Section 2
Guidance and Protocols

Assessment and identifying risk

It is important to remember that sexual development, including age appropriate sexual behaviours, is part of healthy development.

Knowing how to recognise healthy sexual development and behaviour in children and young people helps to support the development of healthy sexuality and protect children and young people from harm or abuse.

Many expressions of sexual behaviour are part of healthy development and are no cause for concern. However, when children or young people display sexual behaviour that increases their vulnerability, or causes harm to someone else, all adults have a responsibility to provide support and protection.

Relationships, sexual health and sexual behaviours should form part of any holistic assessment of a child and young person’s wellbeing and safety. This should be an ongoing process taking into account if circumstances have changed or further information has been given that may impact on your assessment of need and risk.

Most young people under the age of 18 will have an interest in sex and sexual relationships. When assessing risk in relation to sex and sexual relationships all practitioners should follow South West Child Protection procedures, including were relevant, Working with Sexually Active Young People procedure.
Amber behaviour identified

Amber behaviours have the potential to be outside healthy sexual behaviour and development. An amber behaviour means that concern should be raised and there is a need for further investigation.

Practitioners who have identified an amber behaviour should:

- Have a discussion with your safeguarding lead and manager to assess if a safeguarding referral is required.
- Record the outcome of this discussion, including actions taken in line with your agency’s procedures. Include a copy of the Brook Traffic Light Tool form in your recordings.
- Attach a copy of the Traffic Light Tool Form to any safeguarding referral paperwork or other referral if relevant.
- Continue to engage with and offer a service to that young person, monitor the situation and gather information to support further assessment of risk/need.
- Consider if you and your agency are able to provide additional support.
- Consider if support from another agency is required, including where appropriate, supporting access to sexual health services.
- Review and record outcome of review.

Green behaviour identified

Green behaviours reflect healthy sexual development where there is no need for further action.

Practitioners should use this as an opportunity for:

- Positive behaviour reinforcement.
- Further education, information and support.

Brook Traffic Light Tool: A framework for sexual behaviours

Cornwall Children’s Trust and LSCB has adopted the Brook Traffic Light Tool as their agreed framework for assessing sexual behaviours in children and young people. This tool supports practitioners to distinguish between healthy sexual development and potentially harmful or concerning behaviour. Dealing with unhealthy sexual behaviour at an early stage can help to prevent subsequent sexually harmful behaviours from developing.

All Practitioners working with children and young people should use this framework to support their assessment of sexual development and sexual behaviours and should adhere to the following protocol:
Red behaviour Identified

Red behaviours require immediate intervention and action.

Practitioners who have identified a red behaviour should:

- Follow safeguarding procedures in all cases.
- Attach a copy of the Traffic Light Tool Form to any safeguarding referral paperwork or other referral if relevant.
- Record your agency’s action in line with your agency’s procedures, include a copy of the Traffic Light Tool form in your recordings.

Irrespective of Safeguarding procedural outcome you should:

- Consider if you and your agency are able to provide additional support.
- Consider if support from another agency is required, including where appropriate, supporting access to sexual health services.
- If the law has been broken the police should be informed immediately.

Potential influences on harmful or unhealthy sexual behaviour

- lack of sex and relationships information
- lack of privacy
- boredom, loneliness, anxiety, confusion or depression
- family/carer conflict
- information and support needs
- lack of rules, appropriate consequences or boundaries
- emotional, physical or sexual abuse
- sexual exploitation and/or trafficking
- communication difficulties
- sexual excitement or curiosity
- attention or relationship needs
- gender issues
- copying the behaviour of other children and young people
- copying behaviours seen on the internet or TV

Any amber or red behaviour identified using the Brook Traffic Light Tool should be recorded, alongside actions taken, according to your own agency’s procedures and including the Traffic Light Tool form.
Young People Under 13

The law is very clear that a young person under the age of 13 cannot consent to sex. A disclosure of sexual activity by a young person under the age of 13 is always a safeguarding issue and safeguarding procedures should be followed.

The Traffic Light Form can and should be used to support an onward referral. However it does not, on its own, constitute a referral and you will be required to use that agency’s referral procedures.

If you are concerned about a child or young person’s behaviour but this behaviour is not on the normative list you can use these questions and consider the below grid to support your assessment and categorisation of the behaviour. Further online support is also available here.

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3 Sexual Offences Act 2003

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Questions to Ask

- Is the behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour unusual for that particular child or young person?
- Is the behaviour excessive, coercive, degrading or threatening?
- Is the behaviour occurring in a public or private space? How does this affect the colour categorisation?
- Are other children or young people showing signs of alarm or distress as a result of the behaviour?
Green
- Behaviour does not place anyone at risk
- All participants are consensual
- Involves children of similar age and ability
- Behaviour natural curiosity and experimentation
- Behaviour reflects positive choices
- Behaviour reflects healthy sexual development

Amber
- Behaviour is unusual for the child/young person
- Behaviour is outside development age
- Concerning context
- Concerning frequency
- Behaviour is affecting other children or young people

Red
- Behaviour is excessive
- There is an element of coercion
- The behaviour is not consensual for all involved
- Behaviour places child, or another person at risk
- Behaviour is secretive
- Behaviour makes child vulnerable to abuse
- Behaviour is degrading to self or others
- Behaviour is threatening to self or others
- Significant age or development difference
- Significant power imbalance.
- The behaviour increases
- There is a concerning context
- Behaviour is distressing to others
A guide to identifying sexual behaviours

This ‘Traffic Light Tool’ forms part of a resource designed to help professionals who work with children and young people to identify, assess and respond appropriately to sexual behaviours. By identifying sexual behaviours as GREEN, AMBER or RED, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach. The normative list aims to increase understanding of healthy sexual development and distinguish it from harmful behaviour.

