

# Enabling young people to access contraceptive and sexual health advice

Guidance for  
Youth Support Workers

IMAGE REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES



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# Guidance for Youth Support Workers

## The context

Delaying first sex leads to less regret and more effective contraceptive use among young people. Youth support workers can play a key role in helping young people develop the confidence and self-esteem to resist peer pressure to be sexually active until they feel ready to make safe and responsible choices. Youth support workers can also encourage and support young people to talk to their parents about sex and relationships. Parents are young people's preferred source of information and advice and openness in the home is associated with later age of first sex and better contraceptive use.

However, research shows that many teenagers do not access contraceptive and sexual health advice until after they have already become sexually active and place themselves at risk of pregnancy and sexually transmitted infections (STIs). The voluntary nature of the relationship between youth support workers and young people puts them in a strong position to help young people resist peer pressure to become sexually active and to provide young people, when they are sexually active or thinking of

becoming so, with the information they need to develop safe and responsible relationships. They can help young people in particular overcome the apprehensions that commonly deter them from seeking early contraceptive advice from health professionals including concerns about confidentiality.

This guidance aims to clarify for youth support workers that they can and should encourage young people to seek advice and contraception and direct them to local services if it appears that they are, or are thinking about, becoming sexually active and cannot be persuaded to delay sexual activity. It updates and expands upon similar guidance to youth workers issued jointly by the Teenage Pregnancy Unit and Connexions in 2001<sup>1</sup> and in particular explains the provisions of the Sexual Offences Act (2003)<sup>2</sup> as they affect youth support workers. Similar updated guidance was issued by the Department of Health to health professionals in July 2004<sup>3</sup> and to social workers by the Department for Education and Skills in October 2004<sup>4</sup> which are reflected in this guidance.

It is set out in three sections:

1. the role of youth support workers in providing information and referring young people to contraceptive and sexual health advice services;
2. the role of health professionals in providing contraceptive and sexual health advice and treatment;
3. a checklist of actions for youth support workers to support implementation of this guidance.

### The term 'youth support worker'

The term 'youth support worker' is used in this guidance. It covers the whole range of professionals working to support young people, including Connexions personal advisers (PAs), youth workers whether from the Local Authority or the voluntary or community sector, including youth outreach and youth advice workers. It is aimed at all those who give one-to-one advice to young people on personal, relationship and sexual health issues.

Not all youth support workers will have specialist knowledge in this area and should recognise the boundaries of their own professional competence and not work in isolation on sexual health issues. It is crucial that health and social care professionals and other partners are involved, particularly where child protection, or coercion to engage in sexual activity, might be an issue.

## The Teenage Pregnancy Strategy

### What is the Teenage Pregnancy Strategy trying to achieve?

In 1999, the Government launched a report from the Social Exclusion Unit on teenage pregnancy<sup>5</sup> that set two goals:

- to halve the rate of conceptions among under 18s in England by 2010 and to set a firmly established downward trend in conceptions among under 16s;
- to reduce the risk of long term social exclusion for teenage parents and their children by supporting teenage parents into education, employment and training (EET). The target is to increase to 60% the percentage in education, employment and training by 2010.

To achieve the goals, a comprehensive, cross-Government Teenage Pregnancy Strategy was launched. The strategy is implemented nationally by the Teenage Pregnancy Unit (part of the Department for Education and Skills) and locally through Teenage Pregnancy Coordinators in every top-tier Local Authority area supported by Regional Teenage Pregnancy Coordinators based in the Government Offices of the 9 English regions.

### Why is the strategy necessary?

The UK has the highest teenage birth rate in Western Europe – three times as high as France and over five times the rate in the Netherlands. While other countries achieved dramatic reductions in teenage pregnancy rates during the 1980s and 1990s, the UK rates remained static. However, between 1998 (the baseline year for the strategy) and 2002 under 18 conception rates fell in England by 8.6 % and the under 16 rate by 11.2 % over the same period.

Around three-quarters of teenage births and the vast majority of teenage pregnancies that end in abortion are unplanned. Only one third of young people visit a sexual health/contraceptive services before having first sex. Although the percentage of young people using condoms at first sex is increasing, many continue to use contraception erratically.

Teenage births carry increased health risks for the young women and their babies. Although a few young parents manage very well, they are also more likely than older parents to live in poverty and to be unemployed (and to have partners who are unemployed or in low paid jobs). Of all teenagers who conceive, over 50% of under 16s and around 40% of 16-17 year olds have abortions.

In addition to high conception rates, at least 10% of sexually active teenagers are estimated to have a sexually transmitted infection and chlamydia rates are increasing fastest among 16-19 year old women. The Government's Sexual Health and HIV Strategy for England, published in July 2001<sup>6</sup>, seeks to reduce these rates. The recent Public Health White Paper 'Choosing health – making healthy choices easier' (November 2004)<sup>7</sup> announced a new sexual health campaign targeted particularly at younger men and women focusing on the benefits of using condoms and the prevention of chlamydia.

Teenage pregnancy and sexual health is also prioritised in the 'Change for Children' programme (published by DfES in December 2004)<sup>8</sup> to implement the 'Every Child Matters' Green Paper (2003)<sup>9</sup>. Reducing under 18 conception rates and STIs among teenagers are targets and indicators under the 'being healthy' outcome of the Change for Children outcomes framework.

