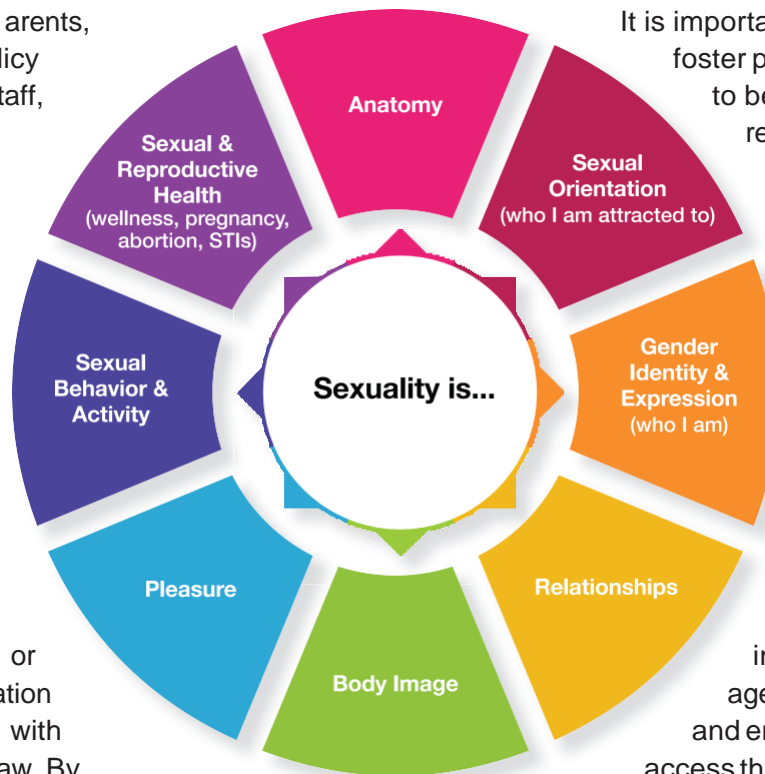


Sexual & Reproductive Health Policy Messages & Best Practices

The Administration for Children’s Services (ACS) is committed to protecting and promoting the safety and wellbeing of New York City’s children and families. An important part of supporting the overall wellbeing of youth in care is addressing their sexual and reproductive health (SRH) needs. Sexuality is a normal part of healthy human development for all young people, and young people need information and access to healthcare to navigate this part of their development. Youth in care especially need support accessing information and healthcare to help them make healthy, informed decisions about their SRH. Youth deserve to receive this information and healthcare in a nurturing, affirming, and respectful manner.

The goal of this document is to provide guidance about ACS’s existing SRH policy and practice recommendations for ACS staff, provider agency staff, foster parents, and youth. These policy messages will help staff, foster parents, and youth to understand 1) youth rights to SRH information and care and 2) the role of staff and foster parents in providing SRH information and access to care. Without clear guidance for staff and foster parents, youth may receive conflicting, incorrect, or value-based¹ information that is not consistent with ACS policy or state law. By learning and using these messages, all staff and foster parents will be able to provide clear and consistent messages about sexual and reproductive health to youth.

This supports the ultimate goal of improving the health and wellbeing of youth involved with ACS.



It is important to note that staff and foster parents are not expected to be experts in sexual and reproductive health and should use *A Guide for Supporting the Sexual and Reproductive Health and Development of Youth* to provide youth with more information and/or a referral to meet their needs. Provider agencies should also provide staff with access to experts (either in-house or via contracted agencies) on these topics and ensure staff know how to access these experts. Additionally, provider agencies must make sure all relevant policies reflected in these messages and the complete policy documents are followed by all staff and foster parents as applicable.

¹ Values are norms that are spoken or unspoken within a particular group. Values guide how people think and/or act. Values can develop, change, and evolve over time. Sources of values can be (but are not limited to) family, friends, religion, education, and personal experiences.

