SOUTH WEST INTERVENTION SERVICES

SEXUAL HEALTH & RELATIONSHIPS POLICY

This policy covers the importance of providing age-appropriate support and information to children and young people about sexual health and relationships, based upon their individual needs and requirements.

General Policy

November 2023

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INTRODUCTION

This policy covers the importance of providing age-appropriate support and information to children and young people about sexual health and relationships.

It is an important policy and colleagues must remain alert to the changing needs and requirements of children and young people as they progress through adolescence. The policy draws from a range of advice and guidance relating to sexual health improvement and sex and relationships education in schools.

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PLEASE NOTE: For concerns relating to sexual abuse, please refer to our safeguarding manual and related policies. If you have any concerns about potential harm to a child, you must inform the DSL or on-call manager without delay.

SECTION ONE: PROVISION OF INFORMATION & ADVICE

Sexual health is a broad descriptor that includes relationships, sexually transmitted infections (STIs), contraception, unwanted pregnancies, and abortion, as well as other related issues.

OUR AIMS

- Provide a framework in which sensitive discussions can take place.
- Prepare children and young people for puberty and give them an understanding of sexual development and the importance of health and hygiene.
- Help children and young people develop feelings of self-respect, confidence, and empathy.
- Create a positive culture around issues of sexuality and relationships.
- Role model the correct vocabulary to describe themselves and their bodies.

Before providing information and/or advice on sexual health and relationships, it is imperative that colleagues liaise with each child or young person's school, their parents/carers and social worker (where relevant). The context of the children and young people's backgrounds and needs must be considered, as well as any specific arrangements that are incorporated into their plans. All such arrangements must be shared with relevant people (i.e., parents/carers and relevant professionals) and signed by all parties.

RELATIONSHIPS & SEX EDUCATION (RSE)

Relationships and Sex Education (RSE) is about the emotional, social and cultural development of children and young people. It involves learning about relationships, sexual health, sexuality, healthy lifestyles, diversity, and personal identity.

RSE involves a combination of sharing information and exploring issues and values. RSE is not about the promotion of sexual activity.

Effective RSE can make a significant contribution to the development of the personal skills needed by children and young people if they are to establish and maintain positive, healthy relationships. It also enables them to make responsible and informed decisions about their health and well-being.

DELIVERING RSE

SWIS colleagues deliver RSE within their daily sessions as and when the opportunities arise. Relationships education focuses on teaching the fundamental building blocks and characteristics of positive relationships including:

- **Families and friendships.**
- **Safe Relationships, including online relationships.**
- **Respecting ourselves and others.**

These areas of learning are delivered within the context of family life, taking care to ensure that children and young people are not stigmatised based on their home circumstances. SWIS fully recognise that families comprise:

- **Single parent families;**
- **LGBTQ+ parents;**
- **Families headed by grandparents;**
- **Adoptive parents;**
- **Foster parents/carers; and**
- **Children and young people living in residential children's homes (who may have no or limited contact with their birth parents).**

Adolescence can be a difficult and complex stage for children and young people. Therefore, children and young people may also be signposted back to parents/carers who have ultimate responsibility in talking to them about sensitive matters.

Where there are concerns about parental attitudes and behaviour towards children and young people the DSL must be informed without delay. The DSL will liaise with relevant professionals and agencies and work in partnership to ensure the safety and welfare of the child or young person remains paramount.

SECTION TWO: PUBERTY & SEXUAL IDENTITY

PUBERTY

Puberty is when a child's body begins to develop and change as they become an adult.

The average age for girls to begin puberty is 11, while for boys the average age is 12. However, puberty is different for everyone, so it's common for children to reach puberty before or after their friends. It's completely normal for puberty to begin at any point from the ages of 8 to 14. The process can take up to 4 years.

Colleagues should be aware that puberty can be a difficult time for children. They're coping with changes in their body, and possibly acne or body odour as well, at a time when they feel self-conscious.

SEXUAL IDENTITY

Sexual identity is about how people see and express themselves sexually. Generally, there are four components of sexual identity: biological sex, gender identity, social sex-role, and sexual orientation. These components encompass factors that relate to people being gay, straight, lesbian, bisexual, asexual or queer for example. It is not known why people have different sexual identities, but it is thought to be related to the early stages of development.