### **How does the strategy aim to prevent teenage conceptions?**

The Teenage Pregnancy Strategy aims to help young people, both girls and boys, not to have early sex, to resist peer pressure to do so and if they cannot be persuaded from becoming sexually active, to behave responsibly towards their partner and use contraception and condoms.

This is being done through a combination of a national media campaign in teenage magazines and local radio, improved sex and relationship education in schools and other settings and the provision of effective confidential contraception and advice services which are trusted by young people. In addition, support for parents in talking to their children about sex is an important part of Teenage Pregnancy Strategy as this is young people's preferred source of information about sex and relationships.

### **Gaining senior leadership support for policies**

It is important to obtain senior level agreement, commitment and leadership in the statutory, voluntary and community sectors on approved policies to support young people in accessing contraceptive and sexual health advice: with Local Authorities this might be at cabinet or elected member level and in the voluntary and community sector at management or national level committee of the organisation concerned.

## Section 1

# The role of youth support workers in providing information and referring young people to contraceptive and sexual health services

Advice to young people should always be in the context of helping them to resist pressure to have unwanted sex and to delay first sex until they feel ready and confident to make safe and responsible choices.

Young people should be encouraged to talk to their parents about sexual health issues as evidence shows that where parents do engage in open discussions about sex and relationships, their children have first sex later and are more likely to use contraception when they do become sexually active.

It is particularly important to also convey these messages to boys, to resist peer pressure to have early sex and that if they do become sexually active that good sexual health and contraception equally concerns them. The Teenage Pregnancy Unit has published specific guidance on developing contraception and sexual health services to reach boys and young men including good practice examples (*Guidance for developing contraception and sexual health and advice services to reach boys and young men, Teenage Pregnancy Unit, 2000*)<sup>10</sup>.

## Accessing local contraceptive and sexual health services

**Q1 If asked by a young person, can youth support workers give details of local contraceptive and sexual health services?**

Yes. Youth support workers can and should give young people, including under 16s, details of where and how to access local services and make sure they are confident in accessing any advice they need particularly if the young people concerned are sexually active or are likely to become so. Q21 (section 2) gives information on sources of free contraceptive advice and treatment. The local Teenage Pregnancy Coordinator will have details of services locally. Youth support workers should ensure this information is up to date.

**Q2 If they believe a young person is already sexually active or likely to become so, can they proactively give them details of local contraceptive and sexual health services and encourage them to access such advice?**

Yes. The voluntary nature of the relationship between youth support workers and young people often means that personal issues are

discussed. It is particularly important that they should offer the young person support in resisting pressure to have early sex and in delaying first sex, until they are ready to make safe and responsible choices. This is equally important for both sexes. However, if they think the young person is already having, or likely to start a sexual relationship, they should actively encourage them to visit a local contraceptive advice service to help minimise any risk taking. They should find out whether they have any worries about seeking advice and offer any further support to minimise the risk of pregnancy or STIs.

**Q3 Can youth support workers display publicity for local services in their centre?**

Yes. When working with young people, it is good practice to display publicity information about local contraceptive and sexual health services with telephone numbers, location details and, if available, opening hours alongside other relevant sources of advice and community support services, for example on drugs, alcohol or bullying. This should be done in a framework of messages and advice to delay sexual activity and resist peer pressure to have early sex. It is most important that displays stress the confidentiality of contraceptive and sexual health services. The local Teenage Pregnancy Coordinator will be able to advise on suitable publicity materials.

**Q4 Could youth support workers take a group of young people to visit a local contraceptive and sexual health clinic to find out about local services?**

Yes. A visit to a local service is most effective as part of a wider sex and relationships programme as a way of allaying anxieties and improving early uptake of advice. It is good practice to persuade young people to inform parents or carers, if the young people are under 16, and make information available which they can share and

discuss with their parents or carers. However, there is no legislation that requires Connexions, Local Authority Youth Services or other youth organisations to seek parents' permission or to inform them of sex and relationships programmes.

**Q5 Can youth support workers accompany an individual young person to a local service?**

Yes. If a young person cannot be persuaded to talk to their parents or carers for support, the youth support worker can accompany a young person to a contraceptive or sexual health clinic or GP practice, particularly if they believe a young person is worried about visiting a service. Apprehension about visiting services and confidentiality deters many young people from getting early contraceptive advice. The voluntary nature of the youth support worker's relationship with the young person may also help in reinforcing the advice or written information from the health professional.

While accompanying the young person, the youth support worker needs to ensure that the young person can see the health professional on their own so that confidentiality is maintained, unless the young person specifically requests that they are accompanied during the consultation. If the young person is of compulsory school age and the appointment is during school hours, the youth support worker must follow any school rules on authorisation of absences and if young people are transported to or from local services by youth support workers in their own vehicles, this needs to be in accordance with local health and safety procedures.



## Bringing contraception and sexual health advice to young people

### Q6 Can youth support workers give young people information about contraceptive methods?

Yes. Advising a young person on the suitability of a particular contraceptive method is the responsibility of health professionals and would not normally be undertaken by youth support workers. However, youth support workers can usefully provide young people with information about contraception and sexual health as part of a broader sex and relationships programme in liaison with education and health professionals. This is particularly important for young people who are sexually active and at risk of becoming pregnant. Youth support workers should always ensure that information is accurate and up to date by checking with the local contraceptive and sexual health service, health promotion unit or national organisation such as fpa (formerly Family Planning Association) or Brook.

