

**PRISM INDEPENDENT SCHOOL**

**Sexual Health Policy and Organisation Guidelines**

**SEXUAL HEALTH & YOUNG PEOPLE 3**

AIMS OR A SEXUAL HEALTH POLICY 3

VALUES FOR A SEXUAL HEALTH FRAMEWORK 3

**SEXUAL HEALTH AND YOUNG PEOPLE** 3

PRINCIPLES FOR A SEXUAL HEALTH FRAMEWORK 3

GUIDELINES ON ISSUES OF SEX AND SEXUALITY FOR 4

CHILDREN AND YOUNG PEOPLE 4

**SECTION 1** 4

**RIGHTS AND PRINCIPLES** 4

1. SEXUAL HEALTH POLICY 4
2. PROFESSIONAL AND LEGAL ISSUES 5
3. ATTITUDES 6

**CODE OF PRACTICE FOR YOUTH DEVELOPMENT WORKERS** 7

1. PARTNERSHIP WITH PARANTES, STAFF AND YOUNG PEOPLE 7
2. TRAINING 7
3. CONFIDENTIALITY 8

**SECTION 2** 10

**SPECIFIC ISSUES** 10

1. SAFER SEX ADVICE 10

**THE LEGAL POSITION** 10

1. THE AGE OF CONSENT 12
2. LESBIAN/GAY/BI-SEXUAL/TRANSGENDER (LGBT) IDENTITY ISSUES 12
3. RACE, CULTURE AND RELIGION 15
4. PREGNANCY 16
5. ABORTION 16
6. PORNOGRAPHY 17
7. CROSS DRESSING 18
8. MASTURBATION 18

**SEXUAL HEALTH & YOUNG PEOPLE**

Aims of a Sexual Health Policy

* To promote proactive approaches to sexual health and provide a frame work for staff.
* Protecting service users in the broadest sense of enabling them to develop the knowledge and skills to make informed choices.

Values for a Sexual Health Framework

Acceptance, respect and support for an individual’s sexual identity, provided that neither the individual nor others are coerced or adversely affected by someone’s choice of sexual expression.

The understanding that service users need knowledge and opportunity to develop skills to make healthier choices, which will protect them in the broadest sense.

These values must work within agencies own Equal Opportunities/Anti Discriminatory Practice framework.

All service users need to have an understanding of the law relating to sexual behaviour and a right to protection from abuse.

**SEXUAL HEALTH AND YOUNG PEOPLE**

PRINCIPLES FOR A Sexual Health Framework

This policy recognises that sex and sexuality are a positive aspect of development for all human beings and that people who use our services should be guaranteed the relevant advice and support to promote their physical and emotional health and well-being.

In applying the policy, consideration has to be given to the dilemma, which may occur between illegal activity and the need to provide advice on sexual matters, which may protect individuals from greater harm (e.g. sexually transmitted diseases including HIV).

Our guiding principle is to distinguish between relationships that are entered into on an informed and equal basis and relationships that are characterised by abuse of power or status.

**Guidelines on issues of sex and sexuality for children and young people**

These guidelines are for staff involved in day-to-day work with young people. The Children Act 1989 stresses the importance of the development of sexual identity as part of healthy, physical and emotional growth. We need to help young people to gain knowledge and skills to develop their own sexual identity in order to be able to develop positive relationships that enrich their lives, rather than dealing with the negative consequences of sex such as sexually transmitted infections, unwanted pregnancy, and sexual abuse.

The guideline aim to give basic advice and guidance particularly for people confronted with situations involving difficult decision or dilemmas. These guidelines are underpinned by the values and principles of the Sexual Health Policy.

This document contains:

**Section 1:** Rights and Principles: How our policy seeks to promote the sexual health of children and young people,

**Section 2:** Specific Issues: Clarification of guidance on areas that may cause difficulty or conflict.

**SECTION 1**

Rights and Principles

1. **Sexual Health Policy**

When applying the guiding principles of the Sexual Health Policy to work with young people the welfare of the young person must always be paramount.

