

Research About **The Sexual Health And Sexuality Education Needs Of Young People In Care**

For young people in care, their parents, young adults who have left care, foster carers, social care workers, social workers, health professionals and policy makers

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About this booklet

This booklet presents key research findings about the sexual health and sexuality education needs of young people in care in Ireland. It is part of a series of research summaries developed by the HSE Sexual Health & Crisis Pregnancy Programme (the Programme). The series aims to share research findings in a concise and easy-to-read format.

This summary looks at the findings of the *Sexual Health and Sexuality Education Needs Assessment of Young People in Care* (SENYPIC) study. The study involved interviews with young care-leavers (aged 18 to 22), foster carers and service-providers responsible for caring for young people living in residential centres. It was funded by the Programme in partnership with Tusla – Child and Family Agency.

The research found that young people in care have similar sexual health and education needs to young people who are not in care; however, there are particular issues that are more likely to feature in the lives of young people in the care system. It also showed that while many young people in care share similar experiences, they come into care for a range of reasons, at different ages and for various lengths of time and have different needs depending on their individual circumstances.

This booklet sets out some of the main points discussed in the interviews, such as how emotional security, confidence and good social skills are the basis for good sexual health, how Relationships and Sexuality Education (RSE) is being delivered in care settings and what factors are preventing the consistent delivery of good quality RSE to young people. It also lists some key messages that arose from the interviews.

We hope that this booklet will provide useful information and provoke interest and discussion among those who read it. The Programme and Tusla are committed to improving the sexual health education experiences of young people in care and are working together to address the issues identified in this booklet.

What young care-leavers said:

About Emotional Security and Stability

- Feeling emotionally secure and stable underlies good sexual health. The care-leavers said it was really important for young people in care to feel emotionally secure and to have stability in their lives as these factors help them to make good lifestyle decisions, including sexual health decisions.
- Many care-leavers had had difficult relationships with their birth families. Some felt rejected by their families and said that this may affect their other relationships.
- Many said that their friends played an important role in their lives when growing up in care and provided them with a sense of belonging and connectedness.

About Life in Foster Care

- Most of the young adults who had been in foster care described feeling a strong connection to their foster carers. However, they also recalled feeling insecure about their position in the family at times, compared with the natural children of the foster carers.
- Some care-leavers spoke of conflicts with their foster carers during adolescence, mainly over household boundaries and parental monitoring. Now, as adults, they acknowledge that these conflicts were often linked to their own emotional issues or behaviour as teenagers.
- Some care-leavers are unhappy about the way their private information was shared between foster carers and social workers, particularly details of their sexual behaviour or sexual health. They said that sharing such information intruded on their privacy and affected the level of trust they had in foster carers and social workers.

About Life in Residential Care

- A number of the young adults who had been in residential care described positive relationships with social care staff and with social workers. However, they were affected badly when service-providers were moved from case to case. Such moves contributed to their sense of insecurity. Some said that, at the time, they saw this as a continuation of early rejection by their birth parents.
- Many recalled the rules that were applied strictly by social care staff. They noted how staff had adhered to regulations and did not allow any flexibility.
- Similar to the young people who had been in foster care, care-leavers who had lived in residential centres remembered being unhappy about the amount of their private information that was shared among different staff members and other professionals, particularly sexual health information.

About Early Sexual Experiences and Risk Behaviour

- Nearly all of the young care-leavers interviewed were sexually active before the age of 17.
- Very few said they had used contraception consistently during their early sexual encounters. Not using contraception during sexual encounters was often attributed to alcohol intoxication.
- Some of the young men said they were not really interested in using condoms when they were teenagers.
- Some of the young women used hormonal contraception as teenagers. Many said they had experienced problems with the pill – some felt it affected their moods badly; others had been casual about taking it and became pregnant as a result.
- Some of the young women said that they had relied on men to carry and use condoms.
- A strong theme, particularly among the young women, was that they regretted the circumstances of their first sexual experience. Many said that their capacity to consent to sex at that time was compromised by alcohol or that they had been coerced or talked into it by someone else.
- Some of the young women reported having first sex with male partners several years older than themselves.

About Relationships and Sexuality Education (RSE)

- Care-leavers were divided about the role that social workers and social care workers played in delivering RSE. Some received little or no RSE whereas others received relatively in-depth RSE.

- Some recalled attempts by their foster carer to deliver RSE, and admitted that they, as teenagers, did not want to have these conversations and did their best to avoid them.
- Friends were an important source of information about relationships and sex when growing up, although much of this information focused on sexual behaviour.
- School was considered to be the main source of information about relationships and sexual health; however, the amount of RSE received at school varied.
- Those who received RSE at school said that very little attention was given to the emotional aspects of relationships.
- Young care-leavers' views on how RSE could be improved for young people in care included:
 - › more RSE should be provided by care staff and foster carers
 - › social care staff should be suited to and willing to deliver RSE
 - › young people and/or care-leavers could be involved in RSE delivery
 - › greater emphasis is needed on the negative consequences of unprotected sex
 - › greater attention should be paid to the emotional aspects of relationships and sex, and the particular vulnerabilities of young people in care
 - › RSE should be delivered more regularly in schools
 - › sexual health information and STI testing should be more widely available.

