Personal Relationships and Sexual Health Policy – for carers and staff working with looked after children and care leavers

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1. Context

**Introduction**

The aim of this policy is to provide staff and the carers with the guidance and knowledge to provide confident information and advice to children they are working with or looking after about personal relationship and sexual health.

It is line with Solihull’s Health and Wellbeing Strategy which seeks to improve access to and choice of long acting reversible contraception (LARC), leading to increased uptake providing more effective contraception and reducing unplanned pregnancies.

It was originally developed in collaboration with young people, parents, foster carers and representatives from Solihull Education and Children’s Services, Solihull PCT and Solihull Youth Service, and has been updated in 2016.

1. Policy statement

SMBC staff and partners have a responsibility to work with young people in need and in care and foster carers to:

* Ensure that all young people are provided with age appropriate information on personal relationships and sexual health issues.
* Enable young people to access sexual health services, confidential support and advice.
* work effectively with young people on personal relationships and sexual health issues.
* Understand the law in relation to relationships and sex education and sexual activity.

# We will achieve this through the following objectives:

* Respecting, supporting and promoting the rights of young people to access sexual health information and services.
* Enabling young people to gain skills and confidence in coping with sexual matters and making informed choices.
* Ensuring that plans for them address young people’s understanding of sexual health, sexuality and relationships.
* Ensuring consistency of practice in providing relationships and sex education to young people in receipt of Children’s Services.

# Values framework

This values framework has been developed to ensure that all staff and carers have a consistent approach towards Personal Relationship and Sexual Health for young people.

The values underpinning the approach are:

* ensure that sexual health promotion is accessible to all;
* ensure that individuals and groups are supported to develop assertiveness and negotiation skills to help resist coercion or pressures to have unwanted sex;
* support the development of self-esteem and resilience;
* build a clear sense of rights and responsibilities;
* enable young people to develop practical skills;
* be grounded in a positive and holistic model of sexuality and sexual health;
* promote respect for self and others;
* enable all young people to make informed choices.
* recognise physical, mental, emotional, individual, gender, social, cultural, religious and political factors for each young person
* acknowledge that it is not necessary to be sexually active in order to express sexuality;
* acknowledge that all forms of sexuality and gender expressions are equally valid;
* acknowledge and identify embarrassment and inhibitions about sexuality and gender identity;
* challenge oppression, misinformation and stereotyping;
* recognising that sex is not just about genital contact.

This policy works within the professional values and code of conduct of Children’s

Social Work staff, and the Foster Care Agreement signed by SMBC foster carer.

#  Guidance on specific issues

#  Confidentiality

There is no law regarding confidentiality and talking about relationships and sex education. However, there are contractual agreements of employment where workers are required to notify sexual and physical abuse.

The best interests of the young person are “paramount” so it is important that workers and carers treat the personal life of young people with the same level of respect and dignity that they would expect for themselves.

Foster carers and Children’s Social Work staff do not have a duty to inform parents of evidence or suspicion of sexual activity. However, it is the principle of the Service that staff should work in partnership with parents wherever possible and appropriate.

Information relating to sex, sexuality, gender identity and personal relationships can often be very sensitive and should not be routinely shared between teams e.g. foster carers should not divulge such information routinely with the social work team. Information should be treated as strictly confidential and should be made available only to those who have a need to know in order to authorise or provide a service, i.e. the child’s social worker or their team leader; and their line manager. Every effort should be made to obtain the young person’s consent **before** passing on personal information. If consent is not obtained the young person must be made aware that information about them will be passed on. Young people should also be informed of the purpose of passing on information, how this information will be recorded, who will have access to it and whether it will be shared with other people.

As discussions around sexual health issues may result in disclosure of abuse it is essential that young people are aware, from the start that any such disclosures involving themselves or any young person will have to be passed on. All staff need to be clear about what constitutes abuse and follow their service safeguarding procedures. These are in line with the Solihull Local Safeguarding Children Board (LSCB) Procedures - [www.solihull.gov.uk/staysafe](http://www.solihull.gov.uk/staysafe)

See also national statutory guidance on principles of confidentiality and consent in ‘Promoting the health and well-being of looked-after children 2015’ . <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

* 1. Role of social work staff and foster carers

All Social Work staff and foster carers have a responsibility to discuss personal relationships, sexual health and sexuality issues with young people who they are working with and / or caring for.

