had other partners and haven't been tested for STIs so a trip together to the STI clinic is a good idea!

4. Unfortunately you were tricked and she wasn't telling the truth!

On the one hand you were lucky as she could have got pregnant but didn't.....on the other hand you caught **Gonorrhoea** from her and a few days later discover an embarrassing green discharge from your penis and pain when peeing!

5. All is fine and you have a lot of fun.

However, do you know if they have been tested for STIs? If they are carrying an STI from a previous partner then you could catch it during sex if the condom was to split or from oral sex without a condom!

6. Oh dear!

It should have been fine as she was on the pill and you did use a condom, but the alcohol you'd drunk meant you had a poor erection which caused the condom to come off!

This means that you could have caught an STI if she has one. What should you do?

7. Lucky escape!

All went according to plan but you hadn't taken your pill so could have been at risk of pregnancy if the condom split!

(and of catching an STI if he's had previous partners but not been tested).

8. **Whoops!**

She wasn't on the pill but you did it anyway...

Who's the Daddy...?

YOU!!

...because she's pregnant and keeping the baby!

Deal? or No Deal? - ANSWER Cards

9. Well, since you split up, your ex has slept with someone else and caught **Chlamydia**.

Now you have caught it and since there are often no symptoms, you don't know you have it...!

10. You go for it anyway but a few weeks later you miss your period... you are pregnant!

He no longer wants to be your friend as he thinks you are easy, plus he has spread a rumour calling you a "*****".

Now it is your job to tell your family!

11. Bonus!

Not only did you catch **Gonorrhoea** for free, but you also passed on **Chlamydia** to your partner (which you didn't know you were carrying)!

Now you should both visit the STI clinic for treatment or you could have long term problems in your privates.

(You are also at risk of pregnancy)!



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Have you been

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Kent Intervention Screening Tool



Safer Sex

Condom Demonstration

Top Ten Condom Tips

Negotiating Safer Sex

Condom Quiz

The C-Card

Condom Demonstration

These pictures have been jumbled, fill in the correct order in box below the pictures



Condom Demonstration



What order are the pictures supposed to be in?

Top Ten Condom Tips

- Must be used before any genital contact and should be used for oral, vaginal and anal sex.
- Check the packet is intact and the expiry date. Damaged or out of date condoms should not be used
- Check conforms to British (kite mark) and European Standards (CE)



- Carefully take out the condom from the packet and check that the condom is in the right direction to unroll down the penis.
- Squeeze the closed end or teat end of the condom to expel any air and leave about a centimetre to receive ejaculated semen
- Roll the condom down the full length of the erect penis
- Avoid oil-based creams or lotions which may damage the condom - use a water-based lubricant
- After ejaculation carefully remove the condom holding it firmly at the rim as the penis is withdrawn
- Wrap the condom in tissue and dispose hygienically. Condoms should only be used once
- If a condom splits during sex, emergency contraception may be required and advice should be sought from a health care professional as soon as possible.

Negotiating Safer Sex

How Would You Negotiate Safer Sex?

How to use cards!

Cards contain statements that someone may say to avoid using a condom.

1. Pick a card light for girls and dark for boys
2. Read it out
3. Say how you feel about the statement
4. What would you say if this was your partner?

It's like making love with a plastic bag on!	The condom is too tight and it hurts!	Why do you want to use a condom when you can have the real thing!
I love you we don't need to!	It's not the same with a condom on!	I'm clean so we don't need to use a condom!
Were going to be together forever so we don't need to use a condom!	If you loved me enough then you wouldn't want to use a condom!	It won't matter just this once!
Don't worry I'll pull out before I cum!	I got tested months ago so I don't need a condom!	Don't worry you cant get pregnant the first time!
Don't worry you cant get pregnant if we do it standing up!	Don't worry you cant get pregnant during your period!	Condoms always split when I use them!
Using a condom feels like cling film!	Don't worry we don't need a new one I used this the other day!	We don't need to use a condom if you're giving me a blow job!
Don't worry I love you I'll stand by you if you get pregnant!	I've never slept with anyone else so we don't need to use a condom!	Let's do it properly just this once!
Sex is with a condom making love is where you go without!	I've never got a girl pregnant, so you don't need to worry!	I only shoot blanks!

Negotiating Safer Sex

It doesn't feel the same!

Just this once let's go without!

No one in my family has had an STI so I won't!

You can't catch anything if we just do oral!

I haven't got a condom but a quickie won't hurt!

I can't get pregnant when I'm on!

I won't get pregnant if we do it standing up!

It's my first time so don't worry I won't get pregnant!

I got tested months ago so we don't need to use a condom!

If you love me you don't need to use one!

Don't you find me attractive!

I'm ready to have children!

If I get pregnant my mum can look after the baby!

We're going to be together forever so we don't need to use a condom!

I'm on the pill so we don't have to use a condom!

I've had the injection so I can't get pregnant!

We don't need to use a condom because I can't get Chlamydia I've already had it!

Sex is with a condom Making love is where you without!

I can't have children anyway so we don't need to use a condom!

I think we're ready to not use a condom now!

Be a man we don't need one of those condoms!

Don't you like it skin to skin!

It feels so much better when you don't use a condom!

I can't come when you use a condom!



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Condom Quiz

1 What should be checked on a condom packet?

2 Condoms do not need to be put on until the very last minute (please cross out the wrong answer)

True or False

3 Condoms are available in all sorts of different shapes and sizes (please cross out the wrong answer)

True or False

4 When putting on a condom what should be done to help prevent it from damage, coming off or splitting?

5 Which of the following can damage latex condoms? (please tick)

- Lipstick
- Vaseline
- Baby Oil
- KY Jelly
- Body Piercings
- Heat

6 What should be done if a condom splits or comes off during sex?

Condom Quiz

7 How many times should a condom be used?

8 What should be done with a condom after sex?

9 There is no need to use a condom when having oral sex

True or False

10 Where should condoms be kept?

NOTES



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Condom Quiz - Answers

1 What should be checked on a condom packet?

Always check that the condom packet is not damaged or torn and remember to check the expiry date. Don't use a condom which is out of date. Check that the condom conforms to safety standards and that it carries a British Kite Mark or European CE mark. Some novelty condoms offer no contraception and do not give effective protection against sexually transmitted infections. Don't take risks if a condom doesn't comply with these standards.

2 Condoms do not need to be put on until the very last minute

False

A condom should always be put on when the penis is erect and before any genital contact with your partner. Fluid called pre-ejaculate or pre-cum is often released in the early stages of an erection. This fluid can contain sperm which can lead to unplanned pregnancy and organisms that can transmit infections.