* 1. full consideration must be given to
* working in partnership with parents/carers where appropriate
* protection of the child or young person in its broadest sense
	1. In assessing the needs of children/young people consideration must be given to their sexual health needs including the development of knowledge and skills in making personal relationships and any particular sexual development needs.
	2. The development of sexuality is an essential part of all young people’s development as individuals and needs to be positively managed in all settings.
	3. Young people as they develop have a right to the appropriate information about their sexual health and an environment conducive to acquiring this knowledge from a young age in an appropriate way.
	4. Sexual health work should be a dimension and continuation of all work with children and young people in preparing them for adult life and enabling them to sustain relationship.
	5. Sexual abuse is an issue needing sensitive handling. Young people who have been sexually abused also need to be enabled to develop their knowledge and skills regarding sex, sexual health, including HIV and sexually transmitted infections and relationships. Such skills and knowledge may equip them to be able to protect themselves from further abuse in the future.
	6. One possible consequence of discussion of sexual issues may be further or new disclosures of sexual abuse. In this case normal child protection procedures should be followed (Refer to PRISM Independent School Child Protection Policy).
1. **Professional and Legal Issues**
	1. Sexual experimentation is a normal feature of development in adolescence. This may include sexual relationships at an early age. While as workers we would not encourage such activity we have to accept that the reality is that 36% of boys and 26% of girls will have sex before the legal age of consent.
	2. TO PROTECT young people in the broadest sense we need to ensure that:
2. They have the knowledge and skill to make informed sensible sexual choices, which may prevent unwanted pregnancy and sexually transmitted infections and enable them to avoid sexual exploitation. This may involve group work, individual counselling sessions, and referral to a contraceptive clinic or GP.
3. Young people need to know the law relating to sexual behaviour particularly regarding the age of consent.
4. Young people need to know that the duty of confidentiality shown to a person under 16, in any setting, is the same as that shown to any other person.
5. The knowledge and skills base needs to be provided early enough to be effective. While young people vary in maturity we must accept that some as young as 13 become sexually active and thus need to be sure that young people have the knowledge before putting themselves at risk.
	1. The task of protection also means that teenage sexual behaviour has to be challenged if there is any question of exploitation or abuse. In such circumstances the Chile Protection Procedures and the process of the law may need to be applied.
	2. If a LGBT young person discloses underage sexual activity, this should be treated in the same way as underage heterosexual activity. Remember the age of consent between two men is 16. Such young men trying to adjust to their sexuality may find it hard to seek counselling and advice for fear of criminal implications. The Children Act 1989 Guidance says we need to provide suitable guidance for LGBT young people. we need to offer access to advice and only have recourse to criminal or civil procedures if there is clear evidence of abuse of power or status.
6. **Attitudes**
	1. In the past sexual issues amongst young people have been responded to inconsistently often depending upon the attitudes of individual staff.
	2. Young people using our Services are more likely to accept advice regarding their sexual behaviour if all staff and carers show an understanding and positive approach to their behaviour. Condemnation or disapproval can turn some young people away from seeking the advice and knowledge that may enable them to make sexually healthy choices.
	3. The personal beliefs of a practitioner should not prejudice the care offered to a young person. (Any professional who is not prepared to offer a confidential sexual health service to young people must make alternative arrangements for them to be seen as a matter of urgency by another professional. These arrangements should be prominently advertised).
	4. Within PRISM YP we seek an open, positive and non-judgemental approach to create a climate in which individual sexual health work or programmes can be effective. This does not constitute condoning or colluding with the behaviour it is simply the most effective way to exert a positive influence and protect young people in the broadest sense.
	5. In order to achieve this staff need to:
7. Be aware of how each of us has our own individual experiences and attitudes regarding sex, and how our attitudes can affect those to whom we offer services.
8. Take advantage of sexual health training programmes
9. Give appropriate and consistent messages to young people who use our service and use language that is non-discriminatory and non-judgemental.
10. Be aware of the Service’s policy on sexual health for young people.
11. Operate within PRISM Independent School Code of Conduct.

**Code of practice for Staff and Volunteers**

* All staff and volunteers must work in the best interests of young people, placing the young people’ needs, welfare and interests before their own beliefs and values.
* All staff and volunteers must work to establish maintain the trust of young people, providing an appropriate and agreed level of confidentiality in all their dealings with young people.
* All staff and volunteers must promote the rights of young people when working with other voluntary, statutory and community organisations, advocating on young people’s behalf and ensuring there is a coherent approach to support for young people.
* All staff volunteers must, where appropriate, engage parents, carers and families in supporting young people, upholding their trust in the organisation.
* All staff and volunteers must uphold the integrity of the profession at all times.
* All staff and volunteers must be responsible for reflecting on their own professional practice and for taking steps to maintain and improve and update their own knowledge and skills so they are able to continually deliver a quality service.
1. **Partnership with Parents, staff and Young People**
	1. Parent, carers and staff need to understand that the sexual health policy is designed to protect young people in the broadest sense by providing a framework which helps to deal consistently with sensitive issues.