They have the following responsibilities to children and young people who are:

* Looked After under a Care Order: Social Work staff and foster carers must ensure that they provide sex and relationships information to these young people; and ensure that personal relationship and sexual health is considered as part of the care planning process.
* Looked After under a Voluntary Agreement (Section 20): Social Work staff and foster carers must negotiate with parents/carers to ensure that sex and relationships information is provided to these young people; and ensure that personal relationship and sexual health is considered as part of the care planning process.
* A Child in Need: Social Work staff should consider how the provision of sex and relationships education fits into the young person’s child in need plan.
* Those young people who receive a service under the Leaving Care Act 2000: Social Work staff should always consider consider personal relationship and sexual health and needs and interventions arising from this as part of their work with young people and in their pathway plan.

For children placed outside of Solihull e.g. in residential care, it is the responsibility of the child’s social worker to ensure that arrangements are made to ensure that the young person receives relationships and sex education in accordance with this policy.

* 1. **When and how to talk about personal relationships and sexual health**

Social Work staff and foster carers may provide information and advice and guidance in a variety of ways and in a range of contexts such as:

* a response to a question or comment from a young person;
* talking with them about their health assessment and health plan, or as part of discussions with designated health staff
* as part of a planned personal and social education programme , or school or college event
* around the time of a campaign e.g. World AIDS Day, National Sexual Health Week, LGBT History month, NSPCC PANTS campaign;
* facilitating a discussion after watching a relevant programme or news headline;
	1. **Professional boundaries and safe practice**

Social Work staff and foster carers must maintain a professional relationship with the young people they work with. It would therefore be inappropriate to share their own personal information or experiences around personal relationships and sexual health with young people.

Under no circumstances should workers or carers persuade young people to become involved in any sexual relationships.

* 1. **Foster Carers**

Maintaining appropriate boundaries between the foster carer and the young person is particularly important in relation to matters concerning personal relationships.

While carers need to provide young people with opportunities to safely discuss and explore their emerging sexuality and sexual behaviour this must at all times be undertaken in a professional context.

Foster carers are required to follow their own Safe Caring Agreement, and the placement plan for the child or young person. Additional guidance for foster carers can be found in the National Foster Care Association’s Safe Caring handbook: <http://socialsolihull.org.uk/council/fosteringandadoption/solihull-foster-carers/fostering-resources/> .

* 1. **Working with Parents**

Foster carers and Social Work staff do not have a duty to inform parents of evidence or suspicion of sexual activity. However, it is a principle that they should work in partnership with parents wherever possible and appropriate.

Agreement to discuss sexual health matters should be sought from those with parental responsibility at the earliest opportunity. However, if the young person does not wish their parents to be consulted, and is of sufficient age and understanding, their wishes should be respected.

Where the young person’s welfare would be prejudiced by informing their parent/carer work can continue without these people being informed. It is important in this event that the position is reviewed regularly and managed appropriately.

# Age Appropriate Information

Social Work staff and foster carers should use the following as a guide when providing information, advice and guidance to children and young people on personal relationship and sexual health matters. There may be certain situations that arise where foster carers and workers feel it is necessary to address particular issues at an earlier age.

**For children aged 10 years and under:**

At this age the following information should be given to young people:

* Information around puberty should be provided before they experience the physical/emotional changes e.g. breast development, pubic hair, periods, wet dreams and mood changes, voice breaking.
* Explanation of when these changes may happen and discussion around what issues may cause anxiety and how they can deal with these.
* How a baby is conceived and born.
* Understand how their body works, and what names are used for different parts of the body including scientific names for private body parts.
* Develop skill in talking about their bodies, their feelings and relationships.
* Know how to nurture self-respect and respect for others.
* Awareness of a range of family types and gender expressions/identities.
* Have an understanding of appropriate/inappropriate touching including public/private body parts, places and behaviours.
* Know who to tell if they experience unwanted sexual advances.
* Develop good personal hygiene to prepare them for puberty.
* Characteristics of healthy and unhealthy relationships including those online.
* How to access help and support.

Social Work staff and foster carers have a responsibility to ensure that this provision of information meets the needs of young people and that it is identified within the relevant plans for a child, including Placement Plan Part 2 (health) and their Health Plan.