This tool must be used within the context of the guidance provided at www.brook.org.uk/traffic-lights and should not be used in isolation.

What is a Green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:
- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up. Green behaviours provide an opportunity to positively reinforce appropriate behaviour, and to provide further information and support.

Green behaviours

Age 0-5
- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Age 5-9
- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same or opposite gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers
- solitary masturbation

Age 9-13
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

Age 13-17
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active


Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. Information and knowledge is constantly changing and users are strongly advised to check for updates at www.brook.org.uk/traffic-lights on a regular basis. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

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What is an Amber behaviour?

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

- unusual for that particular child or young person
- of potential concern due to age or developmental differences
- of potential concern due to activity type, frequency, duration or the context in which they occur

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

Please refer to internal guidance or safeguarding frameworks to decide on the next steps to take or talk to a designated safeguarding lead.

Amber behaviours

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

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

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

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

What is a Red behaviour?

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

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

Red behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully.

Please refer to internal guidance or safeguarding frameworks to decide on the next steps to take or talk to a designated safeguarding lead.

Red behaviours

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

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

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

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

Sexual exploitation can take many forms. It can include participating in a range of sexual activity for material or emotional rewards e.g. money, gifts, drugs, accommodation or primarily affection. Often associated with it, is the threat (direct or implied) of violence or coercion. It should be remembered that all young people, irrespective of their sex or sexual orientation are vulnerable to sexual exploitation.

Young people who are sexually exploited do not become involved by choice but often for a variety of complex reasons. Young people who are in care and accommodated are particularly vulnerable to sexual exploitation due to their care backgrounds. However, young people who live at home, irrespective of age, gender, ethnicity, background, disability or sexual orientation are also vulnerable to being exploited. It is known that perpetrators are also male or female, of all ethnic groups and backgrounds and that young people themselves can encourage others to become involved in behaviour that is sexually exploitative, including peer on peer abuse.

Cornwall and the Isles of Scilly Local Safeguarding Board (LSCB) have a Child Sexual Exploitation Protocol and Strategy in partnership with Torbay, Devon and Plymouth LSCB’s which is available on the LSCB website. Every practitioner should be aware that no child or young person can consent to their own abuse.

In assessing young people’s behaviour and relationships, it is essential to look at the facts of the actual relationship between those involved. Power imbalances are very important and can occur through differences in size, age and development and where gender, sexuality, race and levels of sexual knowledge are used to exert such power. (Of these, age may be a key indicator, for example a 15 year old girl and a 25 year old man). There may also be an imbalance of power if the young person’s sexual partner is in a position of trust in relation to them (for example a teacher, youth worker or carer). In the assessment, practitioners need to include the use of sex for favours; for example exchanging sex for clothes, CD’s, trainers, alcohol, drugs or cigarettes. Young people could also have large amounts of money or other valuables which cannot be accounted for. In order to determine whether the relationship presents a risk to the young person, the following factors should be considered.
This list is not exhaustive and other factors may be needed to be taken into account:

- Whether the young person is competent to understand and consent to the sexual activity they are involved in.
- The nature of the relationship between those involved, particularly if there are age or power imbalances as outlined above.
- Whether overt aggression, coercion or bribery was involved including misuse of substances/alcohol as a disinhibitor.
- Whether the young person’s own behaviour, for example through misuse of substances, including alcohol, places them in a position where they are unable to make an informed choice about the activity.
- Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship.
- Whether the sexual partner is known by the agency as having other concerning relationships with similar young people.
- If accompanied by an adult, does that relationship give any cause for concern?
- Whether the young person denies, minimises or accepts concerns.
- Whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with behaviours considered to be ‘grooming’.
- Whether sex has been used to gain favours (e.g., exchange sex for cigarettes, clothes, CD’s, trainers, alcohol, drugs etc.)
- The young person has a lot of money or other valuable things which cannot be accounted for⁴.

**If you have concerns that the young person may be at risk of sexual exploitation, please refer to Children’s Social Work Multi-Agency Referral Unit (MARU 0300 123 116) by completion of a Multi Agency Referral form. If the situation is an emergency, the local police should be contacted immediately.**

⁴ These indicators incorporate recommendation 13 of the Bichard Enquiry.
Domestic Abuse and Sexual Violence

In 2012, a new cross-Government definition of domestic abuse was announced, following consultation in December 2011. ACPO\(^5\) commended the changes saying that “the amendments to the definition are key in helping to raise awareness and enable effective prevention working in partnership with all agencies”.

