

**REGIONAL GUIDANCE FOR NORTHERN IRELAND ON UNDER-  
AGE SEXUAL ACTIVITY**

**MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE  
AND IDENTIFYING CHILD PROTECTION CONCERNS**

FULTON, CLAIRE

## Table of Contents

Introduction.....	2
Context.....	2
Underage sexual activity and child protection.....	3
What the guidance does.....	4
What the guidance does not do.....	5
Who does it apply to.....	5
Key points for consideration.....	7
Concerns around the impact of child sexual exploitation.....	7
Information sharing is critical where there is a child protection concern.....	8
The role of the police.....	10
What about young people aged between 16 and 18? .....	10
Child Sexual Exploitation.....	11
Recognising child sexual exploitation.....	11
Noticing signs of child sexual exploitation .....	11
What to do if you suspect child sexual exploitation.....	12
United Nations Convention on the Rights of the Child.....	13
Children and young people have rights to confidentiality.....	14
Children and young people have rights to consent to, or refuse, health interventions.....	16
Applying Gillick competence and Fraser guidelines.....	16
Child protection concerns.....	18
Parents and carers have a right to be involved in an appropriate way.....	19
Assessing Risks and Needs.....	20
Automatic sharing of concerns.....	22
When assessed as consensual.....	23
Risk of Harm.....	23
Recording Information.....	24

## Appendices

Appendix 1: Regional guidance for Northern Ireland on Underage Sexual Activity Flowchart

Appendix 2: Relevant Policy Documents

Appendix 3: Indicators of Potential Risk

Appendix 4: Child Sexual Exploitation Risk Assessment Form

Appendix 5: Helplines and Websites for Support

## Glossary of Terms

# REGIONAL GUIDANCE FOR NORTHERN IRELAND ON UNDER-AGE SEXUAL ACTIVITY: MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE AND IDENTIFYING CHILD PROTECTION CONCERNS

## INTRODUCTION

### Context

1. The [Department of Health Regional Cooperating to Safeguard Children and Young People Revised August 2017](#), the [Safeguarding Board for Northern Ireland \(SBNI\) Core Policy and Procedures](#) and the [Children & Young People's Strategy](#) provides a regional framework for agencies and practitioners at local level to draw up and agree on their ways of working to promote the welfare and safety of children and young people. However, there are specific circumstances in which children and young people may be at risk of significant harm as a result of under-age sexual activity. As such, this guidance looks at how practice guidance or protocols can be developed within relevant agencies to ensure the early identification and support for such children and young people and help ensure that, in cases where there may not be a child protection issue, their needs are still met appropriately.

2. This guidance should, therefore, be read with reference to the DoH Cooperating to Safeguard Children and Young People Revised August 2017 and the SBNI Regional Core Child Protection Policy and Procedures, which provides more detailed information on issues such as roles and responsibilities, information sharing, risk assessment and responding to child protection concerns. The Regional Guidance also contains information on how practitioners can find out more about the issues and risk factors associated with child protection. The approach taken to these issues in relation to under-

age sexual activity should be no different to other circumstances where practitioners are working to meet the needs of children and young people.

### **Under-age sexual activity and child protection**

3. When anyone working with children and young people becomes aware of where under-age sexual activity has taken place, or appears likely to take place, practitioners have a duty to consider the impact that this has had on the child and whether this behaviour is indicative of a wider child protection concern.

4. For the purpose of this guidance, sexual activity refers to any physical sexual act in the main however may also include 'sexting'. 'Sexting' is when someone sends or receives a sexually explicit text, image or video on their mobile phone, computer or tablet. It can include sexual chat or requests for pictures/images of a sexual nature. Further information regarding sexting can be found [here](#).

5. Child protection concerns arise in those circumstances where there is a strong likelihood or risk of significant harm to a child, arising from abuse or neglect. The concept of 'significant harm' is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and 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. The SBNI Regional Core Child Protection Policy and Procedures provides more detail about the nature of child protection, significant harm and child abuse and neglect.

6. To act effectively, practitioners should make a judgement about what information is needed to make this assessment. This will mean collecting and

sharing information from within their service or from other agencies, or passing on information to the service best placed to assess their needs.

