

## **Personal relationships and Sexual Health**

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## **1 Purpose**

The Children Act 1989 highlights the need for a policy in relation to personal relationships and sexual health for young people who are looked after by the local authority:

*“The experience of being cared for should also include the sexual education of the young person... This is absolutely vital since sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood”.*  
(Children Act Guidance & Regulations Volume 4).

Emphasis is also placed on sympathetically addressing the particular needs of different groups of young people e.g. lesbians, young gay men, transgender, young people with physical or learning disabilities and young people who have experienced abuse.

## **2 Scope**

All residential homes and educational sites.

## **3 References**

Other Woodlands Ltd Procedures/Guidance documents  
Health and Education  
Confidentiality  
Care Planning and Reviews  
Contagious Diseases  
Contact with Parents and Families  
Children and Young People - Personal Care – Privacy  
Treatment of Children Who Have Been Abused  
Sex and Relationships Education Policy

## **4 Definitions**

## **5 Commentary**

Many young people looked after by Woodlands Ltd will have suffered from poor or damaging life experiences including neglect, physical, sexual and emotional abuse. Such experiences may distort their understanding about sex, sexuality and interpersonal relationships and result in low self-esteem and inappropriate sexual behaviour. Their experiences may mean that they lack the skills and confidence to negotiate and sustain positive personal relationships. The different placements and changes in schools that many looked after young people experience prior to coming to live with Woodlands Ltd may also mean that they have missed school based sex education (P.H.S.E.) lessons.

It is likely that the level of self-esteem of many looked after children is low and their desire to be included in peer groups makes them more vulnerable to pressure to engage in sexual activity. Sexual activity may be seen as a route to acceptance and a (albeit distorted) way of receiving love and affection by young people. For those children who have been subject to abuse, particularly sexual abuse, personal and sexual relationships may be based on fear and abuse of power rather than trust and respect – such young people may be more vulnerable to abusive relationships and exploitation through prostitution.

For all of the reasons outlined above looked after young people are more likely than their peers to experience early teenage pregnancy/parenthood and be vulnerable to poor sexual health. Particular attention is therefore required to ensure that risk-taking behaviour is minimised, and that young people are in a position to make positive informed choices about their sexual behaviour and relationships.

In respect of those children educated by Woodlands Ltd they will follow the P.H.S.E. curriculum as published. For other children i.e. those in other educational settings the Link Worker must ensure that (s)he is fully aware of the course being taught to children placed with the Company. The content and delivery of P.H.S.E. should be discussed at both the planning stage of the placement and also in TAC meetings to ensure that appropriate sensitivity to the child's life experience is in place. In general terms all young people should receive sex and relationships education in the following areas:

- Attitudes, values and beliefs – opportunities for young people to explore values and attitudes and to consider how these affect them. This will help them develop clarity about what they believe, why they believe it and a respect for, and interest in, others.
- Skills – social, communication and personal skills that are necessary to develop and maintain relationships and to make informed choices and decisions regarding sexual health and emotional well-being.
- Knowledge – simple, easy to understand, age appropriate information on how bodies develop and work; sexuality; the law; sexual reproduction; sexual behaviour; sexual health; emotions and relationships.

Sex and relationships education is not the exclusive province of teachers and other education personnel. All staff in the Company should be aware of and undertake their role as being in 'loco-parentis'.

## **Aims and Objectives**

### **Aims**

- To ensure that young people have the right information to make informed choices and decisions about their sexual health and relationships.
- To enable residential staff to work effectively with looked after young people on personal relationship issues.

### **Objectives**

- To take a proactive approach to the provision of information, support and guidance to young people looked after.
- To respect, promote and support the rights of young people.
- To ensure that residential workers and therapeutic workers are supported in the work they undertake on sex and relationships.
- To ensure that young people's care plans take into account sex and relationships education and how it has been, or will be, addressed.
- To promote an equal opportunities and anti-discriminatory perspective, challenging oppression and respecting diversity (race, gender, age, culture, ethnicity, disability, religion, sexuality).
- To provide information on local sexual health services for young people.
- To provide a framework of partnership working with Social Services Departments and those with parental responsibility.

## Policy Framework

The framework of values that underpins sex education and relationships work for looked after children and young people includes:

- Respect for self and others
- Non-exploitation in sexual relationships
- A culture in which rights, duties and responsibilities in relationships are explored
- An acknowledgement and understanding of diversity regarding gender, race, age, ethnicity, religion, culture, sexual orientation, physical and mental ability and social class.