**For children aged 11 years and over:**

At this age young people should be given accurate information tailored to their age, needs and development. The following issues should be discussed with them:

Healthy, safe relationships

Rights and Responsibilities

Consent

Gender identity

Abuse

Being a parent

Contraception

Avoiding and dealing with regretted sexual activity (links with alcohol/substance use)

Different types of relationships

Health and hygiene

How to access confidential advice and services

Pornography

Online relationships and staying safe

How to avoid and resist unwanted sexual pressures, including peer pressure

Masturbation

Reproduction and birth

Sex and gender

Sex and the law

Sexual development

Sexual orientation

Sexual response and desire

Sexuality

Sexually Transmitted Infections (STIs) including HIV/AIDS and safer sex

Terminations

Social Work staff and foster carers can provide young people with a single condom as part of an agreed intervention/piece of work.

Social Work staff and foster carers should check that information, advice and guidance is in line with the care, pathway and health plans for children and young people.

At this age young people should also be given opportunities to:

* develop their inter-personal skills;
* explore their own attitudes to themselves and others,
* understand the importance of healthy relationships, responsibilities and respect for self and others;
* be able to understand and express their emotions and behaviour.

# Use of Resources

When selecting materials to use to support discussions with children and young people, staff and carers must consider:

* Age appropriateness and the ability of children and young people to understand the information provided;
* Cultural and linguistic appropriateness;
* Freedom from ethnic, cultural, religious, gender or sexual stereotype;
* Portrayal of diversity within body types, expressions of identity, relationships and family life;
* Factual accuracy and relevance.

Some recommended resources are:

Resource lists for Sex and Relationships Education: <http://www.sexeducationforum.org.uk/resources/resources-for-sre.aspx>

Rise Above is a website from Public Health England for secondary aged young people where they can find stories, videos, games and advice. It includes issues around drug and alcohol use, relationships and sex education, body image, emotional health and wellbeing.

<http://riseabove.org.uk/>

Through this web-link, professionals can access a range of resources on issues such as: ‘sexting’, challenging homo/trans-phobia, FGM.

<http://www.solgrid.org.uk/wellbeing/safeguarding-through-the-curriculum/>

Family lives, formerly Parentline, provide support and advice on a range of issues including relationships and sex.

<http://www.familylives.org.uk/>

Sexual Health Services in Solihull are now delivered by University Hospitals Birmingham (UHB) working with various partners, under the name Umbrella. More information about services, and sexual health in general, can be found on their website: <https://umbrellahealth.co.uk/> . Children in need and care leavers have been identified as a priority group for Umbrella, due to historically having poor service access or sexual health outcomes.

The designated health team – nurses and doctor – can also provide advice and information to children, young people and their carers.

# Physical and Learning Disabilities

Young people with physical and learning disabilities have the same rights of access to information as other young people. They may however face additional barriers when doing so.

There are many myths surrounding the sexuality of young people with disabilities and learning disabilities – e.g. a denial of their maturation leads to a denial to acknowledging sexuality. It is important that the sexuality of young people with disabilities is acknowledged and that staff and foster carers ensure that they are afforded the same rights to access appropriate sexual health information and services. Any information provided will need to take account of an individual’s communication strengths and needs.

# Lesbian, Gay, Bisexual and Transgender

It is important that social work staff and foster carers do not assume that all children and young people are heterosexual nor that they necessarily identify with the gender assigned to them at birth. All healthy, safe relationships will be valued and negative attitudes towards lesbian, gay, bisexual and transgender people are not appropriate and should be challenged.

All staff and foster carers need to ensure the safe development of, and provide a safe environment for lesbian, gay, bisexual and transgender young people. Personal views should not be imposed on young people and care should be taken with language and behaviour.

Homo and trans-phobia must be challenged by **all** staff and carers.

Staff and carers should be aware of local support services. Information on these services should be provided alongside other information produced for young people. The following may be helpful:

Birmingham Parents Support Group (meets bi-monthly in Solihull town centre). Provides support to parents whose children are gay.

<http://blgbt.org/directory/birmingham-parents-support-group/> tel:0121 711 8166

Emerge (meets twice a month in central Birmingham). Group for young people who are trans, gender variant or questioning and aged 15-19.