7. However, in any situation, an assessment of risk has to be made by the practitioner to ensure that the correct people are involved so that the needs of the child and young person are effectively met and to ensure that any required procedures are followed.

8. Different individual agencies and professionals have different roles and responsibilities in relation to protecting the well-being of the children and young people involved in under-age sexual activity. For example, some may give direct support, while others may simply facilitate access to support from another appropriate agency. However, regardless of what agency the child and young person comes into contact with, there should be a consistent approach to assessing individual cases and agreeing an appropriate response.

### **What the guidance does**

9. This guidance focuses on how agencies and practitioners should respond when they become aware of under-age sexual activity and they are assessing whether there are concerns about the child or young person. It aims to assist services, agencies and practitioners in their decision-making processes by:

- setting out **principles** upon which practice should be based;
- provides **criteria** to assist practitioners in making high quality assessments of the needs of, and risks to, the individual child or young person they are in contact with and whether information should be shared with other agencies;

and

- providing advice on further **action** to be taken on the basis of the assessment.

### **What the guidance does not do**

10. The guidance does not outline what processes should be put in place at an operational level. Individual agencies will need to develop their own practice guidance or protocols outlining how this guidance will be put into practice.

### **Who does it apply to?**

11. This guidance applies to all practitioners who work with, and have a duty of care towards, children and young people. This includes, but is not an exhaustive list: social workers; nurses, GPs and other health professionals; police officers; teachers; voluntary sector workers; residential workers; youth workers; and any practitioner who might work with a young person who is engaged or planning to be engaged in sexual activity with another person.

12. The child or young person could be under the age of 16, which is the current legal age of consent; or could be under the age of 18, and be vulnerable in some way, therefore, requiring a response from child or adult protection services (Please refer to [Sexual Offences \(Northern Ireland\) Order 2008](#) ). The sections on information sharing below make clear that **different responses may be required depending on the age of the child or young person**. If the under-age sexual activity involves children under the age of 13, the concerns **must** be passed on in accordance with Regional Child Protection Policy and Procedures. This will require a Protocol for Joint Investigation between Police and Social Services referral to be made. Where it involves a child or young person who is 13 or over, a range of issues should be considered within the assessment process, before a decision is taken as to next steps. The

guidance will consider this in greater detail. Consequently, while this guidance refers to the umbrella term of children and young people, a distinction is made at different parts of the guidance between:

- a 'younger child', who is defined in this guidance as meaning someone aged under 13; and
- a young person', who is defined here as someone aged 13 or over and under 18. There are a range of sexual offences which are particular to certain age groups of children outlined in [Explanatory Memorandum for the Sexual Offences \(Northern Ireland\) Order 2008 \(N.I.2\)](#)

13. Clearly, the different roles and responsibilities of each profession and service will mean that the support each is able to give in situations of under-age sexual activity will differ accordingly. Indeed, advice should not be given, services provided or assessments made unless staff are appropriately trained within their own agencies' standards, policy and procedures/ protocols and in line with SBNI Policy and Procedures and Protocol for Joint Investigation between Police and Social Services.

14. However, what is important is that children and young people are offered a consistent, joined-up approach from every service with whom they come into contact. In this sense, this guidance is applicable to all staff involved with children and young people and their families and must be read in the context of individual agency policy and procedure.

### **Key points for consideration**

*Engaging in sexual activity under the age of 16 is illegal*

15. The Sexual Offences (Northern Ireland) Order 2008 maintains the age of consent at 16 and provides that any sexual activity between an adult and a child and young person constitutes a criminal offence. Sexual intercourse and oral sex between children and young people under the age of 16 also remains unlawful. The provisions of the Order can be found on the [Sex and the Law Northern Ireland Factsheet](#)

*Concerns around the impact of under-age sexual activity*

16. The first sexual experiences of young people play a significant part in their future ability to form solid, trusting relationships throughout their lives. While such sexual experiences can be positive, conversely, they can have a harmful effect on a young person's mental and physical health and development. It is important that young people are mature and ready before they engage in sexual activity. A young person's sexual experiences can have a big impact on future relationships. There has been a decline in the proportion of young people reporting having had sexual intercourse, from 12% in 2000 to 4% in 2016. Boys (5%) were more likely to report having had sexual intercourse than girls (3%), as were those in the older year groups (less than 1% of year 8 compared with 15% of year 12).