3 Condoms are available in all sorts of different shapes and sizes

True

There are lots of different makes, shapes, sizes and types of condoms. It is important to select a condom which is right for you and your partner. Most condoms are made of latex but polyurethane condoms (non-allergenic) are available for people who have a latex allergy. Different size and shape condoms allow for a comfortable fit and it may be necessary to experiment to find a condom that suits you and your partner. There are a variety of flavoured condoms available including chocolate, mint, strawberry, banana, curry, and champagne. Flavoured condoms are often used for oral sex. Some condoms are ribbed or have raised dots - these are designed for greater sensation. Extra strong condoms are also available and are often used with a water based condom compatible lubricant for anal sex. Condoms are widely available free of charge from Contraceptive and Sexual Health Clinics and most areas have condom distribution schemes for young people e.g. C Card

4 When putting on a condom what should be done to help prevent it from damage, coming off or splitting?

Tear carefully along one side of the condom packet taking care not to damage the condom with fingernails, piercings or jewellery as you ease the condom out. Squeeze the condom teat between the thumb and forefinger making sure that the condom is the right way for unrolling. This expels air from the teat reducing the risk of the condom bursting. Using your other hand unroll the condom down the entire length of the penis, while still holding the teat - this reduces the risk of the condom coming off.

5 Which of the following can damage latex condoms?

Lipstick, Vaseline, Baby Oil, KY Jelly, Body Piercings and Heat!

Oil based products such as Vaseline, baby oil and lipstick can very quickly damage condoms causing them to burst. Water-based lubricants such as KY jelly are safe to use with condoms. Condoms can be affected by heat so keep them away from direct sunlight. Condoms are very strong but take care if either you or your partner has body piercings and use a water based lubricant (gel-charging) to help reduce the risk of damage to a condom.



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Condom Quiz - Answers

6 What should be done if your condom splits or comes off during sex?

If the condom should come off, use a new condom and put it on before continuing to have sex. If there has been any genital contact you or your partner may be at risk of infection so to be super safe visit your local sexual health clinic together for a sexual health check. There may also be a risk of unplanned pregnancy and your local contraceptive service, sexual health clinic, GP or Pharmacy will be able to give you or your partner free, confidential help and advice.

There are two methods of Emergency hormonal contraception. One method is licensed for up to 72 hours after unprotected sexual intercourse and the other 120 hours.

7 How many times should a condom be used?

Don't use a condom more than once. If you have oral sex first you should always use a new condom if you go on to have penetrative sex.

8 What should be done with a condom after sex?

After sex, condoms should be disposed of hygienically. Wrap the condom in tissue and put it into a waste bin. Do not try to flush a condom down the toilet they often float and can block the pipe!

9 There is no need to use a condom when having oral sex

False

Oral sex is generally considered to be safer than penetrative sex but it still carries considerable risk. The infections that can be transmitted through oral sex include Chlamydia, Gonorrhoea, Herpes, Syphilis, Candidiasis (Thrush), Hepatitis A and Hepatitis B. It is therefore essential to use protection when having oral sex. A condom or a dam when used correctly will help prevent transmission of infection. A dam is a thin latex or polyurethane sheet used during oral sex. A barrier is created between the mouth and genital/anal area which increases hygiene and reduces the risk of infection. However, dams should not be used as an alternative to a condom.

10 Where should condoms be kept?

Condoms should be kept in a cool, dark place. They can be carried around with you easily and discreetly by keeping them in pockets, bags, wallets and purses. Carrying a condom demonstrates your intention to practice safer sex and respect for your own and partner's health.

The C-Card

The Kent C-Card Condom Distribution Scheme



The Kent C-Card Scheme is a co-ordinated condom distribution network. It provides easy and confidential access to free condoms for young people aged 13 to 18, which is supported by sexual health advice, and signposting to comprehensive contraceptive and sexual health services.

Condoms when used correctly provide protection against unintended pregnancy and sexually transmitted infections. Practitioners working with young people where it is clear that a young person intends to engage in sexual activity, or is in an ostensibly sexual relationship should provide information about correct condom use and where to access them. Provision of this advice should be seen as an act of protection and not facilitation of sexual activity. Updated lists of venues participating in The Kent C-Card Scheme are available at www.foryoungpeople.co.uk.

There is an overriding commitment from Kent, as part of the focus on reducing teenage pregnancy that multiagency practitioners working with young people will offer the Kent C-Card Scheme. Practitioner's wishing to undertake the C-Card training should seek the support from their manager and contact the Sexual Health Team in the NHS Community Provider Services.

Kent FYP Services

foryoungpeople

Freephone 0800 0728748

www.foryoungpeople.co.uk



Free Condoms
Sexual Health
Contraception

Safer Sex Advice
Relationships
Emergency Contraception

FREE CONFIDENTIAL advice and information
from friendly health workers for all young people

Boys, Girls and couples - you don't need to be in a relationship
or be having sex to come and see us



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Have you been

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Contraception

Methods of Contraception

Contraception Facts

Contraception Worksheet

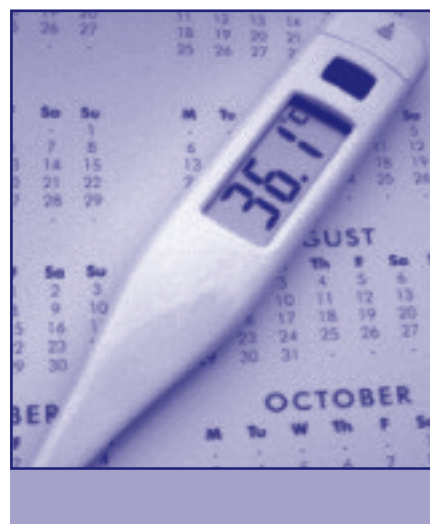
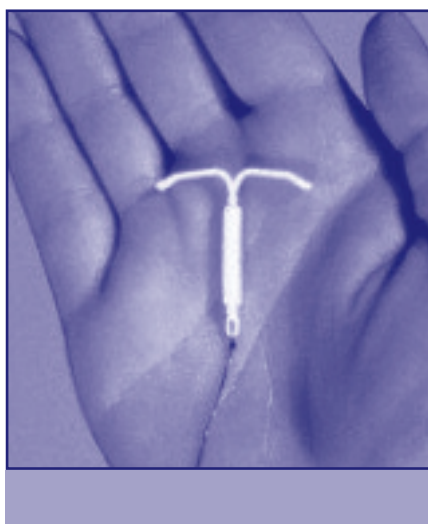
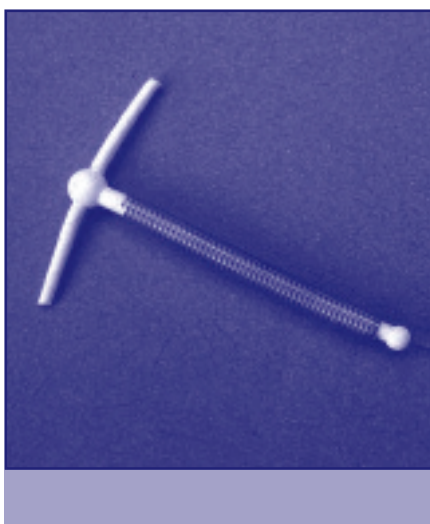
Methods of Contraception

Using the contraceptive methods cards write in the space provided at the bottom of the pictures the name of the method.

