Sexual Health Relationships Policy

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Regulations and Standards:

The Children's Homes (England) Regulations 2015:

- Regulation 6 - The quality and purpose of care standard.
- Regulation 10 - The health and well-being standard.
- Regulation 11 - The positive relationships standard.
- Regulation 12 - The protection of children standard.
- Regulation 40 - Notification of a serious event.

Relevant Policies:

'Child Protection Referrals Policy'

'Emergency Services Policy'

'Notifiable Events Policy'

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1. Provision of Information and Advice:

The duty of a social care practitioner, irrespective of their personal view, is to promote and safeguard the health and welfare of all children regardless of sexual orientation or preference. The support provided should be appropriate to children and their individual needs. This includes supporting children's early uptake of contraception and access to confidential sexual health advice if and when they become, or are thinking about becoming, sexually active. Providing a timely link into services can make the difference between a child making safe, informed choices or facing an unplanned pregnancy or a sexually transmitted infection.

Sexuality is one of the ways we express ourselves as female and male and how we relate to others. It includes our self-esteem; the roles we are given or take on; the way we communicate with others; our bodies – how they work and how we use them, and our relationships, including sexual relationships.

It is the belief of the HND Children's Care Ltd that children have the right to experience relationships based upon mutual respect, and to be comfortable with their own sexuality and development. Children have a right, on an ongoing basis, to develop, make mistakes and learn. They are entitled to receive advice and guidance that promote good relationships and their sexual wellbeing.

For sexuality to be a positive part of life, all children need to:

- feel comfortable with themselves and their bodies,
- know how to avoid being sexually abused or exploited,
- understand what kind of sexual behaviour is okay,
- be supported and behave responsibly towards themselves and others,
- understand about roles in their lives and how these impact on relationships.
- receive information appropriate to their age, needs and sexual orientation so that they can safeguard themselves and enjoy good sexual health.

HND Children's Care Ltd home managers WILL ensure that children are provided with suitable, good quality, up to date, information and advice on matters relating to sexual health and relationships.

Such information and advice must be provided in a manner appropriate to children's age and understanding and which is provided in a creative, child friendly manner.

Before providing such information and advice, home managers WILL consult social workers and, if possible, parents or other relevant people / professionals to ensure education / support is provided in the context of children's backgrounds and needs, and the support, advice and guidance provided is agreed; and any specific arrangements must be incorporated into the placement plans of children.

2. Puberty and Sexual Identity:

HND Children's Care Ltd staff will support children who explore or are confused about their sexual identity or who have decided to embrace a particular lifestyle so long as it is not considered a risk.

Children who are confused about their sexual identity or indicate they do not have a preference will be afforded equal access to accurate information, education, and support from specialist services to enable them to address their questions. As necessary this information will be addressed in placement plans.

3. Pornography:

All materials published, circulated or available to children must promote and encourage healthy lifestyles and images of men and women that are positive and encouraging.

Children will be positively discouraged from obtaining material that is potentially offensive or pornographic. If information is obtained, such material that is suspected to be illegal will be confiscated and in extreme circumstances consideration will be given to reporting the matter to the Police.

See 'The Emergency Services Policy'.

4. Sexual Activity in Homes:

Children under the age of 16 are deemed to be incapable of giving consent to sexual activity. Therefore, children of this age who engage in sexual activity must be referred under safeguarding children's procedures (as a Child Protection Referral) as potentially suffering from Significant Harm.

Home managers must be alert to such relationships when considering the placement of children under 16. Children of this age who are likely to be at risk from each other (or from older children) should not be placed together. See 'Child Protection Referrals Procedure'.

When considering the placement (or ongoing placement) of children over the age of 16 (an Impact Risk Assessment will be completed). Home managers must assess the risk of sexual relationships developing and should ensure strategies are in place to reduce or prevent these risks if they are likely to be exploitative or abusive.

Where children are placed together with no identified risk of exploitative or abusive behaviour, home managers and staff must monitor any developing relationships, sensitively but positively discouraging children from engaging in under aged sexual relationships.

Staff should be mindful of their duty to consider the overall welfare of children, and this may mean recognising that illegal activity is taking place and working to minimise risks and consequences. If there is any suspicion that a child is engaging in illegal behaviour it must be discussed with the social worker and consideration given to

consulting the child protection agencies.

Any actions taken in this respect will be subject to consultation and must be addressed in placement plans and risk assessments.