Connexions has produced a reader 'Young people and sexual health' which is part of the Diploma training for Connexions personal advisers and contains useful information on contraception<sup>11</sup>.

### Q7 Can youth support workers provide condoms to young people?

Yes. Youth support workers may give out condoms to young people, including under 16s. Youth support workers providing condoms should have received appropriate training and should work to a policy about condom distribution that has been agreed with management and is understood by young people. Single condoms may be also given to under 16s as part of an information session about good sexual health.

The provision of condoms by youth support workers should:

- be done as part of a broader sex and relationships education and information programme which includes helping young people to resist any pressure to have early sex;
- complement local service arrangements by the Primary Care Trust for the distribution of free condoms;
- only involve the supply of condoms which are within their expiry date and are marked with the European standard;
- encourage young people to discuss the issue with their parents, particularly if under 16;
- always be accompanied by verbal and/or written advice about using condoms correctly, information about STIs and services and where to access emergency contraception if the condom breaks or is not used;
- be explicitly mentioned in written information about the agreed policy.

When providing condoms to under 16s for contraceptive purposes, it is good practice for youth support workers to follow the Fraser guidelines (see Q23, section 2).

### Q8 Could a contraceptive and sexual health service be provided by health professionals within a youth work project or a Connexions one-stop shop?

Yes. Partnerships between youth work and sexual health services can be a successful way of taking contraceptive and sexual health advice to young people who are reluctant to visit more formal services. It is recommended to commissioners of contraceptive and sexual health services as part of the *Best Practice Guidance for the Provision of Effective Contraception and Advice Services for Young*

*People*, issued by the Teenage Pregnancy Unit in 2000<sup>12</sup>.

It is best to provide contraception and sexual health advice as part of a general health drop-in session so that the reason for the consultation is not apparent to either peers or staff. This arrangement can offer young people support on other important issues in their lives such as anxiety, depression, eating disorders and substance misuse. It also protects the confidentiality of requests for advice on all these issues.

When working in partnership, it is essential that youth support workers and health professionals are aware of and work to their agreed policies and protocols, particularly when seeing under 16s for contraceptive advice. Young people should be made aware of any difference in the service offered by youth support workers and that offered by health professionals, for example, advice on the most suitable contraceptive method.

### **Q9 Can youth support workers assist young people in accessing emergency contraception?**

Yes. If they are aware that a young person has had unprotected sex, they should make sure she is fully aware of emergency contraception and helped to access a local contraceptive service as quickly as possible. Emergency contraception can only be provided by a health professional. Emergency contraception pills can be taken up to 72 hours after unprotected sex but are most effective in the first 24 hours. An emergency Intra-Uterine device (IUD) can also be fitted up to five days after unprotected sex.

It is important to emphasise that emergency contraception is for emergency use only. If the young person continues to be sexually active, the youth support worker needs to help them access a health professional to ensure they find

a contraceptive method they are confident to use

Details of local emergency contraception provision will be available from the Teenage Pregnancy Coordinator. In some areas, free emergency contraception can be obtained from NHS pharmacy schemes. Emergency contraception can be bought in pharmacies but the licence to do so restricts sale to those aged 16 or over.

## **Pregnancy testing, advice and referral**

### **Q10 Could youth support workers help a young person with a home pregnancy test?**

It is always preferable for pregnancy testing at a youth centre or one stop shop to be provided through partnership working with health professionals (see Q8). The Youth Support Worker should also discuss with young people the benefits of involving their parents or carers. However, fear and denial often deter teenagers from getting an early pregnancy test. As a result, they are more likely to miss ante-natal care and to have late abortions. If a young person suspects they are pregnant, and they refuse to have a pregnancy test at a local service, the youth support worker might support them in doing a home pregnancy test. There is no legal barrier to this but those responsible need to ensure that the youth support worker is trained to undertake testing and provide appropriate referral to health professionals for ongoing advice and support.

Although home tests are reliable, it is strongly recommended to have the result confirmed at a local service. If the test result does prove to be negative, a visit to a clinic also provides the opportunity for the young person to discuss future contraception and find a method they are confident to use.

**Q11 What should youth support workers do if the test is positive?**

When providing support, the youth support worker should discuss the benefits and possible advantages of informing her birth parents/carer, father of the child, social worker or other trusted adult and encourage their involvement.

The first priority is to make sure the young person has speedy access to clear advice so that they can make an informed decision from a service providing unbiased information on their options of keeping the baby, having the baby adopted or having an abortion. Some pregnancy testing services provide free testing but do not provide non-judgmental information, are anti-choice and opposed to abortion. The local Teenage Pregnancy Strategy service checklist should make clear the nature of the service provided by each organisation.

For some young women, referral for more in depth pregnancy counselling will also be necessary. However, it is important that all young women have the time and opportunity to discuss their feelings about the pregnancy and be sure that they are making the decision which they feel is right for them. Youth support workers should be aware that a delay in accessing services by the young person extends the term of the pregnancy, which in itself can limit personal choices and decisions about what action can be taken.

When possible, support should also be offered to a young man who has a partner who is pregnant.

**Q12 What should youth support workers do if the test result is negative?**

If the test is negative the young person should be supported to access contraceptive and sexual health services to ensure that they have a contraceptive method that suits their needs and where they can discuss any risk of STIs. This

is also a good opportunity for the youth support worker to check whether the young person has any other concerns and that the relationship is mutually consensual.