Using the information provided on the cards complete the contraceptive worksheet.



Methods of Contraception



Contraception Fact Cards

Male Condom

Latex or polyurethane sheath which covers the erect penis. Must be fitted over the penis before any genital contact. Prevents sperm entering the uterus thereby preventing fertilisation. Disposable after one use.

Effectiveness: Good if used properly: 85% – 98%

Advantages: No side-effects (unless sensitive to latex or lubricant)
Protection against Sexually Transmitted Infections

Disadvantages: Can slip off or split.

Female Condom

A polyurethane sheath that is inserted into the vagina. It covers the cervix and lines the vagina and acts as a barrier to stop sperm entering uterus preventing fertilisation. Disposable after one use.

Effectiveness: Good if used properly: 95%.

Advantages: Can be inserted anytime before sex.
Protection against Sexually Transmitted Infections.

Disadvantages: Must ensure man's penis enters the condom and not down the side into the vagina.

Diaphragm

Latex or silicone device that is inserted into the vagina to cover the cervix to provide a barrier stopping sperm entering uterus.

Effectiveness: Good if used properly: 92% - 98%.

Advantages: Can be inserted up to 3 hours before sex. Some level of protection against damage to the cervix.

Disadvantages: Have to be fitted for size and taught how to use it properly. Must be used with spermicides and stay in place for 6 hours after sex. Does not protect against sexually transmitted infections

Combined Contraceptive Pill

Contains chemical forms of the female hormones oestrogen and progestogen in varying amounts according to the brand. The combination of these hormones stop ovulation (release of an egg); thickens the cervical mucus which stops sperm from entering the uterus and alters the lining of the uterus so that an egg would not implant. Most combined pills come in packs of 21 tablets which are taken on 21 consecutive days and then stopped for 7 days when withdrawal bleeding will occur.

Effectiveness: Very good if taken properly - over 99%.

Advantages: Makes menstrual cycle very controllable and often gives lighter and less painful periods. Suitable for most fit and healthy women up to the age of 50 (if they do not smoke) Quick return to previous fertility when stopped.

Disadvantages: Some minor side effects in some women, risk of rare but more serious side effects such as thrombosis. Haphazard pill taking and some medicines such as antibiotics may reduce its effectiveness. Does not protect from sexually transmitted infections.

Contraception Fact Cards

Progesterone Only Pill

Contains chemical forms of the female hormone progestogen in varying amounts according to the brand. This hormone causes the cervical mucus to thicken which prevent sperm from entering the uterus; alters the lining of the uterus so that an egg would not implant and occasionally stops ovulation (release of an egg). Tablets are taken daily, without a break, at the same time each day.

Effectiveness: Very good if taken properly: 99%

Advantages: May relieve premenstrual tension and painful periods. Can be used while breastfeeding.

Disadvantages: Periods may often be irregular especially in the early stages of use. Must remember to take pills on time. Does not protect against sexually transmitted infections

Hormonal Contraceptive Patch

Contains chemical forms of the female hormones oestrogen and progestogen which are embedded in a thin square patch. The hormones are slowly released into the bloodstream when the patch is applied to the skin and works in the same way as the combined oral contraceptive pill. The patch can be worn on the lower abdomen, buttocks, or upper body, with the exception of the breasts. Each contraceptive patch should be worn 24 hours a day for 7 days; it should be replaced on the same day of the week, and worn for three weeks. During the fourth patch-free week menstruation should occur.

Effectiveness: More than 99% effective

Advantages: Once weekly contraception which is easy and convenient to use Menstrual cycle controllable

Disadvantages: Some minor side effects in some women including skin irritation, more serious side effects such as thrombosis are rare. Does not protect against sexually transmitted infections

Hormonal Contraceptive Ring

A contraceptive vaginal ring used to prevent pregnancy. Each ring contains a small amount of two female hormones oestrogen and progestogen. The ring slowly releases these hormones into the blood circulation which prevents the release of an egg cell from the ovaries. If no egg cell is released you cannot become pregnant. The ring works just like a combined contraceptive pill but instead of taking a pill every day, the ring is used for 3 weeks in a row and a one week gap before a new ring is used.

Effectiveness: 99% effective if used correctly

Advantages: Once monthly insertion which is easy, discreet and convenient to use. Provides a regular menstrual period which may be lighter and shorter than a normal period.

Disadvantages: Some minor side effects in some women including headache, acne, weight gain, discomfort in the vagina due to the ring and the ring falling out. Does not protect against sexually transmitted infections.



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Contraception Fact Cards

Contraceptive Injection

Contains chemical form of the female hormone progestogen. This hormone causes the cervical mucus to thicken which stops sperm from entering the uterus; alters the lining of the uterus so that an egg would not implant and often stops ovulation (release of an egg). Injection is given every 12 weeks.

Effectiveness: Very good if injection given on time: over 99%.

Advantages: Tends to make periods very light or stop. Only have to remember appointment every 12 weeks.

Disadvantages: Periods may often be irregular or stop especially in the early stages of use. Can be a long time before previous fertility returns (up to a year), after stopping method. Does not protect against sexually transmitted infections

Contraceptive Implant

The contraceptive implant is a progestogen only method of contraception. It consists of a small plastic rod about the size of a matchstick which is inserted just under the skin on the inside of the upper arm. The rod is very flexible and not likely to be visible. The hormone is released slowly from the device into the bloodstream over three years which causes changes in the cervical mucus which stops sperm from entering the uterus, alters the lining of the uterus so that an egg would not implant and sometimes stops ovulation (release of an egg).

Effectiveness: Very good: over 99%.

Advantages: Suitable for most women up to the age of 45 as has very few serious side effects. Tends to make periods very light or stop. Quick return to previous fertility when removed

Disadvantages: Periods may often be irregular or stop especially in the early stages of use. Minor surgical procedure to insert and remove device. Does not protect against Sexually Transmitted Infections

Intrauterine Copper Device (IUCD)

Plastic (often T-shaped) frame with copper wire down the stem that is fitted into the uterine cavity. Works by stopping an egg from implanting and may also alter the way sperm move through the uterus and so have an effect on fertilisation. This can be fitted by a trained Doctor within 5 days of UPSI to prevent a fertilised egg from implanting in the uterus.

Effectiveness: Very good. 98% - 99%. Once inserted, will last for 3 – 10 years depending on type

Advantages: Suitable for most women up to menopause. Not affected by other drugs or illness.

