

# What Should Young People Know? –

Young people should be supported to:

- Develop **communication skills** for healthy, comfortable relationships
- Explore **feelings & emotions**
- Explore their own **sexual and gender identity** gender and sexuality without labelling or harm
- **Delay** first time sex until ready
- **Resist** peer & media pressure
- Develop **confidence** to make **positive choices** about sex, including the choice not to have sex
- Develop **negotiation skills** around what feels right & safer sex
- Be able to **critically evaluate messages around sex**, such as those found in pornography
- Gain **accurate information** around contraception, Sexually Transmitted Infections and local services
- Recognise that sex can and should be **mutually pleasurable**

**Confidence with this knowledge will come with age and maturity. Please be aware of the age of the young person you are speaking to and their personal level of understanding and maturity.**

## Applying Gillick competence and Fraser guidelines

The Fraser guidelines still apply to advice and treatment relating to contraception and sexual health. But Gillick competency is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

You should always encourage a child to tell their parents or carers about the decisions they are making. If they don't want to do this, you should explore why and, if appropriate, discuss ways you could help them inform their parents or carers. For example, you could talk to the young person's parents or carers on their behalf.

If the young person still wants to go ahead without their parents' or carers' knowledge or consent, you should consider the Gillick and Fraser guidelines. The following information looks at how this can be applied in practice.

### **Assessing Gillick competence –**

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

### **Fraser guidelines**

The Fraser guidelines apply specifically to advice and treatment around contraception and sexual health when speaking to a young person under 16 years old.

### **Using the Fraser guidelines**

Practitioners using the Fraser guidelines should be satisfied of the following:

- the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers).
- the young person understands the advice being given.
- the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.
- it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.
- the young person is very likely to continue having sex with or without contraceptive treatment.
  - Fraser Competent is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent.

### **Questionnaire when working with under 16s:**

1. Does the young person understand the advice?
2. Can the young person be persuaded to inform his/her/their parents they are seeking contraception (or sexual health intervention) or allow the c-card worker to inform them?
3. In the young person likely to begin, or continue to have, unprotected sex with or without contraceptive treatment?
4. Is the young person's physical or mental health likely to suffer unless they receive contraceptive advice or treatment?
5. Is it in the young person's best interests to give contraceptive advice or treatment?
6. Have you informed GP, or advised the young person to inform GP?

### Child protection concerns

When using Fraser guidelines for issues relating to sexual health, you should always consider any potential child protection concerns:

- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 should always result in a child protection referral.
- If a young person presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of child sexual abuse or exploitation.

Consider:

|  |   |   |
|--|---|---|
| A concerning age difference                                    | Any imbalance of power in the relationship                        | Anyone else present when the client and their partner have sexual contact?              |
| Circumstances of partner                                       | Any evidence of social isolation                                  | Does the young person regularly attend school/college?                                  |
| Do they work?  | Any evidence of violence, threats etc.                            | Friends' feelings towards the client's partner  |
| Whether bribery is being used to secure consent/secretcy?      | Any possibility of self-harm or self-abuse?                       | Does the young person suffer from feeling down/depression?                              |
| Young person access to partner: internet, Tinder etc?          | Substance/alcohol intake impedes client to make informed choices  | Has the young person been involved in sending or receiving messages of a sexual nature? |
| Client minimises/denies/does not fully understand risks        | Any suggestion of grooming or abuse?                              | Does anyone have or has anyone asked the client for pictures/videos of a sexual nature? |
| Client is unable to understand full consent of sexual activity | Concerns about partner. – Client feels unsafe in the relationship | Home situation?   |

## Talking Tips

Young people may hold back because they are embarrassed, feel your embarrassment or think they already know all they need to know. They may be aware that sex can be a “taboo” subject or they may worry about which language to use or appearing as though they are already sexually active.

### How to answer questions about sex/sexual health/relationships/sexuality etc:



#### 1. That's a Great Question! –

Let them know that their question is great, you may feel taken aback or embarrassed yourself by the question or the language used, however let the young person know that you appreciate that they have come to you with this question and that they are showing real trust in you to ask.

Be aware of your facial expression and body language; stay calm and keep a straight face and get ready to practice active listening.

#### 2. Repeat and Clarify. –

Repeat the question back in your own words and be sure you know what the young person is asking you.

#### 3. What have you heard about this? -

Ask the young person what they know about their question and where they have gathered this information.

#### 4. Be Honest and Factual. –

Answer the question honestly and factually (without stepping over professional boundaries). Sometimes the answer may be ‘I don't know, I'd have to look that up.’ – if you are not able to look up the answer straight away, arrange a time with the young person to revisit this question when you are able to provide an answer. Let the young person know that finding the answer is important to you as well as them.

Be aware of any safeguarding issues that may present themselves and make sure you know what to do in these situations. (e.g. take note of the situation and report to your safeguarding lead – follow your organisation's procedure).

## How to Discuss Consent and Pornography

Ask the young person what they know about consent. – Ask them what they understand about porn and how this can be different to real-life sex.

Pornography shows many things that are **not** accurate to real life:

- Males and females want sex all the time and they always enjoy rough sex.
- Condoms are not discussed or used.
- Bodies are unrealistic e.g. men are well-muscled, well-endowed, and have an unrealistic amount of stamina. The female characters are unusually slender and curvaceous and willing to have sex of any kind at any time.
- Consent is rarely discussed.
- When it comes to BDSM and rougher acts, safety conversations and aftercare is not discussed or shown.
- There is no connection or intimacy.

Let the young person know that real sex is nothing like porn and that on-going communication with their partner is key when it comes to consent.

Consent is needed from both people and it is always good to 'check-in'.



Check in - pause to ask if it feels good.

Read each other's body language.

Make sure this is what you both want.

““would you like to do this?”  
 “Is it okay if I....?”  
 “Does that feel good?”



Eye-contact, smiling.

Feeling relaxed and happy.

Enthusiastic and responsive.

Responding to each other with your bodies e.g. kissing and touching.

On-going communication -

“I like that”  
 “That feels good”  
 “Do that again”  
 “I like it like this..”



“No”  
 “I’m not sure.”  
 “Not now.”  
 “Ouch.”  
 “Do I have to?”  
 “I don’t like that.”  
 “No thank you”  
 “I’d rather not”

Slurred speech  
 Silence  
 No eye contact  
 Resistance  
 Sleeping  
 Confusion  
 Frightened