(The Young Persons Behaviour and Attitudes Survey (YPBAS) at:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/bulletin-16-ypbas.pdf>)

17. It is now well established that many young people are engaging in a range of under-age sexual activity and that this can be part of typical adolescent exploratory behaviour.



18. This guidance seeks to strike a balance between assuring the freedom of young people to make decisions about their own lives, and protecting them from activity that could give rise to immediate harm and/or longer-term adverse consequences to one or both of them. The law continues to make clear that society does not encourage sexual intercourse in young people under 16, as it can be a cause of concern for their welfare. It does not follow that every case has child protection concerns and it is important to ensure that a proportionate response is made and that based on an assessment of available information and vulnerabilities of the child/young person, appropriate cases are brought to the attention of social work and the police and addressed under [Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland \(Joint Protocol\) 2021](#)

19. However, even if there are no child protection concerns, the young person may still have worries or need support in relation to their sexual development and relationships, which will require to be addressed either on a single agency or multi-agency basis.

*Information-sharing is critical where there is a child protection concern*

20. Practitioners may be concerned that disclosing information about under-age sexual activity may be breaching the confidentiality rights of the child and young person in question, or equally, that the child and young person may not be forthcoming with information if they feel that it is going to be shared with others. However, it is important to remember that if there is a child protection concern of any kind, information about the child and young person must be shared. Equally, it will usually be essential that further information is sought or

shared in order to make a sound assessment of whether there is a child protection concern in the first place.

21. It should be noted that Article 79 Sexual Offences (NI) Order 2008 removes offences against children committed by other children or young persons from the reporting requirements of the Criminal Law Act 1967 meaning that any decision not to report under age sexual activity to the police would not constitute an offence under Article 5 Criminal Law Act 1967 for the involved professionals. However, where there are clear child protection concerns upon assessment, these cases should always be reported to PSNI.

22. It is vital that when professionals treat or advise children who are in sexually active relationships with other children, they should consider carefully whether any child protection issues are raised.

23. All professionals should be alert to any evidence of an abusive or exploitative relationship, particularly where there is a wide age disparity between the children involved.

24. The Regional SBNI Child Protection Policy and Procedures sets out the circumstances and procedures that should be followed.

### *The role of the police*

25. Information-sharing with all relevant agencies is essential to ensure the best possible decisions and the police often have a relevant role in this process. When the police are made aware of cases of under-age sexual activity – either directly or through information from another agency the report will be

discussed jointly between police and Social Services and a joint decision will be made as to how best to proceed. Agencies should be aware of, and refer to, [Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland \(Joint Protocol\) 2021](#)

26. When a case is reported to the police, they will decide whether there are sufficient grounds to investigate any suspected criminal offence as per their requirements under Article 32 Police (NI) Act 2000. Police officers should refer to appropriate guidance in deciding how to proceed with respect to investigations.

27. If an investigation has been undertaken, either ending in prosecution or not, the police will have no further role. Social Services will complete any further role, if identified.

*What about young people aged between 16 and 18?*

28. Over the age of 16, sexual activity is legal. However, the activity may not have been consensual or the young person might have vulnerabilities and related needs. Furthermore, the [Sexual Offences \(Northern Ireland\) Order 2008](#) states that young people under the age of 18 could be subject to sexual abuse by a person in a position of trust or family member.

*Child sexual exploitation – protecting children and young people*

29. Child sexual exploitation is a form of child abuse. It happens when an individual or a group of people force, manipulate or deceive a child or young person under 18 into sexual activity. Child exploitation can also happen online without any physical contact between the abuser and victim.

### *Recognising child sexual exploitation*

30. Child sexual exploitation can happen:

- in what seems like a consensual relationship
- when a young person has sex in return for attention, gifts, alcohol or drugs

This type of child sexual abuse can damage the child or young person's physical, emotional and psychological health.

### *Children and young people at risk of sexual exploitation*

31. This type of abuse can happen to any young person from any background. It happens to any child or young person, regardless of age or what gender they identify with.

