



Phoenix Community Care Ltd Policy & Procedure

Sexual Health and Relationships Policy

Version	Written	Updated/ Reviewed	Scheduled Review Date	Author/ Reviewer	Approving Body	Date Approved
1	2014			Gena Areola	Board of Directors	June 2014
		Jan'15	Jan'16	J A Coates	Board of Directors	Feb'15
		July'16	July '19	J A Coates	Board of Directors	July '16

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Introduction

PCC is committed to helping its Children in Care to form healthy relationships that contribute positively to their overall health and development. Children and young people should not be disadvantaged as a result of being looked after in accessing services, information, education and personal support with regard to sexual health. Detailed guidance for Foster Carers in relation to their role in assisting children and young people to develop healthy relationships can be found below.

Helping a young person understand their developing sexuality is essential. Young people need to feel positive about their sexuality and this may be a particularly sensitive issue where the child has previously been the subject of abuse. The development of a positive sexual identity requires accurate information on which decisions can be based. The role of Foster Carers is vital in helping children to develop a relationship of trust in which they can express themselves.

Talking about sex and relationships is important because it enables young people to:

- Explore values and attitudes;
- Make informed decisions about their behaviour, personal relationships and sexual health;
- Prepare for independent living;
- Develop social skills including assertiveness and negotiation skills, which can then be generalised to other areas of their lives and may enhance their ability to recognise and protect themselves from potentially harmful relationships;
- Build self-esteem;
- Make informed decisions about their behaviour, personal relationships and sexual health.

The Role of the Child/young person's social worker and foster carer

Foster Carers and Social Workers need to be able to share age appropriate information with the children and young people in their care by:

- Talking about issues in simple, easy to understand language and being prepared to answer questions in a non-judgmental manner;
- Talking about body changes and feelings before they happen and preparing children and young people for them. This will include being aware of the things that young people need to learn if they are to make safe and positive choices about sex and relationships;
- Exploring a range of values and attitudes;

- Providing opportunities for children and young people to make informed choices within age-appropriate boundaries;
- Talking about the emotional implications and responsibilities of entering into a sexual or romantic relationship with another person;
- Talking about the need to treat sexual partners with consideration and not as objects to be used;
- Being aware of leaflets and other information, as well as the direct health care available to young people through local health and health promotion services;
- Understanding the risks for young people around maintaining sexual health and the need for appropriate information about sexually transmitted infections including HIV and AIDS;
- Responding sensitively to a young person who may tell them that they are gay, lesbian or bisexual or that they are confused about their sexuality and unsure of how they would identify themselves;
- Being able to provide practical support to counter prejudice from others;
- Understanding that religion and culture may be important influences which will affect young people's attitudes and values towards sex and relationships;
- Understanding the needs of disabled children and young people who they are caring for, how society may deny their sexual identity and how their dependency on others may increase their vulnerability;
- Talking about the responsibilities, emotional, and practical implications of becoming a parent.

It is **not** appropriate or helpful for foster-carers or Social Workers to share sexual information about themselves.

What is sexual health?

The World Health Organisation defines sexual health in the following terms:

“The integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are enriching and enhance personality, communication and love.”

This means that to be sexually healthy, a person must be comfortable with themselves, with the way they communicate with others, and with how they feel about their relationship. The person must be able to understand how all these different things affect them personally.

Sexual health and relationship policy

a) Privacy

Each child who is placed with Foster Carers should have as much privacy as he/she would have in his/her own home, although Carers will need to keep the child's personal safety and welfare in mind at all times.

Everybody has a right to privacy in their home, and every foster child needs to have his/her own personal space.

Ideally, every child should be able to keep private a place inside his/her own room, like a cupboard or drawer. Carers should try to avoid any unnecessary invasion of this privacy.

All children should have privacy when using the lavatory, bathing and washing, if this is appropriate for their age.

It is important for the child to understand that his/her privacy does not mean that he/she can take part in sexual relationships or sexual activity where it is not allowed. This rule may be less clear in a foster family or where the child is living more independently, but when a child first arrives at his/her foster home his/her Foster Carers should clearly explain their roles.

b) Personal friends and relationships

Each child who is placed in foster care should be able to choose to make, break or say 'no' to personal relationships.

Carers will need to offer the child appropriate support about personal friends and relationships and should try to:

- Make allowances for the normal ebb and flow of friendships and personal relationships;
- Be aware that some of these may be sexual;
- Be aware that the relationships may involve people who are heterosexual, lesbian or gay.

