

1.9.4 Sexual Health Relationships

Regulations and standards

England

- [Regulation 10: The health and well-being standard](#)
- [Guide to the health and well-being standard](#)
- [Regulation 11: The positive relationships standard](#)
- [Guide to the positive relationships standard](#)
- [Regulation 12: The protection of children standard](#)
- [Guide to the protection of children standard](#)
- [Regulation 17: Placement plan for looked after child](#)
- [Regulation 42: Notification of offences](#)

Wales

- [Standard 7: Privacy and Confidentiality](#)
- [Regulation 4: Statement of purpose and children's guide](#)
- [Regulation 11: Promotion of welfare](#)
- [Regulation 15: Contact and access to communications](#)
- [Regulation 20: Health needs of children](#)
- [Regulation 25: Staffing of children's homes](#)
- [Regulation 28: Records](#)
- [Regulation 30: Fitness of premises](#)
- [Social Services and Well-being \(Wales\) Act 2014](#)
- Regulation 15: Personal plan
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- Regulation 21: Standards of care and support
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/21/made>
- Regulation 25: Respect and sensitivity
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/25/made>
- Regulation 33: Access to health and other services
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>
- Regulation 27: Safeguarding policies and procedures
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/27/made>

Related chapter

Child Sexual Exploitation Policy Statement Procedure

Related guidance

A Framework for Sexual Health Improvement in England (Department of Health, March 2013)

Sex and Relationship Education Guidance, DfE, 2000

RELATED INFORMATION

NHS Choices –Sexual Health

Contents

1. **Provision of Information and Advice**
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1. Provision of Information and Advice

Sexual health includes relationships, sexually transmitted infections (STIs), contraception, unwanted pregnancies and abortion.

Home Managers must ensure that children are offered with suitable, good quality, up to date, information, support and advice on matters relating to sexual health and relationships. This information should supplement what is provided through school/educational setting.

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 must consult social workers and, if possible, parents or those to ensure it is provided in the context of children's backgrounds and needs; and any specific arrangements must be incorporated into the **Placement Plans**. This plan must be shared with the Social Worker and parents (if possible) and signed by all parties.

2. Puberty and Sexual Identity

Staff must adopt a non-judgemental attitude toward children, particularly as they mature and develop an awareness of their bodies and sexuality.

Staff must adopt the same approach to 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 abusive or illegal.

Children who are confused about their sexual identity or indicate they have a preference must be afforded equal access to accurate information, education and support to enable them to move forward positively.

As necessary this must be addressed in **Placement Plans**, shared with and signed by the Social Worker.

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 must be positively discouraged from obtaining material that is potentially offensive or pornographic.

If they obtain such material that is suspected to be illegal it must be confiscated and in extreme circumstances consideration must be given to reporting the matter to the Police.

See **Offending and Anti-Social Behaviour – Guidance on when to Involve the Police Procedure**.

If children obtain material legally they should be required to keep it private.

4. Sexual Activity in Homes

Children under the age of 13 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 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 13. Children of this age who are likely to be at risk from each other (or from older children) should not be placed together.

When considering the placement (or ongoing placement) of children over the age of 13, 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 aged 13 - 18 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 under aged sexual relationships.

Overall, 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**, shared with and signed by the Social Worker.

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

1. Ensure the basic safety of all the children concerned;
2. Notify the Home Manager, who should notify/consult relevant social workers and the Regional Manager for the home;
3. Record all events, distinguishing between fact and opinion.

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

1. Ensure the basic safety of all children concerned (if necessary staff may consider removal of one or more child);
2. Inform the Home Manager, who should notify/consult relevant social workers and the Regional Manager for the home;
3. Record all events, distinguishing between fact and opinion.

5. Contraception

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; such as the Brook Advisory Service.

Matters of concern must be discussed with the social worker and addressed in **Placement Plans** shared with and signed by the Social Worker.

6. Pregnancy

If a child is suspected or known to be pregnant the homes manager should notify the child's social worker to decide what action to take.

7. Sexual Exploitation

See also **Child Sexual Exploitation Policy Statement Procedure**

The following should be read in conjunction with relevant procedures held by Local Safeguarding Children's Board.

Children may have previously been involved in sex for rewards, gifts, drugs, accommodation and money.

The 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 it should be addressed in the child's **Placement Plan**, shared with and signed by the Social Worker together with Strategies to be adopted to help the child find alternative lifestyles.

In addressing these behaviours consideration must be given to the extent to which the child is suffering significant harm - and whether it is necessary to refer the child under Child Protection Procedures in the area where the child is living.

If a child is engaged or suspected of being sexually exploited, the LSCB procedures for the area in which the home is located should be followed.

8. Sexually Transmitted Infections

Also see [HIV/AIDS Guidance](#)

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/AIDS Guidance](#)), the Home Manager and social worker must be informed and decide what measures to take.

On principle, the child should be referred, with the parents consent if possible, to the local Genito-Urinary Medicine (GUM) 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 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 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

It is accepted that masturbation is part of normal sexual behaviour but children must be positively encouraged to undertake such activities in private and in a manner which is not harmful to themselves or other people.

10. Peer Group Abuse

The following should be read in conjunction with relevant procedures in the LSCB Procedures in the area where your home is 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 Procedures.

Appropriate steps must be taken by the manager, in consultation with relevant social worker(s) and the Child protection Agency, to protect the suspected/alleged victim and perpetrator.

Revision History

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End