<http://blgbt.org/directory/emerge/> tel:0121 643 0821

Out Central (meets weekly) is a Youth group for young people age 11-19, who are LGBT or may be questioning their sexuality. Young people take part in a range of activities including trips out and social activities.

<http://blgbt.org/directory/927-2/> tel:0121 6224570 or 0121 4605870

1. **Working with children and young people who have been sexually abused**

Young people who have been sexually abused require additional understanding and attention. It is the aim of the policy to replace damaging and inappropriate experiences of the past with more positive messages. Some strategies for achieving this include:

* creating a safe environment for this work to take place;
* involve young person in the development of an individualised plan of work on relationship and sexual matters;
* adapting resources to suit need – for example use of film clips/television programmes may be inappropriate if a young person has been filmed or photographed as part of their abuse;

Workers and carers should recognise that discussions around sexual health and personal relationships may lead to discussions around previous abuse and additional counselling or support may be needed in response.

Workers and carers should not assume that because a young person has been sexually active that they have knowledge around such issues as: how their body works; contraception; sexual health; and relationships.

* 1. **Religion, Culture and Personal Relationships and Sexual Health**

Religious and cultural differences may affect how issues are discussed with the child or young person. This does not mean that young people should be denied the benefits of such information.

The Sex Education Forum suggests that:

‘Staff and foster carers who do not share the young person’s religion will need to inform themselves about the faith whilst trying not to make assumptions based on that information. (It is important to remember that in all religions and cultures there are a range of values and views held by carers, parents and young people).’

Social Work staff and foster carers should talk to young people at the earliest opportunity about the young person’s religious and cultural views and values.

If Social Work staff and foster carers are uncomfortable implementing this policy as a result of their own religion or culture, they must notify their line manager/Fostering Team Social Worker so alternative arrangements can be made. It is not appropriate for Social Work staff and foster carers to present sexual health information to young people in line with their own cultural / religious beliefs if this goes against the values framework of this policy. It is not appropriate for workers or carers to impose their own individual moral beliefs or personal views when addressing sexual health issues.

* 1. **Unaccompanied Asylum Seeking Children**

All staff and carers working with Unaccompanied Asylum Seeking Children must ensure that they receive age appropriate information around personal relationships and sexual health. As with other groups information should be identified in their Health Plan.

Information on local sexual health services must also be provided. Religious and cultural issues (see above) need to be considered.

Resources should be adapted to meet the needs of this group. The Family Planning Association have produced a guide which provides useful information:

<http://www.fpa.org.uk/sites/default/files/sexual-health-asylum-seekers-and-refugees.pdf>

1. **Reporting Under Age Sexual Activity**

Please refer to the LSCB’s Multi-Agency Protocol for Identifying and Responding to Cases of Harm Arising from Under Age Sexual Activity alongside this policy.

<http://solihulllscb.proceduresonline.com/chapters/pr_under_age_sex.htm>

It will **always** be necessary to discuss cases of sexual activity involving under 13 year olds, because sex with someone under 13 is a serious offence and indicates a risk of significant harm to the child. For Social Work staff this discussion should take place with line manager, and for foster carers this discussion should take place with their Fostering Social Worker.

Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern.

Cases of concern should be discussed by Social Work staff with their line manager and by a foster carer with their Fostering Team Social Worker. Where confidentiality needs to be preserved, a discussion can still take place as long as it does not identify the child (directly or indirectly). Where there is reasonable cause to suspect that significant harm to a child has occurred or might occur there would be a presumption that the case is responding to in line with LSCB safeguarding procedures, and a strategy discussion should be held to discuss appropriate next steps. Again, all cases should be carefully documented including where a decision is taken not to share information.

The considerations in the following checklist should be taken into account when assessing the extent to which a child (or other children) may be suffering or at risk of harm as result of under age sexual activity:

* The age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child (whether boy or girl) and, possibly, others;
* The level of maturity and understanding of the child;
* What is known about the child’s living circumstances or background;
* Age imbalance, in particular where there is a significant age difference;
* Exploitation, aggression or power imbalance;
* Coercion or bribery;
* Familial child sex offences;
* Behaviour of the child i.e. withdrawn, anxious;
* The misuse of substances including alcohol as a dis-inhibitor;
* Whether the child’s own behaviour, because of the misuse of substances including alcohol, places him/her at risk of harm so that he/she is unable to make an informed choice about any activity;
* Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship;
* Whether the child denies, minimises or accepts concerns;
* Whether the methods used are consistent with grooming;
* Whether the sexual partner/s is known by one of the agencies.