**Q13 If the test is positive, what role do youth support workers play in supporting onward referral?**

Whatever choice the young person makes, the youth support worker should support them to access a health professional for onward referral to ante-natal care or NHS funded abortion. Youth support workers should also strongly encourage the young person to discuss the issue with their parents or carers. Often the needs of pregnant teenagers are very complex, with pregnancy being one of many difficulties they face which can include homelessness, debt, domestic violence, mental health problems or substance misuse. Support from other agencies as well as any health professionals will be essential and any child protection issues will need to be addressed.

**Keeping the baby**

All local Teenage Pregnancy Strategies have a range of support services for young parents aimed at improving the outcomes for them and their babies. If the young woman lives in one of the 35 areas for the Sure Start Plus pilots (listed in Annex B), she should be referred to a Sure Start Plus personal adviser who will help to broker the advice and support she needs. In other areas, support may be provided from specialist midwives or health visitors as well as from Connexions personal advisers. Details of all available services are available from the Teenage Pregnancy Coordinator.

Comprehensive information about young parents' entitlement to benefits and support is outlined in the Maternity Alliance Resource Pack, *'Pregnant teenagers and young parents: resources pack for advisers'*<sup>13</sup>. Youth support workers should also ensure that young mothers have access to information and

advice about future contraception. It is estimated that around 20% of births conceived to under 18s are second pregnancies, many of which are likely to be unplanned.

### Having an abortion

If abortion is the chosen option, referral can only be made by a health professional under the terms of the Abortion Act (1967). However, the youth support worker should work with the health professional to ensure that the young person has support through the abortion and after the procedure. The youth support worker should also discuss and reinforce the benefits of informing her birth parents/carer. In those few cases where the young person does not wish to inform her birth parents/carer, every effort should be made to help them find another adult to provide support, for example another family member or trusted adult.

Although a young person under 16 can consent to an abortion, providing the health professional considers they understand the proposed treatment, local arrangements on support for under 16s may vary. Youth support workers should liaise closely with health professionals to meet the best interests of the young person. In any event, youth support workers should provide information about sources of post abortion counselling support from the local Teenage Pregnancy Strategy service checklist. To help prevent a future unplanned pregnancy, they should also ensure the young woman is helped to urgently access local contraceptive and sexual health services to find a method of contraception that she is confident to use.

### Thinking about adoption

If the young person is considering adoption, the youth support worker should support the young woman to access an adoption adviser through a Council with Social Services responsibility (CSSR) or voluntary adoption agency, and provide on-going

support as required. Arrangements for ongoing support should be made in liaison with health and social care professionals.

### Q14 What about the father of the child/partner of the young women?

Wherever possible the father of the child/partner of the young woman should be involved but only with the consent of the young woman. The final decision about the outcome of the pregnancy always rests with the young woman. However, supporting the couple in making a joint decision can help to minimise potential discord in the relationship. Involvement of the father/partner is particularly important if the young woman decides to keep the baby. A positive relationship with the mother during the pregnancy is a key predictor of the father's on-going involvement in the early years of the child's life.

## The Sexual Offences Act 2003

### Q15 Under the Sexual Offences Act 2003, can youth support workers encourage young people under 16 to seek contraception and sexual health advice without being seen to facilitate an illegal act?

Yes. Sections 14 (2) and (3) of the Sexual Offences Act make clear that a person does not commit the offence of arranging or facilitating commission of a child sex offence if s/he acts to:

- a) protect the child from sexually transmitted infection,
- b) protect the physical safety of the child,
- c) prevent the child from becoming pregnant, or
- d) promote the child's emotional well-being by the giving of advice

provided this is not done for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging the sexual activity.

This exception covers not only health professionals but anyone who acts to protect a child, including youth support workers. It applies to supporting young people under 16. Under the Sexual Offences Act, young people under 16 still have the right to confidential advice on contraception, condoms, pregnancy and abortion.

**Q16 Under the Sexual Offences Act, aren't young people going to be prosecuted for sexual activity, including kissing?**

No. The aim of the Sexual Offences Act is to make it easier to prosecute people who pressure or force others into having sex they don't want. The law is not intended to prosecute mutually agreed sexual activity – including kissing – between two young people of a similar age, regardless of their sexual orientation, provided there is no evidence of abuse or exploitation. The following statement has been written to explain the Sexual Offences Act to Young People. It has been developed by young people and agreed by the Home Office.

**Sexual Offences Act (2003):**

*In England and Wales, the law on Sexual Offences has been updated. Under this law, the legal age for young people to consent to have sex is still 16, whether you are straight, gay or bisexual.*

*The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime.*

*Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.*

*Under the Sexual Offences Act you still have the right to confidential advice on contraception, condoms, pregnancy and abortion, even if you are under 16.*

*But remember, whatever your age, you shouldn't have sex until you feel ready.*

*For more information about sex and relationships visit [www.ruthinking.co.uk](http://www.ruthinking.co.uk)*

**Confidentiality**

**Q17 Can youth support workers keep requests for contraceptive advice confidential?**

Yes. Young people under 16 should be encouraged to talk to their parents but the law enables youth support workers to respect young people's right to confidentiality when discussing sex and relationship issues, including contraception. A disclosure of under age sex is not in itself a reason to break confidentiality. The Sexual Offences Act 2003 does not affect this position (see Q15 above).