Disadvantages: Minor invasive procedure to insert but less so to remove. May make periods heavier. Does not protect against sexually transmitted infections

Contraception Fact Cards

Intrauterine System (IUS)

Plastic T-shaped frame, containing chemical form of Progesterone down the stem with threads that is fitted in the uterine cavity. The threads remain through the cervix into the top of the vagina.

Effectiveness: Very good 99%. Once inserted, will last for 5 years

Advantages: Suitable for most women up to menopause. Quick return to previous fertility on removal. Not affected by other drugs or illness. Tends to make periods very light or stop.

Disadvantages: Minor invasive procedure to insert but less so to remove. Does not protect against sexually transmitted infections

Natural Family Planning: Calendar, Temperature, Mucus

Using various ways to work out when a woman is fertile and to avoid sexual intercourse at this time.

Effectiveness: Good if very committed otherwise poor: 85% - 99%.

Advantages: No side effects. Gives woman good awareness about her body.

Disadvantages: Takes a long time (6 months) to learn properly and does not work well if woman has irregular monthly period cycle. Does not protect from sexually transmitted infections.

Emergency Hormonal Contraception (not a regular method of contraception)

A large dose of a chemical form of progesterone which alters the lining of the uterus so that a fertilised egg will not implant. It may have an effect on delaying the release of the egg from the ovary. The emergency contraceptive pill widely available in the UK is currently licensed for use up to 72 hours after unprotected sexual intercourse (UPSI). In 2010 a new emergency contraceptive pill became available in the UK that can be taken up to 120 hours after UPSI.

Effectiveness: Prevents 95% of expected pregnancies if started within 24 hours of UPSI. No absolute contraindications apart from pregnancy. This will not stop an established pregnancy from continuing, i.e. this is not an abortion pill. May be taken more than once in a menstrual cycle if needed. Needs to be given alongside appropriate advice and support.

Contraception Worksheet

Method	Works by	How Effective	Available From	Fact
Male Condoms				
Female Condoms				
Contraceptive Pill: Combined Pill Progestogen Only Pill				
Contraceptive Injection				
Contraceptive Implant				
Contraceptive Patch				
Intrauterine Device/System				
Vaginal Ring				
Diaphragm / Cap				
Natural Family Planning				
Emergency Contraception				



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Sexually Transmitted Infections

STI Wordsearch

Which STI Am I?

Condom Demonstration

STI Wordsearch

C	L	I	N	I	C	A	E	I	O	A	G
H	S	I	M	Y	O	L	A	R	P	E	O
L	R	C	M	J	N	K	R	R	N	F	N
A	S	E	O	C	F	M	E	I	A	S	O
M	E	B	H	N	I	G	T	V	A	I	R
Y	P	R	P	R	N	A	L	F	J	L	R
D	R	N	V	A	L	O	E	T	S	L	H
I	E	K	N	W	N	S	M	J	R	I	O
A	H	C	A	R	E	R	I	S	K	H	E
C	Y	R	O	X	I	N	E	I	B	P	A
R	T	E	S	T	A	N	R	T	T	Y	G
S	C	O	N	D	O	M	S	S	J	S	L

CHLAMYDIA

GENITAL WARTS

PREGNANCY

CONDOMS

GONORRHOEA

SAFE SEX

HERPES

SYPHILLIS

STI

CLINIC

TEST

HPV



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Which STI Am I?

Read out the question, if the young person answers correctly with no clues award bonus of 5 points. If they answer incorrectly read out the first clue, if they answer correctly award 3 points. If the answer is incorrect, read out the second clue. If they answer correctly this time award 2 points. If the answer is still incorrect read out clue number three. Award 1 point if they answer correctly and 0 points for an incorrect answer.

1. I am the most common sexually transmitted infection amongst young people in the UK.

Clue One:

I am easily treated with antibiotics.

Clue Two:

I can cause infertility.

Clue Three:

50% of men and 80% of women who have me will have no symptoms.

2. I am caused by a virus and there is no treatment for me

Clue One:

I am spread by sexual contact, skin to skin.

Clue Two:

There are over 100 types of me

Clue Three:

I cause painless lumps on or around the vagina, the penis, scrotum or anus

3. I am caused by bacteria and spread by sexual contact

Clue One:

I can cause infertility and infections of the heart and joints

Clue Two:

The sharpest increases in rates of me are amongst young people aged 16-24

Clue Three:

In 80% of men I cause discharge or pus from penis. 50% of women I will cause no symptoms

4. I am caused by a virus and there are 2 types of me

Clue One:

I can lay dormant for long periods

Clue Two:

I can cause painful blisters or sores on the mouth, anus and genitals

Clue Three:

Type One of me can be found on the face and commonly known as 'cold sores'



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Which STI Am I?

5. I am caused by bacteria and spread by sexual contact vaginal, anal or oral with an infected person or skin contact with sores or rashes

Clue One:

Without antibiotic treatment I can remain in the body and many years later cause permanent damage to the heart, brain and other organs.

Clue Two:

I can cause flu-like symptoms, sore throat, hair loss and swollen glands

Clue Three:

I cause painless sores or open, wet ulcers called chancres which may appear on or near the genitals, lips, mouth or anus.

SCORES

20-25 Well done STI Superintendent

15-24 Good work STI Inspector

0-14 More work required STI Sergeant before you move up in the ranks

REMEMBER

Condoms used correctly and consistently will help to prevent sexually transmitted infections as well as unplanned pregnancy



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Which STI Am I? - Answers

QUESTION ONE: CHLAMYDIA

- Caused by a bacteria
- Chlamydia is the most common Sexually Transmitted Infection and can be spread by penetrative sex, vaginal or anal, oral sex and occasionally by transferring the infection on fingers to the eyes.

**National Screening Programme for sexually active young people 16-25*

- Can be passed from infected mother to baby during birth
- Females aged 16-19 and males 19-24 have the highest rates of Chlamydia
- Chlamydia can spread silently in men and women (50% of men and 80% of women who have this infection have no symptoms)
- Chlamydia can cause infertility

Symptoms in women include:

- Bleeding after sex and/or in between periods
- Lower abdominal pain
- A vaginal discharge

Symptoms in men include:

- Discharge from the penis
- Discomfort when passing urine

Treatment:

- It is easily treated with antibiotics

Prevention:

- CONDOMS used correctly and consistently will help to prevent sexual transmission

**East Kent Chlamydia Screening Programme: www.sexualhealth.eastcoastkent.nhs.uk*

West Kent Chlamydia Screening Programme: www.whatsinyourpants.co.uk

QUESTION TWO: GENITAL WARTS

- Caused by a the Human Papilloma Virus (HPV)
There are over 100 different types of HPV, with around 40 types affecting the genital area. There is a national programme to vaccinate girls aged 12 to 13 against types HPV-16 and HPV-18. HPV-16 and HPV-18 are responsible for about 70% of cervical cancer cases.
- Spread by sexual contact, skin to skin
- After infection it can take 1-3 months for the warts to appear
- More common in smokers

Symptoms:

- Usually painless lumps on or around the vagina, penis, scrotum or anus but may be internal
- Warts may be single or multiple

Treatment:

- Lotion, freezing or burning

Prevention:

- Avoid direct contact with warts
- CONDOMS used correctly and consistently will help to prevent sexual transmission. FEMIDOMS may offer more protection if warts are around the vulva or scrotum



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Which STI Am I? - Answers

QUESTION THREE: GONORRHOEA

- Caused by a bacteria
- Spread by penetrative sex, vaginal or anal, oral sex and occasionally by sharing vibrators or other sex toys
- The sharpest increases in rates of gonorrhoea are amongst young people 16-24
- It can spread silently in men and women (50% women and up to 10% of men have no symptoms).
- Often coexists with other STIs notably Chlamydia
- Can cause infertility and infections of the heart and joints

Symptoms in women include:

- Increased vaginal discharge
- Pain during sex
- Lower abdominal pain

Symptoms in men include:

- Discharge or pus from penis (80%)
- Pain on passing urine

Treatment:

- Antibiotics

Prevention:

- CONDOMS used correctly and consistently will help to prevent sexual transmission

QUESTION FOUR: HERPES

- Caused by a virus: There are 2 types Herpes Simplex Virus Type 1 which are commonly found on the face and commonly known as 'cold sores' and Herpes Simplex Virus Type 11. However, BOTH can cause genital herpes.
- Passed on through skin contact with infected person including penetrative sex, oral sex and kissing
- Can lay dormant for long periods
- May be passed onto a newborn baby during delivery (first attack)

Symptoms:

- Painful blisters or sores on the mouth, anus and genitals
- Tingling or itching
- Pain passing urine
- Flu-like symptoms such as fever and headache (more common in first attack)

Treatment:

- May be given anti-viral drugs

Prevention:

- CONDOMS used correctly and consistently will help to prevent sexual transmission

QUESTION FIVE: SYPHILLIS

- Caused by a bacteria
- Spread by sexual contact vaginal, anal or oral with an infected person
- Skin contact with sores or rashes
- May be passed from an infected pregnant woman to her baby

Symptoms:

- Primary phase: painless sores or open, wet ulcers (chancres) may appear on or near the genitals, lips, mouth or anus.
- Secondary phase: body rash may appear often on palms of the hands and soles of the feet
- Flu-like symptoms, sore throat, hair loss, swollen glands
- Symptoms may not be noticed
- Without treatment the infection remains in the body and many years later, may cause permanent damage to the heart, brain and other organs

Treatment:

- Antibiotics

Prevention:

- CONDOMS used correctly and consistently will help to prevent sexual transmission

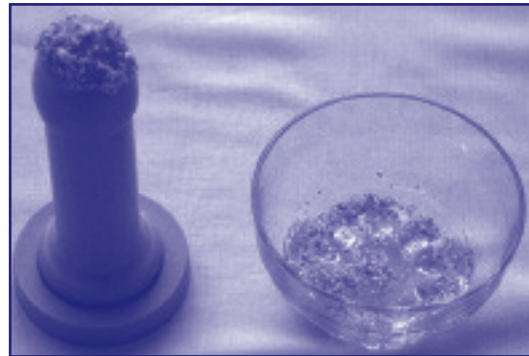
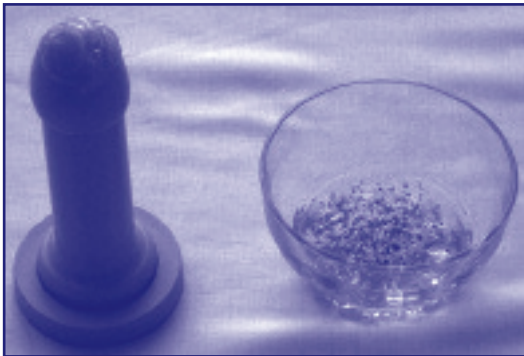
Condom Demonstration

Using model penis and vagina

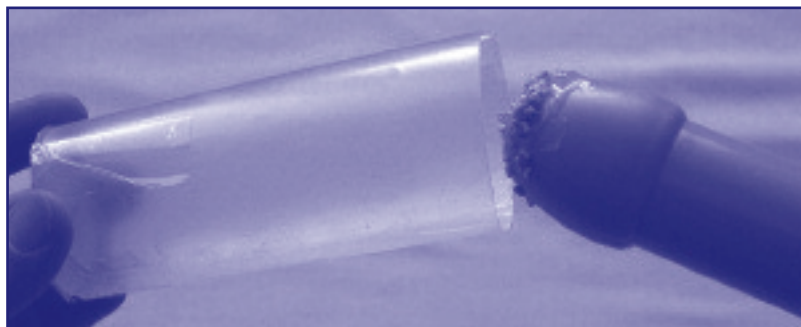
- illustrate penetrative sex
- illustrate how STIs are transferred (using water based gel and 100s & 1000s)
- demonstrate how condom-use can prevent transmission of STIs
- demonstrate how condom-use can prevent pregnancy
- give young person the opportunity to use condom demonstrator

Equipment required for demonstration:

- Condom demonstrator
- Condoms
- Water based gel
- 100s & 1000s
- Small bowl

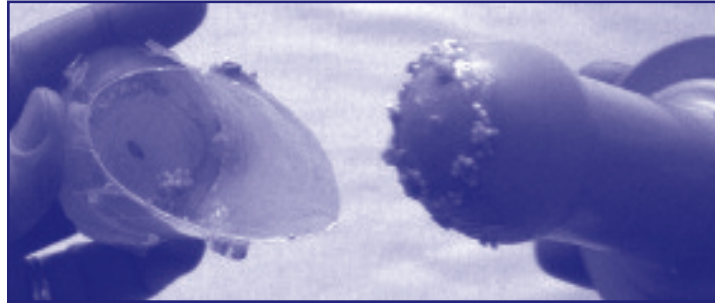


To illustrate how STIs / sperm are transferred
use water based gel to attach 100s & 1000s to model penis

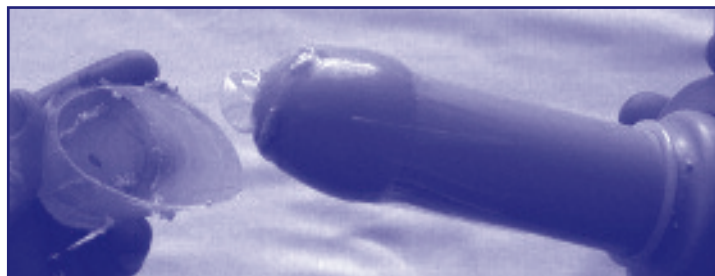


Illustrate penetrative sex using penis and plastic vagina
(Vagina tube is created from rolled-up plastic sheet, same length and diameter as penis)

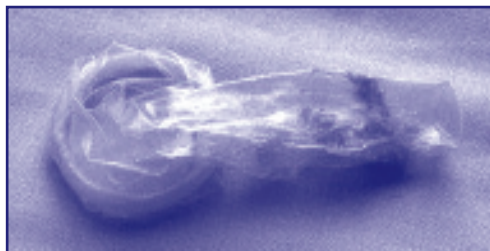
Condom Demonstration



Show young person how STIs/sperm are transferred from penis to vagina/cervix



Show young person how STIs/sperm on either the vagina or penis are prevented from being transferred between sexual partners by the presence of a condom



When removing the condom show how the STIs/sperm remain safely within the condom



Give the young person the opportunity to use the condom demonstrator to correctly put on/remove a condom



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Drugs and Alcohol

Red Lights! Green Lights!