This policy is also framed within the context of legislative requirements and childcare policies and procedures. In relation to personal relationships and sexual health best practice will be achieved through:

- Working in partnership with young people and their Social Services Departments and those with parental responsibility.
- A commitment to the rights of young people.
- Realistic discussion about the effects of early sexual activity and society's attitudes towards this.
- An acknowledgement that residential care workers are often best placed to provide support, advice and information to the young people they look after.
- A commitment to taking an active role in promoting all aspects of the health of looked after young people, including personal relationships, contraception, pregnancy and the avoidance of sexually transmitted infections.
- A recognition that looked after young people should have opportunities to develop caring and fulfilling personal relationships and that these may at some stage involve sexual expression. Providing these are not abusive or coercive, the department will respect acceptable expressions by looked after young people having due regard to the constraints of individual placement settings.
- Where relationships are considered to be abusive or coercive, child protection procedures **must** be followed.
- An acknowledgement that it is the responsibility of those working under the guidance of the local Area Child Protection Committee to safeguard and promote the welfare of young people in public care, especially if they are involved in unlawful sexual activity.

## Application of Policy

If we fail to talk to children and young people about sex and personal relationships, we leave them in a position where they have to rely on information from friends, the internet and the media. Such information is often inaccurate and misleading and may generate prejudice and fear. This policy promotes a pro-active approach to the provision of information, support and guidance to children and young people.

Children and young people need a balance of age appropriate accessible information, suitable to their particular needs. They need the chance to learn social and personal skills, as well as the opportunity to think through and talk about moral issues and dilemmas. The young person's religious and cultural values need to be taken into account. The expressed needs and concerns of the children and young people themselves should shape the content of sex and relationships work.

### For younger children

- Be able to ask for help and support

### Older children and young people

The expectation is that the areas identified above are expanded upon, again appropriate to young people's age and understanding. These may include:

- Issues raised by a young person in relation to their emerging sexuality.
- Power issues in relationships including developing skills to avoid and resist unwanted sexual pressures.
- Receiving accurate, easy to understand information about sexual development, sexuality, sexual response and desire, reproduction, birth, contraception, abortion, sexually transmitted infections (STI's) including HIV and AIDS, and safer sex.
- Being able to express and manage emotions.
- Understanding the importance of personal relationships and respect for self and others within these.
- Exploring attitudes to themselves and others and developing a values and morals framework.
- Knowing how to access confidential information and advice about sexual health and personal/emotional issues.
- Being aware of the implications of becoming a young parent.

### **Partnership with Parents**

All Local Authority Social Services Departments seek to work in partnership with parents. As such Woodlands Ltd staff must ensure that at the time of admission and subsequently they ascertain from the child's social worker if there are any particular considerations that may need to be taken into account in relation to parents wishes. This might, for example include particular religious or cultural beliefs that should be considered and respected (although not slavishly followed – See Appendix 1 - 'The Fraser Judgement').

### **Anti-Discriminatory Practice**

When discussing sex and personal relationships it is essential that issues such as ethnicity, culture, religion, disability, gender, sexuality and HIV status are considered as they relate to the young person.

It is recognised that residential workers and therapeutic workers hold their own cultural, religious and moral beliefs and whilst they will not be expected to alter those beliefs, they should not impose them on young people.

Young people with special needs have an equal right to accurate information on personal relationships and sexual health that is appropriate to their age and/or understanding.

Information should be accessible to young people, residential workers and therapeutic workers and if necessary translation, interpretation and braille services should be used.

Some young people are particularly vulnerable to sexualised verbal abuse. Residential workers and therapeutic workers must challenge such behaviour and be sensitive and supportive to young people facing such discrimination. Young people themselves may also use sexualised language towards their peers which carers must challenge.

Sexual health advice is not just about providing information about sex but also

putting this into a context in terms of relationships, emotions, choice and exploitation. This is particularly important when considering the needs of young people who have been sexually abused.

