**Guidance for HSWF volunteers:**

**Safeguarding Adolescents**

**This guidance is in line with the West Mercia Interagency Procedures and complies with the HSWF Child Protection Processes. If you are concerned about the welfare of an older child, please discuss with your Co-ordinator immediately.**

**Children under 13** **Years of age**

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|  | * It must be born in mind, when working with young people in this age group who are sexually active, that **under the Sexual Offences Act 2003 they are considered to be of insufficient age to give consent to sexual activity** and therefore this is a potentially serious criminal offence. Their age means they are less able to make their own balanced decisions and they will therefore be more liable to abuse and coercion.
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|  | * **For Children`s Services to assess whether these young people are victims of abuse, it will be necessary to share information with other safeguarding agencies**.
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|  | * **In all cases where you become aware of young people under the age of 13 who are engaged in sexual activity, there is a PRESUMPTION that Children’s Services will be informed**. A detailed discussion with our Safeguarding Children Advisor will take place and a decision reached and recorded, but in almost all cases a child protection referral will be made to Children’s Services, who will follow the normal child protection procedures.
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|  | * Where there is a **risk of immediate harm** to a young person the police should be informed with a view to assessing the need for immediate protective action.
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|  | * Following a referral to Children`s Services a Strategy Discussion take place, as with referrals for younger children, and this discussion may indicate concerns about either party in the relationship or their families. It will help to build a fuller picture and may identify particular concerns which one agency alone would not be able to do. It will also ensure that this incident is recorded and available for reference should there be any future concerns regarding one of the parties. Future child protection concerns may go undetected without this sharing of information.
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|  | * Following the strategy discussion if the concerns of significant harm are upheld, then the child protection procedures, with a [**Section 47 Enquiry**](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/sec_47_enq.html), will be followed.
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|  | * If the strategy meeting concludes that both people are not at risk of [**Significant Harm**](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/significant_harm.html), it will not be necessary to carry out child protection procedures.  However, there may be safeguarding issues as children of this age can be very vulnerable and it is important to promote their welfare. A child in need referral to Children’s Social Care for further assessment may be appropriate and/or signposting to the Sexual Health Service.
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**Children aged 13-15 years old**

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|  | * Within this age range, there are relatively large numbers of young people engaged in sexual activity. In most cases it would prove an unproductive task to commence child protection enquiries.
* However, young people of this age can still be vulnerable and some of them may be in abusive relationships.  It is therefore important that if volunteers or staff become aware of young people in this age group in sexual relationships, this information is shared appropriately in order to make an assessment of the nature of the relationship.
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|  | Things we would be concerned about include:* Power imbalance, due to differences in age, maturity, size, levels of sexual knowledge.
* Learning difficulty/disability in one partner
* Use of sex for favours, e.g. exchanging sex for clothes, DVDs, alcohol, cigarettes, drugs
* Large amount of money or other valuables, which cannot be accounted for.
* Substance misuse, either administered as a disinhibitor affecting the ability to make informed decisions or leading to exploitation.
* Evidence of aggression or coercion
* Evidence of grooming
* A young person minimising the concerns and seeming to protect the other person.
* Information about the partner that may lead to concerns.
* Behaviour of the young person, or changes in behaviour, that cause concern, e.g. withdrawn or anxious.
* Young people who have become isolated from their peer group.
* Attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship.
* Information concerning the young person’s background and family that may give rise to concern, particularly familial child sex offences.
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|  | It is only by passing these concerns on to our Safeguarding Advisor and/or Children`s Services that an assessment can be made. |
|  | * If the concerns are upheld, then a referral of child protection must be made to Children’s Social Care.
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|  | * In the situation where the concerns are not upheld following the discussion, then this discussion and decision must be recorded.
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**16 and 17 Year Olds**

16 and 17 year olds can be abused and exploited sexually, particularly those who are vulnerable, e.g. young people with disabilities; less mature than their peers; those with unsettled lifestyles or those living away from home.

**Breach of Trust**

Under the Sexual Offences Act 2003, it is a serious offence for a sexual relationship to take place between a young person under the age of 18 years and an adult who “is in a **position of trust**” in settings e.g. youth clubs, residential care, schools and colleges in a paid or voluntary capacity. These situations must always be referred to Children’s Services under Child Protection and the procedures for dealing with an allegation.

**Sharing Information with Parents and Carers**

This should be considered in all situations where there is concern about the safety or welfare of the young person and should be part of the assessment based on what is in the child/young person’s best interests, considering the child’s age, maturity and ability to appreciate the risks and parents/carers’ ability to protect the young person.

**8.****Health Professionals**

Health professionals have specific duties with regard to sexually active young people. They have a duty of care and confidentiality to all patients and they must provide appropriate medical advice and treatment. Neither Working Together to Safeguard Children 2010 or the Sexual Offences Act 2003 affects that duty of care. It is most important that this group of young people is provided with appropriate medical advice and treatment. The duty of confidentiality is not absolute. **The welfare of the young person is paramount and when a health professional believes that a child is at risk of significant harm, the duty of protection outweighs the duty of confidentiality.**