

East Dunbartonshire

PROTOCOL

FOR SEXUALLY ACTIVE YOUNG PEOPLE UNDER THE AGE OF 16 AND VULNERABLE YOUNG PEOPLE 16 – 21 YEARS

2018-2021



Approved By:	Date:
Sexual Health Strategy Group	6 th November 2018
DCYPP	
Child Protection Committee	
EDC Education Committee	
Review Date	

CONTENTS

Chapter		page
1	INTRODUCTION	3
2	HOW STAFF SHOULD RESPOND?	3
3	ASSESSING RISK	4
4	ASSESSMENT OUTCOMES AND MANAGING RISK	7
5	THE RIGHT TO CONSENT OR REFUSE HEALTH INTERVENTIONS	8
6	CONFIDENTIALITY AND INFORMATION SHARING	8
7	PREGNANCY IN YOUNG WOMEN	9
8	BACKGROUND TO THIS PROTOCOL	9
9	DEFINITIONS	10
10	LOCAL STRUCTURES	11
11	PURPOSE OF THIS PROTOCOL	11
12	TO WHOM DOES THIS PROTOCOL APPLY?	11
13	LEGISLATION AND PRINCIPLES	12
14	LINKS TO OTHER RELEVANT PROTOCOL AND GUIDANCE	16
App 1	QUICK GUIDE FLOW CHART	18
App 2	GATHERING AND SHARING INFORMATION – FURTHER GUIDANCE	19
App 3	YOUNG PEOPLE IN EAST DUNBARTONSHIRE – DEMOGRAPHICS	21
App 4	USEFUL SERVICES, RESOURCES AND CONTACTS	23

1. INTRODUCTION

This protocol has been developed to assist staff to address the needs of, and minimise the risk to the safety and wellbeing of young people who are sexually active under the age of 16 and those who are sixteen and seventeen who are subject to statutory measure of supervision. The protocol may also be used when working with vulnerable young people sixteen to twenty one years old. It is intended for all staff working in East Dunbartonshire to ensure an appropriate and consistent response is provided to all young people who are sexually active. Additional information can be found in section 9 'Definitions'.

According to the Schools Health and Wellbeing survey 2014-15, 19% of young people in East Dunbartonshire will have had some sexual experience before the age of 16. For most young people, this activity is consensual and forms part of the natural process of adolescent exploration. Although such activity is unlawful, in line with Scottish Government guidance, it is recognised that it is rarely in the best interests of such young people to treat this as a criminal matter, but more appropriate to ensure services are able to provide appropriate support and guidance to young people.

For a minority of young people, sexual experience take place in circumstances where there may be a degree of coercion, exploitation and/or abuse. In these situations, staff have a duty to ensure such risks are identified and addressed

This is intended as a live working document for practitioners and provides guidance for responding and tools for initial assessment at the beginning, followed by more detailed background and context.

2. HOW SHOULD STAFF RESPOND?

In all cases related to underage sexual activity, practitioners have a responsibility to ensure that an assessment of the young person's situation and needs is undertaken. If staff members do not have the appropriate skills and training to undertake the assessment, they have a duty to ensure that an assessment is conducted by a staff member in their own organisation or an agreed partner organisation.

A Quick Guide Flow Chart is available at **Appendix 1**.

2.1 Child Protection and under age sexual activity

As mentioned above, the majority of underage sexual activity should be responded to by ensuring young people have access to the appropriate support and guidance to ensure their wellbeing needs are being met. However, for some, Child Protection measures will be necessary to protect them from significant harm.

Child protection measures must be instigated in the following circumstances:

- If the child is, or is believed to be, sexually active and is 12 or under
- If the young person is currently 13 or over, but sexual activity took place when he/she was 12 or under
- Where the "other person" involved is in a position of trust in relation to the young person
- If there is any evidence that the young person is under 18 and is involved in prostitution, sexual exploitation, the making and distributing of child abuse images or pornography (including self generated images shared solely between young people)
- If the child or young person is at immediate risk of harm

3. ASSESSING RISK

3.1 Assessment of risk can be separated into three stages:

- Stage 1: Gathering information
- Stage 2: Analysis of information and understanding the impact on the young person (including potential impact) and what is required to reduce risks
- Stage 3: Management of risk and intervention (child protection plan, or alternative support if no child protection concerns)

3.2 Stage 1

Adverse Risk Indicators

Practitioners should consider the indicators below to guide them in gathering information and to help with the assessment of risk (extracted from the National Child protection guidance 2014)

As per the National Guidance, the term 'young person' is used in reference to an 'older child' aged 13-15