### **Religion, Culture and Personal Relationships**

Young people who are looked after come from a variety of cultural and religious backgrounds and this needs to be acknowledged and respected in all aspects of their care. The Children Act 1989 requires:

*“The local authority to give due consideration to the young person’s religious persuasion, racial origin and cultural and linguistic background”. (Section 22 (5)).*

***In this connection Woodlands Ltd are acting on behalf of and therefore subject to the same expectations as the Local Authority.***

In relation to sex education differences in culture and religion may have an impact on how and at what age it is delivered. This does not mean however that certain children should be denied the benefits of receiving sex education. Best practice in this area includes:

- Making links with local places of worship and community groups will help parents and young people trust the information being delivered.
- Written material should be culturally and linguistically appropriate and should be translated or interpreted into the parents/young person’s first language.
- Information should be available in a variety of formats.
- Materials/information should be selected with the impact of racial, religious or cultural sexual stereotypes in mind.
- If group discussions are being considered it may be appropriate to consider same gender or religious groups.
- Residential workers, therapeutic workers, who do not share the young person’s religion or culture will need to inform themselves about the faith/culture without making assumptions based on that information. It is important that the interpretation of information is confirmed with the young person and their parents.
- Different cultures and religions have different sexual norms and as such, it is important to confirm views and values held by young people and (through the social worker) those with parental responsibility.

### **Confidentiality**

The guiding principle of confidentiality is that personal information about an individual should not be disclosed without that person’s consent. Issues of confidentiality are fundamental to promoting positive sex and relationship education. Young people have a right to expect that those who work with or care for them respect their privacy.

The exception to this is where a residential care worker, therapist or teacher has reason to believe that a child/young person is being abused or exploited and/or is at risk of significant harm or of harming others. In these circumstances confidentiality can be broken. Confidentiality can also be broken “in the public interest” e.g. if a serious crime has been, or may be, committed. Efforts should be made to encourage the young person to consent to the information being passed on but where this is refused information can be disclosed without the young person’s consent. The young person should always be kept informed about what information will be given, to whom and for what purpose. Advice from the placing Local Authority Legal Department should be sought via the social worker where there is doubt about disclosure or clarification is required.

It is essential that the boundaries of confidentiality are clearly understood by young people, those with parental responsibility, teachers, residential care workers and therapeutic workers. Residential workers, teachers and therapeutic workers should never promise complete confidentiality to a young person. As discussions around sexual issues may result in disclosure of abuse it is essential that young people are aware from the start that any such information involving themselves or any other young person cannot remain confidential and will be passed on. Residential workers and therapeutic workers need to be clear about what constitutes abuse and child protection procedures **must** be followed. (please see Woodlands Ltd procedure in relation to Child Protection).

Information that is recorded should be stored securely so that unauthorised people cannot have easy access to it. Good practice should involve the routine sharing with the young person of information that is recorded.

Carers should be made aware of local services and helplines, which offer young people confidential sexual health advice and treatment.

### **Specific Issues**

#### Preparation for puberty

Some children and young people find the bodily changes and emotional feelings experienced during puberty embarrassing and sometimes frightening.

Information about puberty changes for both boys and girls, which is appropriate to the young person's level of understanding, should be provided before these changes actually begin to happen.

It is important to reassure boys that all young people experience such changes and that they are a normal part of growing up and also to acknowledge positively the different cultural and religious responses to the onset of puberty.

#### Masturbation

Masturbation is part of normal sexual development, particularly for young people who are exploring their emerging sexuality. Young people should not be made to feel guilty or embarrassed about masturbation or be prevented from doing it. However, it should be made clear to the young person that masturbation is a private activity and should take place in their bedroom.

#### Pornography

Material containing sexually explicit images is often degrading and offensive and Woodlands Ltd does not support its use or availability. Such material can only be purchased by adults aged 18 years and over, therefore if a young person is found in possession of this it should be removed from them. In addition, the opportunity should be taken to discuss with them how such material could lead to the development of a distorted view of sexuality and degrade the dignity of the individual.

### **Contraception**

Residential workers, therapeutic workers and teachers can give young people, including those under 16, information on sexual health and contraception and the importance of using condoms to protect against sexually transmitted infections. Carers are not however health professionals and should not give advice about which method of contraception to use. Young people requiring such advice should be encouraged and supported to visit a local contraceptive service.

Residential workers/therapeutic workers, should also offer young people support in developing assertiveness and negotiating skills to help them resist any pressure to have early and unwanted sexual experiences. This is particularly important for vulnerable young people who may lack self-esteem and may feel less able to make their own choices.

