Practice issues from Serious Case Reviews

4. Not making a referral when young people disclose concerning sexual activity

What is the issue?

Information about young people's sexual activity or sexual health relevant to safeguarding does not trigger referral

Young people aged under 16 can be given sexual advice and contraception without their parents' consent if they are deemed to be Gillick competent (in line with the Fraser guidelines). However, professionals must also be aware of the relevant legal frameworks around young people's sexual activity and that young people may be experiencing abuse, including child sexual exploitation.

Our analysis identified that information about sexual activity disclosed in the context of seeking health advice may not always lead to a safeguarding referral when appropriate. In one case a young person disclosed that she had been raped at age 12, and was then taken by her mother to the GP. The GP provided contraceptive advice, but did not refer her to children's social care (CSC) or contact the police. Later, when the young person was 13, she sought advice about sexual relationships from her school nurse who assessed her as Gillick competent and provided condoms. Again, there was no evidence that she was assessed to see if her experiences had been abusive.

Why does this occur?

The SCR report in this case concluded that national policy agendas, for example in relation to teenage pregnancy, may have driven practice to have a stronger focus on sexual health rather than sexual abuse/ exploitation. It states that 'there remains a potential

This document is one of a set of 14 briefings intended to support managers, senior managers and practitioners by:

- identifying difficult issues in multi-agency safeguarding work, focusing on interprofessional communication and decision-making
- exploring why these issues arise, and therefore how they might be addressed.

The briefings are based on analysis of 38 Serious Case Reviews (SCRs) published between May 2014 and April 2015, augmented by information gathered from multi-agency summits in London, Leeds and Birmingham. The summits were held in September 2015 and were attended by 194 practitioners and managers from across children's social care, health, education, police, probation and Local Safeguarding Children Boards (LSCBs).

The briefings are the result of a pilot process that developed and tested new ways that SCR findings can be shared and used to support improvement.

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contradiction between the responsibility to address sexual exploitation and promote positive sexual health'.

Participants at the three summits also identified a number of underlying reasons for this issue including the following:

Confusion regarding the law, including age of sexual consent

Participants commented that some professionals may not be sure of the law surrounding young people's sexual activity, particularly for young people over the age of 12:

> *'Everyone is aware that under 13 cannot consent …13–16 is a "grey area".' (Nurse Consultant)*

It was acknowledged that cases in this age group may be dealt with differently depending on the age of the other person. Lack of confidence about how to determine Gillick competence was also highlighted.

Not wanting to damage relationships with young people and parents

Professionals may not refer concerns about young people's sexual activity for fear of discouraging them from seeking advice in the future:

> *'The child makes a decision to see the GP or not to see the GP. If they knew that there might be further consequences they may not go to the GP and may be in a worse situation.' (Police Representative)*

A similar point was raised for parents:

> *'Lots of teachers don't raise concerns because of not wanting to spoil their relationship with parents.' (Safeguarding Business Unit Manager)*

Professionals uncomfortable talking about young people's sexual activity

A number of participants identified that professionals may not feel comfortable talking to young people about their sexual activity:

> *'[A] child said "I tried to tell my social worker – but social worker went embarrassed" so child went quiet. Who feels comfortable around sexual conversations?' (Safeguarding Business Unit Manager)*

Lack of awareness of child sexual exploitation

Participants acknowledged that awareness of child sexual exploitation (CSE) was improving, and that it had gained a much higher profile in recent times. However, awareness-raising was ongoing and some professionals were still *'shocked'* at low levels of knowledge when attending CSE training (Safeguarding Nurse).

Influence of parental involvement

It was thought that parents bringing young people to seek sexual health advice could 'Lead to a false reassurance for the GP' (Safeguarding Health Practitioner) that there were no safeguarding concerns, or prevent discussion of this topic:

> *'A lot of young people brought in by mothers do not engage in discussion about relationships'. (Safeguarding Adviser)*

Solutions suggested by summit participants

Participants at the summits suggested the following possible solutions:

- issue should be picked up in supervision, e.g. for school nurses
- greater understanding of the roles of other professionals
- support for sharing information, although some people thought that the multi-agency safeguarding hub (MASH) was already playing this role
- more support to understand confidentiality and data protection issues.

Questions for you to consider

Unpicking the issue

1. Is this issue familiar to you?
2. Locally, is the issue exactly the same as described above? If not, what does this issue 'look like' for you?
3. What good practice is there in relation to this issue? Are there weaknesses you are aware of and how would you describe them?

Why do you think this happens in your local area?

1. Do some or all of the reasons described above apply in your area?
2. Is it an issue that has been identified in local SCRs, audits or inspection feedback? What light have these activities shed on the issue?
3. What knowledge do you have from your own experience about why this happens?
4. What organisational factors are involved locally?
5. How does local culture, custom and practice, within and between agencies, contribute to this?

Thinking through the solutions

1. Have there been previous efforts locally to address this issue? What was the result?
2. Given your understanding of the reasons for this issue, what further actions do you think would be helpful in addressing it?
3. What strengths can you build on, and what are the areas of difficulty?
4. What action would need to be taken at a strategic or leadership level?
5. Who would need to be involved to achieve improvement?
6. Are there any unintended consequences you anticipate for the different agencies and professions involved?
7. How will you know whether any actions have had an impact?

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For more information see nspcc.org.uk/lipp or scie.org.uk/lipp