The amendments expand the definition to include controlling and coercive behaviour and incidents involving victims and perpetrators from age 16 rather than 18.

\(^5\) Association of Chief Police Officers; press quote from ACPO lead on domestic abuse Chief Constable Carmel Napier.

The new definition of domestic violence and abuse now states:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, emotional.

**Controlling behaviour is:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

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**REACH**

In 2014 the new REACH service (Risk Evaluation and Co-ordination Hub) will be opened in mid Cornwall offering a county wide service to both victims and their families as well as professionals and will offer a central referral point for all agencies in Cornwall. Case consultation can also be sought and REACH will also offer a self referral point and advisory service for anyone affected by Domestic Abuse.

Once the service is launched referrals will be accepted either by phone or email on 0300 777 4777 (mon- fri 9am-5pm) or reach.cornwall@twelves.cjsm.net.

Any concerns that a professional may have in regards to a young person experiencing abuse need to be shared with the MARU (0300 123116) Following your own agency’s confidentiality and information sharing policies.

To make a referral for a young person to REACH, wherever possible a CAADA DASH Risk Indicator checklist should be completed.

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**Useful links**

- The Government has launched the This is Abuse campaign to raise awareness of abusive behaviour in teen relationships. The This is ABUSE website is a useful source of information and support for young people.
- CAADA is a national charity supporting a strong multi-agency response to domestic abuse. they provide a wealth information and resources to practitioners.
Key facts for domestic abuse

- Domestic abuse continues to present the highest overall risk to communities in Cornwall.
- 7,440 incidents were reported to the police in 2012/13.
- Based on the number of reports, we can estimate that 19,300 incidents actually occurred in Cornwall in 2012/13 with 10,500 victims, of which 5,000 were repeat victims.
- The latest figures for domestic abuse incidents reported to police forces across England and Wales (2011/12) indicate that prevalence of domestic abuse is 26% higher in Devon and Cornwall than the average for similar force areas nationally.
- For both men and women, young people are most at risk – around a quarter of incidents involve victims under the age of 25 and the proportion is similar for perpetrators. 3% of victims and 1% of perpetrators are under the age of 18.
- 21% of incidents relate to intergenerational abuse (where the age gap between victim and perpetrator is 15 years or more). Crimes involving male victims are more likely to be intergenerational than those involving females.

As well as the risk to their personal safety, children impacted by domestic abuse are at increased risk of behavioural problems and mental health issues that may continue into adult life. Immediate impacts include involvement in offending and running away from home (putting them at increased risk of sexual exploitation).

There were 760 children in high risk households at MARAC (high risk) in 2012/13.

Key facts for sexual violence

In 2008 the World Health Organisation (WHO) defined its understanding of sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic someone’s sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work”:

- 539 crimes were reported to the police in 2012/13. Further to a significant rise in reported crimes in 2011/12, there was no notable change in 2012/13. The review of victim profile highlights, however, that offences against under 16s have dropped and those against adults have increased.
- Reported rates of sexual violence in Cornwall are 5% above the average for similar partnership areas nationally but the main factor in this is higher reports for rape (19% above average).
- The gender and age profile for victims has not significantly changed from last year and reinforces the need for service provision for male and female victims of all ages. Young people are by far at highest risk of victimisation, with the greatest risks around 14 and 15 years of age.
- The majority of crimes involve a female victim but there is a significant representation of male victims, particularly amongst the young.
- Just under 1 in every 10 victim is male overall but this increases to 1 in 5 amongst victims of less than 16 years of age.
- 38% of crimes involve a victim under the age of 16. Rates of crime for 14 and 15 year olds are over three times the average for all ages.

If you have concerns that the young person may be in or at risk of an abusive relationship, please refer to Children’s Social Work Multi-Agency Referral Unit (MARU) by completion of a Multi Agency Referral form telephone 0300 123116. If the situation is an emergency, the local police should be contacted immediately.
Working with Parents and Carers

Parents are crucial to supporting young people to have positive relationships, sexual health and avoid unwanted pregnancy. Parents talking openly and honestly with children can help their emotional development, helps them stay safe, develop confidence, self-esteem and communication skills. Children will also learn about relationships and sex from many other sources so it is important parents feel able to provide children and young people with the information and guidance they would like them to hear.

Whilst most parents feel they should be talking to children and young people about relationships and sex many report not doing so. So long as it is appropriate, practitioners should be supporting and encouraging parents and carers to talk to their children about relationships, growing up, puberty and sexual health.

Children and young people should also be encouraged to speak with their parents and carers, again, so long as it is appropriate and does not raise any concerns around risk.

Given the responsibility that parents have for the conduct and welfare of their children, practitioners should encourage the young person, at all points, to share information and any decisions they make around their sexual health with their parents and carers wherever safe to do so. However they should not be compelled to and they have a right to seek information independent of their parents.

If a young person chooses not to share information their confidentiality should be respected. Decisions to share information with parents and carers without a young person’s consent should be taken using the South West Child Protection Procedures. Decisions should consider the child’s age, maturity and ability to understand the implications and risks to themselves as well as parents’ or carers’ ability and commitment to protect the young person.