What foster carers said:

About Emotional Security and Social Skills

- Foster carers recognise that emotional security and stability in the lives of young people in care is an important basis for good sexual health. They said that confidence and self-esteem needed to be developed in many of the young people in their care.
- Some of the young people who arrive into foster care have not yet had an opportunity to develop basic social skills. The foster home is an environment that encourages young people to learn these skills by engaging in everyday family routines. The foster home provides an opportunity for fostered young people to feel a sense of belonging within a family unit.
- Some foster carers try to display role-modelling behaviour in the family home, ensuring that they treat their family members with warmth and respect in the presence of the young person in their care.
- Foster carers reported emotional outbursts and challenging behaviour by young people in their care. Some talked about responding to good behaviour by praising and showing appreciation of the young person, and responding to challenging behaviour by giving the young person time and space to deal with their emotions.
- Establishing a sense of trust with the young person in their care is vital and foster carers talked about the importance of honouring and respecting agreements made with young people.

About Relationships and Sexuality Education (RSE)

- Most foster carers agree that the provision of RSE is part of their role. Some, however, feel that RSE is the responsibility of the HSE and schools.
- Some foster carers are reluctant to engage in RSE. Reasons include: too much of a generation gap, lacking confidence in delivering RSE, and concerns about being able to deal with such a sensitive issue effectively.
- Foster carers recognise that each young person has different needs and that RSE must be tailored accordingly. However, they are often not fully aware of a young person's past experiences and this presents a challenge when delivering RSE.
- Foster carers who have provided RSE talked about the different ways they approach RSE with the young people in their care. They tend to prioritise messages about pregnancy prevention over other sexual health issues, such as STIs, and they tend to focus on their foster daughters rather than on their foster sons.

- Foster carers find that the young people often respond to RSE with embarrassment or by disengaging from the discussion. To avoid this, carers talked about shifting the emphasis from the individual young person's behaviour to a more general discussion. Many have tried to use everyday life situations as an opportunity to discuss sexual health issues.
- Foster carers have found fostered teenagers to be more resistant to their advice about sexual behaviour than their birth children.

About Issues of Concern

- According to foster carers, fostered young people tend to present more behavioural challenges linked to alcohol, drug use and sexual behaviour than their own teenage children, which is challenging to manage.
- Foster fathers have particular anxieties about the potential for false allegations of sexual abuse being made against them by young people in their care. This concern has an impact on the level of trust in their relationship with a fostered young person and on their ability to deliver RSE.
- Some foster carers are conscious of the differing treatment of young people in foster care regarding sexual behaviour compared to that of non-fostered children. Carers reported situations to social workers where they suspected that a foster child was engaging in sexual behaviour or where the young person in foster care indicated that they were sexually active. However, they felt that this would not be the approach taken by a family in the case of birth children and they struggled with this difference.

What service-providers said:

About Emotional Security and Social Skills

- Service-providers find that many young people in residential care experience low self-esteem and lack basic social skills. They recognise that being emotionally secure and self-confident and having good social skills are priorities for good sexual health. These life skills help young people to develop healthy and mutually respectful relationships with others, and to make good lifestyle and sexual health decisions.

About Relationships and Sexuality Education (RSE)

- There was very strong agreement among service-providers that young people in care should receive accurate and age-appropriate factual and tailored RSE, as well as information about how to access sexual health services.
- Current provision of sexual healthcare and RSE to young people in care seems to vary greatly within and across care settings. Some service-providers reported that little or no RSE is being delivered in residential centres and others said they had been providing in-depth and regular RSE.
- Those who provide RSE mentioned different approaches used in the residential centres. Some favour group work for teaching RSE; others believe that well-planned one-to-one sessions are more appropriate.
- Addressing the sexual healthcare and RSE needs of young people in residential care may be more challenging than it is for those in foster care. Young people in residential care are considered to have more complex needs.
- Service-providers recognise that young people have very different sexual healthcare needs depending on their age, sexuality, ethnic background, disability status and life experiences. They acknowledge that identifying the specific needs of individuals can be complex and that delivering quality RSE requires particular skills.
- Some young people in care give the impression that they are well informed about the facts around sex, but, in service-providers' experience, this is not always the true situation. Decisions about what messages need to be delivered to young people must be based on a careful assessment of what knowledge individuals have and what knowledge they require.
- Most service-providers are of the view that the best-placed people to provide RSE to young people in care are those with the most consistent contact with the young person (e.g. foster carers or key social care workers). However, changes of key carers over the course of a young person's care life and losing contact with young people once they move out of care at 18 years can often work against this.
- Service-providers said that not every social worker or social care worker is suitable to provide RSE. Those providing RSE must be willing to do so, must have good knowledge of the area, must be confident in discussing sexual health and must be non-judgemental in order to deliver sexual health messages successfully to young people.

- Some service-providers believe that RSE for young people in residential care should be delivered by specialist professionals external to the organisation.

