



Sexual Health Policy and Guidance for staff working with young people under 19 years of age

Agreed by: Wirral Teenage Pregnancy Steering Group

Implemented: April 2013

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Version: 6

Review Date: Annually

**Incorporates and
Replaces:** Sexual Health Policy for staff working with Young
People under 19 years (2009) Sexual Health of
Looked After Children and Care

World Health Organisation definition of Sexual Health

'A state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled'

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National Strategy for Sexual Health and HIV

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1. Statement of Principle

“Children and Young People in Wirral are our most important asset. We should help them all grow into confident and successful adults. They can do this for themselves but we will help them by ensuring they receive information and services when they are needed and in a way they can best make use of them. We are committed to removing barriers that prevent us from providing the services that children and young people tell us they need.”

Wirral Health and Well Being Charter for Wirral Children and Young People (2008)

1.1 Values underpinning the policy

Diversity: We recognise and acknowledge that individuals and communities are not all the same and young people have a right to their own spiritual, social, cultural and moral views.

Empowerment: We work in partnership to support and enable people to make healthy sexual choices.

Ethical practice: Sharing practice, knowledge and expertise is acknowledged as the way of working to achieve objectives and meet the challenges.

Fairness: We are committed to treating people fairly, based on needs.

Human rights: Children and young people will be supported in their human right to develop good relationships included sexual relationships. Children and young people also have the right to not have sex. To be respected for that choice and still have sexual rights.

Integrity: We work towards the highest standards in a caring and professional manner. We believe that the promotion of self-esteem and emotional wellbeing is important and helps form and maintain satisfying relationships.

Openness: We provide access to information in order to help people understand and influence local sexual health services, interventions and support.

Inclusiveness: We will respond to people as individuals, and recognise the assets and contributions which they bring to achieving positive sexual health.

Respect: We will promote and encourage respect for self and others as the basis of positive relationships and good sexual health

1.2 Relationships and Sex Education and Sexual Health Values Framework

Developed in consultation with Wirral faith leaders (Appendix 4)

2. Introduction

Wirral Local Authority and its partners wish to take the lead in setting out and adopting policy and guidance to ensure the local workforce engaged with young people are confident to:

- understand the strategic framework and context for this policy as part of a suite of health risk behaviours affecting young people (Appendix 1)
- use acquired skills and knowledge to actively promote positive and safe relationships and sexual health that is free from abuse and at an appropriate level to the needs of that young person and within professional boundaries
- understand and respect a young person's right to confidentiality within the legal framework, including Gillick Competency (Appendices 2&3)
- acquire and use a consistent and universal suite of tools to assess a young person's sexual health and well-being (Appendix4)

This will be achieved through:

- Wirral Local Authority (LA) senior management and partners engagement, adoption and promotion of this Policy
- LA and Partnership buy-in to universal staff training offer according to job role, and including annual updates as below and detailed in Appendix 4 :
- Wirral Relationships and Sex Education and Sexual Health promotion training packages, to support and assess sexually active and at risk young people
- Universal staff training in use of brief intervention tools re alcohol (Alcohol Alright) and sexual health (Love Life) at appropriate times in an identified young person's teenage years
- Training and implementation of Sexual Behaviour Traffic Light Tool (0-5 years, 5-9 years, 9-13 years, 13-16 years, 16-19 years)
- Training and implementation of 'Mixed Messages' toolkit to challenge media, internet and social networking messages about relationships, sex, risk and safety

The outcomes for the Local Authority and partners will be:

- A more skilled and enabled workforce able to engage safely and with confidence to support young people to make as far as possible safe and happy relationships free from coercion and exploitation

- To evaluate the effectiveness of this policy's contribution in terms of reduction in teenage conceptions, reduction in STIs within age group, reduction in abortion
- To take note of learning and the views of young people to support future co-production and commissioning for young people

The outcomes for young people will be:

- Increased access to a skilled and knowledgeable workforce providing consistent messages and support concerning sexual health and well-being within a range of settings
- Opportunities to contribute to co-production and future commissioning intentions for young people

The Children Act states that a child is anyone up to the age of 18 years. However, this policy has included 18 year olds, as it recognises that the Healthy Child Programme includes those up to the age of 19years, and local young people's sexual health services include access for those up to the age of 19 years.

Accompanying guidance, included in Appendices will support the policy implementation.

The policy and guidance will support any member of staff working with young people to ensure that they achieve the five outcomes listed in 'Every Child Matters':

- Being Healthy
- Staying Safe
- Enjoying and Achieving
- Making a positive contribution.
- Achieving Economic Wellbeing.