**Q18 Are there any exceptions to this?**

Yes. If a youth support worker suspects that a young person is being abused or exploited and is at serious risk of significant harm which disclosure to an appropriate person could prevent, they should work with the young person to encourage them to allow the information to be passed on. If they refuse, and the youth support worker believes the involvement of other agencies, including the police, is essential to protect the young person's best interests, they may consider disclosing the information without their consent. This should not be done without first telling the young person.

It is important to remember that it may be the trusting nature of the relationship with the youth support worker which enables a young person to take the first step towards disclosing abuse or exploitation. A hasty breach of confidentiality,

made before the young person is ready, may result in their denying the disclosure and the possible loss of the opportunity to resolve the problem.

These principles should be enshrined in a confidentiality policy which provides youth support workers with a clear protocol for managing difficult disclosures. This should include the opportunity to discuss the disclosure with a line manager. Policies should follow the Government's inter-agency guidance *Working Together to Safeguard Children (1999)*<sup>14</sup>. It can also be helpful to identify a member of the local child protection committee, with whom worrying disclosures can be discussed anonymously. Young people should be made aware of the policy and any circumstances where confidentiality may be broken.

#### **Q19 What is the role of youth support workers in schools in relation to referring young people to services and maintaining confidentiality?**

In schools, youth support workers should follow the DfES *Sex and Relationship Education Guidance*<sup>15</sup>, issued to schools in 2000, and have regard to the cultural background of the pupils. The guidance is rooted in the Personal, Social and Health Education (PSHE) framework and supported by the National Healthy School Standard (NHSS). It recognises the benefits of involving the wider community, including youth support workers, in the planning and delivery of sex and relationships education (SRE).

Youth support workers can make a valuable contribution to SRE in schools by helping pupils resist pressure to have early sex, raise awareness of sexual health issues and provide information to pupils about local services in one-to-one and group sessions with young people. Schools may also involve youth support workers in providing one-to-one pastoral support to pupils including, when appropriate, referrals to local services. Youth support workers, working in schools,

should work to school confidentiality policies.

Young people will also need to be aware of school confidentiality policies and any restrictions these may place on confidentiality in the school setting.

## **Involving Parents**

### **Q20 Are there sources of support for parents/carers?**

Yes. Supporting parents/carers in talking to their children/children in their care about sex and relationships is an important aspect of the Teenage Pregnancy Strategy.

Research suggests that young people who grow up in families where sex and relationships are discussed openly and without embarrassment, delay first sex and are more likely to use contraception when they become sexually active. Young people cite parents as their preferred source of support about sex and relationships but around half say they have received little or no information, while parents report being deterred by embarrassment and lack of knowledge. These communication problems are likely to be further exacerbated if the relationship between them is already causing problems.

Youth support workers in contact with parents should discuss with them the benefits of talking to their children about sex and relationships. If they feel that the teenager is sexually active or about to become so, parents should be encouraged to inform the young person of local confidential services to help ensure the early uptake of contraceptive and sexual health advice.

Nationally, the voluntary organisation Parentline Plus runs the Time to Talk media initiative, encouraging open discussion, backed by a free telephone helpline (0808 800 2222), website ([www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)) and a confidential email helpline



([parentsupport@parentlineplus.org.uk](mailto:parentsupport@parentlineplus.org.uk)) to which youth support workers can refer parents/carers who want further advice. The email service may be of particular interest to fathers who are not frequent callers to Parentline Plus telephone helpline. Locally, all teenage pregnancy strategies are developing ways of supporting parents/carers, through schools, community groups and voluntary organisations.

Youth support workers are advised to contact the local Teenage Pregnancy Coordinator for information about relevant services, sex and relationship programmes or materials for parents/carers.

## Section 2

# The role of health professionals in providing contraception and sexual health advice and treatment

All answers in this section apply to all young people, including under 16s, who come into contact with health services and is relevant to all young people regardless of sexual orientation or preference. It should be remembered that the support provided should be appropriate to the young person and their individual needs. The term 'health professional' refers to doctors, pharmacists and nurses, including looked after children (LAC) nurses, contraceptive/sexual health nurses, practice nurses, health visitors and midwives.

### Sources of contraception and sexual health advice

#### Q21 Where can young people access free contraceptive advice and treatment?

Young people, including under 16s, can get free contraceptive advice and treatment from the following services. All these services are open to young women and young men, but some may have separate sessions specifically aimed at boys and young men:

- NHS contraceptive/family planning clinics;
- Brook and other young people's contraceptive/sexual health centres.
- their own GP, although most GPs do not supply condoms;
- another GP by registering as a temporary resident;
- some NHS Walk in Centres;
- some Young People's Information/ 'One Stop' shops/Connexions Centres;
- some genito-urinary medicine (GUM) and sexually transmitted infection clinics;
- some pharmacists providing free emergency contraception under NHS arrangements, using Patient Group Directions; and
- young people aged 16 or over can also buy emergency contraception direct from pharmacists.



## Q22 Where can teenagers get advice or treatment for sexually transmitted infections (STIs)?

Young people should receive information and advice about sexually transmitted infections from the contraceptive services listed in Q21. Some may offer a limited infection, diagnosis and treatment service but most will refer young people to a GUM clinic, usually based in the nearest large hospital.

