

Policy: Sexual and Reproductive Health

Policy Purpose

Healthy sexual development is critically important to the overall development of young people and should be considered when planning to meet the health needs of young people in care.

Policy Statement

Decision making processes should always include the young person.

Territory Families recognises that as young people mature, they desire and deserve greater privacy in all matters including their sexual and reproductive health.

Aboriginal Practice Advisors should be consulted when planning for the personal and sexual education of Aboriginal young people in care or young people in care from a culturally diverse background.

All young people in care will have access to personal development, personal safety education, sexual and reproductive health information that is age and developmentally appropriate and culturally secure. If the young person is sexually active access to contraception will be provided by their Case Manager.

Young people in care who are engaging in high risk sexual behaviour should undergo a risk assessment and where necessary will have a comprehensive intervention strategy as part of their case plan.

Setting Professional Boundaries

When Case Managers discuss sexual activities and behaviours with the child, appropriate professional boundaries are to be maintained. Case Managers are to be mindful of potential accusations and should use the following strategies to minimise the opportunity for false accusations:

- Discuss any concerns with the Team Leader prior to meeting with the child; where possible, discussions should be undertaken by Case Managers of the same sex as the child;
- Where possible, discussions should occur with another person present e.g. Team Leader, psychologist, carer; and
- Document all issues discussed in the child's case file.

Reporting sexual activity

Where a young person below the age of consent is engaged in sexual activity and is believed to be suffering harm or exploitation, is engaged in prostitution or transactional sex, or is otherwise being sexually exploited the matter must be reported in accordance with s26 of the *Care and Protection of Children Act* (the Act).

All sexually active young people below 14 years of age must be reported in accordance with s26 of the Act.

Where a young person 16 years or over is engaged in sexual activity with a person and is under that person's special care, the matter will be reported in accordance with s26 of the Act. This includes sexual activity with a step-parent; teacher; foster carer; guardian;

Corrections Officer; religious, sporting or musical instructor; supervisor of employment or training; or health professional.

Case Management

Other involved service providers must be involved in the development of safety plans.

Where the young person is also a client of the Office of Disability and/or Alcohol and Other Drugs and/or Mental Health Services, the Case Manager must consult and involve these services in care planning for the young person.

Based on the assessment of the child's circumstances and through discussion with the child, Case Managers are to decide on the most appropriate course of action or referral, ensure that the action or referral is pursued, and document the information on the child's case file.

Where a child has a history of sexual abuse or concerning sexual behaviour, a referral to the Sexual Assault Referral Centre should be considered.

Territory Families staff must consult with the Aboriginal Practice Advisors for assistance in developing an effective assessment, client engagement and case management plan which takes into consideration cultural issues.

Consideration will be given to the young person's right and desire for confidentiality and privacy, while upholding professional duty of care and the need for others to know information about the young person. Young people should be informed about the nature of the information being kept about them and the limits to which confidentiality will be maintained. Case Managers must not record sensitive information regarding the young person's sexual and reproductive health on documents that are shared with other providers, such as the case plan and Essential Information Record.

Recording

- In the Essential Information Record and the case plan, record the assessment of sexual and reproductive health knowledge (excluding sensitive information) and the steps to be taken to address any gaps;
- When the young person is sexually active, details of any sexual and reproductive health information provided, any significant risks to the sexual health of the young person, and a plan to address the risks in CCIS;
- Risk assessment for high risk sexual behaviour and the intervention plan in CCIS; and
- Date and time that any mandatory report was made in relation to the young person's sexual activity in CCIS.

Legislative Basis

[Care and Protection of Children Act 2007 s 46, 103, 123, 139](#)

[Criminal Code Act s127 and 128](#)

Standards

[Standards of Professional Practice 1, 3 and 6](#)

Authorised by:

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