Ways to work in partnership:

1. Staff to attend training offered as part of the multi-agency sexual health-training programme.
2. Training for young people in groups or individually.
	1. Where there is a difference of opinion or attitude regarding the handling of a situation or where staff may pursue a line not agreed by partners in order to meet the needs and interest of the young people every effort should be made to resolve the situation through amicable discussion. When the issue is unsolvable the line manager must be involved and a record made of how and why decisions have been made.
3. **Training**
	1. A key point of the young people’s sexual health policy is training; staff have the right to expect training to back up work in this area.
	2. Sexual health is now a core element of training for PRISM YP and a programme of training is available.
4. **Confidentiality**
	1. For young people to feel able to discuss sexual issues usually calls for a considerable degree of trust in adults. Thus issues regarding sex, sexuality and sexual health should always be dealt with sensitively and in confidence.
	2. Young people under 16 are the group least likely to use contraception and concern about confidentiality remains to biggest deterrent to seeking advice. Publicity about the right to confidentiality (confidentiality statement) is an essential element when delivering programme relating to sexual health and relationships.
	3. Confidentiality should be respected unless that information leads staff to believe there are Child Protection issues involved, i.e. that there is a young person at risk of significant harm, or of harming someone else. In such circumstances PRISM Independent School child protection procedures should be followed.
	4. Information implying abuse of power or status needs to be shared with a line manager. Unless this is the case, there is the risk that young people will be hesitant to approach staff for fear that personal information will be discussed with other professional without their knowledge or consent.
	5. However as any work involving young people to whom we offer services there may be situations where information regarding sexual behaviour has to be passed on i.e. if sexual relationships are accompanied by abuse of power or status. (See Child Protection Guidelines).
	6. The duty of confidentiality owed to young LGBT is exactly the same as that owed to a heterosexual young people. As a result, information about a young person’s sexuality should not routinely be recorded unless there are concerns that this is contributing to that young person’s suffering significant harm.
	7. Young people of whatever sexuality often put themselves in risky situations but this is one way in which we all mature and learn what behaviours are safe and unsafe. Over input from an adult can alienate the young person and cause them to withdraw and so workers need to balance this against the real need to ensure the safety of the young person. Discussions with line managers or discussion in supervision would be an appropriate way of resolving such dilemmas.
	8. The legal age of consent for all sexual relationships is 16 there is no need to intervene, record or pass on this information unless there are clear child protection concerns.

**SECTION 2**

**Specific Issues**

This section offers guidance to staff when dealing with difficult issues that may give rise to conflict.

It is acknowledged,

* That staff can only make judgements with the best information that is available at that time
* That in cases involving complicated decisions line management will be automatically involved.
1. **Safer Sex Advice**
	1. Staff may be uncertain about their position in offering proactive advice/support/counselling to young people in sexual matters, linked with the often-debated issues of the supply of contraceptive to young people under the age of consent.
	2. Who can distribute condoms?

Anyone working with young people who has successfully completed an approved training programme and been assessed as competent in condom distribution. E.g. youth workers, school nurse, volunteers, sexual health, personal advisors etc.