Drugs and Alcohol Quiz

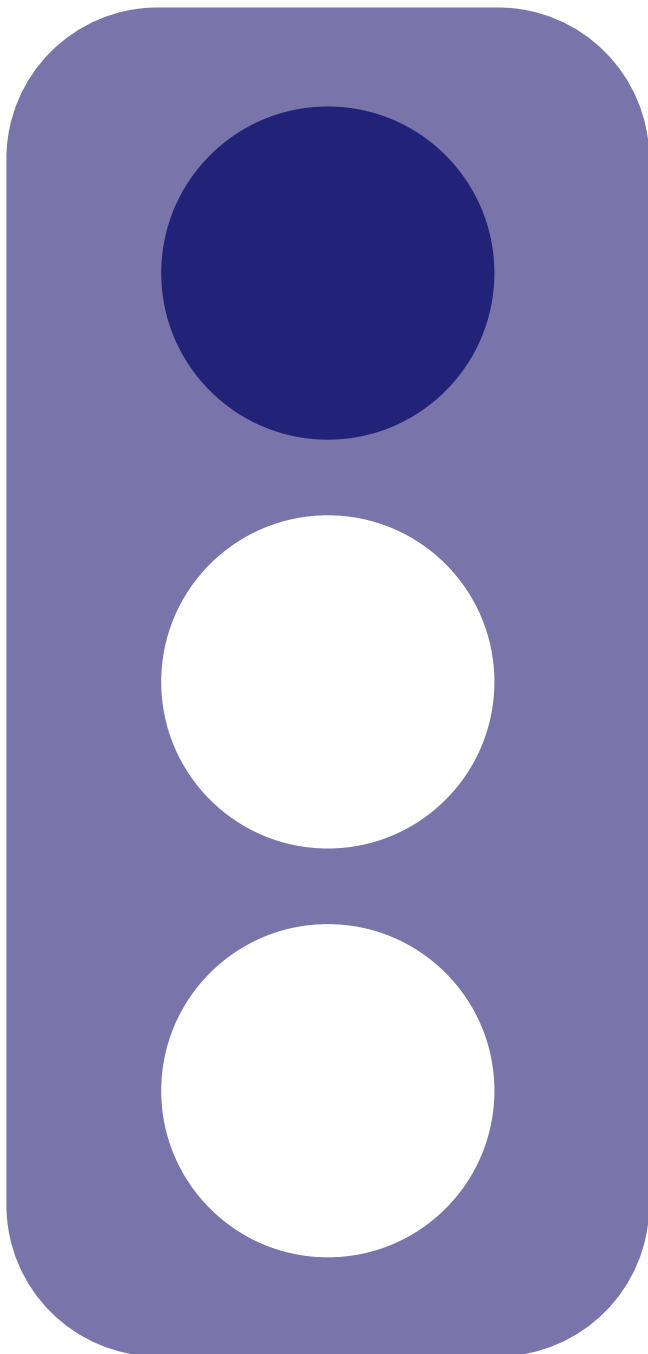
Managing Drug Related Situations

Red Lights! Green Lights! Worksheet

Why Do Young People Use Drugs?

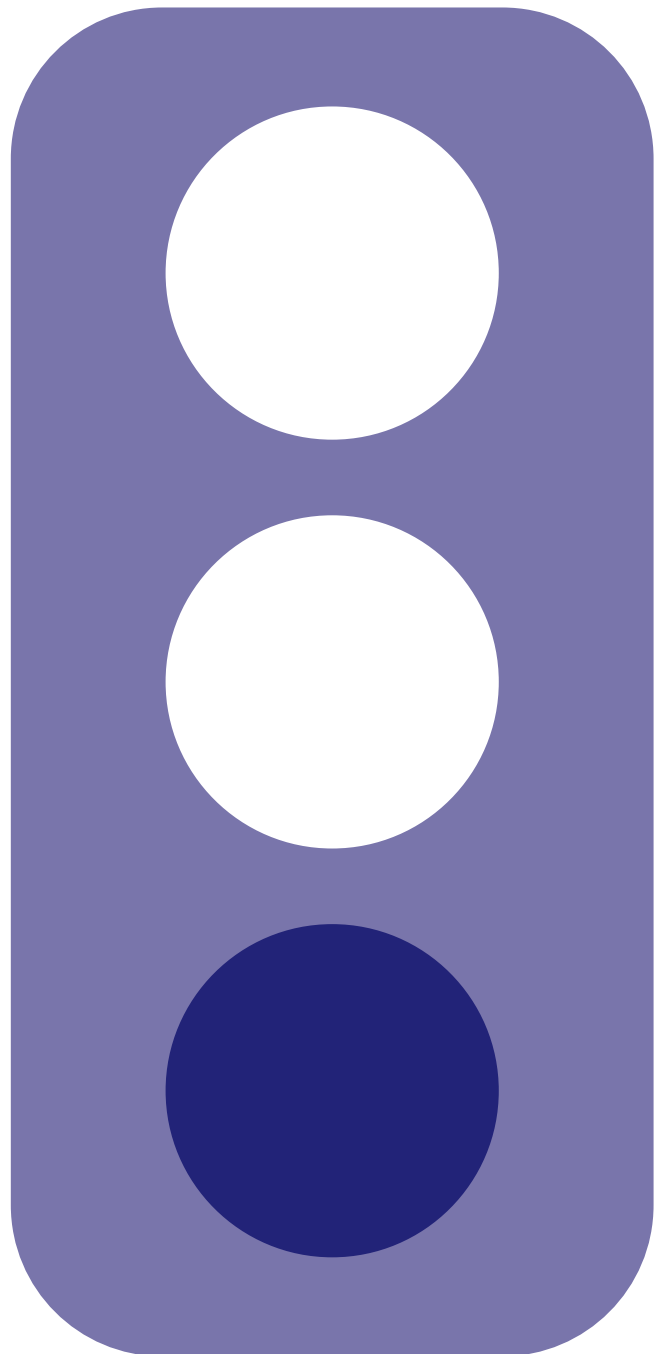
RED LIGHT

On the traffic light, list reasons why you think young people may not use drugs



GREEN LIGHT

On the traffic light, list reasons why you think young people may use drugs



Red Lights! Green Lights! Master Sheet

Why Do Young People Use Drugs?

