



# **SEXUAL HEALTH & RELATIONSHIP POLICY**

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# SEXUAL HEALTH & RELATIONSHIP POLICY

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# 1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to support the sexual health and relationship development of children and young people in our care. The policy applies to all staff, agency workers, volunteers, and contractors working at Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere, and to any education or information provided to children.

**The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road.** This policy applies equally across both residences.

IMS care LTD recognises that careful and consistent attention to health forms an essential part of a child's overall wellbeing and development. Personal and sexual relationship education is an important part of children's preparation for adult life and must be offered with skill and sensitivity. This policy concurs with government guidance and recognises the diversity of beliefs, values, and types of relationships that exist in our society.

This policy covers the following **Children's Homes Regulations 2015** standards:

- Standard 3 – Promoting Positive Behaviour and Relationships
- Standard 4 – Safeguarding Children
- Standard 6 – Promoting Good Health and Wellbeing
- Standard 12 – Promoting Independence and Moves to Adulthood and Leaving Care
- Standard 24 – Notification of Significant Events (Regulation 40)

The policy also aligns with **Working Together to Safeguard Children 2026**, the **Social Care Common Inspection Framework (SCCIF) 2026**, and the **Online Safety Act 2023**.

All actions under this policy must be in the best interests of the child, respect their right to privacy (Article 8, Human Rights Act 1998), and comply with safeguarding duties where a child is at risk of significant harm.

## 2. How this Policy Benefits the Home

This Sexual Health and Relationships Policy benefits Byram House in the following ways:

- **Legal Compliance** – It meets duties under the **Children’s Homes (England) Regulations 2015**, the **Sexual Offences Act 2003** (age of consent, child sexual abuse), the **Human Rights Act 1998** (right to private life, non-discrimination), the **Equality Act 2010** (protection on grounds of sexual orientation and gender reassignment), and **Working Together to Safeguard Children 2026**.
  - **Child Protection** – It provides clear guidance for identifying and responding to abusive or exploitative sexual behaviour, including under-age sexual activity (under-13 always child protection referral), peer abuse, and sexual exploitation (CSE). It also requires Risk Assessments and ISPs to address sexual risks.
  - **Support and Education** – It commits to providing age-appropriate, non-judgmental information about puberty, sexual identity, contraception, STIs, and healthy relationships. It respects a child’s right to explore their identity without discrimination.
  - **Confidentiality and Consent** – It sets out procedures for pregnancy, termination, STI testing (including HIV), and access to contraception, while balancing confidentiality with safeguarding duties (e.g., when a child is under 16 and at risk).
  - **Pornography Management** – It acknowledges that older children may seek pornographic material, requires open discussion about its harms, and mandates incident reporting and ISP review for serious or persistent concerns.
  - **Monitoring of Sexual Activity** – It requires risk assessment before placing children together (particularly under-13), monitoring of developing relationships, and immediate action (including removal of a child) if abuse or exploitation is suspected.
  - **Training Framework** – It sets out annual training for staff on sexual health, consent, exploitation, and responding to disclosures.
  - **Inspection Readiness** – The SCCIF 2026 expects the home to promote healthy relationships and safeguard children from sexual harm. This policy provides clear evidence.
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### 3. Definitions & Legislation

#### 3.1 Definitions

Term	Definition
<b>Home</b>	Byram House, the children’s home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
<b>Company</b>	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
<b>Byram House</b>	The name used throughout this policy to refer to the home and its staff.
<b>Age of Consent</b>	16 years old (Sexual Offences Act 2003). Sexual activity with a child under 16 is a criminal offence, but not all under-16 activity leads to prosecution; the home’s primary duty is to safeguard.
<b>Fraser Competence</b>	The ability of a child under 16 to give informed consent to medical treatment (including contraception, STI testing) if they understand the risks and benefits.
<b>Gillick Competence</b>	Same as Fraser competence – a child’s capacity to consent to medical treatment without parental knowledge.
<b>Child Sexual Exploitation (CSE)</b>	A form of child sexual abuse where a child receives something (e.g., gifts, money, drugs, affection) in exchange for sexual activity, often involving coercion or manipulation.
<b>Peer Abuse (Sexually Harmful Behaviour)</b>	Sexual behaviour between children that is compulsive, coercive, age-inappropriate, or between children of significantly different ages/maturity.

<b>Pornography</b>	Material (images, videos, text) depicting explicit sexual acts, which may be legally available for adults but harmful for children.
<b>STI</b>	Sexually transmitted infection (e.g., chlamydia, gonorrhoea, syphilis, HIV).
<b>ISP</b>	Individual Support Plan – incorporates risk assessments and strategies relating to sexual health and relationships.