**The Legal Position**

* 1. The law makes a distinction between under 16s and others. Basically, 16 is the age at which young people gain the absolute right to refuse or consent to medical treatment. So, handling out condoms to over 16’s is legally permissible – they are adults in the eyes of the law.
	2. Whilst under 16s do not automatically have the right to treatment, the law does not say that they do not have this right either. The issues as to whether or not a young person under 16 should be given contraception advice and treatment had been the subject of much controversy and confusion in recent years. Whether they or their parent(s)/carers have the right to consent depends on their age, their maturity and their understanding.
	3. In 1985, Lord Fraser said in judgement of the Gillick case, that a doctor can give contraceptive advice or treatment to a person under 16 without parental consent providing the doctor is satisfied that:
1. The young person understands the professionals advice
2. The professional cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice
3. The young person is very likely to begin or continue having intercourse with or without contraceptive treatment
4. Unless he or she receives contraceptive advice or treatment, the young person’s physical, or mental health or both are likely to suffer
5. The young person’s best interests require the professional to give contraceptive advice, treatment or both without parental consent.
	1. The Children Act Guidance volume 4 indicates “Social Services and other caring agencies responsible for the young person should provide sexual education for him/her … sex education must cover practical issues such as contraception particularly in view of the spread of HIV/AIDS. However it must also cover the emotional aspect of sexuality such as the part sexuality plays in a young person’s sense of identity.”
	2. As a result it is reasonable for staff to assist individual young people to obtain appropriate advice by a referral to a GP, contraceptive clinic or other sexual health advice centre for young people (see list of resources).
	3. It needs to be borne in mind that young people can seek advice from such sources in any event independent of any adult wishes.
	4. Some young people will not make use of such services despite it being clear that sexual relationships feature in their lives. In this situation the role of staff becomes even more critical. It is a responsible action to provide young people with condoms on the basis of protecting their health. However it must be possible to demonstrate that this action is taken in the context of individual counselling/discussion or group training regarding sexual behaviour and the risks of unwanted pregnancy, sexually transmitted infections etc. and that no other source of advice or provision is acceptable to the young person.
	5. The test in providing condoms is that the young person would be sexually active anyway and that he/she understands the advice given.
	6. **The Sexual Offences Act**

Child Sex Offences: Exceptions

The Sexual Offences Act 2003 does not affect the ability of health professionals and others working with young people to provide confidential advice or treatment on contraception, sexual and reproductive health to young people under 16. They are not liable to prosecution when they are acting to protect a child or young person including those with a mental disorder. The exception covers people who are:

1. Protecting a child from pregnancy or sexually transmitted infection.
2. Protecting the physical safety of a child.
3. Promoting a child’s emotional well-being by giving of advice.
	1. This means that for instance a health professional who provides contraception to an under 16 year old, a teacher who promotes contraception as part of sex education, or a youth worker who accompanies a young person to a sexual health clinic would be exempted from these offences, providing they are acting to protect the young person.
	2. These exceptions do not apply if someone acts to cause or encourage a sexual offence, or a child’s participation in it or for their own gratification. This might include, for instance, someone explaining sexual intercourse to a child in order to assist their friend to engage in a sexual activity with them.
4. **The Age of Consent**
	1. The legal age for young people to consent to have sex is still 16, whether they are heterosexual, gay or bisexual. The aim is protect the rights and interests of young people and make it easier to prosecute people who pressure or force others into having sex against their will.
	2. Although the age of consent remains at 16 the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age unless it involves abuse or exploitation. Young people including those under 13 will continue to have the right to confidential advice on contraception, condoms, pregnancy and abortion.
5. **Lesbian/Gay/Bi-sexual/Transgender (LGBT) Identity Issues**
	1. The Children Act is clear about this Children Act Guidance Book 4 p107 says

“The needs and concerns by gay young men and lesbian young women need to be recognised and approached sympathetically.” The guidance also recognises the important part that sexuality plays in the young person’s sense of identity.”