3. Policy Aims and Objectives

3.1 Policy Aim

The aim of the policy is to enable any member of staff to assess and respond appropriately to young people's needs with regards to relationship & sexual health within their professional boundaries and from an informed perspective, using a consistent and evidenced based suite of tools to support their practice .

3.2 Policy Objectives for Managers

- To enable staff to access support and appropriate training in order to enhance their work with young people in relation to relationships and sex, including assessment of age appropriate sexual behaviour for young people and relevant referral and reporting processes as necessary.

- To ensure staff attend the appropriate level of 'RSE and Sexual Health Promotion Tiered Training' (Appendix 4), that is pertinent to their role.
- To ensure all staff attend a yearly update of the training.
- To embed this policy and attached practice documents within current service policy, procedures and practice.
- To understand and apply Wirral Children Safeguarding procedures in relation to this area of work.
- Senior managers to refer upwards intelligence and issues that are raised by staff in this area of work at appropriate strategic groups to inform planning of children and young people's services eg: TPSG and Staying Safe.

3.3 Policy Objectives For Front Line Staff

- To attend training sessions as above to learn and implement skills to do the following:
- To ensure assessment of age appropriate sexual behaviour for young people and relevant referral and reporting processes as necessary, in accordance with safeguarding procedures.
- To have the confidence to have open discussions with young people which encourage them to engage in positive and safe relationships.
- To have discussions which encourage young people to delay sexual activity until they and a partner are both ready to do so, in an informed and consensual manner, knowing the risks and consequences that may occur both physically and emotionally.
- To improve young people's access to appropriate support and services to promote contraceptive and sexual health.
- To emphasise the links between alcohol, drugs and safe sexual health.
- If appropriate within the their role, and when trained will be able to provide condoms, pregnancy testing and assist young people with the self screening test for Chlamydia
- To be able to engage with parents with confidence and at an appropriate level

4. Partnership working

This policy is intended for use by the following staff groups and organisations:

Connexions, Learning Mentors, Social Care, Foster Carers, Residential Staff, Schools and Colleges teaching and non teaching staff, Education Welfare, Voluntary Organisations, Community Organisations, Drugs and Alcohol Services, Community Pharmacists, Police and Criminal Justice, Youth Service, Youth Offending Service, Area Teams, Health Trainers,

Community Health Workers, Midwifery, Health Visiting, School Nursing, LAC Nurses, Family Nurse Partnership, CAMHS and Walk-In Centre Staff Groups

5. Agency roles & responsibilities

5.1 Agencies will:

- Brief their worker/carers on this policy and ensure they are fully aware of their contribution in supporting children and young people in the development of healthy relationships and sexual health and wellbeing
- Ensure the job descriptions of workers/carers who work with children and young people included details of their role and responsibilities in relation to this policy. Local induction programmes should include detailed information on this policy and training opportunities and their contribution to the various strategies which relate to this policy and the Wirral Teenage Pregnancy Strategy.
- Ensure their workers/carers attend appropriate level of the RSE and Sexual Health Tiered training.
- Identify at least one Sexual Health Champion within their agency who will act as the key contact. Their role will be to:
 1. Promote good practice
 2. Disseminate good practice across their agency and to share this with the wider sexual healthy community
 3. Identify communication issues both externally and internally which either promotes or hinders good communication within their own agency and with others
 4. Contribute to the development of actions to improve relationship and sexual health outcomes for young people
 5. Regularly attend local Sexual Health/Teenage Pregnancy network events to ensure effective networking/working together
 6. Act as the point of contact for their organisation and the Teenage Pregnancy Coordinator/RSE and Sexual Health Promotion lead.
- Ensure young people have access to good quality information and services which are easily accessible and based on local needs.
- Signpost young people appropriately to specialist advice around contraception, pregnancy tests and STI screening.
- Ensure that the sexual health needs of young people are seen as part of core delivery of their service, and that information and support is readily available
- Agencies will ensure the Wirral Safeguarding Children Procedures* (*refer to www.wirral.gov.uk/lcsb/) are applied when indicated.
- Ensure national and local guidance is reflected at local level in the services provided, and a positive message regarding relationships and good sexual health is promoted.

- Ensure all their services are working towards 'Young Person Friendly' status and audit accessibility by children and young people on a regular basis.

6.0 Roles and Responsibilities of frontline staff working with children and young people under 19 years

6.1 Assessment

Front Line Staff should make an assessment of age appropriate sexual behaviour for young people to identify any risk or need for sex and relationship health promotion.