Crucially, sexuality is not a choice. It is different for everyone and is a natural part of who individual people are. Everyone has the right to feel comfortable and to be accepted for who they are.

Colleagues should know that it's normal for children and young people to feel confused or curious about whether they're straight, gay, lesbian, bisexual, asexual or queer. Lots of people feel this way because others in their life may that think sexuality is a 'choice' or assume that being straight is 'normal.'

WHAT YOU NEED TO KNOW

Colleagues must adopt a non-judgemental attitude toward children and young people, particularly as they mature and develop an awareness of their bodies and their emergent sexuality. This is regardless of their sexual identity or their interest in exploring sexual identities.

We celebrate diversity and will embrace choices children and young people make so long as those choices are legal and do not cause harm to others. In fact, those who identify as gay, lesbian, bisexual, asexual or queer for example may need additional support because they may experience prejudice or ignorance from others. This could result in bullying or other abusive factors that could have a profound impact upon their mental health.

Colleagues are expected to provide children and young people with appropriate support and guidance that enables them to accept and understand their sexual identity. Gaining and responding to the views and feelings of those children and young people is critical to ensuring that we can work together to meet any identified support needs.

Children and young people 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 their relevant plans.

SECTION THREE: PORNOGRAPHY

Pornography (also known as "porn" or "porno") is material that depicts nudity or sexual acts for the purpose of sexual stimulation. Pornography can take the form of photographs, videos, written material, audio recordings, or animation, among other media formats.

In an article published by the UK Government (Press Release, 08/02/22), Chris Philip MP states:

> **'A large amount of pornography is available online with little or no protections to ensure that those accessing it are old enough to do so. There are widespread concerns this is impacting the way young people understand healthy relationships, sex and consent. Half of parents worry that online pornography is giving their kids an unrealistic view of sex and more than half of mums fear it gives their kids a poor portrayal of women.'**

On Tuesday 19th September 2023, the Online Safety Bill passed its final Parliamentary debate and is now ready to become law. The above extract relates to the preceding announcement that the Online Safety Bill will be "significantly strengthened with a new legal duty requiring all sites that publish pornography to put robust checks in place to ensure their users are 18 years old or over.

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This could include adults using secure age verification technology to verify that they possess a credit card and are over 18 or having a third-party service confirm their age against government data. If sites fail to act, the independent regulator Ofcom will be able fine them up to 10 per cent of their annual worldwide turnover or can block them from being accessible in the UK. Bosses of these websites could also be held criminally liable if they fail to cooperate with Ofcom."

In the UK, the Protection of Children Act 1978 ("the 1978 Act") made it illegal to take, make, distribute, show, or possess for the intent of showing or distributing an indecent photograph of someone under the age of 18. The maximum penalty is 10 years in prison. In the context of digital media, saving an indecent image to a computer's hard drive is "making" the image, as it causes a copy to exist which did not exist before. Indecency is to be interpreted by a jury, who should apply the recognised standards of propriety. As stated earlier in this policy, colleagues should refer to our safeguarding policies for more information.

All materials published, circulated or available to children and young people must promote and encourage healthy lifestyles, with images of people that are positive and encouraging. Children and young people must be positively discouraged from obtaining material that is potentially offensive, pornographic or illegal.

If they obtain such material that is suspected to be illegal it must be confiscated. In extreme circumstances where there is a potential for harm (i.e., such as where images are digitally manipulated to present a peer as engaging in sexual activity, such as pornography) there will be consideration given to reporting the matter to the Police.

SECTION FOUR: SEXUAL EXPLOITATION

If colleagues have any concerns relating to the sexual exploitation of children or young people, they must inform the DSL or the on-call manager if out-of-hours (who will then inform the DSL at their first opportunity). In all situations, colleagues should refer to our safeguarding policies and in particular, the Countering Child Sexual Exploitation (CSE) Policy.

Managers and colleagues must be alert to any concerns or indicators that children and young people are being subjected to sexual exploitation. They must do all they can to create an environment which encourages them to be open about their past or present attitudes and behaviours, because they may not realise or understand that they have been subject to abuse. We aim to provide numerous opportunities to connect with children and support them to explore their views without feelings of judgement.

Where there is any suspicion that a child or young person has been/is being subject to abuse through such behaviour it should be addressed in their plan. This must be shared with relevant adults and agencies involved with the child or young person.

