**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Sexual Health and Relationships**

* WSCC children’s homes recognise that careful and consistent attention to health forms an essential part of a child’s overall well-being and development. Support with personal and sexual relationships is an important part of children’s preparation for adult life and must be offered with skill and sensitivity.
* WSCC recognise the diversity of beliefs, values, and types of relationships that exist in our society and acknowledges childrens’ responsibilities and rights. They have a right to loving relationships, emerging sexual feelings and a right to be supported as they face real life dilemmas now, and into the future, as adults.
* Residential staff need to be sensitive and understanding in their approach because some children they work with may have suffered some form of abuse. A safe environment needs to be provided to enable children to express their feelings.
* There must be written agreement confirming who can give consent for children to receive or attend sexual health education while at school. This may be the parent/s of the child, or the child’s allocated Social Worker or Registered Manager depending on their individual circumstances.

**Puberty and Sexual identity**

* Residential staff must adopt a non-judgemental attitude towards children, particularly as they mature and develop an awareness of their bodies and sexuality.
* Residential 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.

**Contraception and pregnancy**

* A child under the age of 16 who lives in a children’s home can request contraceptive advice and medication from their GP if they are assessed to fully understand the advice given by the GP. However, staff should also try to encourage the child to involve their parent where appropriate.
* If a child decides to continue with a pregnancy it is vital that the social worker and residential worker provide guidance and support to the child to enable them to make informed choices about their future and that of the baby. The child should also be encouraged to inform their parent/guardian to ensure support can be offered.
* Residential staff should liaise with the child’s social worker to consider how teenagers of either sex who become parents will be supported and what links need to be made to other agencies. An expectant mother will need help to plan finance, accommodation, child care.
* Young mothers also have particular healthcare needs and must have ante-natal care and be prepared for the delivery carefully.
* 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 before they reach the age of consent. If either or both partners are below the age of 16, staff need to consider whether a safeguarding referral is necessary in cases where sexual exploitation may be a factor.
* In such circumstances, the Residential Manager should consult the social worker to agree what reasonable steps can be taken to minimise risk of pregnancy or infection, including facilitating contact with relevant agencies providing contraceptive advice.
* If a child is suspected or known to be pregnant, residential staff should notify their managers and the child's social worker to decide on the actions that should be taken.

**Child Protection**

* It is known that children who have experienced abuse or who have personal concerns about their experiences may see discussions about sex and relationships as an opportunity to disclose or to seek help. *Refer to West Sussex Safeguarding Partnership Child Protection Procedures.*

**Working with children with a learning disability**

* It is important to offer sex and relationships support to help children with a learning disability protect themselves and understand public behaviour.
* However any programme must be based on sound knowledge and skills in communicating with the child so their attitudes and understanding can be explored to help them make positive decisions in their lives.
* Sex and relationship work will often need to be repeated many times to reinforce the messages. Consider who the best person to undertake this work is.

**Sexual health and Sexually Transmitted Infections (STI’s)**

* STI’s are an important part of sexual health. There at least 25 different STI’s which can be spread by vaginal, oral or anal sex.
* It is important for children to be able to protect themselves from STIs by using a condom and being aware of the risks.
* All children should be involved in and contribute to developing an understanding of their sexual health needs in the context of their personal relationships.
* When working with children residential workers may have to deal with explicit questions raised by the children at any time. It is important that they answer these questions honestly. However, it is also appropriate to say that you do not know the answer and that you will check and respond later. It may be helpful to ask the child what they think the answer is, or why they have asked the question.
* To ensure the child receives accurate information that incorporates emotional and physical well-being, it is possible to involve the Looked After Children’s Nurse and other relevant agencies. This must be done in accordance with the wishes and feelings of the child.
* When working with children issues of sexuality will need to be approached in a sensitive, supportive, non-discriminatory and culturally/religiously appropriate manner.
* It is important to acknowledge and support the needs and concerns of young gay men, lesbians and bisexuals.