#  Sexual Exploitation

All children and young people subjected to sexual exploitation should be seen as victims of sexual abuse and at risk of physical and emotional abuse. If there are concerns that a young person is involved in or at risk of sexual exploitation, Local Safeguarding Board Procedures must be followed.

All workers should be aware of the potential for young people to become sexually exploited. Local guidance can be found at: <http://solihulllscb.proceduresonline.com/chapters/p_safeg_sex_exploit.html>

Social Work staff and foster carers should ensure that young people are made aware of the methods of grooming, features of positive/negative relationships, and where to access support. The ‘Healthy and Safe Relationships’ unit of learning, linked to the whole class version used by most secondary schools in Solihull, is available to support one-to-one or group work with those who have been identified as being at risk from CSE. The learning opportunities covered by this unit are wide-ranging, including: promoting positive sexual health; understanding the features of equal, respectful and consensual relationships; tackling abusive relationships; managing risk and keeping safe; and safeguarding against grooming and child sexual exploitation (CSE).

<http://www.solgrid.org.uk/wellbeing/safeguarding-through-the-curriculum/developing-healthy-safe-relationships/>

1. **Recording Sensitive Information**

Detailed information regarding a young person’s sexuality, sexual behaviour or sexual health should not be recorded by Social Work staff or foster carers unless there are concerns that they are potentially or at risk of harm or are harming someone else (see above). Within the child’s case record, there may be occasions when it may be necessary to record that a discussion regarding personal relationships and/or sexual health has taken place, and any recording should note the general issues covered rather a disclosure of sexual activity, behaviour or service. The same should apply to report writing. Young people should be made aware of any information that is being recorded to ensure a true reflection of the discussion taken place.

1. **Accompanying young people to access sexual health services**

Social Work staff and foster carers can accompany a young person to access a sexual health service. The Teenage Pregnancy Unit’s guidance for social care practitioners and foster carers recommends that if staff and carers accompany a young person to a service that they:

‘…… need to ensure that the young person can see the health professional on their own so that confidentiality is maintained, unless the young person specifically requests that they are accompanied during the consultation.’

Further detail of local services is available at <https://umbrellahealth.co.uk/> .

1. **Terminations**

There is no legislation to support workers with this decision except guidelines around whether or not it is a child protection issue. Looked after children, children in need and care leavers should be accompanied by an adult of their choice, this may include their social worker or foster carer.

**Staff must discuss this issue with their line manager.**

#  Contraception including condoms and emergency contraception

All staff and carers should encourage young people to access contraceptive advice and services from the local contraception and sexual health service; Umbrella <https://umbrellahealth.co.uk/>.

Social Work staff and foster carers are not health professionals so they should not give advice on which method of contraception to use. Young people needing to make a contraceptive choice should be encouraged and supported to visit a local contraceptive service. However, if social work staff or foster carers become aware that a young woman has had unprotected sex, they should ensure they can access emergency contraception as soon as possible should the young woman wish to do so.

1. **Pregnancy and supporting young parents/parents-to-be**

If a young person suspects that they are pregnant it is preferable for them to have a pregnancy test at a local Contraception and Sexual Health service. <https://umbrellahealth.co.uk/our-services/pregnancy-testing-and-advice> or GP.

Social Work staff and foster carers have a role in supporting young women who are pregnant and young parents. In particular young women who are pregnant and looked after may face particular difficulties. They may be alienated from their natural family and therefore lack the support normally available to pregnant young women. They may face prejudice and criticism about their sexual behaviour. The pregnancy may be the result of an abusive relationship. Equally the choice to have a baby may be a positive and planned one.