A Carer's role is to try to ensure that these relationships are not abusive, but any concerns should be discussed with the child's Social Worker.

Carers may occasionally find that some of the child's relationships begin to concern them. If this happens, it is vital that they continue to be professional and caring towards the child and that they consider the child's needs and personal safety. Carers should discuss any concerns or worries that they have with the child's Social Worker.

Above all, Carers need to remember that people have a right to experiment in their friendships and relationships, and they have the right to say 'no' when they wish. They are responsible for supporting the child throughout these difficult decisions.

c) Values

Each child has the right to hold their own personal moral values and Foster Carers must try to respect each child's religious, political, ethnic and other cultural beliefs.

Each child has the right to hold his/her own beliefs and values, and to follow these at will - as long as they do not break the law. This means that even if a Carer's views are different from the child's, the Carer must always respect the child's values. However, Carers should discourage discrimination or racism.

Carers should also be aware of the child's beliefs, and how they might influence how he/she behaves.

It is not always easy to understand how the values and beliefs of other people are different from one's own, but Carers must always try to be sensitive to the fact that the child may have been brought up in a family which holds very different moral ideas from their own family.

Sometimes, in fact, the child may feel conflict between the feelings and beliefs that his/her birth family taught him/her, and those that they have developed themselves later in life

Whatever a Carer's personal values and the child's values, it is important that s/he:

- Respects her/himself;
- Respects others;
- Shows that s/he has responsibility for her/himself and her/his behaviour;
- Shows that s/he has responsibility for other people's friends, family and other people.

By doing this, the Carer will set an example for the child, who will then learn about sexual health and relationships in a healthy and unbiased way.

d) Safety

Each child has the right to be protected from abuse and unwanted attention from other people. These people may be Carers, other children who are being looked after, or other people.

Carer's have a duty to protect the child/ren who they are looking after from abusive situations, and they need to know what to do if they find that the child is being abused. (Social Workers need to work closely with people who abuse to ensure that this behaviour is controlled or stopped. They will also need to work with victims of abuse.)

Whatever a Carer is dealing with, s/he must try to make sure that everybody feels equally valued for themselves and encourage the child that s/he is looking after to be aware of their value as an individual. This may help the child to stand up for him/herself if he/she is faced with abuse, and will help more vulnerable children to have more self-confidence.

A Carer's relationship with the children who s/he looks after must be caring, respectful and sensitive, but the Carer must also try to keep this relationship professional. This means that Carers must make sure that their behaviours and language are appropriate and that they know about the guidelines about touching and intimate care. If a foster child has a disability, then more details about dealing with intimate care can be found at the end of the Disabilities section, below.

Children, Carers and Social Workers are often very anxious about confidentiality. It is essential that everyone understands the boundaries of confidentiality. It is also extremely important that children know why a Carer may have to break confidentiality, and why it is sometimes impossible for a Carer or Social Worker to keep secret something that the child may tell them.

There may be a time when a confidential fact has to be revealed so that the child can receive the care, treatment and support that they need. If a confidence does have to be broken, then

the Carer should tell the child involved about why and how it will happen. S/he will need to support the child throughout this time.

Confidentiality can be particularly difficult where sexual health is concerned. Sometimes a confidence must be broken because Social Workers, Carers or children are being put at risk of infection. If this becomes a worry for a Carer s/he should contact her/his Supervising Social Worker or the child's Social Worker. They will arrange a formal discussion.

e) Taking the child's background into account

What Carers will need to consider

Whenever Carers are dealing with issues around personal or sexual relationships, they will need to consider the child's ethnic origin, cultural background and religion and to take them into account, for example, a Carer may have to consider that some religions have definite views on contraception.

f) Confidentiality

No matter how old a foster child is, his/her Carer must make sure that his/her personal information is kept confidential, unless this compromises the safety of the child or others.

Carers should talk to any child placed with them about the boundaries of confidentiality, and make sure that he/she understands them. The child should be told that if a situation occurs where his/her their own health and wellbeing is being put at risk, or where his/her behaviour causes harm to others, then the Carer will have to notify Children's Social Care about this.

Carers should only share information with other professionals about the sexual health and relationships of a child if they absolutely need to know this information. The child must agree to this, and Carers should involve the child as much as possible in the process of sharing information. Carers should only tell colleagues what they need to know - as little as possible.