There are many different reasons given why young people may begin to use alcohol or other drugs, and as many given to explain why some do not. Many are very similar, and as many are opposites.

This is not an exhaustive list, and young people will think of others. Individual reasons are listed first followed by reasons which might be more environmental or societal.

RED LIGHTS Why young people may not use drugs?	GREEN LIGHTS Why young people may use drugs?
Not interested	Curiosity
Non-risk taker	Experimentation
Knowledge	Knowledge
Health reasons	Lifestyle
Don't like experience/taste	Feels good/'buzz'/fun
Seek thrills elsewhere	Thrill/risk
Want to stay in control	To lose control
Fear	Loosen inhibitions
High self-esteem/confident	Social confidence
Happy and fulfilled	Resolve personal problems
Lack of money	Money
Upbringing	Parents use
Forbidden by parents	Given by parents
Safe/settled family life	Family conflict/abuse
Involved in other activities	Bored
Religion	Religion
Peer influence	Peer influence or pressure
Hereditary factors	Hereditary factors
Personality	Personality

Drugs and Alcohol Quiz

WHAT IS THE MOST POPULAR DRUG IN THE UK?

THE RECOMMENDED AMOUNT OF UNITS FOR YOUNG PEOPLE IS 2?

TRUE / FALSE

WHAT IS THE LEGAL STATUS OF CANNABIS?

IF YOU SHARE CANNABIS WITH YOUR FRIENDS YOU CAN BE ARRESTED FOR DEALING?

HOW MUCH WILL YOU SPEND IN A YEAR IF YOU SMOKE 20 CIGARETTES A DAY?

APPROXIMATELY HOW MANY UNITS OF ALCOHOL ARE THERE IN A BOTTLE OF WINE?

IF A GIRL AND A BOY ARE THE EXACT SAME AGE, WEIGHT AND DRINK THE SAME AMOUNT WHO WILL FEEL THE EFFECTS FASTER?

WHAT DO YOU CONSIDER TO BE BINGE DRINKING?



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Drugs and Alcohol Quiz - Answers

WHAT IS THE MOST POPULAR DRUG IN THE UK?

Alcohol

THE RECOMMENDED AMOUNT OF UNITS FOR YOUNG PEOPLE IS 2?

FALSE: There are no safe levels for young people. For adults 14 for women and 21 for men

WHAT IS THE LEGAL STATUS OF CANNABIS?

There are no plans to make it legal

IF YOU SHARE CANNABIS WITH YOUR FRIENDS YOU CAN BE ARRESTED FOR DEALING?

YES: This is classed as dealing

HOW MUCH WILL YOU SPEND IN A YEAR IF YOU SMOKE 20 CIGARETTES A DAY?

Over £1500

APPROXIMATELY HOW MANY UNITS OF ALCOHOL ARE THERE IN A BOTTLE OF WINE?

7-9

IF A GIRL AND A BOY ARE THE EXACT SAME AGE, WEIGHT AND DRINK THE SAME AMOUNT WHO WILL FEEL THE EFFECTS FASTER?

The girl: women have less water in their bodies than men so the alcohol concentration is higher

WHAT DO YOU CONSIDER TO BE BINGE DRINKING?

No universal definition of a binge general agreement is 5-8 and to drink alcohol with the intention of getting drunk



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Managing Drug Related Situations

What Would You Do?

William:

William is fifteen and he and a few of his friends have bought tickets for a festival, they have decided in order to make the most of it they are going to experiment with legal highs. One of William's friends is going to supply the alcohol and William has been set the task of buying the legal highs. William does not want to let his mates down so is thinking of taking his mum's credit card and using it to order the legal highs over the internet.

Bella:

Bella is seventeen. She goes out almost every weekend and drinks very heavily; often Bella has a one-night stand that involves unprotected sex. Bella has recently discovered she is pregnant and wants to stop drinking. However, she is finding it very difficult to do so as Bella's friends are constantly asking her to go out. Nevertheless Bella has started staying in at the weekend but has become very moody and consequently ends up falling out with her family.

Jack:

Jack regularly takes a wide variety of drugs. However his new girlfriend Charlotte has never tried any before and is scared of the physical and legal implications of drug use. Jack tells her that cannabis is safe and legal; she believes him and starts smoking it. Jack asked Charlotte to pick up some cannabis for him from a friend. After collecting the cannabis Charlotte is arrested for possession of drugs.

Jade:

Jade is 15, she has been seeing Tom who is 18 for three months. Tom's parents are away for the weekend and so he has invited Jade and several of his mates round for the evening. Tom prepares a punch and spikes it with a large amount of spirits; Tom has not had sex with Jade but feels that with all the alcohol that tonight could be the night. Jade is not used to drinking alcohol and she wakes in the morning next to Tom, she cannot remember any of the events of the night before.

Kieran:

Kieran is 15 and has been smoking cannabis for a couple of years. Initially he smoked cannabis a few times a month but he now uses it most days. Kieran has started to struggle at school and seems to be constantly arguing with his mum. Kieran does not feel he has any problems with his cannabis use; many of his friends have stopped lending him money as he never repays them and they no longer meet up in the evenings or weekends. Kieran has started to take cannabis to school as he often feels things are getting on top of him and people are always talking about him.

Charlotte:

Charlotte has been best friends with Annie since they were very young. However, recently Annie has changed completely and spends most of her time with a new circle of friends who have a bad reputation. Annie is started getting in trouble at school and was even caught shop-lifting. Charlotte is very concerned and suspects that Annie is taking drugs. Annie denies this and is very angry with Charlotte.



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Parenting

**Reality Parenting
Baby Budget Worksheet**

Reality Parenting

Aims:

- To help a young person explore the emotional, financial and social consequences of parenting.

Key Issues:

- To enable a young person to determine when it is the right time for them to get pregnant/become a father

At the Moment Cards

How would having a baby affect your home or family life?

How would having a baby affect your social life?

Would having a baby interfere with any of your hobbies or interests?

How would having a baby affect your education / career?



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Baby Budget Worksheet

Using catalogues and other available resources e.g. the internet to find out the estimated costs of having a baby for a year. Enter how many of each item you think you will need. Total it up. Are there other items you can think of that you will need in the baby's first year? Toys, etc.? Add this to your total. Remember, you are buying for a year!