Communication

1. The environment, manner, and/or communication in which a youth learns about and accesses SRH services is required to be nurturing, affirming, and respectful.
2. ACS and provider agency staff must not impose their personal and/or religious beliefs regarding SRH information and services on youth. Staff should instead rely on this document's messages when speaking to youth about SRH and referring them to care.
3. ACS encourages supportive conversations about SRH between youth and parents/guardians and/or foster parents. At the same time, staff may not reveal or discuss any confidential SRH information about the youth to parents/guardians and/or foster parents, unless the youth provides consent.
4. Many of the young people in care have experienced trauma, including sexual trauma. It is important for adults to recognize that young people who have experienced trauma may have strong emotional or bodily responses (including withdrawing or being quick to anger) to conversations about SRH information and care. Seek support so that youth can have conversations on SRH information and care that are trauma-informed and responsive to their individual needs.



5. Demonstrate respect by using language and approaches that are not stigmatizing or shame-inducing. Using stigmatizing words can make youth feel judged or embarrassed and prevent them from seeking medical care or information.

For example: Refrain from using value-laden words like “promiscuous,” which can be offensive and shame those who are sexually active with multiple partners. Monogamy alone is not a health promotion strategy; safer sex messages should focus on using protection, getting tested, and communicating with partners. Be especially careful to avoid shame-inducing language, tone, or body language concerning situations in which youth are often judged, including youth who: are pregnant or parenting; want an abortion; are involved with commercial sex; talk about the pleasure they derive from sex; are transitioning their gender; have sex with people of different genders, etc. ■



Sexual & Reproductive Healthcare and Information²

6. In New York State, youth have the right to access confidential sexual and reproductive health services at any age without the knowledge or consent of their parents/guardians, foster parents, staff, or any other person.³
7. Staff are required and foster parents are encouraged to provide access to age-appropriate sexual and reproductive health education and information to youth, and to provide youth with any support they need.
8. Staff are responsible for providing access to the full range of sexual and reproductive health services. This includes but is not

² For Preventive staff, messages 8-14 serve as best practice guidance for working with families. Preventive staff should make referrals, but are not obligated to arrange the services outlined in these messages.

³ The capacity to consent will be determined by the treating SRH physician. Any youth in foster care who is married or the parent of a child may consent for medical, dental, health, and hospital services for her- or himself. No other person's consent is necessary.

limited to wellness exams; testing and treatment for sexually transmitted infections; pregnancy testing; options counseling (to decide on parenting, adoption, or abortion); prenatal care; abortion services; birth control; HIV testing, treatment, and pre- and post-exposure prophylaxis, etc.⁴ Foster parents should assist youth in accessing these services.

REFERRALS FOR YOUTH	
 <p>IMMEDIATELY</p> <ul style="list-style-type: none"> • Pregnancy tests • Emergency contraception • Prenatal care • Options counseling • Pregnancy termination 	 <p>WITHIN 30 DAYS</p> <ul style="list-style-type: none"> • Routine appointments for SRH care and services

9. Access to emergency contraception and referrals to qualified providers for termination of pregnancy must be made immediately following the request. Referrals for youth who request routine appointments for SRH services must be made within 30 days of the request.

10. Pregnant youth who are considering maintaining their pregnancy must receive prenatal care immediately, as well as postpartum care.⁵

11. For youth who are considering termination of pregnancy, the provider agency must provide access to nonjudgmental, unbiased information about abortion and access to services and/or make alternative referrals to providers who offer these services to enable youth to make informed decisions about their pregnancies.

Referrals should be made to options counselors who are trained to help individuals make informed decisions about pregnancy and to discuss, in an unbiased manner, the three

options a youth has: parenting, adoption, or abortion.

12. Provider agencies must develop a sexual and reproductive health strategy focused on educating young people about safer sex practice, including offering consistent messaging about dual protection (e.g. condom to prevent STIs plus another birth control method).

13. Provider agencies must identify an appropriate individual to accompany youth to a sexual and reproductive health appointment, if requested by the youth.

14. Staff and foster parents cannot opt out of providing access to sexual and reproductive health information and services that are in line with these policy messages based on their personal or religious feelings, beliefs, or practices or for any other reasons. ■

Diversity & Inclusion

15. ACS is committed to providing all youth and families served by ACS and contracted provider agencies with a safe, healthy, inclusive, affirming, and discrimination-free environment.

16. Staff and foster parents shall establish and maintain a culture where the dignity of every youth is respected and all youth feel safe. All youth, regardless of gender identity, gender expression, and/or sexual orientation, need to feel safe in their surroundings.