Carers should always tell the child about whether the information that he/she is sharing with her/him will be passed on to anyone else, or recorded in any way. Carers should also tell the child about who will have access to this information.

Carers must make sure that any information about the child is completely safe.

Carers should tell the child that if he/she does not wish to talk to his/her Carers or Social Workers about certain issues, he/she can talk to doctors, nurses and other specialist services, confidentially and independently.

A foster child's sexuality does not affect the level of confidentiality that he/she deserves in any way at all.

g) Dealing with young people under the age of consent

If a child under the age of consent needs help

We understand that Carers may feel anxious if they are aware that a child under the age of consent is sexually active, particularly if the Carer thinks that there is a risk of pregnancy or sexually transmitted infection.

If a Carer finds her/himself in this situation, s/he should try to find a way to tell the child about where he/she can get advice, help and other services from health professionals such as doctors and nurses. If a Carer needs help finding this kind of help, s/he should ask her/his Supervising Social Worker or the child's Social Worker.

Confidentiality and young people

There is no formal legal rule about confidentiality in this type of situation. However, when a child talks to a health professional about his/her sexual health or relationships, the child must give his/her consent to be treated or receive contraceptive services.

If the child needs treatment

A health professional will judge that the child is able to decide to receive treatment if the child shows that he/she understands:

- That he/she can choose whether to have treatment, or not;
- The purpose, consequences and possible risk of any treatment that he/she chooses;
- What may happen if he/she chooses not to have treatment.

Condoms and contraceptive advice

Some professionals have been trained to provide condoms or contraceptive advice to the under-16s. However, the professional must not do this before making sure that:

- The child can understand the advice;
- The child is mature enough to consider the moral, social and emotional issues involved;
- The child is very likely either to begin to have sex or to continue to have sex, whether or not he/she is provided with condoms or advice;
- If condoms or advice are not given to the child, then the child's physical and mental health would be likely to suffer;
- It is best for the child that the professional provides condoms and/or advice without parental consent.

What information needs to be shared with the child's parent/s will be decided by the Social Worker.

h) If the child's relationship concerns her/his Foster Carer

If a Carer is ever worried about a relationship that a child aged under 16 is involved in (for example, when a 14 year old girl has a sexual relationship with a 25 year old man) s/he should talk to her/his Supervising Social Worker.

Social Workers and Carers are expected to have up-to-date, accurate information about support services that are available to children or young people with concerns about their sexual health. Carers also need to make sure that the children or young people who do access this information have all the support that they need to use it properly.

Working with parents

Why working with parents is so important

The Children's Act (1989) explains why it is important to work in partnership with parents. It says that parents do have responsibilities, and that the welfare of the child is of the greatest importance.

If a child's parent is unhappy about the Foster Carer talking about sexual matters with the child

If a parent is reluctant to let their child have access to information about relationships and sexual health, Social Workers will help the child's Carer to talk to the child so that between them they can decide what is in the child's best interests. Carers must remember that young people who are being looked after come from many different cultural and religious backgrounds. Carers may need to change the way that they talk to children about relationships and sexual health according to the child's background. However, Carers should keep in mind that every child has a right to know this information, and no child should be denied information because of their background.

Sex education and learning about relationships

a) What children need to know

Children should be able to see written information about sexual health and relationships that is appropriate to their cultural and religious background, age and understanding, and this information should be translated and interpreted into the child's first language.

b) Learning about what the child is taught at school

It is helpful if Foster Carers know something about what children of different ages are taught at school about sex and relationships. The personal, health and social education programme in each school will not always be the same. Carers should try to find out from teachers and Social Workers what is taught in each course as well as when the lessons are taught. In this way a Carer will be able to help a young person to understand the information and fill any gaps in the child's knowledge. This will also help her/him to know what the child misses if they do not attend school regularly.

c) About starting sex education - children under 10

Carers are often concerned about when they should start to give sex education. There is evidence that children are more likely to have their first sexual experience at an older age if they have accurate knowledge about sex when they are young.

PCC advises all its foster carers to speak to the child's allocated social worker before embarking on any form of sex education or advice.

Children can often be frightened or confused by what they hear about sex from friends, adults or the media. This means that their parents or Carers should talk about sex and relationships with them from their earliest years so that they do not develop irrational fears. The information that Carers provide to foster children needs to be suitable for their age, but it should contain:

- Correct names for parts of the body and accurate information on how the body works;
- Preparation for puberty so that the child understands how and why the body changes. Children should also understand periods and wet dreams and how to manage them;
- Information about appropriate and inappropriate touching;
- Information on talking about feelings and emotions;
- Information on talking about relationships.