32. Young people aged 16 and 17 can legally consent to sex, but can still be victims of sexual exploitation.

### *Noticing signs of child sexual exploitation*

33. Children and young people often do not recognise they are being sexually exploited. It is important that those caring for them are aware of and recognise the signs. These can include the young person:

- persistently going missing, returning late or staying out overnight
- being agitated or stressed before leaving home or care
- returning distraught, dishevelled or under the influence of substances
- receiving many texts or phone calls before going out
- playing truant from school
- showing signs of inappropriate sexualised behaviour for their age

- having physical symptoms or infections such as bruising, bite marks or sexually transmitted infections
- getting in to or leaving cars driven by unknown adults or taxis
- having a significantly older 'boyfriend' or 'girlfriend'
- acquiring items such as money or a mobile phone without a plausible explanation
- leaving home or care without permission
- having low self esteem
- self-harming or showing other signs of despair
- showing signs of substance misuse

*What to do if you suspect a child is being sexually exploited*

34. If you suspect a child or young person is in immediate danger, telephone 999. In a non-emergency, you can contact the police by phoning 101.

35. If you are concerned about child sexual exploitation or want more information, you can contact a 24-hour helpline to get confidential advice and support:

- telephone number: 0800 1000 900
- website: [Stop It Now Helpline](#)

36. It is essential that those between 16 and 18 do not fall through the gaps in local services and that the key priority at all stages is to ensure that the young person is provided with support and protection if there is a concern (see above 'noticing signs of sexual exploitation'). These circumstances should be considered to ensure that the young person gets the support required, either from child or adult protection services. Refer to Annex B: Indicators of Potential Risks

## **United Nations (UN) Convention on the Rights of the Child**

37. The principles and values underlying this guidance reflect the principles set out by the United Nations Convention on the Rights of the Child (UNCRC). The Department of Health in Northern Ireland is committed to supporting and promoting children's rights in Northern Ireland. Practitioners and agencies should bear in mind these principles and values when working with children and young people. Some of the key principles to be aware of are set out below.

### *The best interests of the child are paramount (Article 3)*

38. The founding principle of legislation relating to children and young people clearly states that the child's welfare or 'best interests' is the paramount consideration.

### *Children and young people should be able to voice their opinions (Article 12)*

39. Practitioners should ensure that all children and young people are given a genuine chance to express their views freely on all matters that affect them and to have these views considered. To safely and properly exercise this right, practitioners need to listen and to create an environment based on trust, information sharing and sound guidance that is conducive to children and young people's participation, in an age appropriate manner.

### *Children and young people should be able to access information (Article 17)*

40. Practitioners should ensure that all children and young people are provided with, and not denied, accurate and age-appropriate information on how to protect their sexual health and well-being and practice healthy sexual behaviour.

*Children and young people should be protected from harm (Article 19)*

41. Practitioners have an obligation to ensure that all children and young people are protected from all forms of violence, abuse, neglect and exploitation.

*Children and young people should be protected from sexual abuse (Article 34)*

42. Practitioners have an obligation to ensure that all children and young people are protected from sexual abuse.

*Children and young people have a right to special support (Article 39)*

43. If a young person has been hurt or badly treated they have the right to special support to help them recover and professionals should take this into account when planning an appropriate response to their needs.

### **Children and young people have rights to confidentiality**

44. Children and young people have the same right to confidentiality as adults. Professionals are required to ensure that children and young people are informed from the outset, that confidentiality is not absolute, but that every reasonable attempt will be made to discuss with them beforehand if information needs to be shared. It is crucial that children and young people should be advised in advance of them potentially disclosing information they want kept confidential. Where there are child protection concerns relating to any child being at risk of significant harm then this takes precedence over confidentiality. In order to assess this, it is important that relevant practitioners can share information to assess the risk of significant harm.

Please refer to the [Safeguarding Board for Northern Ireland \(SBNI\) Core Policy and Procedures](#) and [Guidance on Information Sharing for Child Protection Purposes](#)

45. In the context of under-age sexual activity, if there is a concern of a risk of harm as a result of sexual behaviour and/or relationships, this always overrides the professional requirement to keep confidentiality. In these circumstances, practitioners have a duty to act to make sure that the child and young person is protected. As already stated, where under-age sexual activity relates to those under 13, or a child or young person who was under 13 at the time of the sexual activity, a referral must be made to Police and Social Services.