⁴ Gender transition services are considered medical services not sexual and reproductive health services. For the purposes of informed consent, gender transition services require informed parental consent. See the LGBTQ web portal for more information: www.nyc.gov/acs/lgbtq

⁵ Since 2013, the Guide to Working with Young Parents in Out of Home Care has provided information and guidance to ACS and provider agency staff, as well as advocates who work with pregnant and parenting youth, that is central to appropriate service delivery. See resource guide to learn more about gender identity, gender expression and sexual orientation concepts and terms.

Consent & Relationships

For example, staff and foster parents can demonstrate respect and safety by:

- a. Using chosen names and pronouns.
 - b. Being careful to avoid “outing” a youth; keep in mind that youth may not share their orientation or identity with everyone in their life including foster parents/parents/guardians, teachers, etc.
 - a. Making private bathrooms and shower stalls available.
 - c. Allowing youth to use gender-affirming clothing and personal/grooming products.
17. Staff and foster parents should not make assumptions about a youth’s sexual behaviors based on sexual orientation, gender identity, or gender expression or make assumptions about a youth’s identity based on their behavior or expression.
18. Staff and foster parents must model appropriate and affirming behavior at all times. This means that bias, discrimination, bullying, or harassment by staff or by youth towards youth and/or families will not be tolerated and should be addressed immediately. ■

19. Provider agencies must counsel and provide up-to-date information to all youth, including male-identified youth, with special attention to parenting youth and expectant parents, including information on topics such as healthy intimate relationships, co-parenting, and support services related to becoming a parent.



Use best practices when talking to youth about healthy relationships and safety. For example:

- a. Inform youth about sexual consent and respect for other’s boundaries. Consent means that all partners involved in sexual activities verbally agree to participate in each interaction, free from coercion, pressure, or violence. In some instances, full, informed, and free consent cannot be given. Those include, but are not limited to: being intoxicated or under the influence of drugs, being asleep, being unable to communicate, being subject to force or coercion.
- b. Let youth know that all people have the right to be in relationships free of physical, sexual, and emotional violence and coercion. Always respect the different ways that survivors respond to and cope with violence.
- c. Raise awareness of victim-blaming statements and attitudes regarding sexual violence. It is never the survivor’s fault regardless of what they do, what they wear, how they behave, who they are, or what their relationship with the perpetrator might be. ■

Rights & Expectations

20. Youth in foster care aged 12 years and older and youth under 12 who are known to be sexually active must be notified of their right to SRH services within 30 days of placement and every six months after.



21. Youth in foster care have the right to have their case identification number (CIN) in the event they wish to access SRH services and resources outside of the foster care agency.

22. Youth have the right to sexual and reproductive health information in a manner that is nurturing, affirming, and respectful. If any organization, staff member, or foster parent acts in any way to avoid, withhold, or otherwise deny this right, they are in violation of ACS policy and state law. If staff have any questions about the relevant policies and laws, they can send them to SRHsupport@acs.nyc.gov.

23. If staff or foster parents have difficulty following these policies because of personal values, they must speak with their supervisor or case planners, respectively, about ways to ensure youth receive all of the information and services they need in a nurturing, affirming, and respectful manner.

24. If staff have questions about serving expectant and parenting mothers and fathers, they should contact the Teen Specialist Unit at acs.sm.tsu@acs.nyc.gov.

25. If a youth feels they were denied their rights or not treated in an affirming manner, they should contact SRHsupport@acs.nyc.gov. ■

For more information, see the following full policy documents:

- 2014/09: *Sexual and Reproductive Health Care for Youth in Foster Care*
- 2014/08: *Medical Consent for Children in Foster Care*
- 2012/01: *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System and the supplemental best practice guide, Safe and Respected: Policy, Best Practice and Guidance for Serving Transgender and Gender Non-Conforming Children and Youth Involved in the Child Welfare, Detention, and Juvenile Justice Systems*
- 2014: *Non-Medicaid Reimbursable Treatments and Services for Children in the Custody of the Administration for Children's Services*
- 2011/09: *NYS OCFS Reproductive Health and Services for Youth in Foster Care*