* 1. Young people have the right to have same sex relationships and as professionals working with young people we should all take into account the rights of young people who are LGBT. It is of paramount importance that LGBT young people are supported to develop a positive sense of their own sexuality. This should include an awareness of the effects of negative attitudes about sexual orientation on young people.
	2. All forms of discrimination have a negative impact and these can include very subtle forms of behaviour, such as general attitude, looks, innuendoes and non-verbal communication, as well as more aggressive forms of behaviour, such as offensive remarks and physical and psychological abuse and/or violence.
	3. Value judgements or personal comments about a young person’s sexuality can seriously affect feelings of self-worth. Young people should not be subjected to the sexual attitudes and values of individuals who work with them. They should be supported to make their own informed choices, to celebrate these lifestyle choices and not to be seen as being ‘victims’. Their sexuality should always be taken seriously and it is not helpful to speculate as to why a young person may have same sex preferences or to brush off sexual orientation as being ‘a passing phase’.
	4. It is not appropriate to send young people to other agencies as the **only** way of dealing with these issues. Other means, such as one to one discussions, group sessions, leaflets, books, as well as other agencies should be utilised to enable young people t talk through an explore the issues involved.
	5. Young people who are gay or lesbian often fear or experience homophobia in many forms from professionals, as well as their peers, which may hinder their ability to locate information and appropriate guidance and support. In addition, they may find if difficult to reveal their same sex feelings or relationships. It would be beneficial if those working with all young people, including those with physical and/or learning disabilities, are sensitive to this and do not assume that all young people are heterosexual or that their sexual orientation is fixed and static. Sexuality and sexual orientation is fluid and can change with time, circumstances, life experiences and choices.
	6. Challenging oppressive language based on a young person’s sexuality is as important as it is for other oppressive language, such as racism and the same rules and reasons apply. In short, saying, “That offends me” may be the first time a young LGBT person has ever heard this said and at the same time they be the person actually using the oppressive language.
	7. Teenage years are a critical an often painful time in the development of individual sexual identity. For those who are already certain that they are LGBT and others who think they are, may need to create a culture in which these young people feel they can seek good advice without fear of an unsympathetic hearing or anti-homosexual attitudes. Young people in this situation often fear that such self-disclosure may lead to their activities being viewed as criminal and that the police will be involved as a matter of course. Out actions in such cases are described in section 7.
	8. LGBT young people need access to good advice from responsible role models of their own sexuality as well as good general guidance about relationships safer sex etc. If this is their sexual identity with which they feel comfortable they need to be enabled to protect themselves from sexually transmitted infections, exploitation and abuse. We need to ensure young people know the law.
	9. Staff should avoid as a matter of good practice all negative images and discriminatory language, which could discourage young people from seeking advice they need.
1. **Race, Culture and Religion**
	1. There are a number of issues that have been highlighted by young people from BME communities around service provision. These include:
2. Barriers to services such as institutional and personal racism.
3. A lack of culturally and linguistically appropriate services.
4. A lack of knowledge and cultural understanding of young people who ascribe to different moral value systems.
5. Inappropriate and inaccessible locations for serves.
6. Concerns about confidentiality.
7. No relevant images or culturally appropriate sexual health messages and a poor atmosphere within service provision agencies.
8. Inaccessible information about sexual health issues.
9. Poor staff attitudes and behaviour.
	1. In many BME communities openly discussing issues about sexual health and sex and relationships is considered to be culturally taboo.
	2. Confidentiality within service provision is therefore paramount and directly impinges on whether young people from these communities are confident about approaching local sexual health services for advice.
	3. This policy document has repeatedly emphasised that staff should not impose their own individual moral beliefs or personal views on a young person when dealing with sexual health, identity and relationship issues.
	4. It is equally important to consider the young person’s cultural, religious and racial identity in undertaking such work, as they may affect how sexual and personal relationships information is given. This does not mean that young people should be denied the benefits of such information, whatever their cultural background.
	5. It does, however, mean that staff and carers who do not share the racial, religious or cultural background of the young person must inform themselves about the particular faith of the young person.
	6. Even if they do share a cultural background and even after they have fully informed themselves as to the implications of this, then it will still be crucial that staff do not make any assumptions based on that information or knowledge. In all cultures and religions there are a range of views, values and interpretations and so staff need to be very aware of the influence of prejudice, stereotyping and generalisations in relation to different cultures and sexual practices.
	7. These issues will need to be fully explored in staff training but any implementation will need to take into account the following issues:
10. Knowledge and information about minority ethnic cultures in relation to sex and sexuality.
11. Attitudes, feelings and prejudices towards different cultural minorities, including cultural and racial stereotyping in the area of sexuality.
12. Inequalities in health service provision provided to young people from minority ethnic groups, including preventative services, contraception etc.
13. Understanding and strategies to combat racism in the context of sexuality and personal relationships
14. Sex before marriage
15. Marriage, monogamy, polygamy, accepted ages for marriage, arranged and forced marriages
16. Initial ceremonies
17. Contraception, pregnancy and terminations
18. HIV/AIDS and other sexually transmitted infections.
19. **Pregnancy**
	1. There are times when despite appropriate advice support and education young women become pregnant.
	2. When a young woman becomes pregnant it is important that she is given careful counselling about the responsibilities of parenthood and the impact of parenthood on her own life.
	3. Staff need to be careful to offer balanced advice in this situation helping the young woman (and the baby’s father if he is involved) to weigh up the advantages/disadvantages of continuing with the pregnancy, keeping the baby, or considering adoption, Independent advice may be helpful in this situation.
20. **Abortion**
	1. There will be occasions when the young woman decides that abortion is the appropriate choice.
	2. Young Women under 16

Legally if a young woman is judged competent in accordance with the Fraser Guidelines she can consent to an abortion without parental involvement. However in practice this is unusual and would only be done in exceptional circumstances when it is considered in the young person’s best interest. In such a situation every effort would be made to help the young person involve another adult for support.