ITEM	QUANTITY	ESTIMATED COST
Buggy		
Cot		
Sheets		
Blankets		
Car Seat / Toddler Car Seat		
Baby Bath		
Hairbrush / Comb		
Stair Gate		
Drawer Latches		
Socket Safety Plugs		
Towels		
Baby Soap / Talcum Powder / Baby Lotions / Cream		
Toothbrush / Toothpaste		
Nappies		
Baby Wipes		
Disposable Bags		
Changing Mat		
Baby Monitor		
Feeding Equipment		
Nursing Bra / Pads		
Dummy		
Baby Clothes and Shoes		
High Chair		
Nursery Bag		
Toys / Books		
Photographers		
Other		
	TOTAL ESTIMATED COST =	

NOTES



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Support

**Finding Help and Support
Worksheet**

Finding Help and Support

Aim:

- To raise a young person's awareness of services available and the reasons that would encourage or discourage access

Key Issues

- The young person understands that the duty of confidentiality owed to a young person under 16 is as great as the duty owed to any other person.
- The young person understands that a young person under 16 can consent to medical (including contraceptive), surgical or dental treatment provided they are assessed to have sufficient understanding of what is proposed (Fraser Guidelines)

Sources of contraception, sexual health, drug and alcohol treatment or advice include:

- GP/Practice Nurse
- Contraceptive and sexual health services
- Genito-urinary medicine (GUM) clinics.
- HIV counselling and HIV testing can be sought from a variety of sources including GP, GUM, drug counselling and treatment agencies, all pregnant women are screened in ante-natal clinics. Hepatitis B testing is also available
- A&E departments and minor injuries units - some provide emergency contraception
- School nurses - all can provide advice, some can provide emergency contraception and pregnancy testing
- Drug counselling and treatment centres
- Services in schools and youth settings - youth clubs, outreach services in some areas
- Pharmacists - all can provide advice, some can provide emergency contraception free of charge most will sell condoms to all ages and emergency contraception to over 16s
- NHS Direct helpline 0845 46 47
- Websites: www.nhs.uk/worthtalkingabout, www.talktofrank.com
- Friends, family, youth workers, teachers etc
- Magazines
- Supermarkets and other shops - sell condoms and pregnancy tests - often have in-store pharmacy

Young people say that they want to use services that are free, non-judgemental, friendly, welcoming, flexible, confidential, easy access, open at convenient times, offer more than one service and one stop shops that offer advice, treatment and supplies all in one place.

Young people worry about confidentiality, being seen using a service, repeating their problem/ request over and over, being able to bring a friend along, services they can't get to and having to make excuses to go out to use a service.

Research has shown that providing young people with information and services that meet their needs does not encourage them to have sex but that it does make it possible for them to use contraception effectively when they do choose to become sexually active.



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Finding Help and Support - Worksheet

Support Suggestions

Places where young people can get help, support and advice on Sex, Drugs and Alcohol

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Talk to someone
you trust about
your problems

Ask for help
when you
need it

Learn to say NO
to anything you
feel uncomfortable
about doing

Things that encourage young people to use services	Things that prevent, discourage or worry young people about using a service



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part

3

Referral Form

Referral Sheet for Sexual health Outreach Team

PRIVATE AND CONFIDENTIAL

Young Persons Details

Name _____

Date of birth _____

Address and Post Code _____

School _____

Telephone number _____

Date of referral _____

Social worker and contact details _____

Young person knows of referral and reason for it Yes / No

Can we contact them directly, if so contact details _____

Are parents/carers aware of referral _____

Referrers Details

Name of Referrer and Organisation _____

Telephone number _____

Email _____

Address and Post Code _____

Reason for referral _____

Anticipated plan _____

Signature (and print) _____

Date _____



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4

**Useful Information,
Help Lines and Websites**

Useful Information, Helplines & Websites

Relationships and Sex Education:

www.dfes.gov.uk/sreguidance Sex and Relationships Education Guidance

www.doh.gov.uk Department of Health

www.hpa.org.uk Public health facts and figures

www.hyphop.co.uk Sex and relationships education resources and training

www.me-and-us.com Sex education for young people with special needs

www.ncb.org.uk/sef The sex education forum

www.teenagepregnancyunit.gov.uk Teenage Pregnancy Unit website

www.wiredforhealth.gov.uk Health information for young people and teachers

Relationships and Sexual Health

www.brook.org.uk Brook Advisory Service advice on sex and contraception

Childline: Free, confidential 24hr telephone help for young people **0800 1111**

www.chlamydiaSCREENING.nhs.uk Chlamydia National Screening Programme

www.fpa.org.uk FPA UK advice on sexual health, sexually transmitted infections (STIs) and contraception

www.foryoungpeople.co.uk sexual health information for young people

www.likeitis.org.uk information about all aspects of sex education and teenage life

www.lifebytes.gov.uk facts about health for young people aged 11-14

London Lesbian & Gay Switchboard: 02078 377324 - 24hr information and advice

www.mindbodysoul.gov.uk facts on health for young people aged 14 -16

www.playingsafely.co.uk all you need to know to keep healthy and stay safe

www.ruthinking.co.uk Sex and personal relationships

www.teenagehealthfreak.com interactive health information site for teenagers

www.tht.org.uk Terrance Higgins Trust Helpline: 12noon-10pm daily. Information, support and counselling on HIV and AIDS **020 724210**

Youth Access: 020 8772 9900 – for your nearest young persons confidential counselling centre

Drugs, Alcohol and Tobacco:

www.nhs.uk/gosmokefree Stop smoking help and advice

www.talktofrank.com The A-Z of Drugs

www.NHS.uk/LiveWell All you need to know about drugs, facts, articles and true stories



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Check out some of our other HYP HOP Publications

Rash Cards

RASH Cards are an invaluable resource for all health and other professionals involved in providing contraceptive and sexual health education and advice. RASH Cards aim to provide an overview of current methods of contraception and prevalent sexually transmitted infections. Acting as an aide memoir they are designed for use on the desktop and are ideal to support the contraception and sexually transmitted infections workshops contained in the HYP HOP SRE Workshop Manual. RASH cards have been developed and reviewed by experienced family planning and sexual health nurses.

Sex, Drugs and Alcohol Resource

The Sex, Drugs and Alcohol resource is an ideal publication to support professionals working within education, health, youth and youth services, Connexions, statutory and voluntary organisations and others who are facilitating substance misuse and relationships and sex education to young people

Raid cards

RAID CARDS are an invaluable reference guide for all professionals involved in providing substance misuse education and advice. The resource is intended to provide an overview of the most prevalent substances that are likely to be misused including possible effects, potential risks, routes of use and the law.

The HYM Resource

The HYM (Healthy Young Men) resource is intended for all professionals and practitioners working with boys and young men in a variety of settings to facilitate health education and promotion around different aspects of masculinity including men's health, identity and emotional well-being. The resource provides photographic images as a medium for discussion in order to allow boys and young men to explore the physical, psychological, cultural and social aspects of what being a male means to them in order to provide new messages relating to their role.

Teaching Resources

HYP HOP teaching resources include contraceptive display cases, pelvic foam models and condom demonstrators all designed to support the Contraception and Sexually Transmitted Infections workshops contained in the HYP HOP Resource Manual or for safer sex education.