**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.
* Children's social workers, placement officers and care providers 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, 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, residential staff must monitor any developing relationships, sensitively but positively discouraging children from engaging in under-age sexual relationships.
* Residential 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 child's social worker who will consider what further action is required under the Safeguarding Children Procedures.
* Any actions taken in this respect will be subject to consultation and must be addressed in Placement Plans.
* Should residential staff suspect that children are engaging in sexual relationships, they should:
* Ensure the basic safety of all the children concerned;
* Inform the child's social worker
* Whilst children’s feelings and emotions need to be respected it is unacceptable for sexual activity to take place within WSCC Children’s Homes.
* When a child becomes accommodated a range of house rules must be explained in order for the child to understand what is and what is not acceptable.
* There are a number of points to consider when addressing the issue of sexual relationships in residential homes:
* Children have a right to and deserve respect, confidentiality and privacy when working through relationship issues
* Positive relationships between children in the homes should be valued
* If a child commences a sexual relationship with a person within the same home, it is necessary to call a meeting to consider the implications, including child protection issues

**Sexual Exploitation**

* Children may have previously exchanged sex for rewards, gifts, drugs, accommodation and money. Some maintain this lifestyle whilst continuing to be accommodated by the authority. Such situations must be reported by the residential staff to their managers and the child's social worker to decide on the actions that should be taken.
* Residential 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 high risk behaviours, it should be addressed in the child's Placement Plan together with strategies to be adopted to help the child find alternative lifestyles need to be identified.
* 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 Safeguarding Children Procedures in the area where the child is living.
* If there is any suspicion that a child is involved in child sexual exploitation, Ofsted must be notified.

**Young lesbian, gay and bisexual people**

* Residential staff must keep the following points in mind when dealing with these issues:
* Personal views should not be imposed on children and care must be taken with language and behaviour
* Same sex relationships should be valued
* Homophobia should be challenged
* Be aware of, and sensitive to the discrimination faced by these groups of vulnerable children
* Positive images should be promoted

**Masturbation**

* Masturbation is part of normal sexual behaviour in terms of children exploring their sexuality. Children should not be prevented from doing this nor made to feel guilty or embarrassed. However, it should be made clear to the child that masturbation is a private activity, and should never be conducted in the presence of other children.

**Pornography**

* All materials published, circulated or available to children (including the internet) 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 children obtain such material that is suspected to be illegal, or the child has been exposed to extreme pornography, it must be confiscated and discussed by the residential staff with the child's social worker.
* If children obtain material legally they should be required to keep it private.
* The Registered Manager must be notified and the matter should be discussed with the child. Children should be aware that such material can distort their view of sexuality, degrade the dignity of the individual, and can be offensive to others.

**Menstruation**

* Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from staff.
* There should also be adequate provision for the private disposal of used sanitary protection.

**Continence issues (**Enuresis and Encopresis)

* If it is known or suspected that a child is likely to experience constipation or soiling or may be prone to smearing, it should be discussed openly, with the child if possible, and strategies adopted for managing it; these strategies should be outlined in the child's Placement Plan.
* Residential staff, their managers and the child's social worker should consider the reasons for any continence issues. There may be a variety of reasons but it is likely that such behaviour is symptomatic of anxiety and worries about previous experiences including abuse and neglect.
* It may be appropriate to consult a Continence Nurse or other specialist, who may advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:
* Talk to the child in private, openly but sympathetically;
* Do not treat it as the fault of the child, or apply any form of sanction;
* Do not require the child to clear up; arrange for the child to be cleaned and remove then wash any soiled bedding and clothes;
* Keep a record, either on a dedicated form or in the child's Daily Record with detail, if necessary, in a Detailed Record;
* Consider making arrangements for the child to have any supper in good time before retiring, and arranging for the child to use the toilet before retiring; also consider arranging for the child to be woken to use the toilet during the night;
* Consider using mattresses or bedding that can withstand being soiled or wetted.

**Peer Group Abuse**

* 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 residential staff suspect children are engaged in abusive sexual relationships as perpetrators and/or victims, they must immediately inform their managers and the child's social worker and make a referral under the Safeguarding Children Procedures.

**Links to related documents:**

Building Positive Relationships

Physical Contact with a child