Risk indicator tool

The Child
Did the young person understand the sexual behaviour they were involved in?
Did the young person agree to the sexual behaviour at the time?
Did the young person's own behaviour – e.g. use of alcohol or other substances place them in a position where their ability to make an informed choice about the sexual activity was compromised?
Was the young person able to give informed consent? (e.g. impacted by mental health issues, learning disability or any other condition that would heighten the young person's vulnerability)
Was the young person given a false sense of affection in return i.e. exploited by the other party?
The Relationship
Was there a coercing power or any other relevant imbalance present in the relationship? (e.g. differences in size, age, material wealth and/or psychological,

social, intellectual and physical development – in addition, gender, race and levels of sexual knowledge can be used to exert power.) It should not automatically be assumed that power imbalances do not exist for two young people similar in age or of the same sex
Were manipulation, bribery, threats, aggression and/or coercion, involved? (e.g. was the young person isolated from their peer group or was the young person given alcohol or other substances as a disinhibitor etc.
The Other Person
Did the other person use 'grooming' methods to gain the trust and friendship of the young person? (e.g. by indulging or coercing the older child with gifts, treats, money etc.; by befriending the young person's family; by developing a relationship with the young person via the internet)
Did the other person attempt to secure secrecy beyond what would be considered usual in teenage sexual activity?
Was the other person known by practitioners to be or have been involved in concerning behaviour towards other children and young people?
Other Factors
Was the young person frequenting places (or online environments) used for prostitution?
Was the young person frequenting places in circumstances where additional dangers might arise? e.g. licensed premises, homes of unknown adults
Were there other concerning factors in the young person's life which may increase their vulnerability? e.g. homelessness
Did the older child deny, minimise or accept the concerns held by practitioner?

Getting it Right For Every Child (GIRFEC) should underpin all staff practice including sexual health. At each stage of intervention, staff should ask themselves the following questions:

1. What is in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child/young person?
3. What can I do *now* to help this child/young person?
4. What can my agency do to help this child/young person?
5. What additional help, if any, may be needed from others?

Further guidance to support with gathering and sharing information can be found at **Appendix 2**.

3.3 Stage 2

Level of Risk

A traffic light system is used to analysis the information and indicate the level of risk.

A. High Risk Child abuse and/or protection

When anyone working with children and young people becomes aware of situations where under-age sexual activity has taken place, they have a duty to consider the impact that this has had on the young person and whether this behaviour may be indicative of a wider child protection concern. This requires consideration of the

potential vulnerabilities of the young person and the possibility for them to be subject to or involved in sexual exploitation.

Child protection concerns arise in those circumstances when there is a strong likelihood or risk of significant harm to a child, arising from abuse or neglect. This is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child/young person and their family. It can result from a specific incidence of abuse or neglect, a series of incidents or an accumulation of concerns over a period of time.

In this situation staff will try and gain the young person's agreement to share information and make a referral to the police and/or social work. However, even if the young person does not agree staff will make a referral to the police and/or social work either themselves or through the nominated staff member for child protection within their organisation.

Young people have a legal right to be consulted on all decisions that affect their lives. This does not mean staff will do what the young person wishes in every case, but it does mean that consultation must be real and meaningful and that young people's views have to be carefully considered in any decision reached. Staff should tell him or her they are about to make a referral, unless there is a very strong reason not to do so, in which case staff should record the reason for not telling the young person.

In circumstances where referral must be made without consent, everything possible should be done to avoid further disempowering the young person. They should be offered support to help them through the process. In all cases staff will record the decisions and thinking behind it using their organisations record keeping protocol.

Young people may also have health or wellbeing issues that need to be addressed, and in this case staff should signpost the young person to an appropriate local sexual health service and, if necessary, offer to accompany them to the service.

B. Medium risk - significant welfare concerns

In this situation staff will try and gain the young person's agreement to share information and make a referral to the police and/or social work. However, even if the young person does not agree staff will make a referral to the police and/or social work either themselves or through the nominated staff member for child protection within their organisation.

As above, young people have a legal right to be consulted on all decisions that affect their lives. This does not mean staff will do what the young person wishes in every case, but it does mean that consultation must be real and meaningful and that young people's views have to be carefully considered in any decision reached. Staff should tell him or her they are about to make a referral, unless there is a very strong reason not to do so, in which case staff should record the reason for not telling the young person.

In circumstances where referral must be made without consent, everything possible should be done to avoid further disempowering the young person and they should be offered support to help them through the process.

Young people may also have health or wellbeing issues that need to be addressed, and in this case staff should signpost the young person to an appropriate local sexual health service and, if necessary, offer to accompany them to the service.

C. Low risk - Other health & wellbeing concerns

If on completion of an assessment of the young person's situation there is no evidence of harm or risk to the young person in relation to child protection, then no further child protection/welfare action needs to be taken.

However, young people may have other health or wellbeing issues that need to be addressed, and in this case staff should signpost the young person to an appropriate local sexual health service and, if necessary, offer to accompany them to the service.