The Sexual Behaviours Traffic Light Tool (Appendix 4) should be used as a guide to age appropriate sexual behaviour, alongside child safeguarding procedures.

As part of this assessment, the aim is to establish whether a young person (male or female):

- Is sexually active
- Is at risk of child sexual exploitation
- Has a basic knowledge of contraception and how to use it
- Is aware of local services and how to access them
- Has any immediate risk following unprotected sex and is aware of the associated risks (e.g. pregnancy) and emergency contraception
- Is aware of STI and HIV prevention and symptoms
- Is aware of the link between alcohol / substance misuse and sexual health
- Have any concerns about sexuality / identity.
- Have any concerns about their relationships, such as violence or coercion.

This is not a checklist, but a guide to priority issues that can be discussed with the young person.

6.2 Making every contact count

Frontline staff should use opportunities to open discussion with young people about relationships and sexual health, and also discussions about alcohol and its influence on behaviour. The 'Alcohol Alright' and 'Love Life' brief intervention toolkits to use with young people (Appendix 4) are recommended for this purpose.

7. Supporting those delivering the policy

Wirral's RSE and Sexual Health Promotion tiered training (Appendix 4) will continue to be delivered to the children and young people's workforce with yearly updates to support the workforce to adhere to this policy and promote the relationship and sexual health of young people in Wirral.

The NHS Resource Centre (Port Causeway tel. 630-8398) will maintain a stock of information leaflets and resources to assist staff to promote relationship and sexual health.

8. Arrangements for Dissemination and Review of the Policy and Guidance

The policy and guidance will be centrally disseminated by Public Health to all the children and young people's workforce through:

Teenage Pregnancy Steering Group;

Being Healthy Strategy Group;

Wirral Association of Secondary Heads;

It will also be made available on the Local Authority intranet.

The Public Health Department will be responsible for the annual review of this policy, taking into consideration the review of the Safeguarding Children Board Procedures and/or any changes in legislation in national guidance.

Appendix 1: Strategies to support this policy

There are national Government strategies that relate to improving young people's sexual health and reduction of under 18 conceptions. These strategies are listed as below:

National Teenage Pregnancy Strategy (Department for Education and Skills and Department of Health, 1999)

The National Teenage Pregnancy Strategy was launched following the publication of the Social Exclusion Unit's report into teenage pregnancy.

The National Teenage Pregnancy Strategy has two national targets set for each local area, they are:

- Halve the under 18 conception rate in England by 2010 (with an interim reduction target of 15% by 2004.)
- Increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of long term social exclusion.

Reducing under 18 conceptions (births and terminations) is key to ensuring the long term health and wellbeing of young people. In addition to providing contraception through young people friendly sexual health services, there is a need to provide a well trained and confident workforce who are able to discuss relationships and sexual health issues openly, accurately and honestly with young people (young men and women) at an appropriate age. Key to this is having appropriate policies and guidance in place to ensure professionals are supported in preventing teenage pregnancy.

Following the end of the National Strategy, responsibility for reducing under-18 conceptions has now been devolved to a local level. A copy of Wirral's local Teenage Pregnancy Action Plan can be obtained by contacting Lucy Tomlinson, Teenage Pregnancy Coordinator on 0151 514 2217 or lucy.tomlinson@wirral.nhs.uk

The National Strategy for Sexual Health and HIV (Department of Health, 2001)

This strategy recognised that the consequences of poor sexual health can be serious leading to amongst other outcomes unexpected pregnancy and termination.

The strategy has established a number of key indicators including:

- To increase access to sexual health services, including contraception, particularly to young people.
- To increase the % of young people aged 15-24 accepting screening for Chlamydia.
- To provide access to Genito-Urinary Medicine (GUM) clinics within 48 hours

‘One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups’ (NICE 2007)

The guidance identifies key target populations for health and non-health professionals to prioritise for sexual health and well-being prevention work. They include:

- Vulnerable young people from disadvantaged backgrounds
 - Who are in or leaving care
 - Who have low educational attainment
- Key groups at risk of an STI through:
 - misuse of alcohol and/or substances
 - early onset of sexual activity
 - unprotected sex and frequent change of and/or multiple sexual partners

United Nations convention on Rights for Children

- All children have the right to non-discrimination, freedom of expression, protection from exploitation and abuse and the rights to health care, education, play and leisure.
- All agencies have made a commitment to supporting the diverse needs of all young people in relation to their sexual health, relationships and positive emotional health and wellbeing. All children and young people will be entitled to: Education – Information – Services – Support appropriate to their age, gender, sexual orientation, culture and developmental needs

Appendix 2: Legislation to support this Policy

The Sexual Offences Act 2003

The Age of Consent

The legal age for young people to consent to have sex is still 16, whether they are straight, gay or bisexual. The aim of the law is to protect the rights and interests of young people, and make it easier to prosecute people who pressure or force others into having sex they don't want.