Children must know that they can talk to their Carers about these subjects, and that they can ask questions without being told off or criticised. If Carers are not happy with answering the types of questions that children ask they should talk to their Supervising Social Worker or the child's Social Worker.

d) Children and young people over the age of 10

Children and young people over the age of 10 still need accurate information about sexual health and relationships, even if they have received good education about this in the past. In particular, Carers need to try to be especially aware of the needs of boys, who often think that sex education is not relevant to them.

Children and young people aged over 10 need the opportunity to discuss:

- Accurate information on how their bodies work and the correct names for parts of the body;
- Information on how conception happens, contraception and sexually transmitted infections including HIV and AIDS;
- The importance of personal relationships. This includes the importance of both self-respect and respect for others when dealing with relationships;
- How to manage relationships and develop skills to resist unwanted sexual pressures;
- How to access confidential help and advice on sexual health and individual sexuality.

Carers need to consider the individual needs of the child or young person who you are looking after and should talk to their Supervising Social Worker or the child's Social Worker.

Dealing with pregnancy

a) Confidentiality

It is vital that a young person who believes that she or in the case of a boy, his partner, may be pregnant is able to talk about this. They will need support and help throughout all the difficult decisions that a pregnancy can create, so it is important that they feel able to talk to their Carers without worrying about confidentiality. This could put the Carer in a difficult position. (Please see the section on confidentiality for more guidance).

If it is in the best interests of the young person involved for information about the possible pregnancy to be shared with anybody else, then the young person's Carer will need to talk about this with the young person, and make sure that she or he understands why it is better to share the information.

b) Making decisions

If a pregnant foster child wants to consider a termination (abortion), then it is best if she goes to a family planning clinic where a nurse will refer her for counseling about this. Sometimes, girls seem to cope very well with a termination at first, but then they need support much later after it has happened.

The child's Social Worker will help her to make decisions about her future if she is pregnant. She may also want support from her Foster Carer.

Dealing with exploitation

Children of any sexual orientation may become involved with situations where they receive payment in return for sex. This payment may be in the form of gifts, drugs or other benefits, as well as money. Any of these cases count as sexual exploitation. Because of the stigma connected with this subject, children may feel unable to talk to anyone about this. This means that they will not be able to get the help that they need.

It is very important that Foster Carers are able to create open relationships with foster children so that they will trust them enough to talk honestly about their experiences. Children will not confide in their Carers if they feel that they are being judged.

Because the issue of sexual exploitation is so difficult, and because it needs to be talked about by someone with experience and knowledge, Carers should seek support and help from their Supervising Social Worker or the child's Social Worker. This is a particularly difficult area, and Carers will need to make use of the specialist help available to them and the child.

Sexuality and disabilities

a) Physical disabilities

It is easy to forget that children with physical disabilities have the same feelings, interests and fears about sexuality as other young people. This fact must never be ignored. Carers who are looking after a child with physical disabilities will need to discuss sexual health and relationships with them fully and openly.

For most children who have disabilities, it is often the social and psychological impact that can affect their relationships, rather than the physical disability itself. The child may be less

independent because of his/her disability, and this may limit his/her opportunities to meet up with people and make relationships.

Children and young people with disabilities need ways to be intimate with other people just as much as everyone else. But this is a difficult area, and Carers may need to receive additional support and training before they feel comfortable and equipped to deal with this issue, particularly as they may need to talk about intimate activities in detail. Carers may need to explore their own thoughts about the sexuality of children with physical disabilities.

With appropriate support, Carers will be able to offer information, help and advice to the child. But Carers need to recognise the clear boundaries around physical help to do with intimate physical care and sexual behaviour that need to be maintained.

If this is a concern to a Carer s/he should talk to the child's Social Worker or to her/his Supervising Social Worker as early as possible. Carers should not feel that they have to handle this issue on their own.

b) Learning disability

Children with learning disabilities have the same rights to education about sexual health and relationships as every other young person. Similarly, children with learning difficulties have the same right to confidentiality as everybody else.

In the past, sex education for children with learning disabilities was about protecting them from abuse, and helping them to understand what is appropriate behaviour in public. Nowadays, we try to include information about sexuality, and the chance to practice certain skills and explore attitudes, in order to give the child enough knowledge to help him/her to make positive decisions for him/herself.

