NICCY
Policy Paper
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Sexual Health
Policy Paper

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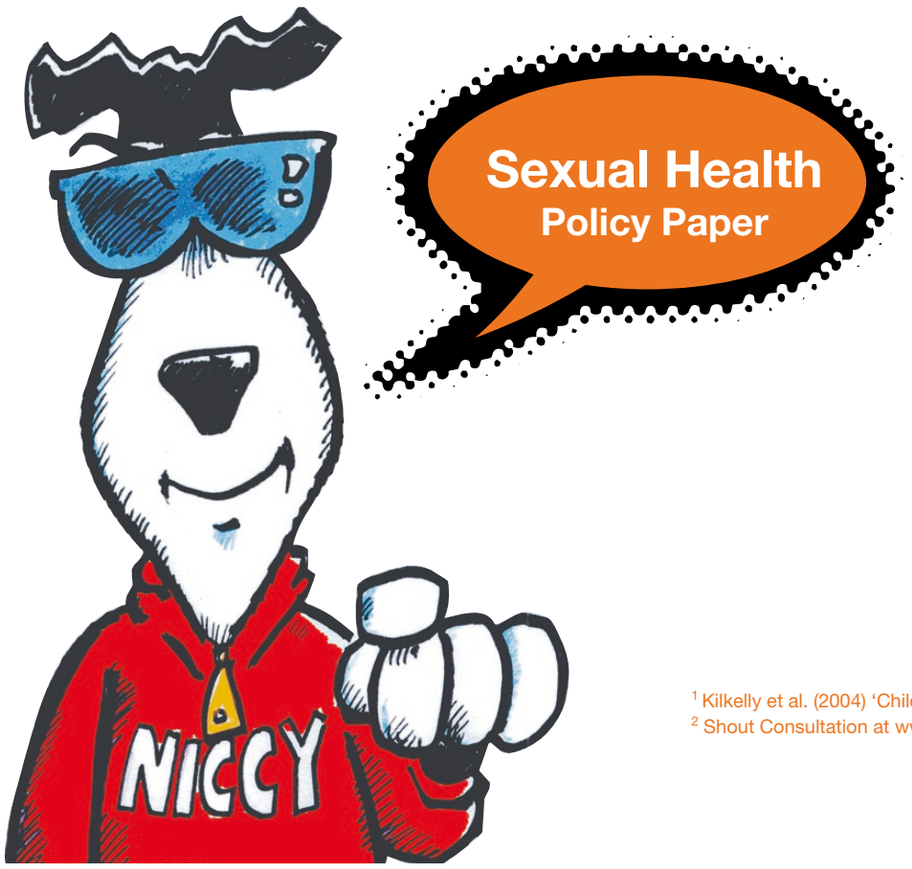
for children and young people

Role of Northern Ireland Commissioner for Children and Young People (NICCY)

The Office of the Northern Ireland Commissioner for Children and Young People (NICCY) was established in 2003 with the principal aim of safeguarding and promoting the rights and best interests of children and young people in Northern Ireland. Article 7(3) of the Commissioner for Children and Young People (NI) Order 2003 requires the Commissioner to keep under review the adequacy and effectiveness of law, policy, practice and services provided for children and young people by relevant authorities.

Once established, NICCY commissioned research[1] to identify areas where children's rights were being disregarded or underplayed in law, policy and practice in Northern Ireland. The findings of this research and a subsequent public consultation with key stakeholders, principally children and young people[2], identified fifteen priority areas to inform NICCY's work over the three year period 2005-2008. Risk-taking behaviour, particularly in relation to sexual health, was ranked highly as an issue that required further investigation, by a range of statutory bodies and children's voluntary organisations who participated in this work.



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[1] Kilkelly et al. (2004) 'Children's Rights in Northern Ireland', Belfast: NICCY
[2] Shout Consultation at www.niccy.org

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Definition of Sexual Health

NICCY believes the subject of young people's sexual health should not simply be viewed from a medical standpoint, or as a social 'problem' to be solved. From NICCY's perspective therefore the following definition is regarded as being most appropriate:

'Sexual health is a state of physical, emotional, mental and social well-being in relation 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.[3]

Rights framework

NICCY's role, as already stated, is to safeguard and promote the rights and best interests of children and young people. In doing so, NICCY follow the guiding principles of the United Nations Convention on the Rights of the Child (UNCRC), its minimum standards being the basis from which to assess the adequacy and effectiveness of law and policy. Although it is not yet enshrined in domestic legislation, in signing up to the Convention, the UK government and devolved administrations have made a clear commitment to children that they will honour all the rights contained therein.