Staff should ensure the young person is aware their confidentiality will be respected. However, staff should ensure they encourage the young person to discuss their relationships with their parents/carers where possible.

Staff will ensure they record their decision and the thinking behind it using their own services record keeping protocols.

D. Minimal risk - No concerns

If on completion an assessment of the young person's situation there is no evidence of harm or risk to the young person, then no further action needs to be taken. Staff should provide young people with sources of information including information about their local sexual health services and the need for the young person to ensure their sexual health is protected.

4. ASSESSMENT OUTCOMES AND MANAGING RISK

4.1 There are four possible outcomes from an initial assessment.

A Red	High Risk	Immediate referral to Police or Social Work
B. Amber	Medium Risk	Automatic referral to Social Work
C. Green	Low risk	There is a need to signpost to NHS Sexual Health Services
E Grey	Minimal risk	There is no need to make a referral

Further information on the risk assessment process can be found in [the National Guidance for Child Protection \(2014\)](#) and the [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#)

4.2 Referrals to Police or Social Work.

In cases where a practitioner has carried out an initial risk assessment and considers the young person to be at medium or high risk, a referral should be made to Police and/or Social Work as appropriate. Hereafter, normal Child Protection or Vulnerable Young Persons' Procedures will be followed. This will include decisions around ensuring the immediate safety and well-being of the young person and arranging an Initial Referral Discussion (IRD). The IRD is a multi-agency process which will take place within 24 hours and is the decision making forum with respect to how to proceed with any investigation. Full details of this process are available in the West of Scotland Interim Initial Referral Discussion Protocol (2016).

5. THE RIGHT TO CONSENT TO OR REFUSE HEALTH INTERVENTIONS

The provisions of the Age of Legal Capacity (Scotland) Act 1991, specifically section 2(4S) states that people aged 16 and over have the capacity to consent to their own medical treatment. A child under 16 can consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment.

6. CONFIDENTIALITY AND INFORMATION SHARING

6.1 Right to confidentiality

Children and young people have the same right to confidentiality as adults' i.e. that personal and private information should not be shared without consent. The Right to confidentiality is however, not absolute, and may be conditional depending on the circumstances. The law recognises that, in certain circumstances, the duty of care to an individual or third person is greater than the duty to respect confidentiality. Practitioners have a duty to act to protect people. If a child or young person is at risk due to engagement in sexual activity, staff should notify the relevant services.

6.2 Sharing information without consent

Children and young people have a right to confidentiality whenever possible and appropriate. For this reason, it is essential to gain their consent before sharing information disclosed by them with parents, carers or other professionals. However, there are several exceptions when it is permissible to breach confidentiality without the child or young person's consent including:

- A. when staff cannot be certain that the child or young person has sufficient mental capacity to consent

- B. that withholding information may facilitate the prevention, detection or prosecution of a serious crime
- C. when there is reasonable cause to believe that the presenting issues may constitute a child protection issue
- D. where urgent medical treatment is required
- E. and by virtue of a court order

It can be helpful to provide the young person with information regarding the kind of support other professionals are likely to offer and what is likely to happen if information is shared, enabling them to make an informed decision.

As these factors might not be initially apparent, it is important to explain confidentiality procedures at the outset of any professional involvement. This explanation should aim to ensure that the young person understands that, whilst their views on privacy will generally be respected, this is not guaranteed given the reasons listed above. If it becomes necessary to share information, it is important to provide a specific explanation of why this is necessary and to let the young person know who the information will be shared with.

Appendix 2 provides further guidance on gathering and sharing information and what both staff and young person need to be clear about.

7. PREGNANCY IN YOUNG WOMEN

Pregnancy in young women under the age of 16 should be dealt with using the above criteria. If it is assessed that the pregnancy is the result of mutually-agreed teenage sexual behaviour in which there are no concerns of abuse or exploitation, the matter should **NOT** be considered a child protection matter: the emphasis should be on ensuring that the young woman's health, educational, social and emotional needs are appropriately assessed.

8. BACKGROUND TO THIS PROTOCOL

National Guidance recognises that the reasons behind under age sexual activity can vary considerably. In some cases the activity will be wholly consensual; in others it will happen in response to peer pressure or as the result of abuse or exploitation. When anyone working with children and young people becomes aware of situations where under-age sexual activity has taken place, they have a duty to consider the impact that this has had on the child or young person and whether this behaviour is indicative of a wider child protection concern.

Young people who are sexually active will have differing needs therefore, in line with the principles of Getting it Right for Every Child (GIRFEC), services and practitioners must provide a range of responses to ensure that individual needs are met.

The East Dunbartonshire local guidance and protocols have been developed to compliment and contextualise national guidance.