46. All practitioners recording information or releasing information to other parties and persons have legal and professional duties to ensure that the information recorded is accurate, relevant and sufficient for its purpose and that any disclosure is lawful – either through the consent of the young person concerned or where there is the potential of harm to themselves or others which outweigh lack of consent. All decisions and reasons for them should be recorded appropriately.

### **Children and young people have the right to consent to, or refuse, health interventions**

47. People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

48. Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully



appreciate what's involved in their treatment. This is known as Gillick competent.

49. Otherwise, someone with parental responsibility can consent for them.

### *Applying Gillick competence and Fraser guidelines*

50. The Fraser guidelines still apply to advice and treatment relating to contraception and sexual health.

### *Using the Fraser guidelines*

51. 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.

(Gillick v West Norfolk, 1985)

### *Using Gillick Competence*

52. 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.

53. The practitioner should always encourage a child to tell their parents or carers about the decisions they are making. If they do not want to do this, the practitioner 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.

### *Assessing Gillick competence*

54. There is no set of defined questions to assess Gillick competency.

55. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity, mental and emotional health
- 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.

56. If the young person still wants to go ahead without their parents' or carers' knowledge or consent, the practitioner should consider the Gillick and Fraser guidelines.

### *Child protection concerns*

57. 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.

58. You should always consider any previous concerns that may have been raised about the young person and explore whether there are any factors that may present a risk to their safety and wellbeing.

59. You must always share child protection concerns with the relevant agencies, even if a child or young person asks you not to and it is vital that you explain to the child/young person that you are doing this.

### **Parents and carers have the right to be involved in an appropriate way**

60. Ideally, practitioners should encourage children and young people to share information with their parents or carers where it is safe to do so. This is in recognition of the responsibilities, rights and duties of parents to direct and

guide their children in the exercise of their rights, consistent with their evolving capacities. However, sexual health services have long recognised that assurances of confidentiality for children and young people are essential if they are to be encouraged to seek their help and advice. Consequently, while practitioners are encouraged to help individuals to speak to their parents and involve them in their decision-making, ultimately, the practitioners are not required to inform the parents or carers at any stage of giving them advice or treatment and must take heed of the information rights set out above.

61. This relates to sexual health clinics where a practitioner is not in a position to meet the individual's immediate health needs, having due regard to consent issues, it is within the law, without parental consent or even knowledge, to provide information, make an appointment or accompany the individual to an agency which is able to meet their immediate needs.

## **ASSESSING RISKS AND NEEDS**

### *Assessing risk*

62. All cases should be looked at individually, on their own facts and circumstances. Please refer to [Safeguarding Board for Northern Ireland \(SBNI\) Core Policy and Procedures](#) .

63. It is essential to look at the facts of the actual relationship between those involved and to consider the wider needs of the young person. Crucial elements of this assessment relate to issues of:

- consent and informed choice;
- the ages of those involved;
- the relationship;
- the circumstances of the sexual activity;
- type of sexual activity;
- the vulnerability of the young person involved
- Coercion/threats, fear and substance misuse.

This list is not exhaustive.

64. Depending on the outcome of the assessment process, there are several courses of action that could be taken:

- What is getting in the way of this child's or young person's well-being?
- Do I have all the information I need to support this child and young person?
- Is there anything I need to do to help this child and young person?
- Can my agency offer supports or services to assist this child and young person?
- What additional help, if any, may be needed from others?

65. The level of response will depend on how practitioners assess the level of risk to the young person. The response, and level of information shared, will be different depending on whether there is a child protection concern or whether there are other concerns for the well-being of the young person.

66. The presence of one or more factors will raise different levels of concern depending on the young person's individual circumstances. For some young people it will be the *combination* of certain factors which indicate the risk of

significant harm. There are some contextual factors – e.g. consumption of drugs and/or alcohol that would affect ability to give consent, manipulation, bribery, threats, aggression and/or coercion – that will require an immediate, multi-agency response including involvement of the police. Practitioners need to be aware that should information come to their attention about past sexual behaviour and/or relationships involving young people, the same consideration should be given as to whether this was abusive or exploitative and appropriate action should be taken. It may be the case that the young person in question is no longer at risk of significant harm; however, this information may have implications for other children and young people.

67. Practitioners need to be aware that some young people may not identify abusive behaviour as such. A range of factors – including embarrassment, coercion and the desire to protect others – may prevent such identification and can increase the vulnerability of these young people.