Should staff suspect children are engaging in sexual relationships, they should:

- Ensure the basic safety of all the children concerned.
- Notify the home manager, who should notify / consult relevant social workers and consideration given to reviewing the child's placement plan.
- Record all events in the daily log, relevant child's daily record and an incident report should be completed.

Should staff discover children engaging in sexual relationships, they should:

- Ensure the basic safety of all children concerned (if necessary, staff may consider removal of one or more child but only is safe to do so).
- Inform the home manager, who should notify/consult relevant social workers and consideration given to reviewing the child's placement plan. Record all events in the daily log, relevant child's daily record and an incident report should be completed.
- If the incident is serious or persistent, the manager should be notified and consideration given to whether the incident *is a* Notifiable Event, see 'Notifiable Events Policy'.

5. Contraception:

Children in care are likely to engage in sexual relationships at some point in their lives and this guide is not about preventing that but rather about ensuring that children are given the opportunity to be protected from exploitation, unwanted pregnancy, and sexually transmitted infections.

In order to protect them from unwanted pregnancy there is a range of contraceptives. To give them some protection from STI's they will need to use condoms (either the traditional condom or the femidom) every time intercourse takes place.

Evidence has shown that sexually active people who are in the habit of regularly changing their partners and having unprotected intercourse with others who are doing the same, are at much higher risk of sexually transmitted infections than any other group. Children must be provided with information about access to sexual health and contraceptive services before they become sexually active, where possible. They should be encouraged to consider whether being sexually active is their own decision. They should be given the information in a non-moralistic way, but highlighting the issues around sexually transmitted infection's, teenage pregnancy and keeping safe. Although sexual intercourse involving children under 16 years of age is unlawful, children services acknowledges its responsibility to safeguard and promote the welfare of those in its care. This should include the provision of advice,

information, and access to contraceptive and sexual health prevention services, where this is considered necessary and appropriate.

Access to contraceptives will not be conditional on children giving information about their lifestyles and contraception will never be withdrawn as a punitive measure.

Whilst not encouraging it, it is understood that children may engage in sexual activity; some before they reach the age of consent. In such circumstances staff must take reasonable steps to minimise risk of pregnancy or infection, including facilitating contact with relevant agencies providing contraceptive advice. Matters of concern must be discussed with the social worker and addressed in placement plans.

Staff should not encourage children to engage in sex at any time, particularly if they under the age of 16; however, staff are expected to support healthy and positive relationships.

Any provision of contraception of contraption to children under the consenting legal of 16 must be consented to by the child's social worker, and those with parental responsibility, unless the decision is taken by a GP or medical professional.

6. Pregnancy and Termination:

Pregnancy tests should as far as possible be accessed via the Family Planning Services (or GP if it is offered). In this way, the appropriate health professionals can deal with sexual health and contraceptive advice at the same time. It is not recommended that HND Children's Care Ltd home staff buy kits to use.

If a child is suspected or known to be pregnant, the home manager should normally talk openly to the child about who should be informed and what support the child may require to promote their own and the unborn baby's welfare.

Under normal circumstances, the child's social worker and parent(s) (or those with parental responsibility) should be informed and should collaborate with the child in drawing up a suitable plan for the promotion of the welfare of the pregnant child and the unborn child.

However, a child may request that parent(s) and/or that the social worker is not informed.

In all cases where there are any concerns or suspicions that the pregnant child or the unborn child is or will be at risk of significant harm, the home manager must discuss it with the child's social worker with a view to making a child protection referral. In these circumstances it must be explained to the child why his or her request for confidentiality cannot be agreed. See 'Child Protection Referrals Policy'.

In any case, the manager should be notified.

In cases where there are no child protection concerns, the child should be encouraged to inform his or her social worker and parents. Where the child is sixteen or over however, a request to keep the pregnancy confidential from his or her parents may be respected. Where a child under the age of sixteen requests confidentiality, it may be possible to agree this if the child is of an age and level of understanding to make such an informed decision.

However, where a child under sixteen makes such a request, the home manager should notify / consult the RI before agreeing.

Where a child's wishes to terminate a pregnancy, the social worker must be notified / consulted with a view to providing advice, counselling, and support by suitably qualified independent counsellors.

If the termination goes ahead, the manager must ensure that the child's privacy is protected, and any physical or emotional needs are addressed sensitively.

7. Sexual Exploitation:

The following should be read in conjunction with relevant procedures held by Local Safeguarding Children Partnership Procedures in the area where the HND Children's Care Ltd home is located.