This protocol;

1. Reflects the principles and criteria outlined in national guidance
2. Details the clear processes in place locally to ensure appropriate action to meet the needs of the child or young person
3. Links with local frameworks relating to data protection, information sharing, confidentiality, recording of decision-making
4. Links with local protocols on related matters e.g., protection of vulnerable persons, child sexual exploitation and child trafficking
5. Includes a list of local resources and services including sexual health services
6. Will initiate monitoring procedures to ensure consistent and appropriate practice, following implementation

9. DEFINITIONS

The [Sexual Offences \(Scotland\) Act \(2009\)](#) maintains the age of consent of intercourse at 16 years and redefines sexual offences against and between children. It defines a significant difference between a 'young child' and an 'older child'

The act defines a '**young child**' is a child who has not attained the age of 13 years and an '**older child**' as a child who has attained the age of 13 years but has not attained the age of 16 years.

Older Child/ Young Person

The National Guidance Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns (2010), defines an older child or 'young person' as someone aged 13 or over and under 18 (but with a particular focus on those aged between 13 and 15 with respect to under-age sexual activity).

Vulnerable Young Persons

The Children and Young People (Scotland) Act 2014 defines a child as a person under the age of 18 years. While, the age of consent is 16 years, it is recognised that there are several young people between the ages of 16 and 17 years who are considered to be at significant risk. Such young people may be considered under this protocol and Vulnerable Young Persons Procedures. (Currently under development - due for implementation August 2018).

Consideration should also be given to invoking these procedures for those young people 18 to 21 years who have previously been accommodated by the local authority. A young person aged between 16 and 21, may meet the criteria for protection under **Adult Support and Protection** (ASP) legislation. If this is the case, it should be considered whether it is more appropriate to proceed under Vulnerable Young People (VYP) or ASP procedures.

10. LOCAL STRUCTURES

This protocol has been developed by East Dunbartonshire Sexual Health Strategy Group and ratified by East Dunbartonshire Child Protection Committee (CPC). The CPC ensures agencies, services and organisations work together to protect children and provide support to parents, carers, children and young people. This protocol is part of this commitment to ensure that children and young people are respected, listened to and protected from harm.

11. PURPOSE OF THIS PROTOCOL

This protocol provides guidance and information to practitioners working with children and young people in East Dunbartonshire on how to respond when they become aware of under-age sexual activity and are concerned about a young person.

The protocol aims to assist practitioners in their decision-making by:-

- Setting out the principles upon which their practice should be based
- Providing criteria to assist their assessment as set out in the Scottish Government guidance [National Guidance Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns \(2010\)](#)
- Providing guidance for practitioners as to what they can or should do on the basis of their assessment

12. TO WHOEM DOES THIS PROTOCOL APPLY?

This protocol is for all agencies and practitioners in East Dunbartonshire who work with, and have a duty of care towards children and young people.

This includes any practitioner who might work with a young person under 16, or vulnerable young person as detailed in section 9 above.

In line with the [National Action Plan to Prevent and Tackle Child Sexual Exploitation \(March 2016\)](#), this protocol recognises that some young people may be particularly vulnerable to sexual abuse or exploitation.

These include:-

- young people with learning disabilities
- young women
- those affected by poverty
- those experiencing homelessness
- looked after children and young people

- those living away from home
- survivors of sexual abuse
- those who misuse drugs and alcohol
- those whose parents misuse drugs or alcohol
- those who are excluded from school
- those with mental health issues

13. LEGISLATION AND PRINCIPLES

13.1 Equalities Act (2010)

[The Equality Act \(2010\)](#) brings together a number of existing laws into one place. It sets out the characteristics that are protected by anti-discrimination law.

Three specific protected characteristics are of particular relevance here. They are sexual orientation, gender reassignment and disability.

13.1.1 Sexual Orientation and Gender Reassignment

Practitioners working with young people must recognise the rights, needs and aspirations of lesbian, gay, bisexual and transgender young people (LGBTQI). Any concern about underage sexual activity between same sex, bisexual or transgender young people should be assessed on the basis of this protocol, whilst recognising the potential discrimination that LGBTQI young people may experience.

13.1.2 Disability

Research demonstrates that disabled children and young people are more likely to be abused than non-disabled children/young people. Their vulnerability to a non-consensual sexual relationship is greatly increased if:

- they are living away from home
- have difficulties with communication and language
- they are subject to the use/misuse of substances, including medication

In light of these additional vulnerabilities, disabled children and young people may be particularly vulnerable to abuse of power in relationships. This must be considered during assessment. The [National Guidance for Child Protection in Scotland 2014 Additional Notes for Practitioners: Protecting Disabled Children from Abuse and Neglect](#) is a useful source of information along with the specialist East Dunbartonshire Health and Social Care Partnership Children with Disabilities team.