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Useful links and resources

The FPA have compiled a guide for parents and carers around talking to their children about sex and relationships.

They also have available to buy: Speakeasy: talking with your children about growing up.

The NSPCC Provide advice and guidance to parents and carers around talking to children and young people about relationships and sex including the SPACE rules and advice on how to talk to teenagers.

The NHS have online tips on talking to your child about sex. You can also download the leaflet Talking to your Teenager about Sex and Relationships.

Fink have developed conversation cards to support positive conversations at home. Their resources include sex and relationship matters, developed in partnership with the Brook Advisory Service.

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I think young people are hardly getting any messages from their parents as they think it is up to the education service to do this, however the education service seem to think it is up to the parents.

Young person

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Emmerson (2011)
Why should we be encouraging parents and carers to talk to their children?

Research also shows that adolescents who benefited from positive communication, guidance and education around relationships and sexual health from their parents and carers:

- report an older age of first intercourse;
- have lower frequency of sex during their teens; and
- are more likely to consistently use condoms.7

Young people whose parents are confident and comfortable in taking to young people about relationships and sexual health are less likely to participate in sexually risky behaviour8 and young people who benefit from ongoing communications with their parents around sex, sexuality and sexual development are more likely to enjoy a closer relationship with them as well as talk to them about sexual health issues in the future9.

Young people tell us that parents are one of their preferred sources of information advice and guidance and relationship and sex education, however many report receiving little or no information from them10 and can feel uncomfortable talking to their parents about sex.

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7 Resnick MD et al. (1997); Karofsky PS et al. (2000); Weinman et al. (2008); Hacker KA et al. (2000)
9 Martino et al. (2008)
10 Hibbert (2010)
Speakeasy Programme

This programme supports parents and carers to become a positive source of relationships and sex education through a flexible training programme delivered through children’s services, schools and other community settings. It aims to give parents and carers the knowledge and confidence to:

- Be able to talk positively about relationships
- To talk positively about relationships and sex to children according to their age and understanding
- Feel comfortable taking on the role of ‘relationships and sex educator’ at home
- Understand the changes children go through during puberty
- Understand how to help children deal with pressure from media and advertising
- Have up-to-date information on contraception and sexually transmitted infections
- Know more about the relationships and sex education that is taught in schools

Speakeasy also provides Facilitator Training for participants to gain the skills and knowledge to run Speakeasy Groups for their peers or the parents and carers they work with.

For more information on Speakeasy, email the Speakeasy Coordinator: teenagerpregnancy@cornwall.gov.uk

Puberty

It is important to reassure and educate children and young people that the physical body changes during puberty are a normal part of growing up.

For some children and young people, puberty can be a stressful and difficult time and some young people may feel confused or ill prepared for the changes puberty bring and will require education alongside help, support and reassurance.

Children and young people should know about puberty before it happens. Informal and formal education should be based on early preparation and positive presentation of information.

More information about the physical aspects of puberty for boys and girls can be found using these links

Further Links

Childline: My Body Pages

FPA have published a range of leaflets and resources to support young people’s understanding of growing up and puberty.

www.fpa.org.uk
Confidentiality and consent to medical treatment

Confidentiality and information sharing can be a great cause of anxiety for practitioners and young people. Young people tell us that fears around confidentiality can be a barrier to accessing the services that are there to support them.

Young people, including those under 16, are entitled to the same level of access and confidentiality from medical services, unless disclosure is necessary to protect them or another child from harm or abuse.

Even if a medical professional assesses a young person as not having capacity to make a decision about their treatment (see Fraser Guidelines), they are still entitled to confidentiality.

As a practitioner you should follow the South West Safeguarding Procedures when making a decision to share information without consent. Working with young people you must be clear about your boundaries of confidentiality at the first possible instance and inform young people if you need to pass information on, including the reasons why.

If your professional boundaries prevent you from being able to discuss relationships and sex issues with a young person in confidence than you should support them to access a confidential service where they can. However it is important to be clear that all services, including confidential services, will need to pass on information if a child is at risk.

For more information read the FPA fact sheet on under 16 consent and confidentiality.

Fraser Guidelines

The law gives the right to consent to medical treatment to adults and anyone aged 16-18.

Young people under the age of 16 can consent to medical treatment (including contraception) without parental involvement if they are deemed to have sufficient maturity and understanding (referred to as ‘competency’).

In assessing competency practitioners follow the Fraser Guidelines.

Before providing sexual health services without parental involvement, a practitioner must be satisfied that:

- The young person could understand the practitioner’s advice and had sufficient maturity to understand what was involved in terms of the moral, social and emotional implications.
- The practitioner could neither persuade the young person to inform the parents, nor to allow him to inform them, that contraceptive advice was being sought.
- The young person would be very likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment.
- Without contraceptive advice or treatment, the young person’s physical or mental health, or both, would be likely to suffer.
- The young person’s best interests required the practitioner to give contraceptive advice, treatment or both without parental consent.
Confidential services

Many professionals in Cornwall offer young people a confidential service and it is incredibly important that young people have places they can go to access information, advice and guidance in confidence. However it is of equal importance that all practitioners and agencies have confidence that all service providers have a shared understanding of risk, assess that risk appropriately and follow agreed safeguarding procedures.