### **Safer Sex and Sexually Transmitted Infections**

Sexually transmitted infections are major causes of ill health, which can have long-term physical and psychological health consequences. The incidence of STI's continues to rise in the UK and gonorrhoea and chlamydia particularly are now prevalent in the under 25 population.

Explicit information supported by access to confidential sexual health services is vital in reducing the incidence of STI's. Information and advice on safer sex, and avoidance of sexually transmitted infections should be available to young people. Residential workers and therapeutic workers need accurate and up to date information on local services and how they can be accessed.

Young people have a right to be screened for infections once they are able to make an informed decision (please refer to Fraser Guidelines). Residential workers, therapeutic workers, should advise young people of clinics where anonymity and appropriate pre and post screening counselling is available.

### **Sexuality**

Sexual health information and education should be supportive of, and responsive to, the needs of all young people being 'looked after' including those exploring, or undecided about, their sexual identity and/or those identifying themselves as gay, lesbian or bisexual. This is clearly stated in the Children Act:

*"the needs and concerns of gay young men and women must be recognised and approached sympathetically".*

Same sex relationships should be acknowledged and respected in order for lesbian women, gay men and bisexual young people to value themselves and their relationships. Residential workers, therapeutic workers, should keep the following points in mind when dealing with issues of sexuality:

- Personal views should not be imposed on young people and care should be taken with language and behaviour.
- Homophobia should be challenged.
- Residential workers/therapeutic workers, need to be aware of organisations that are supportive of young lesbians, gay men and bisexual people.
- Residential workers, therapeutic workers, need to be aware of and sensitive to the discrimination faced by these groups of vulnerable young people.

Residential workers/therapeutic workers, need to be aware of the effect on young people of their upbringing and their parent's attitudes/beliefs about sexuality and same sex relationships.

### **Sexual Relationships in Placements**

Whilst it is acknowledged that young people may engage in sexual activity whilst looked after, Woodlands Ltd does not condone such behaviour within placements and it is considered unacceptable for sexual relationships to take place within residential homes. It is important for residential workers/therapeutic workers, to understand the legal situation in relation to ages of consent – see Appendix 1 for details.



Several points need to be considered when addressing relationships:

- Young people have a right to, and deserve respect, confidentiality and privacy when discussing their relationship issues.
- Positive relationships between young people in placements should be valued.
- Young people should be made aware of the difficulties that can arise from being in a relationship with another young person in the same placement.

If young people within a residential home are found to be in a sexual relationship information should be shared whilst managers in consultation with the appropriate Social Services Department determine the appropriate course of action.

### **Young People with Special Needs**

The sexuality of young people with special needs and their rights to develop sexual relationships must be openly acknowledged and addressed and positive role models provided for them.

It is important to help young people with a disability to talk about their special needs and how it may affect their sexual behaviour. For most young disabled people, the major issue in relation to sexual relationships is societal acceptance rather than their specific disability. A lack of independence and opportunity may also limit their experience of personal and sexual relationships.

Residential workers/therapeutic workers, working with children and young people with special needs should explore their own attitudes to the sexuality of disabled young people.

Sex and relationships education for young people with learning disabilities may need to be highly explicit, take more time and require repeating in order to reinforce messages. Often sex education for these young people has been aimed at helping them to protect themselves from abuse and to understand appropriate behaviour in public. It is equally important however that they are provided with knowledge and skills to help them make positive choices about sexual relationships.

### **Appendix 1: The Fraser Guidelines**

There is no legal definition of what constitutes contraceptive advice. Generally speaking a carer is not qualified to give medical advice or treatment, nor would this be an appropriate role for them to play. Carers should however engage in general discussion and information on matters of sexual health and identify local sources of professional help and information for young people.

In relation to contraception and young women under the age of 16 the Fraser Guidelines (sometimes referred to as 'The Gillick Judgement') were drawn up in response to the challenge of Victoria Gillick (*Gillick v West Norfolk and Wisbech Health Authority and DHSS* 1985) to guidance issued by the DHSS in 1980 on family planning services for young people. Victoria Gillick objected to the guidance because although it emphasised that doctors should attempt to persuade the young person to involve their parent, it accepted that there were exceptional circumstances when confidential advice and treatment could be provided to young people under the age of consent without parental consent. In 1986 the House of Lords concluded that the duration of parental rights could not be determined with reference to a child attaining a certain age but upon a judgement of what was best for the welfare of a particular child. It was concluded that a doctor would be justified in proceeding without parental consent provided that they were satisfied that:

- the young person understands the doctor's advice and has sufficient maturity to understand what is involved in terms of the moral, social and emotional implications;
- the young person cannot be persuaded to inform their parents, nor allow the doctor to inform them, that contraceptive advice is being sought;
- the young person is likely to begin, or to continue having, sexual intercourse with or without contraception;
- unless the young person receives contraceptive advice 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.