13.2 Children and Young People (Scotland) Act 2014

[The Children & Young People's \(Scotland\) Act 2014](#) has been set in the context of the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) and the [National Practice Model; Getting It Right for Every Child \(GIRFEC\)](#). It provides a legal framework for services to work together in support of children, young people and

families. The Act incorporates 18 distinct parts. The Act makes important changes to the provision of services for Looked After Children and Care Leavers, Early Learning & Childcare, Children's Services Planning and the provision of a Named Person and the Child's Plan.

For the purposes of underage sexual activity, this protocol will specifically focus on Part 1: Rights of Children and the Provision of Named Persons as detailed within GIRFEC policy implementation.

13.2.1 Part 1. Rights of Children

Part 1 of the Act which places new duties on a range of public authorities (including local authorities and health boards) to report on the steps they have taken to ensure children's rights are considered and furthered where possible, came into effect on the 1st April 2017.

13.2.2 United Nations Convention on the Rights of the Child (UNCRC)

Part 1 of the Act uses the UN Convention on the Rights of the Child as the framework for children and young people and for those working with them. It has the goal of promoting and securing the full range of children's human rights and places children and young people at the centre of policy development as well as the design, delivery and evaluation of services.

The UNCRC is composed of 54 articles with articles 34, 35 & 36 providing protection directly related to sexual health:

- Article 34 - No one should ever pressurise, force or trick you into doing anything sexual. This is abuse and you have the right to be protected from it.
- Article 35 - You have a right to be protected from being abducted or sold. There are also things that people should never make you do against your will, like make you marry someone.
- Article 36 - You have a right to be protected from all sorts of exploitation which can damage your welfare or development. Exploitation can mean different things, but the Government must protect you from being taken advantage of in any way.

The UNCRC also provides for specific groups of children by age, setting or those who need special protection or other forms of support.

This includes:

- Children affected by violence, drugs or alcohol
- Victims of abuse or exploitation
- Children who are affected by poverty; deprivation or homelessness
- Children in urban and rural areas
- Disabled children
- Children with additional support needs
- Looked after children

13.3 Getting it Right for Every Child (GIRFEC)

The GIRFEC approach was constructed around the UNCRC and requires those who work with children and young people to put children at the centre of their day-to-day practice. Putting children at the centre of our work realises all UNCRC Articles, and, in particular, highlights the requirement to consider the best interests of the child (Article 3), and the need for children's views to be taken into account, and given due weight, when decisions are being made about them (Article 12).

GIRFEC provides a framework for practitioners to explore the wider context of supporting families and meeting children's needs. In the context of under-age sexual activity, it allows you to consider how this protocol will protect and promote the wellbeing of children and young people, as defined by the GIRFEC wellbeing indicators. The eight wellbeing indicators are relevant insofar as they link to the Articles of UNCRC.

Details of this can be found in [Getting it Right in Policy & Legislation \(2015\)](#).

Like the Articles of the UNCRC, GIRFEC wellbeing indicators are non-hierarchical and interconnected, focused on the whole child rather than just one discrete aspect of their lives. The Children and Young People (Scotland) Act 2014, is rooted in the GIRFEC approach and puts a number of key elements of GIRFEC into statute.

Links between wellbeing indicators and UNCRC Articles

Wellbeing Indicators	UNCRC Articles	
Safe	11 - abduction and non-return of children 19 - protection from violence, abuse and neglect 22 - refugee children 32 - child labour 33 - drug abuse	34 - sexual exploitation 35 - abduction, sale and trafficking 36 - other forms of exploitation 37 - inhumane treatment and detention 38 - war and armed conflicts
Healthy	3 – best interests of the child 6 – life, survival and development	24 - health and health services 39 - recovery and rehabilitation of child victims
Achieving	4 – Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights	18 - parental responsibilities and state assistance 28 - right to education 29 - goals of education
Nurtured	4 – Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights 5 - parental guidance and a child’s evolving capacities 18 - parental responsibilities and state assistance	20 - children deprived of a family 21 - adoption 25 - review of treatment in care 27 - adequate standard of living
Active	3 - best interests of the child 23 - children with disabilities	31 - leisure, play and culture
Respected	2- non-discrimination 3 - best interests of the child 4 - Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect those rights. 5 - parental guidance and a child’s evolving capacities 8 - protection and preservation of identity 12 - respect for the views of the child	13 - freedom of expression 14 - freedom of thought, belief and religion 16 - right to privacy 17 - access to information; mass media 18 - parental responsibilities and state assistance 30 - the right to learn and use the language, customs and religion of their family,
Responsible	3 - best interests of the child 12 - respect for the views of the child 14 - freedom of thought, conscience and religion	15 - freedom of association 40 - juvenile justice
Included	3 - best interests of the child 6 - life, survival and development 18 - parental responsibilities and state assistance	23 - children with disabilities 26 - social security 27 - adequate standard of living

13.4 Provision of Named Persons

The Named Person is a central point of contact who works with children, young people and parents to ensure they have the appropriate help and support at the right time to meet their needs and promote wellbeing.