GUM services should be included in the local Teenage Pregnancy Strategy's service checklist. Details of clinics are also available from the following websites: [www.ruthinking.co.uk](http://www.ruthinking.co.uk) and [www.playingsafely.co.uk](http://www.playingsafely.co.uk).

## The Provision of contraception and sexual health advice to under 16s

### Q23 Can health professionals give contraceptive advice and treatment to young people under 16 without parental consent?

Yes, provided the health professional is satisfied that:

- the young person understands the advice provided and its implications; and
- the young person's physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest.

When providing contraceptive/sexual health advice or treatment, health professionals should help the young person make an informed choice by discussing the following issues:

- the emotional and physical implications of sexual activity, including the risks of pregnancy and sexually transmitted infections;
- whether the relationship is consensual in nature and whether there may be coercion or abuse;

- the benefits of discussion with a parent or carer and the case for informing their GP, but the duty of confidentiality to the young person remains;
- any additional counselling or support needs the young person may have.

Additionally, it is considered good practice for doctors and other health professionals to follow the criteria outlined by Lord Fraser in 1985, in the House of Lords' ruling in the case of *Victoria Gillick v. West Norfolk and Wisbech Health Authority and the Department of Health and Social Security*. These are commonly known as the Fraser Guidelines:

- the young person understands the professional's advice;
- the health professional cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice;
- the young person is very likely to begin or continue having intercourse with or without contraceptive treatment;
- unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer; and
- the young person's best interests require the health professional to give contraceptive advice, treatment or both without parental consent.

### Q24 Can young people under 16 buy condoms?

Yes. The law does not prevent under 16s from buying condoms from pharmacists, shops or vending machines, nor does it restrict the seller.

## Confidentiality and contraception and sexual health advice to under 16s

### Q25 Do young people under 16 have the same right to confidentiality as older people?

Yes. Health professionals have the same duty of confidentiality to under 16s as they owe to older patients. This is enshrined in their professional codes. The exception to this duty of confidentiality is outlined in Q27 below.

### Q26 If the young person is not considered competent to consent to treatment, should the consultation remain confidential?

Yes, except in the situations outlined in Q27 below.

### Q27 Are there any situations when health professionals may break confidentiality?

Yes. The duty of confidentiality is not absolute. Where a health professional believes that there is a risk to the health, safety or welfare of a young person or others, which is so serious as to outweigh the young person's right to privacy, they should follow locally agreed child protection protocols as outlined in *Working Together to Safeguard Children (1999)*. In these circumstances, the overriding objective must be to safeguard the young person. If considering any disclosure of information to other agencies, including the police, health professionals should weigh up against the young person's right to privacy:

- the degree of current or likely harm;
- what any such disclosure is intended to achieve; and
- what the potential benefits are to the young person's well-being.

Any disclosure should be justifiable according to the particular facts of the case and legal advice could be sought in cases of doubt.

In the most exceptional of circumstances, disclosure should only take place after consulting the young person and offering to support a voluntary disclosure.

### Q28 Do all GPs provide confidential contraceptive advice to under 16s?

No. A minority of GPs will not see a young person under 16 unless a parent/carer is present. However, the personal beliefs of a practitioner should not prejudice the care offered to a young person.

Any health professional who is not prepared to offer a confidential contraceptive service to young people must make alternative arrangements for them to be seen, as a matter of urgency, by another professional.

If there is any doubt about the confidentiality of the service, a young person can ask, or should be supported in asking whether the consultation is confidential before seeing the doctor.

### Q29 What happens if a young person is subject to a care order?

Young people under care orders have the same right to confidentiality and treatment from health professionals as other young people. This means that they can ask for and access contraceptive advice from health professionals with the same degree of assurance about confidentiality as a young person who is not subject to a care order.

If a health professional does not consider the young person competent to consent or to understand and make a choice of the treatment proposed, either the Council with Social Services Responsibilities (CSSR) or the person with parental responsibility could give consent to medical treatment, including contraception.

Section 33(3)(b) of the Children Act 1989<sup>16</sup> gives parental responsibility to CSSRs for any young person in respect of whom it has a care order. In relation to such a young person, the CSSR could

decide to agree to medical treatment, including contraception, without the consent of the parent. In these circumstances, they would normally inform the parents of the decision, unless to do so would not be in the young person's best interests.

## Sexual Offences Act (2003)

### Q30 Does the Sexual Offences Act allow health professionals and others working with young people to continue to provide confidential contraceptive and sexual health advice and treatment without being seen to facilitate an offence?

Yes. The Sexual Offences Act (2003) does not affect the ability of health professionals and others working with young people to provide confidential contraceptive and sexual health advice and treatment to under 16s.

Sections 14 (2) and (3) of the Sexual Offences Act make clear that a person does not commit the offence of arranging or facilitating commission of a child sex offence if s/he acts to:

- a) protect the child from sexually transmitted infection,
- b) protect the physical safety of the child,
- c) prevent the child from becoming pregnant, or
- d) promote the child's emotional well-being by the giving of advice

provided it is not done for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging the sexual activity.

This exception covers anyone who acts to protect a child, including health professionals and social care professionals, teachers, youth workers and Connexions personal advisers.

