# SAMPLE AGENCY POLICY

**AGENCY NAME** follows national and international expert frameworks for understanding sexual health.3,4 Sexual health can be defined as “a state of physical, emotional, mental and social well- being in relation to sexuality .... Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”3

Sexual health is built on safe and consensual relationships. Being sexually healthy means4

* + Understanding that sexuality is a natural part of life and involves more than sexual behavior.
  + Recognizing and respecting the sexual rights we all share.
  + Having access to sexual health information, education, and care.
  + Making an effort to prevent unintended pregnancies and STIs and seek care and treatment when needed.
  + Being able to experience sexual pleasure, satisfaction, and intimacy when desired.
  + Being able to communicate about sexual health with others including sexual partners and healthcare providers.

**AGENCY NAME** continues this work on the local level, with our youth, through our vision on sexual health: “Youth in foster care feel connected, safe, and empowered to make informed decisions about their sexual health and relationships.”

## Purpose

This policy outlines:

* + The expectations **AGENCY NAME** has of affiliated staff, mentors, volunteers, foster caregivers, and other supportive adults towards meeting the sexual health needs of youth.
  + The support that **AGENCY NAME** provides for affiliated youth, including:
    - Sexuality and Relationship Education, as required in DFPS service plans for youth 13 and older5

### Access to Sexual and Reproductive Health (SRH) Care

* + - Trauma-informed Environment that is inclusive, stigma-free and respectful of all youth
  + Ongoing Conversations with engaged adults

## Commitment to Training Adults Affiliated With AGENCY NAME

Adults affiliated with **AGENCY NAME**:

* + Will be informed about and uphold this policy.
  + Will be provided with at least one printed or digital resource on engaging with youth on the topic of sexuality when they are hired or otherwise become affiliated with **AGENCY NAME**.
    - Some examples for resources include websites like loveisrespect.com or sexetc.org6 or books like UN|HUSHED’s An Introduction to Sexuality Education: A Handbook for Child Welfare Providers or Heather Corinna’s S.E.X.: The-all-you-need-to-know guide to get you through high school and college.
  + Are expected to attend at least four hours of training on sexual health (as defined above) in their first six months of affiliation. Some resources include conferences and trainings offered by Texas Foster Youth Health Initiative, UN|HUSHED, the Healthy Teen Network, or Healthy Futures of Texas.
  + Are expected to attend at least two hours of training on sexual health every calendar year moving forward.
  + Are expected to engage in regular conversations with their manager about the ways that they incorporate conversations about relationships and sexuality in their work with youth. (Only for affiliated adults who work directly with youth.)
  + Training topics may include:
    - Sexual and social development (from childhood to adolescence)
    - Trauma informed conversations about sexuality and relationships
    - Modeling healthy relationships, boundaries, and consent
    - Human sexuality, gender identity, and attraction
    - Supporting LGBTQ+ youth
    - Functional knowledge on preventing STIs and contraceptive methods
    - Youth rights for accessing sexual reproductive health care and resources

## Commitment to Supporting Youth Affiliated with AGENCY NAME

We are committed to affirming sexual and reproductive rights of youth in care. Adults affiliated with **AGENCY NAME**:

* + **Will create a welcoming and affirming home for youth.** This includes, among other things:
    - Ask about name(s) and pronoun(s) the youth uses.
    - Ask what menstrual care and other personal hygiene products they prefer.
    - Display visuals, symbols, information that indicate an inclusive environment.
    - Use gender neutral language when asking about relationships.
    - Support diverse gender expression (e.g. hair style, clothing, activities).
    - Respect privacy, including when and how youth choose to come out.
    - Connect youth with LGBTQ+ community, organizations, and resources.
    - Confront bullying and harassment.
    - Allow youth to consume media that includes LGBTQ+ representation.
  + **Will provide appropriate supervision and boundaries.** It is important to set positive expectations for behavior rather than exclusively negative ones. This includes, among other things:
    - Communicate about boundaries in ways that respect youth identity and lived experience.
    - Promote online safety.
      * Protect the safety of **AGENCY NAME**’s location.
      * Supervise access to technology (e.g. staff has access to passwords).
      * Know what is legally allowed and what is illegal (e.g. pornography is illegal; sexting is illegal).
    - Protect and respect privacy.
      * Youth have a right to a private space.
      * Some behaviors, like masturbation, are okay in a private space but not in public.
    - Support an individual’s right to make decisions; reinforce boundaries and consent among youth.
    - Reinforce respect for individual’s identities; address derogatory, disrespectful language & behavior.

### Will be developmentally informed.

* + - Understand child and adolescent development and how to provide information that meets youth where they are emotionally and cognitively.
    - Explain sexual reproductive health to youth in ways that they can understand and support them in decision-making — this includes youth with cognitive or developmental disabilities.

### Will be trauma-informed.

* + - Understand the necessity of talking about sex and sexuality even when sexual trauma is part of a youth’s history.
    - Identify providers (mental health professionals; sexual health educators) who are experienced in providing care to victims of trauma and sexual violence. Youth with a known history of trauma and/or sexual violence should be referred to these specialized providers.
    - Create explicit prevention strategies, as well as a protocol (well-understood by both youth and caseworkers) on what to do in the case of sexual assault, trafficking, or other exploitation.
  + **Will protect youth confidentiality & privacy.** When youth are concerned about privacy, they may not seek resources or ask questions about sexual and reproductive health services. Therefore, it is critical to safeguard youth privacy as much as possible.
    - Provide safe opportunities for youth to get information or make their own appointments for sexual and reproductive health care.
    - Record only the minimum needed information on youth’s sexual and reproductive history in case files and case records.
    - Ensure youth know what information is recorded about their sexual and reproductive health history.
    - Clearly communicate and enforce the priority of youth privacy to all workers, resource parents, and staff that interact with youth.
  + **Will pay attention to young men in care.** When youth are concerned about privacy, they may not seek resources or ask questions about sexual and reproductive health services. Therefore, it is critical to safeguard youth privacy as much as possible.
    - Ensure the availability of specific sexual and reproductive health resources targeted to young men.
    - Ensure policies, practice, and forms have inclusive language and address the needs of young men.
    - Actively engage young men in conversations about sexual and reproductive health.
    - Provide resources to support young fathers in care.
    - Ask and promote disclosure when a youth is expecting to become a father.