The following articles of the UNCRC are relevant to, and should underpin, any policy or strategy on sexual health in Northern Ireland.

Article 2: State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind.

Article 3: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 12: State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 16: No child shall be subjected to arbitrary or unlawful interference with his or her privacy and the child has the right to protection from such interference.

[3] World Health Organisation 2002 www.who.int

Article 17: State Parties shall ensure the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

Article 23: Recognising the special needs of a disabled child, States Parties should ensure that the disabled child has effective access to and receives education and health care services in a manner conducive to the child's achieving the fullest possible social integration and individual development.

Article 24: The child has the right to enjoyment of the highest attainable standard of health. State Parties shall ensure that no child is deprived of the right to access such services.

Article 28: States Parties recognise the rights of the child to education, with a view to achieving this right progressively and on the basis of equal opportunity.

Article 29: States Parties agree that the education of the child shall be directed to the preparation of the child for responsible life in a free society.

The concluding observations of the UN Committee on the Rights of the Child 2002 stated of the situation in the UK that *'while noting efforts undertaken to reduce the numbers of teenage pregnancies, the committee remains concerned at the high rate of teenage pregnancies'.* The Committee was also concerned at the increase of sexually transmitted infections (STI's) within the UK and the issue of access for homosexual and transgender people to *'appropriate information, support and necessary protection to enable them to live their sexual orientation'.*

To tackle these concerns the Committee recommended that the Government should *'take further necessary measures to reduce the rate of teenage pregnancies through, inter alia, making health education, including sex education, part of the school curricula, making contraception available to all children, and improving access to confidential and adolescent-sensitive advice and information and other appropriate support… Provide adequate information and support to homosexual and transsexual young people'*

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Statistics

The HIV and STI surveillance report for Northern Ireland showed[4]

- Between 2000 and 2006 new diagnoses of Chlamydia increased by 106%, with those under 16 years accounting for 0.7% of cases.
- In 2006 new diagnosis of Chlamydia increased by 21%, Gonorrhea by 7%, Genital herpes by 15% and Genital warts by 7%.
- There has been an 18% increase in the number of new STI diagnoses between 2000 and 2006.

Recent research[5] on sexual health service needs in North and West Belfast shows that that the average age of initial sexual activity, involving intercourse, was 14 yrs for boys and 15 yrs for girls. One quarter of respondents who took part in this research disagreed with the statement that it was easy to ask for help on sexual health issues, with males finding it harder than females to ask for help.

Almost one quarter (22%) of young people aged 16 years, surveyed in the Young Life and Times Survey (2004), stated that they have had sexual intercourse at least once. This corresponds with figures from Love for Life research[6] in which 14% of 14 year olds and 22% of 15 year olds answered yes to the question 'have you ever had sexual intercourse?'.

28% of clients attending the Brook Clinic were under 16 years of age, with 16 and 17 year olds making up another 28% of their client base.[7]

A recent report from UNICEF[8] on child wellbeing, that included an examination on risk taking behaviour, placed the UK at the bottom of the international league across 21 economically advanced nations for child welfare. The report revealed that children who live here are more likely to have drunk alcohol or had sex than those in any of the other countries.

Current Policy Context

Northern Ireland Teenage Pregnancy and Parenthood Strategy and Action Plan 2002-2007

This strategy aims to reduce the number of unplanned births to teenage mothers and minimise the adverse consequences of those births to teenage parents and their children. The strategy recommends improving communication, promoting educational opportunity, investing in health by providing user-friendly services for young people, creating flexible employment opportunities and improved research as a means to help reduce the problem.

Some organisations have expressed concern in terms of how the monies for this strategy

[4] Communicable Disease Surveillance Centre (2007) HIV and STI Surveillance in Northern Ireland
[5] Health Action Zone (2007) How is it for you- A survey into the sexual health services needs of young people in North and West Belfast
[6] Love for Life (2005) Risk behaviours in Northern Ireland
[7] Brook Clinic Northern Ireland (2006) Annual Review
[8] UNICEF (2007) Child Poverty in perspective: An overview of child well being in rich countries

were rolled out stating that it was difficult for larger organisations to access the funding and, although it allowed for some targeted work in each board area, it did not always result in a local or regional strategic approach.

The strategy aims to reduce births to teenage mothers by 20% between 2002 and 2007. Figures from the Registrar General in 2005 show that teenage pregnancies in Northern Ireland have reduced from 1,485 in 2003 to 1,395 in 2005 (this is a reduction of 6%) however it is essential that the strategy is further evaluated to assess if the overall targets have been met and to inform the implementation of the next phase.

Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016

This strategy includes an action to produce a sexual health promotion strategy to promote good sexual health and take into account all the issues affecting young people. The action plan outlines a delivery timescale of May 2007, but this target has not been met and to date no sexual health strategy has been produced by DHSSPS.

It is evident that policies and practices between the Health and Social Services Boards across Northern Ireland, in relation to sexual health, vary considerably. While variation according to need is welcome, NICCY believes that the lack of a strategic framework or direction from the DHSSPS on sexual health results in considerable inequity in service provision across the Province.

Actions outlined in the Ten Year Strategy for Children and Young People in relation to sexual health must be prioritised and implemented as a matter of urgency. It is essential that a comprehensive sexual health strategy is developed, funded and implemented to improve information and services available to young people in Northern Ireland and fill any regional gaps in current service provision.

Key Issues in Provision of Sexual Health Information and Services[9]

• Mandatory Reporting

Under Section 5(1) of the Criminal Law Act (1967) it is a criminal offence to fail to disclose an offence to the police. This legislation places a requirement on professionals to report young people under age 14 who are engaging in sexual activity. Professionals are concerned that this results in young people refusing to seek appropriate medical advice and support because of their fear of referral to social services or confidentiality being breached. This can result in very serious consequences, for example, unwanted pregnancies due to a lack of contraceptive

[9] Issues identified in scoping exercise with key stakeholders working in the field of sexual health in 2006; views updated in 2007

advice, sexually transmitted infections and delayed treatment when infected.

The issue of mandatory reporting is of particular concern considering that sexual health services often include the provision of important advice and guidance on relationships and delaying sexual activity. In reality there are a number of young people under the age of 14 engaging in mutual and consensual sexual acts as part of their natural development. While NICCY does not encourage nor condone this activity, these young people require advice and support on their sexual health without being referred for a child protection assessment if they are not at risk from abuse.

• Sexual Health Services

Confidentiality is key concern for young people accessing sexual health services. Young people are very concerned about their confidentiality being maintained, both within their GP surgeries and when they access targeted sexual health services.

Recent research[10] has recommended the repealing of section 5(1) of the Criminal Law (NI) Act (1967) relating to mandatory reporting, so that medical practitioners have the freedom to make a referral based on a risk assessment of the individual circumstances in each case. Professionals need to be supported and given appropriate tools to enable them to make an informed assessment as to whether a child is in danger from abuse or is engaging in a consensual sexual relationship.

There are four GUM clinics across Northern Ireland, which combined are open for less than 40 hours per week. Some GUM clinics no longer have open access services but operate via an appointment based system, in either the morning or the afternoon. This restricted access can make it difficult for young people who have to overcome barriers surrounding a lack of confidence, embarrassment and fear. In addition, young people in full time education find it difficult to access GUM services which are not available outside the normal school day.

Current Government guidelines state the maximum waiting times for GUM clinics should be 48 hours, but this is not uniformly adhered to across Northern Ireland. For example, the clinic at the Causeway hospital is open for three hours over two sessions on a Tuesday and Friday, rendering it impossible to meet the specified waiting time at the current rate of provision.

Young people living in rural areas are particularly disadvantaged when it comes to accessing sexual health services. For example, for a young person living in County Fermanagh, the nearest GUM clinic is over 60 miles away in either Derry or Newry. Young people who are reliant on public transport would find it extremely difficult to make a journey to either of these clinics.

[10] Wallace I, Bunting L (2007) An examination of local, national and international arrangements for the mandatory reporting of child abuse: the implications for Northern Ireland NSPCC

Within GUM clinics there are currently no services specifically aimed at young people below the age of 18 years, however services are provided to everyone who accesses the clinic regardless of age.

Testing for Sexually Transmitted Infections is only available on an ad-hoc basis in Northern Ireland and there is no Chlamydia screening programmes in operation; a situation that has serious health implications for young people.

Young people attempting to access sexual health services at the Brook clinic are forced to cross a picket line and face harassment from protestors.

• Particular gaps in the provision of sexual health information

LGBT young people - Research from NIHRC[11] highlighted the lack of information and specific sexual health services for young LGBT people within NI. The majority of sexual health information is tailored towards heterosexual people. Confidentiality within the health service is a major issue for LGBT who fear that they may have to 'out' themselves to their GP or doctor.

Young people with physical and/or learning disabilities - Research from the Family Planning Association[12] shows that young people with disabilities have a limited understanding and experience of sex and sexual health. Among professionals and front line staff there is a need for clearer guidance and training to help advise and support young people with disabilities and their carers on sexual health matters.