1. **Pornography**
	1. Definitions of pornography vary widely and can be massively influenced by one’s personal value base. The usual definition of pornography is:

“Material which gives a stereotyped, distorted or exploitative view of men, women, boys and girls is offensive and may be particularly damaging to young people who have been sexually abused.”

* 1. Such material is also contrary to PRISM Independent School commitment to the Equal Opportunities Policy.
	2. Some material that is sexually explicit and potentially offensive cannot be legally purchased by young people under the age of 18. Despite this, it is likely that young people will still be able to obtain, or have access to such material, including that stored on computer discs, videos and DVDs. If such material is discovered by staff, it should be removed from their possession with the reasons for this given to them, in the case of discovery on Public Access Computers within Centres provided by OMBC, IT must be informed in line with PRISM Independent School Child Protection procedures.
	3. Other material that gives a stereotyped, distorted or exploitative view of sexuality is widely available in newspapers, magazines and videos and is commonly purchased by young people. despite its legality, this material may be offensive to many people and presents a poor image or role model of men and women in society. With regards to TV films, videos, DVDs etc. staff should pay heed to the advertised age restrictions before allowing a young person to view them in their centres.
	4. In such circumstances the young person should not be reprimanded but they should be advised that many people find such material distasteful. It may be appropriate to have a further discussion about pornography and explore the young person’s feelings and attitudes towards it.
	5. If the young person wishes to retain such legal material it should be stressed that this should only be viewed in private so other adults or young people are not offended or influenced by its content.
	6. If they fail to abide by this condition and, depending on the age and level of understanding of the young person, it may be appropriate to remove this material in any case.
	7. People with physical and/or learning disabilities also have sexual desires and an interest in sexual imagery. Sexually offensive material in offensive no matter who possesses it and young people with physical and/or learning disabilities should be afforded the same rights and discretion as any other young person and if material is removed or exchanged a considered appropriate explanation should be given.
1. **Cross Dressing**
	1. Cross dressing – the desire to wear the clothes of the opposite sex.
	2. Transgender – may also be known as full-time cross dressers or non-surgical transsexuals, who live and work continuously in the opposite gender to that of their physical anatomy.
	3. Transsexual – anyone who wants to have, or has had, a sex change operation.
	4. Obviously not every person who cross dresses will want to become transgender or transsexual and staff need to be fully aware of the difference in these definitions, so as not to make any mistaken assumptions about a young person.
	5. Such behaviours are a simple extension of a young person’s sexual identity and they should be enabled and supported in expressing this identity in a way that does not tolerate stigma or harassment.
	6. In addition young people need to be made aware that society in general does not readily tolerate deviation from the ‘norm’. Physical and verbal attacked on people who cross dress in public are not uncommon and young people should be made aware of this and advised as to how to express this aspect of their sexuality in a safe arena.
	7. Young people should also be enabled to access appropriate information, advice and support.
2. **Masturbation**
	1. Masturbation is normal, healthy sexual behaviour in children and young people, as part of their development and exploration of they body and their sexual feelings.
	2. It is important to reassure young people that this will do them no harm and that it is an enjoyable sexual activity, so long it is practised appropriately. Appropriate generally means that this is an activity that is personal and should therefore be carried out in private.
	3. Problems may occur where young people have had constant negative messages about masturbation or where they have been sexually abused. This may lead to masturbation in inappropriate or public settings or behaviour, which seeks to involve others.
	4. In such circumstances clear and consistent messages need to be given that, while masturbation is healthy and normal, there are times and places where this is not appropriate. Safe places away from other people, such as the young person’s bedroom, should be encouraged as private places to masturbate.
	5. Special consideration should be given to young people with physical and/or learning disabilities with regards to their ability, understanding appropriate aids and place and at all times maintaining the young person’s dignity and safety as well as providing advance and support.