For the purposes of under 13 offences, whether the child consented to the relevant risk is irrelevant. A child under 13 does not, under any circumstances, have the legal capacity to consent to any form of sexual activity.

Protecting People with a mental disorder

The act has created three new categories of offences to provide additional protection with a mental disorder

- The Act covers offences committed against those who, because of a profound mental disorder, lack the capacity to consent to sexual activity
- The act covers offences where a person with a mental disorder is induced, threatened or deceived into sexual activity
- The Act makes it an offence for people who provide care, assistance or services to someone in connection with a mental disorder to engage in sexual activity with that person

Children & Families: Safer from sexual crime – (The Sexual Offences Act 2003)

Although the age of consent remains at 16, the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation. Young people, including those under 13 will continue to have the right to confidential advice on contraception, condoms, pregnancy and abortion.

Young people under the age of 13

- Under the Sexual Offences Act 2003, children under the age of 13 are considered to be of insufficient age to give consent to sexual activity. In such circumstances, reference should be made to the Working with Sexually Active Under 18s policy and flow chart. (Appendix *)
- Full assessment is required in all cases where a sexually active young person is under the age of 13.
- Each case must be individually assessed and careful consideration for making a Child Protection referral to the Children's Social Care Initial Assessment Team must be made. In order for this to be meaningful,

the young person will need to be identified, as will their sexual partner, if details are known

- A decision not to refer can only be made following a case discussion with the designated lead for child protection within the agency/local authority. The professional and agency are fully accountable for the decision made and a good standard of record keeping must be demonstrated including the reason for not making a referral.
- When a girl under 13 is found to be pregnant, a referral to the Children's Social Care Initial Assessment Team must be made and they will hold a strategy discussion with the police and/or other agencies. At this stage a multi agency support package should be formed.

Young people between 13 and 16

- The Sexual Offence Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should still remain at 16. This acknowledges that this group of young people are still vulnerable, even if they do not think that they are.
- Consideration should be given in every case involving a sexually active young person aged 13-16years old. Discussion with Children's Social Care will depend on the level of risk/need assessed by those working with the young person.

This difference in procedure reflects the position that, whilst sexual activity under 16 remains illegal, young people under the age of 13 are not capable to give consent to such sexual activity

Young people between 16 and 18

- Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered the protection of Local Safeguarding Procedures under the Children Act 2004.
- Consideration still needs to be given to issues of sexual exploitation through prostitution and abuse or power in circumstances outlined below. Young people, of course, can still be subjected to offences of rape and assault and the circumstances of an incident may need to be explored with a young person.
- Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member as defined by the Sexual Offences Act 2003.

Richard Inquiry – Recommendation Number 12

“The government should reaffirm the guidance in ‘Working Together to Safeguard Children’ so that the Police are notified as soon as possible when a criminal offence has been committed, or is suspected of having been committed against a child – unless there are exceptional reasons not to do so”.

From 'Working Together to Safeguard Children-a guide to interagency working to safeguard and promote the welfare of children' (2010-currently under review)

An integrated approach

1.10 Children have varying needs that change over time. Judgements on how best to intervene when there are concerns about harm to a child will often, and unavoidably, entail an element of risk – at the extreme, of leaving a child for too long in a dangerous situation or of removing a child unnecessarily from his or her family. The way to proceed in the face of uncertainty is through competent professional judgements, based on a sound assessment of the child's needs and the parents' capacity to respond to these – including their capacity to keep the child safe from significant harm – and the wider family circumstances.

Sexual Abuse

1.35 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

9.10 Disturbed behaviour – including self-harm, inappropriate sexualised behaviour, sexually abusive behaviour, depression and a loss of self-esteem – has been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and on his or her feelings of self worth.

Sexual exploitation

6.2 Children and young people who are sexually exploited are the victims of child sexual abuse, and their needs require careful assessment. They are likely to be in need of welfare services and – in many cases – protection under the Children Act 1989. This group may include children who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victims of trafficking.

6.3. The identification of a child who is being sexually exploited, or at risk of being sexually exploited, should always trigger the agreed local procedures to ensure the child's safety and welfare and to enable the police to gather evidence about abusers and coercers.