## Pregnancy testing, advice and referral for abortion

### Q31 Where can young women get a free pregnancy test?

Free pregnancy tests with immediate results are available from NHS family planning/contraceptive clinics, Brook Centres and young people's centres. Some NHS Walk in Centres and GUM clinics also provide free tests with immediate results. Pregnancy tests at GPs are usually free but not always available and many involve a wait for the result. Home tests bought from pharmacists are reliable but may not be affordable for many young people.

### Q32 Where can young women get information and advice on pregnancy options?

Unbiased information and advice on the options of continuing the pregnancy, abortion and adoption should be available at all the sources of free pregnancy testing listed in Q21. It is important that young people are referred to pregnancy testing services which provide non-judgmental information. Some organisations provide free pregnancy testing but are opposed to abortion. The local Teenage Pregnancy Strategy service checklist should make clear the nature of the service provided by the organisation.

Whatever choice the young woman makes, she should be referred speedily to ante-natal care or NHS funded abortion.

### Q33 Can a GP refuse to refer a young woman for abortion?

GPs with a conscientious objection to abortion are contractually obliged to refer on to other services. The Practice should make this clear to patients but those working with young people should check that young people accessing GPs receive the support they need.

Other services offering unbiased counselling may be available in some areas. Availability of and referral to NHS funded abortion services varies between areas. The local Teenage Pregnancy Strategy service checklist should provide details of local service provision.

**Q34 Can a young woman under 16 have an abortion without parental consent?**

Yes. Provided the health professional is satisfied that the young woman understands the advice provided and its implications and that the abortion is in her best interests. However, in practice this is unusual and would only be done in exceptional circumstances when it is considered to be in the young person's best interests. Health professionals should discuss the benefits of informing her birth parents/carers. If the young person does not wish to inform her birth parents/carers, every effort should be made to help them find another adult to provide support, for example, another family member or specialist youth worker.

## Section 3

# Checklist of actions for organisations providing advice to young people

This section identifies a series of possible action points for youth support workers and their managers as follows:

- Identify any existing sex and relationships, sexual health and/or contraception/condom provision policies in your agency or service. This would include youth services, Connexions and others such as your Local Education Authority and Social Services Department.
  - Review and develop policies/protocols to reflect this guidance and where possible involve partner agencies.
  - Ensure as far as possible that robust and approved policies are agreed at senior level in Local Authorities at cabinet or elected member level, and in the voluntary and community sector at management or national level committee of the organisation concerned.
  - Identify training needs to support all youth support workers in supporting young people to access contraceptive and sexual health advice services.
- Nominate a member of your team/organisation to contact the local Teenage Pregnancy Coordinator to:
    - i) find out details of local services and obtain leaflets, posters and any other relevant publicity material;
    - ii) identify the Youth Service and/or Connexions representatives on the local Teenage Pregnancy Partnership Board and discuss the role youth support workers and Connexions can play in the local strategy, especially in relation to reducing the risk of long term social exclusion for teenage parents and their children by supporting teenage parents into education, employment and training;
    - iii) identify how young people can be involved in the development and review of accessible local contraceptive, sexual health and pregnancy support services; and
    - iv) identify how the policy can be made accessible for young people for example in a young person's leaflet.

In taking these actions, youth support workers should ensure that they recognise boundaries of professional competence and involve health and social work professionals as necessary.

Contact details of local Teenage Pregnancy Coordinators are available from the Teenage Pregnancy Unit on 0207 273-5017, e-mail: [Teenage.Pregnancy@dfes.gsi.gov.uk](mailto:Teenage.Pregnancy@dfes.gsi.gov.uk) or through the website: [www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk)

## Annex A

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# Useful organisations

### **Teenage Pregnancy Unit**

Department for Education and Skills  
Caxton House  
6-12 Tothill Street  
London, SW1H 9NA  
0207 273 5017  
E-mail: [Teenage.Pregnancy@dfes.gsi.gov.uk](mailto:Teenage.Pregnancy@dfes.gsi.gov.uk) or  
through the website:  
[www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk).

Contact details of local Teenage Pregnancy Coordinators are available from the Teenage Pregnancy Unit at the above address.

### **Sex Education Forum**

8 Wakley Street  
London, EC1V 7QE  
Tel: 0207 843 6052  
[www.ncb.org.uk/sexed.htm](http://www.ncb.org.uk/sexed.htm)

Provides publications and resources, as well as an information helpline for professionals involved in sex and relationships education.

### **fpa** (formerly Family Planning Association)

2-12 Pentonville Road  
London N1 9FP  
Tel: 0207 837 5432  
[www.fpa.org.uk](http://www.fpa.org.uk)

Provides training, consultancy and resources for professionals, as well as leaflets for young people.

### **Brook**

421 Highgate Studios  
53-79 Highgate Road  
London NW5 1TL  
Tel: 0207 284 6040  
[www.brook.org.uk](http://www.brook.org.uk)

Provides a free helpline for young people and resources for young people and professionals.

**Parentline Plus**

520 Highgate Studios  
 53-79 Highgate Road  
 Kentish Town  
 London NW5 1TL  
 Free telephone helpline: 0808 800 2222  
[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

Confidential email helpline:

[parentsupport@parentlineplus.org.uk](mailto:parentsupport@parentlineplus.org.uk)

Provides help for parents in talking to their children about relationships and sex through a telephone helpline and a confidential email service.