## Education on Sexuality and Relationships for Youth

* + Per DFPS Minimum Licensing Standards: If the child is 13 years old or older, there needs to be a plan for educating the child in the following areas:
    - Healthy interpersonal relationships;
    - Healthy boundaries;
    - Pro-social communication skills;
    - Sexually transmitted diseases; and
    - Human reproduction.
  + **AGENCY NAME** will include information in the Service Plan about how they will meet the youth’s needs related to sexual and reproductive health.
  + **AGENCY NAME** will partner with community organizations for sexuality and relationship education and resources and make sure that education and resources are trauma- informed.
  + **AGENCY NAME** will designate and train staff to implement a sexuality and relationship education program.

## Access to Sexual and Reproductive Health Care (for youth in Texas foster care)

* + Youth may request contraceptive services and choose which contraceptive method they want to access.7
  + Youth have the right to say no to being placed on contraception, if they do not want it. According to Texas DFPS Rights of Children and Youth in Foster Care, youth have the right to “not be forced to take unnecessary or too much medication.”8
  + Youth do not need adult permission to acquire non-prescription contraceptives like condoms, spermicide, and emergency contraception per state law.
  + Federal law protects confidential access to family planning services, which includes the contraceptive method of choice for individuals of childbearing age enrolled in a state’s Medicaid program (including minors).9
  + Youth do not need consent from another party, including their caregiver or foster parent, to obtain contraception of their choice or get tested for STIs and HIV if they visit a Title X Clinic or a Medicaid provider.
  + We will utilize clinic to allow privacy for our youth.10
  + However, requirements about medication storage and documentation for youth in care can limit confidentiality.11

## References and Resources

1 The Texas Foster Youth Health Initiative (https://tfyhi.socialwork.utexas.edu) is supported by the Office of Population Affairs at the U.S. Department of Health & Human Services Grant Number TP2AH000073.  The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by Office of Population Affairs/OASH/HHS, or the U.S. Government. For more information, please visit https://opa.hhs.gov.

2 UN|HUSHED can be found at http[s://w](http://www.unhushed.org/)ww[.unhushed.or](http://www.unhushed.org/)g

3 World Health Organization. 2006. http[s://w](http://www.who.int/teams/sexual-and-reproductive-health-)ww.[who.i](http://www.who.int/teams/sexual-and-reproductive-health-)n[t/teams/sexual-and-reproductive-health-](http://www.who.int/teams/sexual-and-reproductive-health-) and-research/key-areas-of-work/sexual-health/defining-sexual-health

4 American Sexual Health Assocation. n.d. http[s://w](http://www.ashasexualhealth.org/)ww[.ashase](http://www.ashasexualhealth.org/)x[ualhealth.or](http://www.ashasexualhealth.org/)g[/](http://www.ashasexualhealth.org/)

5 Texas Health and Human Services Commission. April 2022. Minimum Standards for Child Placing Agencies. http[s://w](http://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/)ww[.hhs.](http://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/)te[xas.gov/sites/default/files/documents/doing-business-with-hhs/](http://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/) provider-portal/protective-services/ccl/min-standards/chapter-749-cpa.pdf

6 Please note the extension! Other extensions lead to pornographic websites. Unfortunately, making their URLs similar to informational, educational sites is common practice for porn sites.

7 Texas Department of Family and Protective Services. April 2020. Medical Services Resource Guide.http[s://w](http://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Medical_Services_)ww[.dfps.state.tx.us/handbooks/CPS/Resource\_Guides/Medical\_Services\_](http://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Medical_Services_) Resource\_Guide.pdf

8 Texas Department of Family and Protective Services. August 2021. Rights of Children and Youth in Foster Care, Form 2530 http[s://w](http://www.dfps.state.tx.us/Child_Protection/Foster_Care/)ww[.dfps.s](http://www.dfps.state.tx.us/Child_Protection/Foster_Care/)ta[te.tx.us/Child\_Protection/Foster\_Care/](http://www.dfps.state.tx.us/Child_Protection/Foster_Care/) Childrens\_Rights.asp#:~:text=DFPS%20provides%20Child%20Protective%20Services,child%20 comes%20into%20foster%20care

9 National Center for Youth Law. April 2, 2011. The Federal Title X Family Planning Program: Privacy and Access Rules for Adolescents. https://youthlaw.org/news/federal-title-x-family- planning-program-privacy-and-access-rules-adolescents

10 To find a local Title X Clinic, visit http[s://w](http://www.everybodytexas.org/find-a-clinic)ww.e[verybodytexas.org/find-a-clinic.](http://www.everybodytexas.org/find-a-clinic)

11 Texas Department of Family and Protective Services. 2022. Minimum Standards for Child Placing Agencies http[s://w](http://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/)ww[.hhs.](http://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/)te[xas.gov/sites/default/files/documents/doing-business-with-hhs/](http://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/) provider-portal/protective-services/ccl/min-standards/chapter-749-cpa.pdf