6.63: Child sexual exploitation offences

The Sexual Offences Act 2003 introduced wide-ranging offences covering trafficking into, out of or within the UK for any form of sexual offence, which also carries a 14 year maximum penalty. It also introduced a range of offences covering the commercial sexual exploitation of a child, protecting children up to 18. These include buying the sexual services of a child (for which the penalty ranges from seven years to life imprisonment depending on the age of the child) and causing or inciting, arranging or facilitating and controlling the commercial sexual exploitation of a child in prostitution or pornography, for which the maximum penalty is 14 years imprisonment. An offence of trafficking for exploitation,

New offences targeted at those who sexually exploit children and young people

12.10 The Sexual Offences Act 2003 introduced a number of new offences to deal with those who sexually exploit children and young people. The offences protect children up to the age of 18 and can attract tough penalties. They include:

- paying for the sexual services of a child;
- causing or inciting child prostitution;
- arranging or facilitating child prostitution; and
- controlling a child prostitute.

12.11 These are not the only charges that may be brought against those who sexually exploit children or young people. Abusers and coercers often physically, sexually and emotionally abuse these children, and may effectively imprison them. If a child is a victim of serious offences, the serious charge that the evidence will support should always be used

Mental Capacity Act: How it applies to children and young people

What is capacity?

Mental capacity is the ability to make a decision. This includes day to day life decisions as well as more significant decisions.

Summary

- The Mental Capacity Act is not just for adults with mental health problems, although certain provisions only apply to those over 18 years of age
- The Mental Capacity Act applies to young people age 16 and over with capacity issues
- It can also apply to under 16's where the child has an impairment of mind or brain and lacks capacity currently and is likely to still lack it for financial purposes at age 18 years

The whole Act is underpinned by a set of five key principles set out in section 1 of the Act:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person should not be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made in their best interests.
5. Before the act is done, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Children under 16

The Act does not apply to people under the age of 16 but there are two exceptions:-

- i. The Court of Protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions within Section 2(1)* of the Act and is likely to still lack capacity to make financial decisions when they reach the age of 18 (Section 18(3)).
- ii. Offences or ill treatment of wilful neglect of a person who lacks capacity within Section 2(1)* can also apply to victims younger than 16 (Section 44).

Guidance suggests that an assessment of Gillick / Fraser competency applies and assessment should be based upon the person's understanding, not just their capacity.

Young people aged 16-17 years

Most of the Act applies to young people aged 16-17 years, who may lack capacity within Sections 2(1)* to make specific decisions but there are four exceptions:-

- 1) Only people aged 18 and over can make a Lasting Power of Attorney
- 2) Only people aged 18 and over can make an advance decision to refuse medical treatment
- 3) The Court of Protection may only make a statutory will for a person age 18 or over.
- 4) The Deprivation of Liberty Safeguards only apply to people aged over 18

Although the MCA is for people over 16, as the law does not permit sexual relationships under 16, professionals should be cautious in consenting to an act on behalf of a young person that did not demonstrate Fraser competency. To prevent someone over 16 who lacks the capacity to consent to sexual relations a ruling from the High Court would be required. In the interim, an emergency ruling could be applied for from the Court until a final order could be put in place. For anyone over 16, a best interest decision could be made if a lack of capacity for a particular decision is evident and the decision to be made is not excluded under S27.

Good practice for the under-16 age group would be to assess for competencies and make a best interest decision, but parental responsibility must also be considered.

Independent Mental Capacity Advocate (IMCA)

The support of an Independent Mental Capacity Advocate can be sought if an individual has been assessed as lacking the capacity to make a particular decision and if they have no next of kin, family or friend or unpaid carer who is willing to represent them or be consulted in the process of best interests.

The IMCA will:

- seek to establish meaningful communication with the individual
- have a private discussion with the individual to establish wishes and feelings about the decision
- make observations about interaction and environment
- question the capacity to make decisions

You have a legal right to instruct an IMCA if nobody else is suitable to consult. WIRED IMCA service can be contacted on 0151 670 1500

APPENDIX 3: Guidance to support this policy

Gillick and Fraser Guidelines

In 1985 the “Gillick Competency” principle emerged from the House of Lords (Gillick v West Norfolk and Wisbech Health Authority and Department of Health and Social Security). Lord Fraser ruled that a doctor or recognised health professional can provide contraceptive advice and treatment to a young person under 16 without parental consent providing the doctor is satisfied:

- b. The young person understands the advice
- c. The young person cannot be persuaded to inform his or her parents or allow his or her parents or allow the doctor to tell them they are seeking contraceptive advice
- d. The young person is likely to begin or continue to have unprotected sex
- e. The young person’s physical or mental health are likely to suffer unless he or she receive contraceptive advice or treatment
- f. It is in the young person’s best interest to provide contraceptive advice and treatment