It is reiterated that any concerns relating to CSE must be escalated to the DSL or on-call manager without delay. Colleagues must refer to our Countering CSE Policy for detailed guidance.

SECTION FIVE: SEXUALLY TRANSMITTED INFECTIONS (STIs)

The UK Health Security Agency published the latest annual official statistics data relating to STIs and screening for chlamydia in England (covering the period up to the end of December 2022) on 25th October 2023. The results are alarming, and ever more so when examining the data relating to children and young people:

> **Young people experience the highest diagnosis rates of the most common STIs, and this may be due to higher rates of partner change among those aged 16 to 24 years. Young women may be more likely to diagnosed with an STI due to disassortative sexual mixing by age and gender. Compared to 2021, the number of new STI diagnoses in 2022 among young people aged 15 to 24 years increased by 26.5% (129,938 to 164,337), largely due to the near doubling of cases of gonorrhoea over the same period (91.7% increase from 16,191 to 31,037). Diagnoses of chlamydia also increased.**

This is why education on STIs is so important.

RELATIONSHIPS & SEX EDUCATION (RSE)

Relationships and Sex Education (RSE) will focus on informing and empowering children and young people to make safe decisions. This is particularly important in terms of STIs. The following provides a summary of key information relating to STIs.

TRANSMISSION

A focus upon transmission enabling children and young people to understand that there are several STIs, with a range of types of organisms (viruses, bacteria, parasites). These require various approaches to treatment, with differing symptoms, testing and prevention measures. The Department for Education's (DfE) online training module on intimate and sexual relationships and sexual health (DfE, 2020), is clear that colleagues should:

- **Teach that there are different STIs and explain that they can be transmitted through mucous membranes/body fluids (i.e., blood, saliva, vaginal mucus, anal mucus).**
- **Explain which parts of the body have mucous membrane (i.e., mouth, anus, vagina, tip of penis).**
- **Ensure children and young people understand that transmission of an STI can happen during different types of sexual activity (including oral sex).**

There should be a focus upon:

- **Human Papilloma Virus (HPV)** because it is an extremely common STI, which is linked to many cases of cervical cancer, as well as to anal, vaginal, penile, vulval, mouth and throat cancers.
- **Human Immunodeficiency Virus (HIV)** treatment and prevention has developed significantly. If HIV is detected and a full anti-retroviral treatment regime is followed, it is now possible to reduce viral load to an undetectable level. Accessing testing for HIV is therefore more important than ever, because early diagnosis and treatment can prevent onward transmission.
- Educating children and young people about **condoms and relationships** is important. This must not be limited to understanding how to use a condom because it is crucial that children and young people gain assertive communication skills and the ability to listen to a partner's views and feelings, and respect those views – particularly if a person does not give consent to sexual activity without the use of a condom.
- **Testing and Treatment** is important because children and young people should know that testing and treatment is available for STIs, as well as the fact that not all STIs can be cured.
- The need to address **stigma** is important. Regular discussion about sexual health helps to normalise it as an area of "health literacy" that is relevant to everyone and is both a right and a responsibility. Guidance states that students should be encouraged to 'engage with the global, socio-economic and even the historical dimensions of STIs in order to explore why and how stigma persists and what they, as individuals, can do about it.'

The above has been adapted from Lucy Emmerson's 'RSHE: Some Dos and Don'ts for Teaching STIs' (Jan 2022), published in SecEd.

It is important to note that colleagues must consider the child or young person's age and stage to ensure that topics, materials, and discussions are age-appropriate.

SECTION SIX: MASTURBATION

Children and young people should know that it is accepted that masturbation is part of normal sexual behaviour. However, children and young people should know that such activities should only be undertaken in private and in a manner which is not harmful to themselves or other people.

If children and young people wish to talk about masturbation, colleagues should explore their concerns in a safe, non-judgemental, and positive way.

It is important to note that RSE discussions about masturbation are not to do with teaching children to masturbate. It is exclusively about removing stigma and addressing any concerns children and young people may have.

SECTION SEVEN: PEER GROUP ABUSE (SEXUAL VIOLENCE & HARASSMENT)

Sexual violence and sexual harassment are abuse. They can happen to anyone, and sexual violence and sexual harassment is not limited to adults. When sexual violence and sexual harassment is undertaken by children and young people against other children and young people it is referred to as peer group abuse or peer-on-peer abuse.