### 3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
<b>Sexual Offences Act 2003</b>	Sets age of consent (16). Offences include sexual activity with a child under 13 (strict liability), under 16, abuse of position of trust, and child sexual exploitation.	The home must make child protection referrals for any sexual activity involving a child under 13, and assess under-16 activity for risk of harm.
<b>Children Act 1989</b>	Section 47 – duty to investigate significant harm.	Sexual abuse or exploitation triggers a Section 47 enquiry.
<b>Children Act 2004</b>	Strengthened safeguarding framework, including Local Safeguarding Children Boards (now replaced by safeguarding partners).	The home must follow local safeguarding procedures for peer abuse or CSE.
<b>Human Rights Act 1998</b>	Article 8 – right to respect for private and family life. Article 14 – prohibition of discrimination.	Children’s sexual orientation and gender identity must be respected.

		Confidentiality must be balanced with safeguarding.
<b>Equality Act 2010</b>	Protects from discrimination on grounds of sexual orientation and gender reassignment.	Staff must adopt a non-judgmental attitude toward children exploring their identity.
<b>Online Safety Act 2023</b>	Full implementation from 25 July 2025. Regulated services must protect children from illegal and harmful content, including pornography.	The home must use content filtering, educate children about online pornography, and report illegal content.
<b>Working Together to Safeguard Children 2026</b>	Published March 2026. Includes stronger responses to child sexual abuse and extra-familial harms (including CSE).	The home must refer suspected CSE to the local authority and police.
<b>Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026</b>	Effective 1 April 2026. Inspects how the home promotes health, wellbeing, and positive relationships.	Inspectors will evaluate sexual health education and management of sexual behaviour.
<b>Children's Homes (England) Regulations 2015</b>	Regulation 23 – health and wellbeing; Regulation 40 – serious event notifications.	Pregnancy, STI diagnosis, or suspected CSE may require Regulation 40 notification.

<b>Department for Education statutory guidance – “Relationships and Sex Education (RSE) in schools” (2020, updated)</b>	Schools must teach RSE; children’s homes should provide similar age-appropriate information and support.	The home must offer information on puberty, contraception, STIs, consent, and healthy relationships.
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## 4. The Policy

### 4.1 General Principles and Commitment

Byram House is committed to:

- Providing **age-appropriate, accurate, and non-judgmental** information, advice, and support on sexual health and relationships.
- Respecting children’s **diversity of beliefs, values, sexual orientation, and gender identity**.
- Balancing a child’s **right to privacy and confidentiality** with the duty to **safeguard them from significant harm**.
- Ensuring that any **sexual activity** (whether consensual or abusive) is assessed and managed in the child’s best interests, with appropriate referrals to social care and police where required.
- Promoting **healthy relationships** and protecting children from **exploitation, coercion, and abuse**.

All actions under this policy must be recorded in the child’s **ISP, Care Plan, and Placement Plan**, and must be consistent with the child’s **Health Care Plan**.

## 4.2 Provision of Information and Advice

- Registered Managers will ensure that children are provided with **creative, supportive, age-appropriate, and up-to-date** information, advice, and support on sexual health and relationships.
- Before providing such information, the Registered Manager must **consult the child's Social Worker** (and, if possible, parents) to ensure it is provided in the context of the child's background, needs, and beliefs.
- Any specific arrangements (e.g., for a child who is exploring their sexual identity, or who has a history of sexual exploitation) must be incorporated into the **Placement Plan and ISP**.
- Information can be provided through:
  - Key working sessions.
  - Access to local sexual health clinics.
  - Age-appropriate leaflets and websites (e.g., NHS Sexual Health, Brook, FPA).
  - Referral to specialist services (e.g., Child and Adolescent Mental Health Services, LGBTQ+ support groups).

## 4.3 Puberty and Sexual Identity

- All staff must adopt a **non-judgmental attitude** toward children as they mature and develop an awareness of their bodies and sexuality.
- The same non-judgmental approach applies 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 who indicate a preference must be afforded **equal access to accurate information, education, and support** to enable them to move forward positively.
- Where necessary, this must be addressed in the **Placement Plan and ISP** (e.g., ensuring the child has access to a private space, supporting them to attend LGBTQ+ groups, referring to appropriate mental health services).
- Staff must never make derogatory remarks about a child's actual or perceived sexual orientation or gender identity. Any such behaviour will be treated as gross misconduct.