Training Needs

- Current education at undergraduate and postgraduate levels for social work and social care work, and continuing professional development training, do not provide many opportunities to learn about delivering RSE.
- Approval to attend training in RSE depends greatly on the commitment of line management to release staff to train in this area.
- Those service-providers who had attended professional development training in RSE and sexual health said that it had had a positive impact on their work.
- Many service-providers said it is important for residential management to be aware of the attitudes and values of staff members towards RSE and that staff who specifically express a willingness and suitability to engage with sexual health training should be released for training.
- They also said that foster carers need to be educated and supported in RSE, and where possible birth parents should be involved as well, to ensure that consistent RSE messaging is provided to the young person.

About Current Barriers to RSE and Sexual Healthcare

- Two major barriers to providing RSE are lack of in-house RSE policies in residential centres and lack of guidance on the law for the delivery of sexual healthcare to young people. Uncertainty in these areas is obstructing the provision of RSE and access to sexual healthcare to young people in care.
- There is also a lack of clarity around reporting obligations under child protection legislation in relation to sexual healthcare. This issue is considered by some to undermine the trust and confidentiality that is central to therapeutic relations with young people.
- The extent to which information about a young person's sexual health is shared between external professionals and regular care staff is deemed by some service-providers to conflict with the need to maintain discretion and confidentiality about the young person's sexual health.

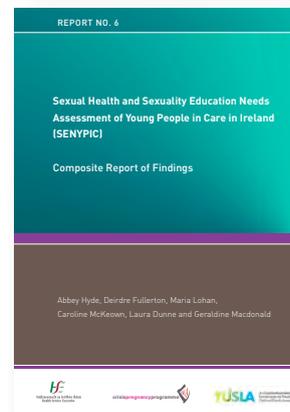
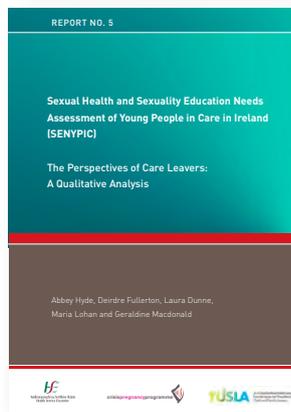
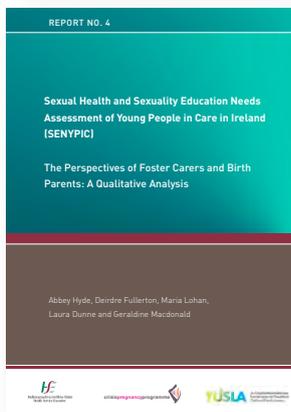
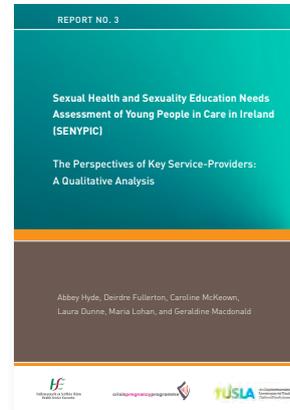
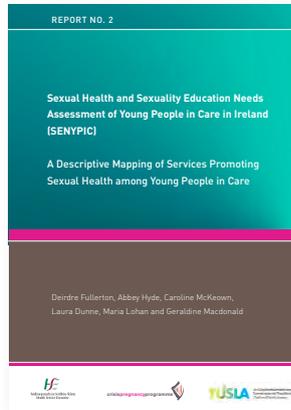
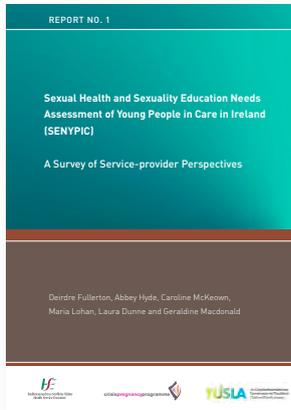
Key Messages

The SENYPIC study found that:

- Feeling emotionally secure and stable and having good social skills are a key basis for good sexual health. Supporting the development of emotional security, self-confidence and good social skills in young people in care is a priority sexual health education requirement.
 - Young people require accurate, age-appropriate, individually tailored factual information, covering relationships and sexual behaviour, sexuality, respect, emotions, contraception, pregnancy, sexually transmitted infections and more.
 - Identifying the specific sexual health needs of individuals can be complex and requires particular skills and a willingness on the part of the care provider.
 - RSE should be made available to young people in care in their care setting as well as at school; however, the current provision of RSE varies greatly within and across care settings.
 - More consistent training opportunities in RSE are required for social workers, social care workers and foster carers.
 - Clearer guidelines on the law in relation to the delivery of sexual healthcare to young people in care are required.
 - RSE policies are needed in residential centres to promote the consistent delivery of RSE.
 - Personal information about young people's lives should be treated with greater levels of sensitivity.
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Want to read more?

The SENYPIC study comprises six stand-alone reports. These reports are available online at:
www.crisispregnancy.ie/research-policy/research-reports/list-of-research-reports/



Useful information and contacts

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HSE Sexual Health & Crisis Pregnancy Programme

The HSE Sexual Health and Crisis Pregnancy Programme is a national programme tasked with implementing a national strategy to improve sexual health and wellbeing and address the issue of crisis pregnancy in Ireland.