Sexual violence and harassment can occur between two children or young people of any age and sex. It can also occur through a group sexually assaulting or sexually harassing a single child or young person or group of children or young people. Sexual violence and sexual harassment are never acceptable.

Sexual violence and sexual harassment may overlap and can occur online and offline (both physical and verbal). It is important that all victims are taken seriously and offered appropriate support.

Colleagues should be aware that some groups are potentially more at risk. Evidence shows girls, young people with SEND and LGBT young people are at greater risk.

As stated throughout this policy, if colleagues have any concerns relating to peer group abuse, they must inform the DSL or the on-call manager if out-of-hours.

SEXUAL VIOLENCE

It is important that colleagues are aware of sexual violence and the fact children and young people can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

- **RAPE: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus, or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.**

- **ASSAULT BY PENETRATION: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.**

- **SEXUAL ASSAULT: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.**

SEXUAL HARASSMENT

Sexual harassment is clarified as 'unwanted conduct of a sexual nature' that can occur online and offline. Sexual harassment is likely to:

- **Violate a child or young person's dignity.**
- **Make them feel intimidated, degraded, or humiliated.**
- **Anxious, frightened, and withdrawn.**
- **Create a hostile, offensive, or sexualised environment.**

Whilst not intended to be an exhaustive list, sexual harassment can include:

- **Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, and calling someone sexualised names.**
- **Sexual "jokes" or taunting, such as jokes about clothes and appearance, and calling someone sexualised names.**
- **Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (colleagues should consider when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos, or drawings of a sexual nature.**
- **Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:**

  i. **Non-consensual sharing of sexual images and videos**
  ii. **Sexualised online bullying**
  iii. **Unwanted sexual comments and messages, including, on social media**
  iv. **Sexual exploitation; coercion and threats**

Sexual violence and sexual harassment are forms of abuse. In all cases colleagues must refer any suspicions or concerns to the DSL immediately. If it is suspected that a crime has been committed, the Police must be called without delay.

When managing allegations of violence and sexual harassment, the initial response to a disclosure is crucial. Children and young people must be reassured that they are being taken seriously and that they will be supported and kept safe.

A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed about raising a concern and must be encouraged to speak up about issues and concerns impacting upon their welfare.

SECTION EIGHT: RELATIONSHIPS (THE FACTS)

Everyone's idea of a perfect relationship is probably going to be different. However, colleagues should help children and young people to understand that relationships can be healthy or unhealthy. In fact, some relationships can be very dangerous. Children and young people must be reassured that if they feel unsafe, frightened or in danger because of something their partner has done, they can speak with a trusted colleague who will be able to help. The below table provides a general guide to healthy and unhealthy relationships.

HEALTHY, RESPECTFUL RELATIONSHIPS	UNHEALTHY, MANIPULATIVE RELATIONSHIPS
FAIRNESS: Accepting change and seeking to make compromises if there are different opinions	**ISOLATION & CONTROLLING BEHAVIOUR:** Controlling who a partner sees and where they may go
COMMUNICATION: Listening to one another's views and feelings	**ABUSIVE MANIPULATION:** Putting pressure on someone to do things with their body when they do not want to
SHARED POWER: Making decisions together and having an equal say	**THREATS:** Using threats of violence, blackmail or even suicide to control a relationship
SELF-CONFIDENCE: Not trying to change someone; respecting who they are.	**INTIMIDATION:** Making partners feel frightened by looks, gestures or actions. Damaging property or harming pets.
HONESTY: Taking responsibility and admitting being wrong (only when you are wrong though!)	**DENIAL & BLAME:** Not taking responsibility for bad behaviour or denying that it even happened.
TRUST & SUPPORT: Supporting each other's goals and helping them to achieve their goals	**SOCIAL STATUS:** Treating someone "like a servant" and making all the decisions
RESPECT: Listen and value the views and opinions of your partner. Never belittle or undermine them	**ANGER &EMOTIONAL ABUSE:** Making partners feel guilty or bad about themselves. Belittling and undermining them
WARM, NON-THREATENING BEHAVIOUR: Feeling comfortable and at ease with a partner. Acting in a way that creates a safe feeling	**NEGATIVE PEER PRESSURE:** Threatening to expose secrets or embarrassing information. Telling malicious lies to peers

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