Children may have previously exchanged sex for rewards, gifts, drugs, accommodation, and money. Some maintain this lifestyle whilst continuing to be accommodated by HND Children's Care Ltd – this would generally be classed as sexual exploitation.

HND Children's Care Ltd home manager and staff must be alert to such behaviours and should do all they can to create an environment which encourages children to be open about their past or present attitudes and behaviours, and which demonstrates they will be supported to guide them away from such lifestyles.

Where there is any suspicion that a child is engaged in such behaviour, strategies should be agreed to prevent this.

In addressing these behaviours, consideration will be given to the extent to which the child is suffering significant harm - and this will be referred to the social worker: see 'Child Protection Referrals Policy', and the manager, who must consider whether the incident is a Notifiable Event, see 'Notifiable Events Policy'.

8. Sexually Transmitted Diseases:

Also see 'HIV/AIDS and Blood Borne Diseases Procedure'
Children, if known to be sexually active, should be encouraged to have regular screening for STI's unless they use condoms consistently and correctly. The

consequences of undiagnosed and untreated STI's can be serious and life threatening.

The policy supports the referral of a child to a health and /or advisory service or the giving of information on appropriate names and addresses.

If it is known or suspected that a child has a sexually transmitted disease (other than HIV and AIDS, which is dealt with in HIV and AIDS Guidance), the home manager and social worker must be informed and decide what measures to take. The RI should also be notified and consulted.

On principle, the child should be referred to the local Genito-Urinary Clinic, who will provide the child and staff with advice, counselling, testing, and other support.

Only those immediate carers of the child who need to know will be informed of any suspicion or the outcome of any tests and strategies or measures to be adopted.

Other children in the home should only be informed if there is a direct risk to them; for example, if the infected child deliberately attempts to infect them.

The only other individuals who will be told are the child's GP and Health Visitor. Before disclosing to any other agency or individual, the following criteria must be satisfied:

- The child (where appropriate) and the parents / those with parental responsibility have given their written consent to the disclosure.
- The disclosure would be in the best interests of the child.
- Those receiving the information are aware of its confidential nature.

Consent to testing:

- The permission of the child aged 16 or over must be given before testing.
- If a child under 16 has sufficient age and understanding, his or her permission must be given before testing.
- Wherever possible, the consent of the parents (if appropriate) should be obtained. In order for parents to be able to participate in decision-making, they must be provided with adequate information and given appropriate support including access to counselling both before the test and in the event of a positive diagnosis.
- Where parental consent is not forthcoming but there is a clear medical recommendation that testing is in the child's best interests, legal advice should be obtained as to whether the test can proceed.

9. Masturbation:

Masturbation is part of normal sexual behaviour, especially for young men and

young women who are exploring their emerging sexuality. Masturbation is often a place where individuals begin to understand the concepts of sexual pleasure and where they explore what feels good. Children should not be made to feel guilty or embarrassed about masturbation or to be prevented from doing it. It is important however, that children understand the social conventions associated with sexual behaviour in general and masturbation in particular, in that it is a private activity.

10. Peer Group Abuse:

Peer group conformity is at its strongest in adolescence, making it difficult for children to exercise choice and freedom of expression, and to resist the pressure to experiment and become involved in sexual activity, often in ignorance of, and without regard to, their own personal health.

Children who are “looked after” by the local authority face additional pressures. They have often experienced inadequate parenting in their earlier life and poor adult role modelling. Some will have suffered early abuse that may lead them to display inappropriate personal
and sexual behaviours with their peers and the adults who care for them. Children often have low self-esteem and have not yet developed the necessary skills and confidence to negotiate personal relationships. These children are therefore particularly vulnerable.

Within the care system children will often experience multiple placements leading to inconsistency of care and an inability to form trusting relationships.

The following should be read in conjunction with relevant procedures held by Local Safeguarding Children Partnership procedures - in the area where homes are located.

The possibility of peer abuse will always be taken seriously but we recognise it is equally important not to label or stigmatise normal sexual exploration and experimentation between children.

Behaviour is not a cause for concern unless it is compulsive, coercive, age-inappropriate or between children of significantly different ages, maturity, or mental abilities.

If at any time staff suspect children are engaged in abusive sexual relationships as perpetrators and / or victims, they must immediately inform the home manager, who must consult the social worker and make a referral under the ‘Child Protection Referrals Procedures’.

The RI must be notified and consulted, consideration should be given to whether a Notifiable Event has occurred, see ‘Notifiable Events Policy’.

End.