**68. However, the overriding principle should be that the confidentiality rights of children and young people should be respected unless there is a child protection concern.**

69. The following are given as examples but this should be considered on a local basis.

#### *Automatic sharing of concerns*

70. The examples described below are circumstances indicative of a child protection concern and should therefore be shared automatically.

- if the child is, or is believed to be, sexually active and is under 13;

- if the young person is currently 13 or over but sexual activity took place when they were 12 or under;
- if there is evidence, indication or suspicion that the young person is being sexually exploited or abused;
- if the 'other person' is in a position of trust in relation to the young person; and
- if the young person is potentially at immediate risk.

71. In these circumstances, the practitioner should:

- where appropriate, speak with the child and young person prior to passing on the child protection concern – every reasonable effort should be made to seek their agreement;
- refer the child protection concern to Social Services and Police in line with the [Safeguarding Board for Northern Ireland \(SBNI\) Core Policy and Procedures](#)

#### *When Assessed as Consensual*

72. If the practitioner has assessed that the sexual behaviour is age appropriate, consensual teenage sexual activity where there are no concerns of abuse or exploitation, the practitioner should:

- uphold the confidentiality rights of the young person; and
- signpost the young person to the appropriate local services if not able to provide the required services themselves.

73. Medical practitioners can refer to [Protecting children and young people \(gmc-uk.org\)](#)

*If there are concerns that the young person might be at risk of harm*

74. If the practitioner is concerned that the young person's behaviour, or the nature of the sexual behaviour and/or relationship, *could* indicate that the young person is at risk of harm, the practitioner should:

- seek guidance from a line-manager in accordance with their agency's guidelines and decide if further action is required;
- inform the young person about the need speak to other practitioners, where required, and seek their consent if possible;
- share appropriate information with other practitioners about the young person;
- if required, seek advice from other services and agencies to assist in this decision-making; and
- share information with the police if there are concerns about the young person's sexual partner.

*If the practitioner is aware that the young person is at risk of harm*

75. If the practitioner is aware that the young person has experienced, or is experiencing, harm as a result of their sexual activity or behaviour, the practitioner should:

- where appropriate, speak with the child and young person prior to sharing the child protection concern – every reasonable effort should be made to seek their prior agreement;
- share the child protection concern in line with their local child protection procedures, detailing those who are involved, the nature of the concerns etc;  
and



- if agreement is not reached, the professional should share the child protection concern and inform the child and young person that this will be the course of action.