#### 4.4 Pornography (including Online Material)

- Byram House will ensure that all materials published, circulated, or available to children **promote healthy lifestyles** and portray men and women in a positive and encouraging manner.
- Children will be **positively discouraged** from obtaining material that is potentially offensive or pornographic.
- If a child obtains material that is **suspected to be illegal** (e.g., extreme pornography, indecent images of children), it will be **confiscated**, and the matter will be reported to the police (via 101). The child's social worker and the LADO must also be informed.
- **Open discussions** – Staff (particularly Keyworkers) should have age-appropriate conversations with children about pornography, explaining:
  - That pornography often presents unrealistic and potentially harmful expectations of sex and relationships.
  - The risks of viewing such material (addiction, desensitisation, impact on self-esteem).
  - How to report illegal or harmful content online (via CEOP, Report Harmful Content, or the NSPCC).
- The **NSPCC guidance** on talking to children about online porn should be used as a reference.
- **Serious or persistent concerns** (e.g., a child repeatedly accessing violent pornographic material, or sharing such material with younger children) will be:
  - Reported to the child's Social Worker.
  - Recorded via an **Incident Report**.
  - Addressed through a **review of the child's ISP** (with strategies to reduce or prevent recurrence, such as increased supervision, restrictions on device use, or referral to a specialist service).

#### 4.5 Sexual Activity in the Home (Under-13, 13-18, Monitoring)

##### **Children under 13:**

Children under the age of 13 are **incapable of giving consent** to sexual activity under the Sexual Offences Act 2003. Therefore:

- Any child under 13 who engages in sexual activity (whether with another child or an adult) **must be referred under Safeguarding Children Procedures as a Child Protection Referral** – the child is potentially suffering significant harm.
- Registered Managers must be alert to such risks when placing children under 13. **Children under 13 who are likely to be at risk from each other (or from older children) will not be placed together** unless there is a robust risk assessment and multi-agency agreement.

### **Children aged 13–18:**

- When considering the placement (or ongoing placement) of children over 13, the Registered Manager must **assess the risk of sexual relationships developing** and 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**, staff must monitor any developing relationships, **sensitively but positively discouraging** children from engaging in under-age sexual relationships (under 16).
- Staff must recognise that illegal activity (under-16 sex) may be taking place. Their duty is to **minimise risks and consequences** while working with the child's social worker to safeguard the child. Criminal prosecution is not automatically sought; the focus is on welfare.

### **When staff suspect a sexual relationship:**

- Ensure the basic safety of all children concerned.
- Notify the **Registered Manager**.
- The Registered Manager will notify/consult the child's Social Worker and consider reviewing the Placement Plan and ISP.
- Record all events in the **Daily Log**, the child's **Daily Record**, and complete an **Incident Report**.

### **When staff discover a sexual relationship (e.g., walking in on children engaged in sexual activity):**

- Ensure basic safety – if necessary, staff may remove one or more child from the situation (use low-key intervention, not physical restraint unless immediate risk).

- Inform the Registered Manager, who will notify/consult Social Workers.
- Review the Placement Plan and ISP (may include increased supervision, different sleeping arrangements, or a placement move).
- Record all as above; complete an **Incident Report**.
- Consider whether the incident is serious enough to be a **Notifiable Event** under Regulation 40 (e.g., significantly harmful sexual behaviour, involvement of police).

**General duty:** Staff will 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. Any suspicions of abuse or exploitation will be discussed with the social worker and may be referred to child protection agencies.

## 4.6 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.
- While the home does not encourage under-age sexual activity, it understands that some children may engage in it. In such circumstances, staff must take **reasonable steps to minimise risk of pregnancy or infection**, including:
  - Facilitating contact with relevant agencies providing contraceptive advice (e.g., local Sexual Health Clinic, Brook, school nurse).
  - Supporting the child to attend appointments (with consent).
- Matters of concern (e.g., a child repeatedly seeking emergency contraception, or a child believed to be pressured into sex) must be discussed with the Social Worker and addressed in the **ISP**.

### **Consent to contraception for under-16s:**

- A child under 16 can consent to contraception if they are **Fraser competent**.

- Staff should encourage the child to involve their parents, but if the child refuses and is Fraser competent, the child's request for confidentiality may be respected (subject to safeguarding duties).

## 4.7 Pregnancy and Termination

### **If pregnancy is suspected or known:**

- The Registered Manager will **talk openly** to the child about who will be informed and what support is required.
- Normally, the child's **Social Worker and Parent(s)** will be informed, and a plan will be drawn up to promote the welfare of the pregnant child and the unborn baby.