All professionals delivering sexual health services in Cornwall provide services within the legal framework and safeguarding procedures.

This means

- Assessing all young people under 16 using the Fraser Guidelines before giving them access to medical treatment (including contraception)
- Assessing risk and following safeguarding procedures, including sharing information when required.

If an agency is not sharing information with another it should only be because that agency has undertaken a professional assessment, based on the information they have received and concluded that the young person is not at risk of harm.

Contraception and referral

Young people who are considering becoming or already are, sexually active should have access to sexual health information, advice and contraception (concurrent with any safeguarding activity that may be in place dependent on risk).

All practitioners working alongside young people should be able to encourage and signpost young people to appropriate sexual health services and be able to either signpost or offer and register young people for a C-CARD, Cornwall’s condom distribution scheme. Practitioners should support a young person in accessing appropriate information about sexual health services in their localities.

Young people should be able to access sexual health advice, information and guidance, including accessing the C-CARD scheme even if they are not sexually active.

Young people under 13 are also entitled to access services however sexual activity under 13 is always a safeguarding issue and safeguarding procedures should be followed.

Pregnancy testing and pregnancy choices

Early identification of pregnancy is important as it enables:

- Time to explore and understand the options available.
- Access to early anti-natal care and health education if the pregnancy is to continue.
- If choice is termination of pregnancy, early access to termination services is crucial in order to appropriately prepare the young person (people).

Reminder

The Brook Traffic Light Tool alongside safeguarding procedures supports all practitioners to have a shared understanding of behaviours and risk in relation to sexual behaviours.
Pregnancy testing

A young person who is concerned she may be pregnant should always be encouraged and supported to attend a sexual health service where the woman will be able to access specialist advice and support, including addressing her contraceptive needs, whatever the outcome.

Although a young woman has a right to use a home pregnancy test if she chooses, this should not be encouraged and only practitioners who are appropriately trained should undertake a pregnancy test with a young person.

If the young person refuses to visit a service offering pregnancy testing discuss with your manager before taking further action.

Responding to a negative test result

A pregnancy concern indicates a need and risk taking behaviour (unprotected sex) irrespective of result.

Practitioners should respond to a negative test result by:

- Facilitating a visit to a sexual health service to discuss a contraception that will suit that young person and protect against future unplanned pregnancies, potential STI screening and keeping safe.
- Discussing relationships and, using the South West guidelines for sexually active young people, assess the level of risk alongside promoting positive relationships.
- Promoting positive sexual health messages including delaying sex until ready and, if you are having or thinking about having sex, seeking contraception is the responsible thing to do.
- Assessing young person’s knowledge and understanding and provide appropriate relationship and sex education.

Responding to pregnancy

If a young woman is pregnant then they will need to be given time (although it is important that they do not delay their decision), support and information in order to make a decision.

The decision should be the young woman’s and she should not be pressurised into anything.

She can choose to:

- Continue with the pregnancy and become a parent.
- End the pregnancy and have a termination.
- Adoption.

Young people should always be encouraged and supported to discuss their choices with a specialist service such as Brook.

Any advice or information provided by you must be factual and non-judgemental and under no circumstances should a practitioner encourage a young person towards a particular choice.
Young women should be encouraged, where it is appropriate and safe to do so, to speak with her family and identify a trusted and appropriate adult who is able to offer her support. However young people, including those under 16 are still entitled to the same level of access and confidentiality from medical services unless a disclosure is necessary to protect a young person from harm or abuse.

Likewise a young woman should be encouraged, where appropriate, to involve her partner in the decision making process.

If you are working with a young man whose partner is pregnant he should also be supported as above and supported to be involved in the decision making process.

Whatever the young person’s decision they should be supported to access sexual health services to address their long term contraceptive and health needs.

Useful Links

The following provide information and advice around pregnancy and pregnancy choices.

www.brook.org.uk
www.cornwallshac.org.uk
www.mariestopes.org.uk

FPA Confidential helpline
0845 122 8690 (9am-3pm Monday to Thursday, 9am-12pm Friday)
Termination of pregnancy

A young woman has the right to choose to end a pregnancy via a termination. If a young person is seeking a termination you should:

Support them to access an appropriate sexual health service or their GP who will be able to refer them for a termination alongside appropriate counselling support. It is best practice to support young people to access young people friendly services such as Brook, where available.

- Encourage (but not coerce) the young person to talk to her parents or carers and help to identify a family member or other trusted appropriate adult who can offer her support.
- Respect the young person’s right to confidentiality in line with your safeguarding duties.
- Support the young woman to access contraceptive and sexual health services to meet their current and future needs.

Whilst everybody is entitled to access a termination confidentially, if they need an anaesthetic they will need to be picked up and accompanied by an adult for the next 24 hours. This is due to a duty of care being placed on that adult following an anaesthetic. A practitioner who is not in a position to offer care for 24 hours following a procedure is not an appropriate adult. Those opting for medical treatment at home are also advised to have somebody they trust with them throughout.