The Fraser Guidelines and Section 73 of the Sexual Offences Act (2004) provides workers/carers with the required framework for informing decisions about the provision of contraception and sexual health advice to children and young people aged 16 and under, regarding

- Condoms
- Assistance with administering a pregnancy test
- Support when they are attending or have attended another sexual health service for treatment/advice
- Sexual health information and advice

Section 14 (2) and (3) of the Sexual Offences Act states that a person (and that means workers/carers) will not be guilty of aiding, abetting or counselling a number of sexual offences against young people under 16 if s/he is acting to:

1. Protect the child’s safety
2. Protect them from sexually transmitted infections
3. Prevent the child becoming pregnant
4. Promote their emotional well being by the giving of advice

Confidentiality

This is an issue that can cause anxiety for young people and staff alike. It is essential that the boundaries of confidentiality be clearly understood by all members of staff and young people.

All young people have the right to high quality, confidential information and support, if required, while making and maintaining positive personal relationships throughout their teenage years. In working with young people, it must always be made clear to them that absolute confidentiality cannot be guaranteed, and that there will be some circumstances where the needs of the young person can only be safeguarded by sharing information with others. In such a case, Wirral's Local Safeguarding Children Board policy and procedures should be followed. Wirral services will endeavour to ensure that a young person is informed of this decision where appropriate.

Please refer to the Wirral LSCB Safeguarding Procedure, Children and Young People who have Sexually Harmful Behaviour

www.wirral.gov.uk/lcsb

Recording Information

Detailed information about a young person's sexuality, their sexual activity or sexual health should not be recorded unless there are concerns that the child is potentially or actually suffering significant harm.

Information should be recorded in line with the need of the individual service and in accordance with the service's record keeping policy.

Young people should always be consulted beforehand about what is going to be brought up in formal meetings (as they should be about all matters) and have some say in whether they want issues discussed in this forum.

Caldicott 2

Due out early 2013 which will re-inforce the duty of confidentiality within NHS settings.

Safeguarding and Information Sharing

Information should be shared on a need to know basis and in line with Wirral Local Safeguarding Children Board Procedures (www.wirral.gov.uk/lcsb)

However should the young person or another young person be at risk then confidentiality should not be maintained and safeguarding guidance should be followed. (Wirral Local Safeguarding Children's Board, 2007). The member of staff would need to explain to the young person the need to report this and discuss how this will proceed.

Sharing Information with Parents and Carers

Decisions to share information with parents and carers will be taken using professional judgement, consideration of Fraser guidelines and in consultation with Safeguarding Children Board Procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the

implications and risks to themselves. This should be coupled with the parents' and carers' ability and commitment to protect the young person. Given the responsibility that parents have for the conduct and welfare of their children, staff should encourage the young person, at all points, to share information with their parents and carers wherever safe to do so.

Data Protection

There are a number of statutory provisions restricting the sharing of information. These include Data Protection Act 1998, Human Rights Act 1998 and Common Law Duty of confidence.

When sharing confidential information, a balanced view has to be taken about the professional or carer's need to know and the right of the child to confidentiality.