**Fostering Network**

87 Blackfriars Road  
 London SE1 8HA  
 Tel: 0207 620 6400  
<http://www.fostering.net>

**Who Cares Trust**

Kemp House  
 152-160 City Road  
 London EC1V 2NP  
 Tel: 0207 251 3117  
<http://www.thewhocarestrust.org.uk>  
 Email: [mailbox@thewhocarestrust.org.uk](mailto:mailbox@thewhocarestrust.org.uk)

The Who Cares Trust works to improve the day to day lives of children and young people in and preparing to leave public care.

**British Association for Adoption and Fostering**

Skyline House  
 200 Union Street  
 London SE1 0LX  
 Tel: 0207 593 2000  
<http://www.baaf.org.uk>

**Barnardo's**

Tanners Lane  
 Barkingside  
 Ilford  
 Essex, IG6 1QG  
 Tel: 0208 550 8822  
<http://www.barnardos.org.uk>

**The Maternity Alliance**

2-6 Northburgh Street  
 London EC1V 0AY  
 Tel: 0207 490 7638/9  
<http://www.maternityalliance.org.uk>

**National Youth Agency**

Eastgate House  
 19-23 Humberstone Road  
 Leicester LE5 3GJ  
 Tel: 0116 242 7350  
<http://www.nya.org.uk>

**Youth Access**

1a Taylor's Yard  
 67 Aldersbrook Road  
 London SW12 8AD  
 Tel: 0208 772 9900  
<http://www.youthaccess.org.uk>



## Annex B

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# Local Authorities with Sure Start Plus pilots

### South West

- Plymouth

### London

- Hackney
- Lambeth
- Lewisham
- Newham
- Southwark
- Tower Hamlets

### West Midlands

- Sandwell
- Stoke-on-Trent
- Walsall
- Wolverhampton

### East Midlands

- Leicester
- Nottingham

### Yorkshire and the Humber

- Barnsley
- Bradford
- Doncaster

- Kingston-upon-Hull
- Leeds
- Rotherham
- Sheffield
- Wakefield

### North West

- Manchester
- Liverpool
- Rochdale
- St Helens
- Salford

### North East

- Hartlepool
- Middlesbrough
- Redcar and Cleveland
- Stockton-on-Tees
- Gateshead
- Newcastle-upon-Tyne
- North Tyneside
- South Tyneside
- Sunderland

## Annex C

# References

- <sup>1</sup> *Guidance for Youth Workers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services*. Department of Health (Teenage Pregnancy Unit) and Connexions; 2001
  - <sup>2</sup> *Sexual Offences Act 2003*. London: The Stationery Office; 2003
  - <sup>3</sup> *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraceptive, sexual and reproductive health*. Department of Health; 2004
  - <sup>4</sup> *Enabling young people to access contraceptive and sexual health information and advice: Legal and policy framework for Social Workers, Residential Social Workers, Foster Carers and Social Care Practitioners*. Department for Education and Skills (Teenage Pregnancy Unit); 2004
  - <sup>5</sup> Teenage Pregnancy. Report by the Social Exclusion Unit. London: The Stationery Office; 1999
  - <sup>6</sup> *The Sexual Health and HIV Strategy*. Department of Health; 2001
  - <sup>7</sup> *Choosing Health – Making healthy choices easier*. Health White Paper, TSO (the Stationery Office); 2004
  - <sup>8</sup> *Every Child Matters: Change for Children*. Department for Education and Skills; 2004
  - <sup>9</sup> *Every child matters*. TSO (The Stationery Office); 2003
  - <sup>10</sup> *Guidance for developing contraception and sexual health advice services to reach boys and young men*. Department of Health (Teenage Pregnancy Unit); 2000
  - <sup>11</sup> *Young People and Sexual Health: A reader for the Diploma for Connexions Personal Advisers*. Connexions; 2002 (available on the Connexions website, [www.connexions.gov.uk](http://www.connexions.gov.uk))
  - <sup>12</sup> *Best Practice Guidance on the Provision of Effective Contraception and Advice Services for Young People*. Department of Health (Teenage Pregnancy Unit); 2000
  - <sup>13</sup> *Pregnant teenagers and young parents, Resources pack for advisers*. The Maternity Alliance; 2003
  - <sup>14</sup> *Working Together to Safeguard Children*. Department of Health, Home Office and Department for Education and Employment; 1999
  - <sup>15</sup> *Sex and Relationship Education Guidance*. Department for Education and Employment (Reference: DfEE 0116/2000); 2000
  - <sup>16</sup> *Children Act 1989*. London: HMSO; 1989
- Working Together Under the Children Act*. Department of Health; 1999

### **Other useful publications**

*Working Together: Connexions and teenage pregnancy.* Connexions, Teenage Pregnancy Unit and Sure Start; 2001

*Making a difference: Emerging Practice – Connexions and Teenage Pregnancy.* Department for Education and Skills; 2003

*Effective Commissioning of Sexual Health and HIV Services.* Department of Health; 2003

*Confidentiality and young people: Improving teenagers' uptake of sexual and other health advice – A Toolkit for General Practice, Primary Care Groups and Trusts.* Developed by the Royal College of General Practitioners and Brook with the support of the Department of Health; 2000

*Working Together: Effective joint working for school nurses and youth workers.* Royal College of Nursing (RCN) School Nurses Forum and National Youth Agency (NYA); 2001

*The Youth Service Sex and Relationships Education Policy Toolkit.* National Youth Agency; 1999

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