Termination of pregnancy advice

Early access to termination services enables a safer and easier medical procedure. It is also important to note that whilst termination is legal in England up to 24 weeks, there is currently only Cornwall/Plymouth based provision up to 14 weeks gestation (January 2014).

To access a termination in Cornwall at present you need to be referred by a doctor. This can be via a GP, sexual health clinic or, if under 25, Brook.

The Pregnancy Advisory Service offers service information and support to those considering a termination.

Their Your Choices leaflet offers information about pregnancy and termination procedures.

Working with young men around pregnancy and pregnancy choices

Support to young men around pregnancy can sometimes be neglected. It can be a difficult area of work because the choice and responsibility in decisions relating to the baby lies with the young women. Regardless, young men still need to be supported and it is important that practitioners give equally positive regard to the position of the young man.

Young men still need access to information, advice and guidance, including contraceptive support irrespective of outcome. Where appropriate, work with young men should be in close conjunction with the work being undertaken with the young woman.
Targeted work with young people

Children and young people with disabilities

Children and young people with disabilities (physical or learning or both) have the same right to information, advice and guidance in sexual health as any other young person. Children and young people with disabilities may require flexible delivery of relationship and sexual health education and support and delivery should be based on their individual needs.

They may also face barriers when growing up and becoming independent as their experiences of direct or indirect discrimination may lead to a lack of self-confidence and isolation from other young people of similar age and from the opportunities their non-disabled peers enjoy. Their relationship and sexual health education or development needs may also have been neglected due to incorrect attitudes and assumptions about the sexuality of young people with disabilities.

Relationships and sex education for children and young people with disabilities should not be restricted to protecting them against abuse and understanding appropriate public behaviour. Education should be delivered that maximises their potential, allowing them to have fulfilling and enriching lives as young people and as future independent adults. Relationship and sex education should be delivered to their specific needs with a variety of different resources.

Some young people with a disability may be more vulnerable to sexual abuse or exploitation (for example if they do not have the communication skills to inform others of abuse) or of developing unhealthy sexual behaviours (for example if they have not had the opportunity to learn about healthy sexual development and behaviours). It is important to recognise that in these cases extra support and guidance may be needed.

Practitioners working with children and young people with a disability should:

- Ensure they have access to holistic relationship and sex education that meets their specific needs.
- Not make assumptions about the (lack of) sexuality of young people with disabilities and enable them to have the opportunities and support as any other young person.
- Ensure they are involved in decisions in regards to their sexual health and not made on their behalf.
- Support young people to access confidential sexual health services (if they have capacity to do so).
- Access any resources they need to develop the skills to discuss sexual health with a child or young person with a disability and familiarise themselves with the appropriate services that can offer support, guidance and education.

Useful links

The Sex Education Forum have a resource list to support RSE for children and young people with a disability.

Brook have developed a training pack entitled ‘living your life’ which supports practitioners to develop, deliver and evaluate an RSE programme for young people with special educational needs and learning difficulties.
Working with boys and young men

Boys often get short-changed in both formal and informal sex and relationships education and can feel that they have no one to talk to or are reluctant to seek help about health and other personal issues. Some young men grow up without a male adult in the home and evidence suggests that adult males who are present feel uncomfortable talking to children and young people about emotional and sexual matters. This gives boys and young men a strong message that they should not be discussing relationships, sex and growing up.

On average boys and young men are less likely to ask for support and information leaving less reliable vehicles such as friends or pornography as sources of information. As a result practitioners report boys and young men as often lacking confidence, skills and knowledge in relation to sex and sexual health.

A different approach should sometimes be considered for young men including the opportunity for both genders to discuss topics in a single sex environment (although not at the expense of mixed education).

It should be remembered that a great deal of the challenging behaviour young men present with will be a reaction to being uncomfortable with the subject or feeling the need to ‘save face’ in front of peers. It is important that we work with young men in a way that does not alienate them from the process, accepting that the outward face of young men’s behaviour is very often different from the inward face of the emotions that underlie it.

If boys are to take on responsibility for their sexual behaviour and make informed sexual choices we need to focus on their needs. It can help develop their self-esteem, help them to communicate more confidently about sexual and emotional matters, and influence their personal relationships and their prospective role as a parent.

Practitioners, especially, but not exclusively, men, need to make a conscious effort to make relationships and sex education relevant to boys and young men and boys and young men should be seen as part of the solution rather than just part of the problem.

Practitioners should:

- Not communicate stereotypical and negative views of masculinity and provide boys and young men with opportunities to challenge stereotypical views.
- Challenge prejudicial attitudes and discriminatory behaviour.
- Encourage young men to consider the important role the he may one day play as a father/male role model in a child’s life and be given the opportunity to discuss at what point a boy becomes a man and when a man becomes a father.
- Give boys and young men the opportunity to discuss ways of handling difficult scenarios such as unplanned pregnancy and be able to express what they think about a man’s role in decision making, taking responsibility for contraception and negotiating safe sex.
- Consider the use of diversionary activities such as kicking a ball or playing pool to create a more comfortable environment for discussion.
- Help boys and young men to think about their responsibilities in terms of contraception and what they can do, and challenge the myths and attitudes that are around.

Useful Link

The Sex Education Forum have produced a helpful fact sheet around RSE for boys and young men.