### **Recording information**

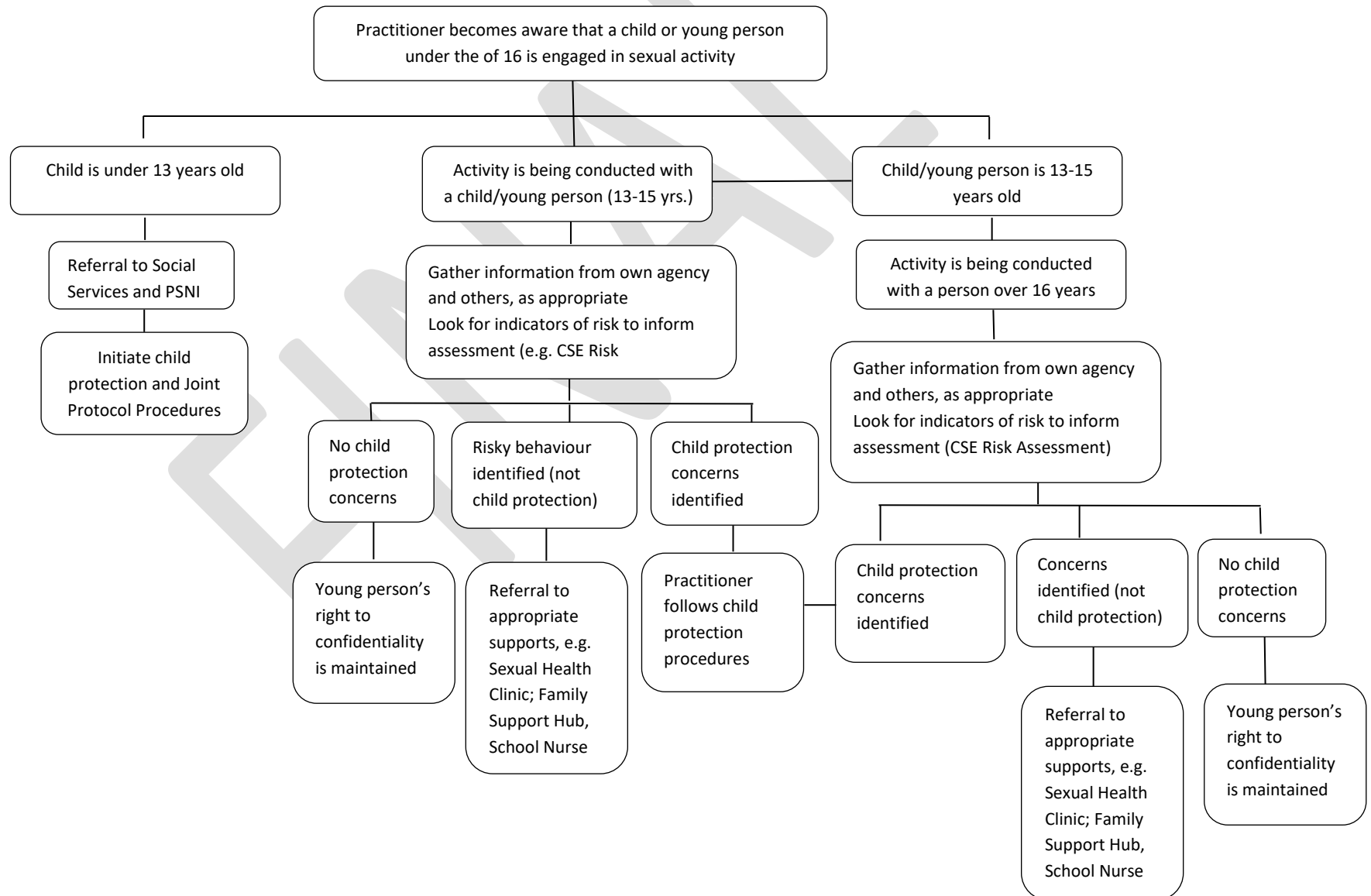
76. In **all** circumstances, the practitioner should make a record of events and decisions, in line with their own agency procedures. The record should contain all essential detail and the reasons behind their action or inaction.

77. For every occasion that a practitioner has contact with a young person or receives information about them, consideration should be given as to whether their circumstances have changed and a different response needed.

78. Further guidance on the recording and analysis of information is provided [Safeguarding Board for Northern Ireland \(SBNi\) Core Policy and Procedures](#)

## APPENDIX 1: REGIONAL GUIDANCE FOR NORTHERN IRELAND ON UNDERAGE SEXUAL ACTIVITY

### FLOWCHART



## **APPENDIX 2: RELEVANT POLICY DOCUMENTS AND LEGISLATION**

[British Medical Association Sexual offences and under 18-year-olds in Northern Ireland \(bma.org.uk\)](https://www.bma.org.uk)

[Children & Young People's Strategy](#)

[Department of Health Regional Cooperating to Safeguard Children and Young People Revised August 2017](#)

[Explanatory Memorandum for the Sexual Offences \(Northern Ireland\) Order 2008 \(N.I.2\)](#)

[General Medical Council Confidentiality Guidance 2009](#)

[General Medical Council Guidance on Doctor's Responsibilities to Protect Children & Young People, updated 2018](#)

[Guidance on Information Sharing for Child Protection Purposes](#)

[Harmful Sexual Behaviour, SBNI](#)

[Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland \(Joint Protocol\)](#)

[Safeguarding Board for Northern Ireland \(SBNI\) Core Policy and Procedures](#)

[Sexual Offences \(Northern Ireland\) Order 2008](#)

[Sexting and the Law, SBNI and PSNI](#)

[The Mental Capacity \(2016 Act\) \(Commencement No. 1\) Order \(Northern Ireland\) 2019 \(legislation.gov.uk\)](#)

[UN Convention on the Rights of the Child](#)

## **APPENDIX 3: INDICATORS OF POTENTIAL RISKS**

If a professional feels that there are concerns around the young person's sexual behaviour, the indicators set out below can help the practitioners decide on the appropriate response and whether information needs to be shared. What follows is a non-exhaustive list of some of the typical factors that may indicate a child protection concern and help practitioners determine risk and need. It is not intended to be used as a checklist but forms the basis of a risk assessment: depending on the specific situation, not all of the areas identified will require exploration.