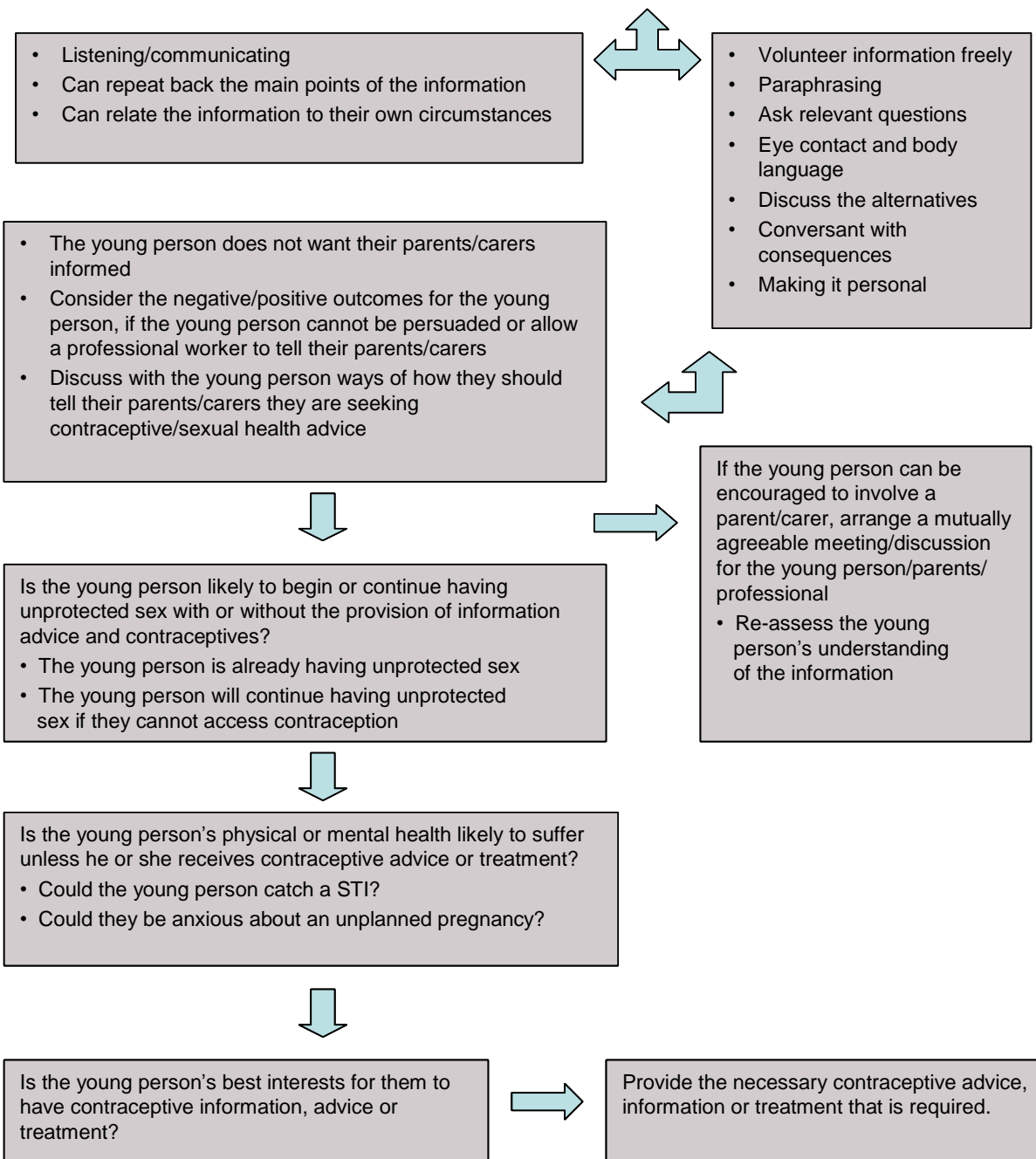
The approach to sharing confidential information should be the same whether this is internal or shared with an external agency.

Applying the Fraser Guidelines in relation to sexual health/contraceptive advise, information or treatment to a person under 16 without parental consent

Does the young person understand the advice I am providing?

YES

NO – DOES NOT



Wirral Training & Tools:

Wirral Relationships & Sex Education and Sexual Health Promotion Training

This training will be delivered for the Wirral Children and Young People's workforce. Trainees will be able to access each tiered level progressively.

Level: Universal (half day-3.5 hours) delivered with 2 different groups of workers, dependant on age group focus, but will cover the same objectives. Staff from both groups could progress to the next levels of training as appropriate.

Level: Universal (a) – early years and primary school aged children's workers.

Level: Universal (b) - for secondary school aged young people's workers/teaching staff.

Enable practitioners to talk with children and young people age appropriately about sex and relationships and signpost to services.

- Give overview of sexual health and children and young people's rights and responsibilities, reflecting on and challenging values & attitudes.
- Introduce underpinning 'RUReady' principles for relationship and sexual health promotion
- Give overview of STIs, prevention, screening and treatment.
- Give overview of sex and the law & local policy relating to children and young people with particular regard to safeguarding, confidentiality and consent

Level: Targeted (half day-3.5hours)

Give practitioners working regularly with children and young people a more in depth knowledge of relationship and sexual health promotion.

- Enable practitioners to perform Condom demonstration and explanation linked with risk and promoting respectful relationships.
- Give overview of contraception, including access to services and emergency contraception.
- Give awareness around HIV-transmission, prevention, local services and priorities.
- Enable practitioners to apply Fraser guidance and local guidance/policy around confidentiality and safeguarding.

Level: Specialist RSE (a) (formal RSE)

Equip to deliver Relationships and Sex Education to young people in groups or classes, including

- educational approaches,
- resource suggestions and
- curriculum / policy assistance.

Level: Specialist (b) (Sexual Health Promotion/RSE with particular vulnerable groups of young people)

How to educate and/or work with specific groups, or perform specific roles as or when is needed in line with local policy and work plans.