All young women should be offered guidance and support to enable them to make informed choices about their future and the future of their child. Social Work staff and foster carers should:

* ensure impartiality when looking at options and not make assumptions about the young woman’s decision. The worker or carer is there to highlight the choices available NOT to guide them with their decision;
* assist young women in confirming their pregnancy as soon as possible;
* make arrangements for young women to discuss options available to them with a health professional (continue pregnancy, adoption or termination);
* make information available on pregnancy options, ante-natal care, caring for a baby and on-going support e.g. Family Nurse Partnership;
* encourage young parents to access appropriate health services e.g. specialist midwives and health visitors, and refer accordingly;
* explore options around continuing/accessing education, employment and/or training and support the young parent with their chosen option;
* promote where ever possible inclusion in activities by providing appropriate child care arrangements;
* ensure young parents have the opportunity to access information on contraception choices after having a baby.
* reassure young women/men that they will be supported with their decisions according to their individual needs.

Social Work staff and foster carers have the same responsibility in supporting young fathers.

All staff and carers should ensure liaison with appropriate partners. Further information is available from Umbrella <https://umbrellahealth.co.uk/our-services/pregnancy-testing-and-advice>

1. **Sexually Explicit Materials including Pornography & ‘Sexting’**

Material that gives stereotyped, distorted or exploitative view of men, women, boys and girls may be particularly damaging to young people, particularly those who have been sexually abused. As with other discriminatory behaviour, the viewing of such material by young people should be challenged.

If a young person is found in possession of or viewing on-line legal pornographic material they should not be reprimanded. They should be informed that many people find this type of material distasteful. It may be appropriate to have further discussions about pornography and explore the young person’s feelings and attitudes towards it.

If the young person wishes to retain such information, it should be stressed that this should only be viewed in private so that other children are not offended or influenced by its content. Depending on the age and understanding of the young person it may be appropriate to remove the material.

Under Section 160 of the Criminal Justice Act 1988 as amended by Section 84(4) of the Criminal Justice Public Order Act 1994, it is an offence for a person to have an indecent photograph or pseudo-photograph of a child in their possession. Any young person in possession of this type of pornographic material should be referred to appropriate child protection procedures. Guidance from the LSCB is available here: <http://solihulllscb.proceduresonline.com/chapters/p_cabuse_ict.html>

Access to the internet in foster placements should be in a “public room”. Where the device is the property of the foster carer they shall be responsible for ensuring that a suitable parental control package is installed and activated. Consideration must be given to and safeguards put in place regarding other opportunities for children and young people to go online including through mobile technology such as phones and tablets.

The NSPCC defines ‘sexting’ as the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. An alternative description of this type of behaviour is ‘youth produced sexual imagery’. Sharing photos and videos online is part of daily life for many people. This can expose them to risks, particularly if the imagery is shared further, including embarrassment, bullying and increased vulnerability to sexual exploitation. Producing and sharing sexual images of under-18s is also illegal. Schools and colleges should be guided by the following document: [Sexting in schools and colleges: responding to incidents and safeguarding young people, UK Centre for Child Internet Safety, Aug 2016](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545997/Sexting_in_schools_and_colleges_UKCCIS__4_.pdf)

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545997/Sexting_in_schools_and_colleges_UKCCIS__4_.pdf> The advice given when incidents occur makes an important point also of relevance to foster carers and social care staff:

The response to these incidents should be guided by the principle of proportionality and the primary concern at all times should be the welfare and protection of the young people involved.

Whilst young people creating and sharing sexual imagery can be very risky, it is often the result of young people’s natural curiosity about sex and their exploration of relationships. Often, young people need education, support or safeguarding, not criminalisation.

Further advice can be found on the Health and Wellbeing website: <http://www.solgrid.org.uk/wellbeing/safeguarding-through-the-curriculum/pornography-and-the-sharing-of-sexual-imagery/>

Age restrictions upon games should always be observed as this gives an indication of the suitability of the game’s content (not the skill level or knowledge required).

The UK Safer Internet Centre provides useful advice specifically for foster carers when supporting children and young people to be safe online.

<http://dwn5wtkv5mp2x.cloudfront.net/ufiles/Information-and-advice-for-foster-carers.pdf>

#  Masturbation

Young people have the right to explore their sexuality without fear or embarrassment. Care and sensitivity must be given when addressing the issue of masturbation. In particular Social Work staff and foster carers must ensure and respect that the young person has a right to a place of privacy. Social Work staff and foster carers have a responsibility to clarify what constitutes appropriate behaviour with regards to masturbation, if necessary, i.e. that it is a private activity.