Young people in Care or Looked after – The sexual health of looked after children is extremely important. NICCY welcomes the actions that have been outlined in the Care Matters consultation but is concerned that much more needs to be done to address this issue. For some young people in care, school may be the only place where they receive information on sexual health.

The sexual health of Looked after Children is very complex and requires a multi agency, multi disciplinary approach to adequately deal with the complex interwoven consequences of both the experiences that led to the person coming into care and the consequences that life in care entails. Appropriate training, guidance and support should be given to residential staff and foster carers to assist them in dealing with issues regarding the sexual health of the young people they care for.

• Sexual health information in schools

The Department of Education does not currently regulate the delivery of relationship and sexuality education (RSE) in schools. This has resulted in an absence of a

[11] Loudes, C (2003) Learning to grow up: multiple identities of young lesbians, gay men and bisexual people in Northern Ireland
[12] Simpson, A et al (2006) 'Out of the shadows.' FPA

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consistent approach across schools in Northern Ireland, with some young people not receiving adequate information to enable informed decisions. Some professionals believe that RSE is currently under resourced, with a lack of guidance and support for teachers who deliver the subject.

In recent research,[13] 16% of the young women involved described their experience of sex education in school as 'good', with 84% describing it as 'poor'.

The differing code of ethics for education and health professionals has caused conflicts for health professionals delivering sexual health services in schools. Clarification is needed to ensure that professionals are providing a service that balances both child protection and the confidentiality of young people.

Other gaps in the delivery of RSE in schools include an absence of sexual health information available to young people in special schools[14] and young people who are Lesbian, Gay or Bisexual.[15]

There are no consistent policies with regards to the availability of sexual health information to young people in colleges of Further Education.

Gaps in the delivery of sexual health information in schools are having a negative impact on a young person's ability to make informed choices about their lives.

• Research/Review

Although a considerable amount of research has been carried out into young people and their sexual health, valuable work and key findings in this area are very often overlooked by policy-makers. There is also a need for further research as although there is Northern Ireland based research into the attitudes and experiences of young people and sexual health, this has been specific to limited geographical areas. There is a lack of research that is widespread and inclusive of young people across all areas of Northern Ireland.

Recommendations

NICCY recommends that:

DHSSPS develop a comprehensive and fully resourced sexual health strategy that will provide a framework for the delivery of services across all the Health and Social Care Trusts.

NIO, together with DHSSPS, review as a matter of urgency the current legislation regarding mandatory reporting - Section 5(1) Criminal Law (NI) Act (1967).

DHSSPS urgently develop protocols for the assessment of risk to a young person who presents with sexual health needs, so that appropriate sexual health advice and support can be arranged and protection concerns

[13] Mc Alister S et al (2007) Still waiting- the stories behind the statistics of young women growing up in Northern Ireland. Youth Action
[14] Simpson, A et al (2006) 'Out of the shadows.' FPA
[15] Quiery M (2007) A review of the impact of discrimination and social exclusion on lesbian and bisexual womens health in Northern Ireland.

passed to the investigating agencies if required.

DHSSPS commit to expanding service provision at GUM Clinics, including longer, more flexible opening hours, based in appropriate locations across Northern Ireland. This will reduce waiting times and improve quality of service and access to clinics. Consideration should be given to the introduction of age appropriate facilities.

Department of Education (DE) develop plans for the delivery of appropriate sexual health and relationships education in all schools as part of the curriculum and current youth service provision.

DE and DHSSPS cooperate to develop a common code of ethics for health and education professionals delivering sexual health information and services to young people.

Sexual health services provide confidential information on sexual health to all young people. This should include appropriate, accurate and confidential information for young gay, lesbian and bisexual people on sexual health services

Trusts introduce appropriate training for residential staff and foster carers to assist them in the delivery of sexual health information to young people in the care system.

DHSSPS, as part of delivering on a comprehensive sexual health strategy, review sexual health services and information for young people with disabilities to provide support for the young person, their parents/ carers and front line professionals.

To inform future policy and practice on sexual health, DHSSPS undertake a regional study into the views and experiences of young people in relation to their sexual health needs and sexual health services.

Note from the Commissioner

It is essential that we develop sexual health services that are fit for purpose and designed to meet the needs of our young people and those professionals working with them.

We need to face up to the challenges of young people being sexually active. We therefore must develop preventative, education and health services that give our young people the skills to make informed choices and protect their sexual health.

Professionals working in the field of sexual health must be given adequate support and guidance from the Government to provide young people with accurate confidential information and be able to recognise when a young person needs further protection.

The implementation of a fully resourced sexual health strategy is essential to ensure current gaps in service provision are addressed.

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