The role of Named Person is integrated into the current role of key promoted members of staff in schools and health visiting services. There is no obligation for children or parents to accept the offer of advice or support from a Named Person.

NOTE: The provision of a Named Person does not replace statutory reporting procedures for Child Protection. Where anyone, including a Named Person, has information which indicates a possible Child Protection concern, local Child Protection Procedures must be followed.

In the context of this protocol, the role of the Named Person reflects GIRFEC policy and guidance and not that within Part 4 of the Children and Young People (Scotland) Act 2014 until statutory guidance for this has been agreed and implemented.

14. LINKS TO OTHER RELEVANT PROTOCOL AND GUIDANCE

14.1 West of Scotland

- [West of Scotland Child Protection Procedures \(2014\)](#)
- [West of Scotland Managed Clinical Network for Sexual Health](#)
- [Sexual Offences \(Scotland\) Act 2009](#)
- [Child Sexual Exploitation Definition and Practitioner Briefing Paper](#)

14.2 National Guidance and Legislation

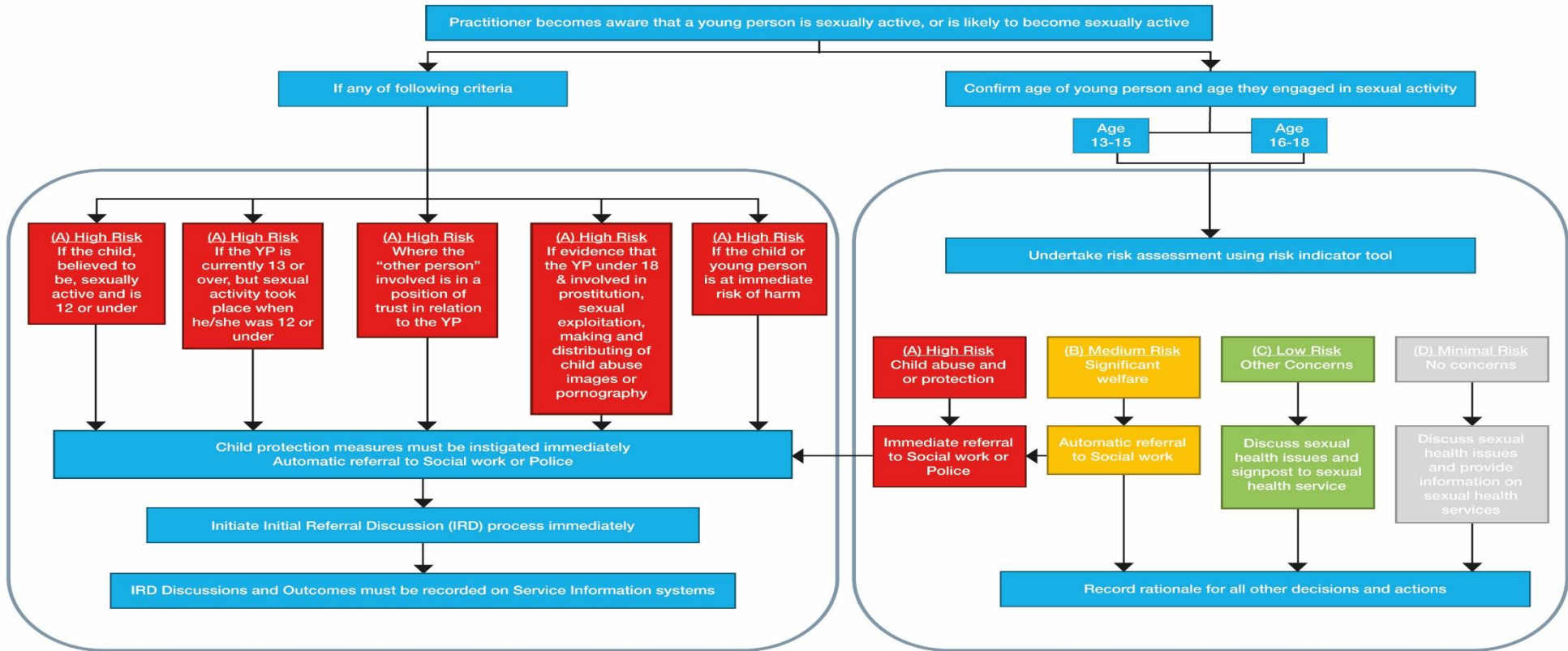
- [National Guidance for Child Protection in Scotland 2014](#)
- [National Guidance for Child Protection in Scotland \(2014\). Additional notes for practitioners: protecting disabled children from abuse and neglect](#)
- [Getting It Right For Every Child- Scottish Government webpages](#)
- [The Children and Young People \(Scotland\) Act 2014](#)
- [Child Protection Improvement Programme- Scottish Government webpages](#)
- [Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland](#)
- [Children Hearings \(Scotland\) Act 2011](#)
- [When and how to best use the Child Rights and Wellbeing Impact Assessment \(CRWIA\): Guidance for Scottish Government Officials](#)
- [Guidance on Referral to the Reporter: Information for Partners](#)
- [National Risk Framework to Support the Assessment of Children and Young People](#)

