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3.12 Sex Education

Philosophy:

Youth in the care of the Department of Health and Human Services have a right to receive age appropriate support and education regarding pregnancy prevention and responsible parenthood, as well as information about prevention and treatment of sexually transmitted diseases. The caseworker is responsible for ensuring the youth is provided with this education and support.


Purpose:

It is ultimately the caseworker's responsibility to ensure the children and youth in the care of the department are provided with information about pregnancy prevention, prevention and treatment of sexually transmitted diseases, and information about responsible parenthood. The provision of this information is an ongoing process, taking into account the child's developmental age, readiness, and need. In providing the information, one should assume this responsibility in the same manner that parents provide other types of health-related information necessary for a child to understand physical growth, as well as emotional and relationship development. Providing the information in a factual, objective, and non-judgmental manner will help the child understand that this is a topic which is okay to discuss with supportive, informed adults.

Procedure:

The education may be offered by the caseworker or by others appropriate to provide this information to the child or youth. The others may include the child's parents, relatives, foster parents, school staff, the child's health care provider, a local health agency provider, an Independent Living Caseworker, or another appropriate support person in the child's life. The caseworker may want to inquire of staff in the school district attended by the child whether or not sex education is routinely provided to students within that district. The school nurse or guidance counselor will be able to provide specific information about the type of curriculum offered, as well as information about the grade levels in which this education is presented in the school district. Some school districts are offering this type of education as a component of their health curriculum, but this offering may be an elective, rather than a required course for students. Because of variability of what is offered in different school districts, one cannot assume the child will be provided with sex education as part of his/her curriculum.

In talking with the child about sexually related topics, it may be helpful to assist the child in identifying other adults with whom s/he will feel comfortable discussing questions about sexuality and relationships. When the child identifies

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adults with whom s/he would feel comfortable discussing these issues, the caseworker should ask permission of the child to share with the named adults the child's identification of them as resources for this information. Sharing of this identification with the supportive adults will enhance the likelihood that discussions about sexuality will take place between the child and those adults with whom the child has an already-established comfort level. Caution should be taken when approaching this subject with children and youth who have been sexually abused. The caseworker may seek guidance from a qualified therapist if this is a concern.

It is also helpful to educate the child about resources where additional information can be obtained, such as advising the child that his/her physician, school nurse, guidance counselor, and agency resource personnel in the community can be sources of support and information. The caseworker and child may create a listing of resource people together, with an accompanying listing of phone numbers and other contact information, which the child can keep for future reference.

Documentation of Provision of Sex Education

Documentation of conversations with the child about sex education will be maintained in the narrative log. While the purpose of a meeting with a child may not have pertained specifically to discussing sexuality, if during a conversation, a topic comes up which results in the caseworker educating or informing the youth about pregnancy prevention, or prevention and treatment of sexually transmitted diseases, the caseworker will document in the summary of contact portion of the case note entry a brief description of the specific topic discussed and how the information provided met the child's developmental needs. In the outcome/next steps portion of the case note entry, the caseworker may document other resources that were identified as sources of information, as well as perhaps plans to assist the child in creating a resource listing for future reference. If another person discusses these topics with the child and we have it as part of the child plan that sex education is being addressed, that alternative person should be identified in the narrative

The caseworker will also document in the narrative log information provided to the child by others about resource information or education provided to the child to demonstrate the child has been provided with appropriate information about pregnancy prevention, and prevention and treatment of sexually transmitted diseases, as well as other topics related to sex education.

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Recognizing that individuals have varying comfort levels about discussing issues relating to sexuality and gender identification, it is beneficial to the child to have someone who has comfort in discussing these issues identified to fill this parental responsibility. The Family Team Meeting may be a setting in which a discussion takes place about who is currently the most appropriate person amongst the child's adult support network to provide specific information. The Child Plan is an appropriate place to document the need for education about sexuality and to document the plan for who is to provide specific information within a certain time frame. Since education of the child in the area of sex education is an ongoing continuous process which is carried out most effectively in the presence of a satisfying child- adult relationship, these conversations, over a span of time, may take place between the child and various people who have close relationships with the child, including the child's parents, relatives, foster parents, caseworker, and other significant adults in the child's life.