### **Child requests confidentiality (not wanting parents/social worker informed):**

- **Under 16** – The Registered Manager must notify/consult the **Director** before agreeing to confidentiality. A child under 16 may be Fraser competent, but the decision must balance the child's autonomy with the unborn child's welfare.
- **16 or over** – A request to keep pregnancy confidential from parents may be respected, but the social worker must still be informed (as a looked-after child).
- **Exception – significant harm:** If there is any concern that the pregnant child or unborn child is, or will be, at risk of significant harm, the Registered Manager **must** make a **Child Protection referral** (Section 47). In these circumstances, the child must be told that confidentiality cannot be agreed.

### **Termination of pregnancy:**

- If a child wishes to terminate a pregnancy, the **Social Worker** must be notified/consulted with a view to providing advice, counselling, and support from suitably qualified independent counsellors.
- If the termination goes ahead, the Registered Manager must ensure the child's privacy is protected, and any physical or emotional needs are addressed sensitively (e.g., time off school, access to counselling, follow-up medical care).

**Notifications:** In all cases of pregnancy or termination (unless the pregnancy is a normal part of a 16+ child's life with no safeguarding concerns), the Regional Manager and Director must be notified. Regulation 40 notification to Ofsted may be required (e.g., where pregnancy is the result of suspected abuse).

#### 4.8 Sexual Exploitation (CSE and Extra-Familial Harms)

- This section must be read in conjunction with the **local Safeguarding Children Partnership procedures** (Kirklees) and **Working Together to Safeguard Children 2026**.
- Children may exchange sex for rewards, gifts, drugs, accommodation, or money – this is **child sexual exploitation (CSE)** and is child abuse.
- The Registered Manager and staff must be alert to signs of CSE (e.g., unexplained money/gifts, older boyfriends/girlfriends, going missing, self-harm).
- The home will use a **CSE Risk Assessment Tool** (e.g., the local authority's CSE screening tool) to identify indicators.

#### **Action when CSE is suspected:**

1. **Do not confront** the suspected perpetrator. Do not destroy evidence.
2. **Report immediately** to the Designated Safeguarding Lead (DSL) and the child's Social Worker.
3. The DSL will consider making a **Child Protection referral** (Section 47).
4. **Inform the police** if there is immediate risk or a crime is suspected.
5. Record all concerns and actions in an **Incident Report** and the child's file.
6. The **ISP and Placement Plan** will be reviewed to include strategies to help the child find alternative lifestyles (e.g., increased supervision, restricted access to phone/internet, referral to specialist CSE support service).
7. Consider whether the incident is a **Notifiable Event** under Regulation 40 (Ofsted).

Staff will do all they can to create an environment that encourages children to be open about their past or present behaviours, demonstrating that they will be supported to move away from such lifestyles.

## 4.9 Sexually Transmitted Infections (including HIV)

### General STIs (non-HIV):

- If it is known or suspected that a child has an STI (other than HIV), the Registered Manager and Social Worker must be informed and decide what measures to take. The **Director** must also be notified and consulted.
- In principle, the child will be referred (with the parent's consent if possible) to the local **Genito-Urinary Medicine (GUM) Clinic / Sexual Health Clinic**, which will provide advice, counselling, testing, and support.
- **Only those immediate carers who need to know** will be informed of any suspicion or test results.
- Other children will only be informed if there is a direct risk to them (e.g., if the infected child may have acquired the infection from or passed it to other children).
- The only other individuals who will be told are the child's GP and Health Visitor.

### Disclosure to others (police, school, etc.) – Before disclosing, the following criteria must be satisfied:

- The child (where appropriate) and parents have given **written consent**.
- The disclosure is in the child's best interests.
- The recipient is aware of the confidential nature of the information.

### HIV and AIDS:

- HIV is subject to additional confidentiality protections. Testing for HIV requires specific informed consent.
- The Registered Manager must follow the home's **HIV and AIDS Guidance** (separate document if applicable) and seek legal advice before disclosing without consent.

### Consent to testing:

- A child aged **16 or over** must give permission before testing.
- If a child is **under 16** and has sufficient age and understanding (Gillick competence), their permission must be obtained.

- Wherever possible, **parental consent** will also be obtained. Parents must be provided with adequate information and support, including counselling before the test and in the event of a positive diagnosis.
- If parental consent is not forthcoming but there is a clear medical recommendation that testing is in the child's best interests, **legal advice** will be obtained as to whether the test can proceed.