1. **Sexual Relationships in Placement**

Social Work staff and foster carers need to be mindful of the possibility of sexual relationships developing between young people within a foster care or residential setting. Whilst staff and carers need to recognise and respect young people’s feelings, it is considered unacceptable for sexual activity, involving young people for whom the Local Authority is their corporate parent, in a placement. In such circumstances urgent action should take place to plan the future placement arrangements for the young people involved.

1. **Inappropriate sexualised behaviour**

A child's behaviour will depend on their age and circumstances. The NSPCC website: <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/healthy-sexual-behaviour-children-young-people/#tab-820e05e3-0d4ce7d7> describes the behaviours typical of each developmental stage. It is normal to see a child exhibiting behaviour that is slightly more or less mature for their age. (Taken from [www.nhs.uk](http://www.nhs.uk))

Young people who display inappropriate sexual behaviours need help to recognise the unacceptability of their behaviour; and be encouraged towards healthier sexual attitudes and practices. They should have access to the same personal relationships and sexual health information as other young people. They may also require more specialist help.

Please refer to the LSCB guidance: <http://solihulllscb.proceduresonline.com/chapters/p_child_who_abuse.html>

**Appendix 1**

## **Legal and Regulatory Framework**

This section highlights some of the key legislation and guidance affecting this policy. Further information can be found at [www.solihull.gov.uk/staysafe](http://www.solihull.gov.uk/staysafe) .

The Children Act 1989 places a duty on workers to talk about sex and relationships with young people in order to help them acquire information about their bodies, sex and sexual health, and to develop relevant skills.

The Guidance and Regulations to the Act states that:

“The experience of being cared for should also include the sexual education of the young person. This may, of course, be provided by the young person’s school, but if it is not, the SSD or other caring agency responsible for the young person should provide sexual education for him.”

The emotional aspects of sexual relationships and the implications of becoming a parent are highlighted as important areas to be included, as should practical information on contraception and safer sex.

The statutory Guidance and Regulations also emphasise that the particular needs of different groups of young people must be recognised. This includes young people with physical or learning difficulties, young people who have been abused, young gay men and lesbians.

**Human Rights Act 1998, Article 8 – the right to home, private and family life.**

The right to form relationships with people of one’s own choice is fundamental to the right recognised under Article 8. When considering this right with children and young people it is important to consider the maturity and vulnerability (both emotionally and physically) of the young people that both Services work with. This policy seeks to protect the wellbeing of children and young people and prevent exploitation and abuse. With this “balance” in mind the policy works within the principals of the Act.

Working Together to Safeguard Children (2015)

This policy supports the principles of “Working Together”. It states that;

* safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part; and
* a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

**Promoting the Health of Looked After Children** **(2015)** <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

Recognises the importance of promoting a child’s physical, emotional and mental health and acting on any early signs of health issues. It states that:

Looked-after children should be able to participate in decisions about their health care. Arrangements should be in place to promote a culture:

* that takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs;
* that helps others, including carers and schools, to understand the importance of listening to and taking account of the child’s wishes and feelings about how to be healthy.
* It recommends that the health assessment of each child aged 5 and over to consider their access to information about sexual activity, and for those over 11, an asessment of their understandings of issues relating to healthy relationships including sexuality and sexual activity ver a wide range of health promotion activities including sexual health.
* Identifies the role of social workers in promoting the health and well-being of looked-after children, including supporting foster carers and other carers to promote the child’s physical and emotional health on a day-to-day basis

##### Contraception – The Fraser Guidelines

The Fraser Guidelines outline that doctors and health professionals may provide contraceptive advice to a young person under the age of consent providing the following are satisfied:

* that the young person could understand the health professional’s advice and had sufficient maturity to understand what was involved in terms of the moral, social and emotional implications;
* that the doctor could not persuade the young person to inform the parents/guardian, nor to allow the doctor to inform them, that contraceptive advice was being sought;
* that the young person would be very likely to begin or to continue having sexual intercourse with or without contraception;
* that without contraceptive advice or treatment the young person’s physical and mental health, or both, would be likely to suffer;
* that the young person’s best interests required the doctor to give contraceptive advice, treatment or both, without parental consent.