It is useful if Carer's can find out what sex education the child is receiving at his/her special school, so that the same clear messages can be reinforced in the home.

If Carers are looking after children with learning disabilities, they will need training as well as access to support and advice from specialist agencies. WBC will also provide access to specific materials which are geared to the variety of abilities and needs of children with learning disabilities.

Supporting gay, lesbian and bisexual children

a) Understanding gay, lesbian and bisexual children and young people

Carers will need to consider the needs of any gay, lesbian and bisexual children and young people that they are looking after. Just like with other children and young people, Carers will need to support gay, lesbian and bisexual children and young people in making informed choices about their relationships.

Training and support will be available to Carers to assist them to be sensitive to the feelings of these children and young people, especially about their views on same-sex relationships and to help them to assist such children and young people to develop their relationships safely.

b) Negative attitudes

Carers need to be very careful about showing negative attitudes to whether a person is heterosexual or not. A negative attitude could include:

- Negative comments;
- Slang words for gay, lesbian or bisexual people;
- Jokes.

If a child or young person who is in foster care recognises negative attitudes towards their sexuality, this can seriously affect their feelings about themselves. Crucially, it may stop them from asking for help and advice about their sexuality. If this happens, they are likely to have wide gaps in their knowledge of safe sex and if they are sexually active, this means that they could be at a higher risk of sexually transmitted infections, such as HIV.

c) Access to information

Carers should try to make sure that gay, lesbian and bisexual children and young people who you are looking after have access to the same information as any other children and young people. This could be through one-to-one chats, leaflets, books and contact with support groups and agencies.

However, Carers should not use support groups or agencies as an escape route. Giving details of these groups to the child or young person does not mean that the Carer does not need to talk about sexual issues with him/her. These children need to feel that they can talk openly to their Carers without worrying that they might not agree with their sexuality.

d) Why Foster Carers need to show a tolerant attitude in front of all children and young people

Foster Carers cannot assume that every child or young person who they look after is heterosexual. Carers must make sure that all the children or young people who they look after know that they will not tolerate bullying gay, lesbian and bisexual people in any way - verbally, emotionally or physically.

If Carers follow these guidelines, they will help to create an atmosphere where gay, lesbian and bisexual children feel safe and confident about asking them for help, advice and reassurance.

Supporting children that have been sexually abused

a) The special problem of children who have been abused

All children are entitled to sex education, but Carers will need to be especially sensitive to the needs of children who have been sexually abused. Carers should remember that if they are looking after a child who has been sexually abused, he/she may need a lot of extra understanding and attention. This will help him/her to understand the damaging experiences in his/her past, and to replace these with more positive messages.

b) Support and training for Foster Carers of children who have been abused

Children who have been sexually abused may need specialist help. Specific training is provided by the department and Carers should discuss their training needs with their Supervising Social Workers.

Sometimes, children may display inappropriate sexual behaviour towards other children. If this happens the child's Carer should:

- Immediately tell the child that his/her behaviour is unacceptable;
- Suggest and encourage healthier sexual attitudes and practices;
- Try to see the child as someone who needs help. Make sure that he/she is not labeled as being a sexual abuser;
- Discuss the situation with the child's Social Worker as soon as possible.

Children who sexually abuse other children must receive the same education about sexual health and relationships as other children. However these children may also need more specialist help.

Legal matters

a) Heterosexual health

The age of consent for heterosexual and lesbian sex is 16 years in England, Scotland and Wales. However, this does not include consent for anal intercourse. The age of consent for this is 18 years. Some other points about the age of consent:

- It is an offence for a man or a boy to have sexual intercourse with a girl who is under the age of 16, but the girl herself is not committing any offence by having sex;
- A boy aged under 16 can commit offences involving sexual intercourse, although he is not likely to be prosecuted unless he is considerably older than the girl or the girl does not give consent;
- Sexual intercourse with a girl under the age of 13 is legally regarded to be a much more serious offence, and it carries a maximum sentence of life imprisonment.

b) Homosexual health

The age of consent for homosexual sex is currently 16 years in all parts of the UK.

c) The legal position of people with learning difficulties

A person with learning difficulties who is under the age of consent is protected by law in the same way as any other young person under the age of consent.

d) The Children Act Guidance and Regulations say:

“Those responsible for the sexual education of young people will need to bear in mind the particular needs of different young people: the fact that young people with mental or physical disabilities have sexual needs should be acknowledged...”