#### 4.10 Masturbation

- It is accepted that masturbation is part of normal sexual behaviour.
- Children must be **positively encouraged** to undertake such activities **in private** (in their own bedroom with the door closed), and in a manner which is **not harmful to themselves or other people**.
- If a child's masturbation becomes compulsive, public, or causes injury to themselves (e.g., chafing, bleeding), this is a **cause for concern** and should be:
  - Discussed with the child's Social Worker.
  - Recorded in the child's Daily Record.
  - Addressed in the ISP (e.g., redirecting, providing privacy reminders, seeking medical or psychological advice).

#### 4.11 Peer Group Abuse (Sexually Harmful Behaviour)

- This section must be read in conjunction with local safeguarding procedures and **Working Together to Safeguard Children 2026**.
- The possibility of **peer abuse** will always be taken seriously, but 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 (one child pressuring or forcing another).

- Age-inappropriate (e.g., a 14-year-old engaging in penetrative sex with an 8-year-old).
- Between children of **significantly different ages, maturity, or mental abilities**.

**If staff suspect children are engaged in abusive sexual relationships as perpetrators and/or victims:**

1. **Immediately inform** the Registered Manager.
2. The Registered Manager will **consult the Social Worker** and make a **Child Protection Referral** under local procedures.
3. The **Responsible Individual** must be notified and consulted.
4. Consider whether the incident is a **Notifiable Event** under Regulation 40 (Ofsted).
5. The child who is the alleged perpetrator may require a **risk assessment** and potential placement move to protect others. The child who is the victim must be offered appropriate support (counselling, health check).

All disclosures must be handled with sensitivity, avoiding secondary victimisation. Staff should never promise confidentiality to a child if they disclose abuse by a peer.

## 5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Sexual Health and Relationships Policy effectively.

Training Element	Frequency	Method / Content
<b>Induction</b>	Upon appointment	Face-to-face training covering: legal framework (Sexual Offences Act, Children Act, Equality Act), non-judgmental approach to sexual identity, age of consent, child protection thresholds (under-13 activity always a referral), CSE and exploitation signs, pornography (open discussions and reporting illegal content), contraception and Fraser competence, pregnancy and termination confidentiality, STI testing consent, peer abuse (harmful sexual behaviour), recording and incident reporting, and the dual-site operation (62 & 66 Deighton Road).
<b>Annual refresher</b>	Every 12 months	Classroom or virtual session covering updates to legislation (Working Together 2026, SCCIF 2026), case studies on CSE and peer abuse, refresher on Fraser competence, and handling disclosures.
<b>Child Sexual Exploitation (CSE) awareness</b>	Annually	Training on CSE indicators (missing, gifts, older associates), local CSE risk assessment tool, referral pathways, and working with specialist services.
<b>Sexual health education delivery</b>	As needed	Training for Keyworkers on providing age-appropriate information about puberty, contraception, STIs, and healthy relationships, using resources from Brook, FPA, and NSPCC.

<b>Online pornography and safety</b>	Annually	Training on the Online Safety Act 2023, using content filtering, having open conversations with children about porn, and reporting illegal content (CEOP, Report Harmful Content).
<b>Confidentiality and consent</b>	At induction and biennially	Training on the legal framework for consent to medical treatment (under-16: Fraser/Gillick competence), when confidentiality can be breached (safeguarding, significant harm), and recording decisions.
<b>Record keeping and data protection</b>	At induction and refresh	Training on completing incident reports for sexual matters, recording consent decisions, and maintaining confidentiality (GDPR).

**Staff are required to:**

- Read and sign this policy annually.
- Complete all mandatory training.
- Never make derogatory remarks about a child's actual or perceived sexual orientation or gender identity.
- Immediately report any suspicion of sexual abuse or exploitation (including peer abuse) to the Designated Safeguarding Lead.
- Respect a child's privacy and dignity while maintaining safeguarding as the overriding duty.

## 6. Related Policies and Guidance

This policy must be read in conjunction with:

- Safeguarding Policy
- Harmful Sexual Behaviours Policy
- Bullying and Cyber Bullying Policy
- Internet Policy (for online pornography and exploitation)
- Health and Safety Policy (including first aid for physical injuries)
- Medication Policy (for emergency contraception and STI treatment)
- Confidentiality Policy
- Data Protection Policy
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- Local safeguarding partnership procedures (Kirklees)
- NSPCC guidance: "Online porn – how to talk to your child"
- Brook and FPA resources on sexual health

## 7. Policy Approval and Review Details



Byram House

<b>Policy Name</b>	SEXUAL HEALTH & RELATIONSHIP POLICY	
<b>Home</b>	Byram House	
<b>Reviewed by</b>	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
<b>Approved by</b>	Stacey Wagstaffe	Responsible Individual
<b>Date</b>	May 2026	