- [National Guidance. Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns](#)
- [Human Trafficking and Exploitation \(Scotland\) Act 2015](#)
- [Child Sexual Exploitation- Scottish Government webpages](#) (includes up to date National Action Plan)
- [Child Protection and the needs and rights of disabled children and young people: A scoping study, Stalker et al, 2010](#)

14.3 Related documentation

- [European Convention on Human Rights](#)
- [United Nations Convention on the Rights of the Child](#)
- [Human Rights \(Scotland\) Act 1998](#)
- [Guide to the General Data Protection Regulation \(GDPR\)](#)
- [Data Protection Act 2018](#)
- [Information Commissioner's Office: Guidance for sharing of information](#)
- [Police Scotland: Child Protection - Under Age Sexual Activity Standard Operating Procedures](#)

APPENDIX 1. QUICK GUIDE FLOW CHART



APPENDIX 2. GATHERING AND SHARING INFORMATION – FURTHER GUIDANCE

Staff and the young person should both be clear about:-

- Why staff seek to share information?

Staff should be clear with the young person about why they are concerned and listen carefully to any comments they have to make about the concerns. Try to find out if the young person is also concerned about the situation.

- The information staff and the young person want to share.

Staff should be clear what information they seek to share and ask the young person what information they think it would be useful to share. Staff should be clear about whether they need to name names, or whether information will only be shared on an anonymous basis. If the former: whose names – the young person, parents, siblings, sexual partners, others? Listen carefully to any comments they may have.

- Who staff and the young person want to share information with?

There may be a vast difference, from the young person's point of view, between sharing information with a health colleague or a member of staff's own team and sharing information with their parents or the police. Listen carefully to the young person's views about each of the people you want to share information with. They may be happy to share information with some, not with others.

- What staff will/may do with the information that's been shared?

Will the information be kept on the records of staff's own or another organisation, for example? Will it lead to a police investigation? Will it be shared on a wider basis? Staff will listen to the young person's views and make sure they can answer (or find the answer to) any questions they may have.

- What the consequences for the young people, positive or negative, could be.

What support might staff get for the young person if information is shared? What other benefits would there be for the young person? Would the young person be disadvantaged in any way, for example, by an unwanted police investigation or by their parents discovering they're sexually active? Staff should ask the young person what they think the consequences of sharing information might be.

- Who will share the information?

If the young person consents to information being shared, they may want (and should be encouraged) to play an active role in discussing the situation with others. Staff need to establish the extent of responsibility the young person seeks:-

- to share the information themselves, without staff involvement

- to take the lead in sharing information, with staff present for support
- for staff to take the lead but in his/her presence
- for staff to share the information without the young person being present.

Where staff and the young person have agreed to share information with a number of different people, the young person may want different levels of involvement in relation to different people. However, staff need to be careful, as where there are potential criminal matters of abuse or exploitation, giving the young person a role in the discussion, may expose them to further abuse or corrupt the investigative process.

APPENDIX 3. YOUNG PEOPLE IN EAST DUNBARTONSHIRE - DEMOGRAPHICS

Demographics

The [East Dunbartonshire Integrated Children's Services Plan 2017 - 2020](#) provides some information on the social and economic circumstances of children, young people and families in East Dunbartonshire.

This is supplemented here with some additional data relevant to young peoples' sexual health.

Age	Number of Children and Young People in East Dunbartonshire National Records of Scotland 2017 Mid-Year Population Estimates
12	56,357
13 & 14	108,843
15	53,228
16 & 17	112,613

In 2015/16 NHS GGC Sandyford Sexual Health Services [research](#) identified that young people feel they are growing up in a society that puts great pressure on them to be sexually active but find adults reluctant to discuss adolescent sexual development as a natural part of growing up.