Although these criteria specifically refer to contraception, the principles are deemed to apply to other treatments, including abortion. The judgement in the House of Lords referred specifically to doctors but it is considered to apply to other health professionals, including nurses.

**Provision of any medical treatment to a child may be a trespass to the person and constitute an assault if consent to such treatment is not obtained. The child who has attained the age of 16 is deemed capable of giving consent to his/her own treatment whether it be surgical, medical or dental. Since the Fraser Guidelines it is clear that young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them fully to understand what is proposed.**

Young people under the age of 16 have as great a right to confidentiality as any other patient. If someone under 16 is not judged mature enough to consent to treatment, the consultation itself can still remain confidential.

## **Consent to Sexual Relationships**

### **Heterosexual relationships**

The age of consent to heterosexual intercourse is 16 in England, Wales, Scotland and the Channel Islands. In Northern Ireland it is 17.

A young woman does not commit a criminal offence if she has sex under the age of 16 (17 in Northern Ireland). However, various offences are committed by men or boys who have sex with a young woman under the age of 16 (17 in Northern Ireland) even if it is with her agreement.

In **England and Wales**, it is an offence for a man, or a boy aged 10 or over, to have sexual intercourse with a young woman aged 13, 14 or 15. However, in his defence he may claim that he believes himself to be validly married to the young woman (even if this is not the case). Or if he is 23 or under at the time of the offence and he has not previously been charged with an offence of this kind, he may claim that he believes the young woman to be 16 or over. The maximum penalty is two years' imprisonment.

It is an absolute offence for a man, or a boy aged 10 or over, to have intercourse with a girl aged 12 or under. This means there can be no defence in such a case. The maximum penalty is life imprisonment.

In **Scotland**, the same offences and penalties apply, but they can be committed by men and boys of all ages.

If a man, or a boy aged 10 or over, has sexual intercourse with a girl aged 12 or under, the same offences and penalties apply as in England and Wales.

In **Northern Ireland**, it is an offence for a man, or a boy aged 14 or over, to have intercourse with a young woman aged 14, 15 or 16. There is no defence that the man believed her to be 17 or over, whatever her age. The maximum penalty is two years' imprisonment.

It is an absolute offence for a man to have intercourse with a girl aged 13 or under. The maximum penalty is life imprisonment.

In **all parts of the UK**, in practice, prosecutions are rare where the girl is 13-15 and there is no evidence that she was forced or persuaded to have sex.

The legislation on the age of consent does not specifically refer to women having sexual intercourse with a young man under the age of 16. However, she could be charged with indecent assault.

### **Homosexual relationships**

The Sexual Offences (Amendment) Act 2000 legalised consensual homosexual acts between men provided that they are both 16 or over in England, Wales and Scotland (17 or over in Northern Ireland) and the act takes place in private.

There is no statutory age of consent for lesbian relationships, however women over 16 can be charged with indecent assault for any kind of sexual contact with a girl under 16. Therefore, provided both women consent, and neither is under the age of consent, acts of lesbianism are legal.

## **EMERGENCY CONTRACEPTION**

In 1983 the Attorney General ruled that emergency contraception is not a form of abortion because there is no established pregnancy to terminate. It is medical and legal opinion that pregnancy begins when an egg is implanted in the womb and emergency contraception acts before this stage is reached.

This was confirmed in 2002 during the course of a judicial review of the pharmacy provision of emergency contraception sought by the Society for the Protection of the Unborn Child.

Justice Munby, confirming the statement of the Attorney General, said "the word miscarriage today means the termination of an established pregnancy, and there is no established pregnancy prior to implantation... It follows that since the morning after pill\* (sic) is used before the process of implantation has begun, and because it cannot make an implanted egg de-implant, the morning after pill (sic) cannot as a matter of law bring about a "miscarriage"."