If the young person is unable or unwilling to discuss the matter with a parent, the doctor or health professional is able to use his or her “clinical judgement” and may offer advice or treatment provided they believe the client is mature enough to understand it. The fact that an appointment has been made and any treatment or advice given must also be kept confidential.

A doctor or health professional must justify any breach of confidentiality as being in the patient’s best medical interests.

**NICE Guidance PH51: Contraceptive services for under 25s (2014)**

This is general guidance on contraceptive services for young people, but is helpful for understanding what these services should offer, and how young people can be encouraged and supported to access them. There are Pathway recommendations associated with this guidance for Social care and other children's services in the public, private and voluntary sectors with suggested actions for organisations and individuals, particularly reinforcing the need for confidentiality and assessing the competence of young people.

<http://pathways.nice.org.uk/pathways/contraceptive-services-with-a-focus-on-young-people-aged-up-to-25/contraceptive-services-with-a-focus-on-young-people-aged-up-to-25-overview#content=view-node%3Anodes-social-care-and-other-childrens-services-in-the-public-private-and-voluntary-sectors>

**Sexual Offences Act, 2003**

Age of Consent:

**The age of consent is 16 for both genders and all sexualities**. Sections 5 (Sexual Offences Act 2003) Rape of a child under 13 - it is an offence for a person to penetrate with his penis the vagina, anus or mouth of a child under the age of 13. Whether or not the child consented to this act is irrelevant. A person guilty of an offence under this section is liable, on conviction on indictment, to imprisonment for life.

The Act also covers other sexual assaults, and causing or inciting a child to engage in sexual activity. It makes it an offence for a person aged 18 or over to intentionally engage in sexual touching of a child under 16. Where the child is aged 13 or over, but under 16, the prosecution must prove that the person did not reasonably believe that the child was 16 or over. “Touching” covers all forms of physical contact including penetration; “sexual” is also defined. Whether or not the child consented to the activity is irrelevant.

People with learning disabilities:

Under the Sexual Offences Act 2003 it is an offence for a person to involve another person in sexual activity where he or she has a mental disorder and because of that mental disorder, or for reasons related to it, is unable to refuse involvement in the sexual activity. ‘Mental disorder’ is defined as “mental illness, arrested or incomplete development of the mind, psychopathic disorder and any other disorder or disability of mind”. A person with a “learning disability” would fall within this definition. Clearly the capacity to consent will depend on the extent or the mental disorder or learning disability.

Providing information to under 16s including under 13s:

The Sexual Offences Act 2003 states that under 16s, including those under 13, have a right to confidentiality whether asking for contraceptive advice or any other medical treatment. In light of the Act concerns were raised about the implications for those who provide sexual health care and advice to young people, an exception has been introduced, in statute, to make it clear that a person does not commit an offence if s/he acts for the purpose of:

(a) protecting the child from sexually transmitted infection, or

(b) protecting the physical safety of the child, or

(c) preventing the child from becoming pregnant, or

(d) promoting the child's emotional well-being by the giving of

 advice

as long as s/he does not act for the purpose of causing or encouraging the activity constituting an offence or the child’s participation in it. Nor does it apply if the person is acting for the purpose of obtaining sexual gratification.

**The exception covers not only health professionals, but also anyone who acts to protect a child, this includes foster carers and Social Work staff.**

Confidentiality can only be breached in exceptional circumstances where the health, safety or welfare of the young person or others would otherwise be at grave risk. The decision whether to breach confidentiality depends on the degree of current or likely harm, not solely on the age of the client.

Abuse of the Position of Trust:

Under the Sexual Offences Act 2003 it is an offence for a person in a position of trust (aged 18 or over) to have sexual intercourse or engage in any other sexual activity with, or directed towards, a person under the age of 18 who they have responsibility for. This would apply to Social Work staff, Youth Service staff and foster carers engaging in a sexual relationship with a young person in their care.

**Female Genital Mutilation (FGM)**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls’ and women’s bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child.

<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

Where FGM has occurred or is suspected the matter should be investigated in accordance with the Solihull Local Safeguarding Procedures.

<http://solihulllscb.proceduresonline.com/chapters/p_fem_gen.html>

As of the 31st October, 2015, a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police comes into force.

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>