The most recent [Schools Health and Wellbeing Survey 2014-15](#), found that

- 18% of girls and 19% of boys in S3- S6 cohort reported ever having engaged in sexual intercourse.
- 26% of young people in S3 – S6 reported having engaged in sexual activity.
- 44 % of sexually active S3 – S6 pupils reported that they always used contraception/ protection
- Pupils from school in the most deprived neighbourhoods were more likely than those from schools in the least deprived neighbourhoods to have engaged in sexual intercourse (34% in most deprived and 15% in least deprived areas)

The most recent [Health Behaviour in School Aged Children Survey 2014](#), provides the national picture across Scotland within their Key Findings:

- Between 2010 and 2014 there was a decrease in the percentage of 15-year old girls who had ever had sexual intercourse from 35.4% to 27.4%
- There was little change between 2010 and 2014 in the percentage of 15-year old boys who had ever had sexual intercourse
- In 2010 a higher percentage of 15-year old girls than boys had ever had sexual intercourse; in 2014 there was no difference between boys and girls

- In 2014, it was found that boys and girls from poorer neighbourhoods were more likely than other 15-year olds to have had sex
- Having sexual intercourse by age 15 is associated with poorer mental well-being and higher levels of risk behaviours

Teenage Pregnancy

Despite the Scottish teenage pregnancy rate falling to the lowest levels on record inequalities continue to exist with females, in the under 20 age group, living in the most deprived areas nearly five times more likely to experience a pregnancy.

East Dunbartonshire rates of teenage pregnancy were 1.7 per 1,000 for the under 16 age group in 2014/16 and 10.1 per 1,000 in the under 18 age group. The national rates are 3.5 and 20.4 respectively. The rates for under 16s and under 18s at a local authority level are reported as three year combined figures, due to small numbers slight fluctuations should be treated with caution. This can be illustrated by the most recently published actual numbers for the combined three year period 2014, 2015 and 2016 for under 16 age group reported as 9 pregnancies and the under 18 age group as 56 in total for East Dunbartonshire ([ISD 2018](#)).

Looked After Children

A snapshot of Looked After Children carried out in July 2017 identified 162 children and young people as being Looked After by East Dunbartonshire Corporate Parents. A breakdown shows that:-

- 85% (137) of the 162 children were looked after in the community.
- 54% (87) were male with 46% (75) being females.
- 73% (118) children were aged between 5 And 15.
- 15% (24) were 16 or over.
- 15% (24) were known to have a disability.

APPENDIX 4. USEFUL SERVICES, RESOURCES AND CONTACTS

Sandyford: NHS Greater Glasgow & Clyde Sexual Health Services

All of the services below are available to women, men and young people, of all sexual orientations, for example heterosexual or gay. They offer information, advice and services relating to a number of sexual, reproductive and emotional issues:

- Pregnancy
- Testing and treatment of sexually transmitted infections
- HIV Testing
- Counselling
- Hepatitis testing and vaccination
- Free condoms
- Contraception (birth control) including emergency contraception and male sterilisation (vasectomy)
- Women's health problems including gynaecology and menopause
- Termination of pregnancy (abortion)
- Rape and Sexual Assault Support
- Gender Identity Service
- Clinic for people who sell or exchange sex

www.sandyford.org

0141 211 8130 (to make an appointment)

Young People @ Sandyford

Dedicated sexual health service for young people aged 17 and under. You do not need to make an appointment as all the clinics are drop-ins.

<https://youngpeoples.sandyford.org/>

Free Condom Service

Free condoms are available to anyone who wants them in venues across East Dunbartonshire and Greater Glasgow and Clyde.

<http://www.freecondomsglasgowandclyde.org/>

Sandyford Termination of Pregnancy and Referral (TOPAR) Services

<https://www.sandyford.org/emergencies/abortion-services/>

0141 211 8620

NHS Greater Glasgow & Clyde Pregnancy Central Booking Line

You should make an appointment with a midwife as soon as possible.

0141 232 4005

East Dunbartonshire Social Work Services

<https://www.eastdunbarton.gov.uk/health-and-social-care/services-children-families>

0141 777 3000

LGBT Youth Scotland

Information, advice and support for young people including youth groups.

www.lgbtyouth.org.uk

0141 552 7425 (Glasgow telephone number)

LGBT Helpline Scotland

Information and support by LGBT Health & Wellbeing.

<https://www.lgbthealth.org.uk/helpline/> (online webchat available Tuesdays 3-9pm)

0300 123 2523 (available Tuesdays and Wednesdays 12-9pm)

helpline@lgbthealth.org.uk (email anytime and they will get back to you during office hours)

Childline

www.childline.org.uk

0800 1111

Talking Together Book Collection

This special book collection is available in all East Dunbartonshire Libraries and is aimed at parents and carers to support them to confidently 'chat' with their child about growing up, relationships and sexual health. The books have a colour coding system to assist parents and carers to select the most suitable material for the developmental stage of their child. These books are neither intended nor promoted at children to read on their own, but rather are for parents and carers to use alongside their child.

<https://www.edlc.co.uk/libraries>