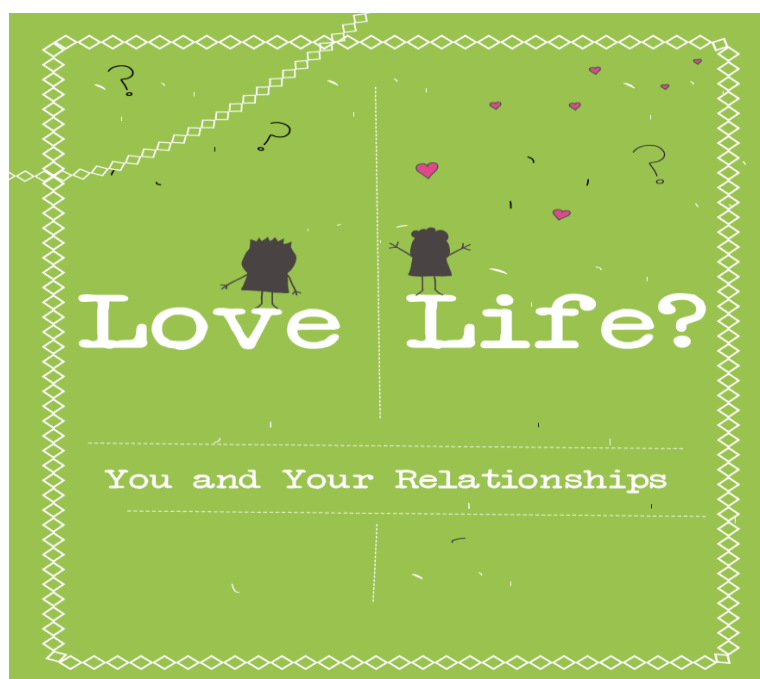
Eg: boys and young men; children and young people with disabilities; LGBT young people; exploitation

Contact Lucy Tomlinson for more information: lucy.tomlinson@wirral.nhs.uk or 0151 5142217

'Alcohol Alright' and 'Love Life' Brief Intervention Tools

For more information on the brief intervention tools or training around how to use these, please contact Lucy Tomlinson on 514 2217 or lucy.tomlinson@wirral.nhs.uk

	<p>How do you look after a friend who has had too much to drink?</p> <p>This leaflet provides you with everything you need to know to look after a friend who has had too much to drink? (this leaflet is relevant for young people aged 15-19 years old)</p>
	<p>Thinking about my drinking quiz</p> <p>This quiz will help you think about your drinking and its impact on your life. (this leaflet is relevant for young people aged 15-19 years old)</p>
	<p>A guide to changing your drinking</p> <p>This booklet will help you make changes to your drinking in three easy steps. (this leaflet is relevant for young people aged 15-19 years old)</p>
	<p>Information about drinking alcohol</p> <p>This leaflet provides you with information about alcohol related problems, the strength of different drinks and what the law says. (this leaflet is relevant for young people aged 15-19 years old)</p>



Wirral Values Framework for Relationships and Sex Education (RSE)

Developed in consultation with Wirral's faith leaders, and endorsed by SACRE

1. We value the wellbeing of children and young people being placed at the centre of RSE.
2. We value young people gaining the knowledge & skills to develop personal relationships which impact positively on their health and wellbeing-emotionally, physically and spiritually.
3. We value children and young people being guided to develop mutually respectful attitudes towards themselves and others, and to understand that with rights come responsibilities.
4. We value the provision of accurate, evidence based, interactive and interesting RSE provision which highlights the positive and negative consequences of sexual activity at different stages of life and within different relationships, in line with legislation and local and national safeguarding policies.
5. We value children and young people's rights to be well informed and aware of the stages of their physical and emotional development, at appropriate ages, to enable them to develop respectful, enjoyable relationships and avoid exploitation and abuse.
6. We value the importance of family life and stable, loving, respectful relationships – for many this will mean marriage.
7. We value the role of parents, carers and faith communities in explaining their faith and cultural perspectives to children and young people and to work in partnership to support them through their physical, emotional and spiritual development.
8. We value the right of children and young people to have opportunities to express their views appropriately in safe and supportive environments within schools and other community settings.
9. We value young people having the opportunity to access services and organisations which give support, information and resources designed to prevent any negative consequences of personal relationships and sex.
10. We value children and young people's development of critical awareness, enabling them to challenge irresponsible messages from a range of media sources and promote positive messages about respectful relationships.

Brook Age Appropriate Sexual Behaviour Traffic Light Tool



Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

Print date: 01/03/2013 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 5 to 9

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

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Behaviours: age 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

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Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

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