*\* Refer to Section 10 Paragraph 10.1 re emergency contraception.*

## **Appendix 2: Useful Addresses/Helplines**

### **C.A.L.M. HELPLINE:**

0800 58 58 58

The campaign against living miserably is about raising awareness of depression amongst young men. The helpline provides counselling and referral to local services that can help.

### **CHILDLINE HELPLINE:**

0800 1111 (24 hours a day, every day)

Website: [www.childline.org.uk](http://www.childline.org.uk)

Email: [info@childline.org.uk](mailto:info@childline.org.uk)

A helpline for children and young people in distress or danger. It provides a phone counselling service for any problem, 24 hours a day, offering support, advice and referrals to other appropriate agencies.

### **DRINKLINE HELPLINE:**

0300 123 1110 (weekdays 9am–8pm, weekends 11am–4pm)

Website: [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

The purpose of the Drinkline service is to offer free, confidential, accurate and consistent information and advice to callers who are concerned about their own or someone else's drinking regardless of the caller's age, gender, sexuality, ethnicity or spirituality.

### **Talk to Frank**

0300 123 6600 (24 hours a day, 365 days a year)

Website: <http://www.talktofrank.com/>

FRANK helps you find out everything you might want to know about drugs (and some stuff you don't). For friendly, confidential advice Talk to Frank.

### **Dan 24/7**

0808 808 2234

Website: <http://dan247.org.uk/>

A free and bilingual telephone drugs helpline providing a single point of contact for anyone in Wales wanting further information or help relating to drugs or alcohol. The drug and alcohol helpline will assist individuals, their families, carers, and support workers within the drug and alcohol field to access appropriate local and regional services.

### **SEXWISE HELPLINE**

0800 28 29 30

Website: [www.ruthinking.co.uk](http://www.ruthinking.co.uk)

A helpline for young people offering information and advice on a wide range of issues, including sexual health, personal relationships and peer pressure.

### **THE LINE HELPLINE**

0800 88 44 44

Website: [www.childline.org.uk](http://www.childline.org.uk)

Email: [infor@childline.org.uk](mailto:infor@childline.org.uk)

A special childline for children living away from home.

## Useful Websites

<a href="http://www.sexualhealthsheffield.co.uk">www.sexualhealthsheffield.co.uk</a>	Centre for HIV and sexual health.
<a href="http://www.bpas.org">www.bpas.org</a>	British Pregnancy Advisory Service
<a href="http://www.brook.org.uk">www.brook.org.uk</a>	Brook Advisory Centre
<a href="http://www.fpa.org.uk">www.fpa.org.uk</a>	fpa (formerly The Family Planning Association) – the only registered charity working to improve the sexual health and reproductive rights of all people in the UK. Working with the public and professionals to ensure high quality information and services are available to everyone who needs them.
<a href="http://www.had-online.org.uk">www.had-online.org.uk</a>	Health Development Agency. NHS site for the improvement of public health. The Health Development Agency (HAD) is a special health authority that aims to improve the health of people in England and in particular to reduce health inequalities.
<a href="http://www.lovelife.hea.org.uk">www.lovelife.hea.org.uk</a>	Health and Education Authority – Entertaining site with facts, quizzes and games.
<a href="http://www.ncb.org.uk">www.ncb.org.uk</a>	National Children's Bureau – a registered charity which promotes the interests and well being of all children and young people across every aspect of their lives.
<a href="http://www.ncb.org.uk/sexed.htm">www.ncb.org.uk/sexed.htm</a>	Sex Education Forum – national authority on sex and relationships education.
<a href="http://www.nfpi.org.uk">www.nfpi.org.uk</a>	The National Family and Parenting Institute.
<a href="http://www.nya.org.uk">www.nya.org.uk</a>	National Youth Agency
<a href="http://www.ruthinking.co.uk">www.ruthinking.co.uk</a>	Information for under 18's about local sexual health services giving advice on sex and relationships, contraception or sexual health with helpline information, basic facts about contraception, sexually transmitted infections and abortion.
<a href="http://www.teenagepregnancyunit.gov.uk">www.teenagepregnancyunit.gov.uk</a>	The Governments Teenage Pregnancy Unit.
<a href="http://www.tsa.com">www.tsa.com</a>	Trust for the study of adolescence – social action, communication, youth justice, health, mental health and parenting.

## 6 Documentation

None