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11 SEF (2006)
12 SEF (2006)
13 SEF (2006)
Looked after children and care leavers

National data indicate that children in care, and those who have recently left care, are particularly vulnerable to poor sexual health, with the age at first sex lower than average, lower condom use and higher rates of teen parenthood.\(^\text{14}\)

As part of their corporate parenting role, the Local Authority has a specific duty to ensure that children and young people in their care receive high quality RSE and support from all professionals working with them. In doing so practitioners should be mindful that many young people in care will have missed previous opportunities for formal and informal RSE and so will be more reliant on their carers for good information and support to develop their understanding about sex and relationships issues and to promote positive healthy lifestyle choices.

Carers should be a positive source of relationship and sex education, working alongside the young person’s formal RSE education that will be being delivered at school. You need to be aware of what the school is delivering and when so you can reinforce messages at home. Children in care are at increased risk of missing RSE education so it is important to work with the school and the young person to be clear about what RSE opportunities they may have missed out on and how best to supplement this education.

Children in care including young people subject to a care order, are entitled to access confidential advice, information and treatment as any other young person would. Foster carers and practitioners can provide information, advice and guidance to a young person as well as support a young person in accessing services including accessing contraception and emergency contraception. C-CARD registered practitioner, including carers, are able to provide an eligible young person with contraception directly.

Sexually active young people in care should be treated like any other sexually active young person and local procedures should apply, including when making a decision to break confidentiality from carer to social worker, social worker to birth parent, or to or from any other agency.

If a carer finds condoms or a pregnancy test in a young person’s room they should discuss this sensitively with them. As well as undertaking appropriate risk assessment this should be viewed as an opportunity to have positive conversations with young people around relationships and sexual health; check understanding, offer support and reassure them that it’s good to talk about relationships and sexual health. Suggest a consultation with their ‘Named’ children in care specialist nurse or signpost them to and support them to access their nearest sexual health clinic so they can access appropriate information, advice and guidance and where to access emergency contraception if necessary.

\(^\text{14}\) DCSF (2010)
Sexual relationships in placement

Young people have the right to form relationships with other young people and children in care are no different. Like all young people they should always be supported to access sexual health services to meet their sexual health needs. And, like all young people, they need to conduct their relationships in an appropriate manner and be sensitive to the feelings of other people who live with them.

In addition to the legal implications for under 16s, practitioners should be aware of other potential implications of relationships within placements that also apply for those over the age of consent:

- The young persons’ experiences may have increased their vulnerability to sexual exploitation and they may have been taking part in risk taking behaviours. The young person’s placement should represent and be maintained as a place of safety.
- Placements should be used as an opportunity to reverse distorted views of relationships and promote living together as a ‘family’. Sexual relationships between those living as a family contradicts the promotion of healthy, appropriate relationships within their home environment.
- The relationship’s impact on other people in the placement and the placement dynamic both during the relationship and when the relationship breaks down.

However it is also important to remember that appropriate relationships, including sexual activity, are part of healthy sexual development and can, and should be, a positive thing in young people’s lives. Whilst children in care may be at increased risk of vulnerabilities, their relationships should be assessed objectively and not automatically considered unhealthy or risky.

Practitioners should also be aware that prohibiting a behaviour does not necessarily prevent it from happening. But it may mean that young people are less likely to discuss it with anyone reducing the opportunity to identify risk.

In cases where a relationship between two young people in a placement has developed, or is developing, practitioners should follow the Children’s Homes Procedures Manual which provides guidance around sexual activity in homes.

If the young person is over 16 and is in an appropriate relationship with somebody outside of their placement then the primary care giver has delegated authority to make a decision about sexual activity in the home. They should also be supported to access sexual health services whatever the decision made.

In assessing the situation practitioners should give consideration to the following issues:

- Does the sexual activity or relationship place either participant at risk? (this assessment should be made using (South West Procedure for sexually active young people and the Brook Traffic Light Tool)
- Are both participants of a legal age to consent to a sexual relationship?
- Are both participants able to make informed choices about their sexual relationships?
- Is the relationship healthy and consensual for both participants?
- How does the relationship, and potential break down of the relationship impact on the social dynamics of the placement?
- Is there a need for additional support, advice, guidance or education?
Children and young people who have been sexually abused

Young people who have been sexually abused require additional understanding, attention and support if the damaging and inappropriate experiences of the past are to be understood, and replaced with more positive messages.

It cannot be assumed that because a young person has been sexually active that they are knowledgeable and practitioners need to be aware that the experience of abuse may have led to a distorted understanding of relationships, trust, safety and sexual practices.

There may also be major gaps in information and understanding about how their bodies work, contraception and sexual health and relationships. There is the potential for young people to become involved in unhealthy and/or abusive relationships as a result of their early ‘mis-learnt’ experiences and a young person who has been sexually abused will need support to understand the difference between healthy and abusive relationships.

It is very important for practitioners to create an atmosphere of trust, which may have been undermined in the past. By agreeing in principle what will be discussed, and by establishing boundaries of confidentiality, the practitioner may be role modelling for the young person the idea of choice and the place of negotiation in the sexual health context.

Children and young people who have sexually harmed others

The definition of sexually harmful behaviour needs to be wide in order to encapsulate the considerable range and diversity of young people’s behaviours. It can best be defined as young people under 18 who engage in any form of sexual activity with another individual that they have powers over by virtue of age, emotional maturity, gender, physical strength or intellect and where the victim in this relationship has suffered a sexual exploitation and betrayal of trust15.

Children and young people who have displayed harmful sexual behaviours are children first, with individual needs. They are not sex offenders who happen to be children. Their welfare remains paramount. Wherever possible and where appropriate practitioners should work to prevent the criminalisation of children and young people, and balance the management of risk with the promotion of the child’s or young person’s personal development.

Gweres Kernow practitioners provide focussed work with individual children and young people to help them understand, and take responsibility for their harmful sexual behaviours.

Useful Link

The NSPCC have collated for practitioners a website of statistics, guidance and learning from practice around child sexual abuse

15 Adapted from Palmer, 1995
Young people and pornography

Pornography is pervasive in today’s society and recent research has found that the average age of first exposure to pornography may be as young as 10/11.

Evidence shows that young people’s access tends to be initially unintended exposure (i.e. whilst searching the internet). However 58% of teenagers intentionally view pornography regularly and 10% report doing so daily.

Young People’s motivation for accessing pornography can be multiple:

- Learning about physiology and the human body.
- Learn about the mechanics of sex.
- To gain sex tips.
- For sexual pleasure and shared arousal.
- Status within peer groups.
- Unintended viewing.
- Curiosity.

However, there is the potential for pornography to impact negatively on young people’s views, attitudes and behaviour:

- Lack of emotional context, especially in regard to healthy relationships.
- Link to violence.
- Link to low self esteem and an unrealistic view of body image.
- Lack of contraceptive use.
- Lack of negotiation skills or consent.
- Normalising ‘extreme’ sexual acts.
- Objectifies women and young people.

16 Burton et al. (2010)
17 Howarth et al. (2013)
Sexting
Acknowledgement needs to be made of the growing phenomenon of people not only being passive consumers of pornography, but also of producing their own – and often sharing this (consensual or not) with others via mobile phones. This often results in serious repercussions, causing emotional distress and hurt, as well as having legal implications. ‘Sexting’ (texting sexual images or content) to one another is also part of this more active involvement in pornography, and can often have serious consequences.

Practitioners working with children and young people should:

- Give young people the opportunity to discuss the impact of pornography on their views, self esteem and perception of sex, sexuality and sexual behaviour.
- Support young people to be able to critically analyse messages from pornography and how these differ from a healthy view of relationships and sexual health (for example lack of consent, lack of safer sex).
- Support young people to develop the skills to understand that pornography is not a reflection of ‘normal’ relationships or sexual behaviour.
- Support young people to access alternative appropriate sources of relationship and sexual health information and education.
- Ensure young people are informed of the law around pornography and that indecent images of children under 18 is child sexual abuse and is illegal.
- Ensure that young people are aware that sexual imagery of or indecent images sent via mobile technology is child sexual abuse and is illegal.

More than one third of 11-18 year olds have been sent messages containing sexual content.
(Beat Bullying Research, 2009)

- Promote to young people a positive view of sex and relationships which includes mutuality, pleasure, consent and the importance of negotiation, contraception use and safer sex.
- Keep up to date on internet safety, social networking and mobile phone safety.
- Report illegal pornography and images of child sexual abuse to the police.
- Report the downloading or distributing of child abuse images (this includes pornography of anyone under the age of 18 (see Legal Framework) to the police and the MARU (03001234116).
- Have appropriate filters on computer equipment.

Useful Links
CEOP  Think you know resources promote online safety across age groups.
Brook and partners have produced a practitioner briefing around pornography and young people.
Planet Porn provides a number of training resources to support talking to teenagers about pornography.

How is pornography different from reality?
Female Genital Mutilation (FGM)

The practice of FGM is embedded in ancient beliefs surrounding women’s fertility and control of their sexual and reproductive capacity. The reasons given by communities who practise FGM vary widely but a common reason given for the practice is that it reduces the sexual desire of girls and women, promotes virginity and chastity, maintains fidelity in married women and is done for aesthetic reasons. FGM is practiced to enhance girls’ marriage ability and to please their husbands. In some groups, FGM is central to girls’ rite of passage into adulthood and is an integral part of society’s definition of womanhood.

FGM is a human rights violation in the absence of any perceived medical necessity. The World Health Organisation estimates that globally from 100 to 140 million girls and women have undergone some type of FGM. It has been estimated that currently, about three million girls, most of them under 15 years of age, undergo the procedure every year. The majority of FGM takes place in 28 African countries and parts of Asia and Latin America. However FGM is increasingly found in Western Europe.

FGM is illegal and is always a safeguarding issue. The South West Child Protection Procedures have issued specific guidance around the practice of FGM and these should be followed at all times.

Useful Links

The NSPCC have a 24 hour helpline that can be accessed by anyone for information and support: 0800 028 3550.

Daughters of Eve provide detailed information about the practice of FGM as well as links to further resources.