### **The child and young person**

- Is the child under the age of 13 or did the sexual activity take place when the young person was under 13?
- 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. mental health issues, learning disability or any other condition that would heighten the young person's vulnerability)

### **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.

- Was 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 dis-inhibitor 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 young person 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 the practitioner to be or have been involved in concerning behaviour towards other children and young people?
- Was the other person in a position of trust?

### **Other factors**

- Was the young person, regardless of gender, frequenting places used for sexual exploitation of children and young people.
- Is there evidence of the young person being involved in abuse or sexual exploitation?
- Was the young man frequenting places where men have sex with men in circumstances where additional dangers, e.g. physical assault, might arise?

- Were there other concerning factors in the young person's life that may increase their vulnerability? (e.g. homelessness.)
- Did the young person deny, minimise or accept the concerns held by practitioners?

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## **APPENDIX 4: Child Sexual Exploitation Risk Assessment Form**

Each of the text boxes below expand to allow all relevant information to be included. It is important that the child/young person is considered in the context of his/her family and so relevant information/risk factors relating to family members should also be included when completing the tool.

Name of child, age, DOB, and gender	
Soscare number	
Police reference number	
Child Home Address	
Child current address/ placement and contact details	
Parent/Guardian details (inc address)	
Legal Status (Inc CPR)	
Previous Assessment of CSE Risk	
Date of assessment	
Name and designation of persons completing assessment	

## Knowledge of the following at time of assessment:

### Underlying Vulnerabilities

<u>Factors</u>				<u>Considerations &amp; Rationale</u>  Each of the text boxes below expand to allow all relevant information to be included
Sexual Abuse	YES	NO	Suspected	
Physical Abuse	YES	NO	Suspected	
Emotional Abuse	YES	NO	Suspected	
Break Down of Family Relationships/isolation	YES	NO	Suspected	
Domestic Abuse	YES	NO	Suspected	
Substance Misuse	YES	NO	Suspected	
Family history of Mental Health Difficulties	YES	NO		
Learning Disability/Difficulties	YES	NO	Suspected	
Isolation from Peers/Social network	YES	NO		
Bereavement/Loss through multiple moves	YES	NO		
Migrant/Cultural issues	YES	NO		
Unsuitable/Inappropriate placement	YES	NO		



## **Moderate Risk Indicators**

<b><u>Factors</u></b>			<b><u>Considerations &amp; Rationale</u></b>  Each of the text boxes below expand to allow all relevant information to be included.
Multiple Callers with child	YES	NO	
Multiple accommodation/placements	YES	NO	
Concerning use of Mobile Phone/Multimedia devices	YES	NO	
Expressions of Despair	YES	NO	
Challenging Behaviours	YES	NO	
Unexplained absence or exclusion from education/work	YES	NO	
Disclosure of sexual / physical assault	YES	NO	
Lack of engagement with relevant others	YES	NO	
Current inappropriate / unsuitable accommodation	YES	NO	
Concerning Sexual Activity /Sexual Health	YES	NO	
Peers/Siblings at risk of or confirmed CSE	YES	NO	
Drug Misuse	YES	NO	
Alcohol Misuse	YES	NO	
Substance Misuse	YES	NO	
Internet use	YES	NO	
Involvement in criminality	YES	NO	

## **Significant Risk Indicators**

<b><u>Factors</u></b>			<b><u>Considerations &amp; Rationale</u></b>  Each of the text boxes below expand to allow all relevant information to be included
Concerning Absences	YES	NO	
Concerns re controlling boy/girlfriend relationship	YES	NO	
Inappropriate Relationships	YES	NO	
Any Physical Abuse/ unexplained injury	YES	NO	
Any Emotional Abuse	YES	NO	
Entering/Leaving vehicles	YES	NO	
Unexplained acquisition of money / purchases	YES	NO	
Addresses of Concern	YES	NO	
Evidence of Trafficking	YES	NO	
Does not view self as a victim of CSE	YES	NO	

## **Summary and Conclusions**

**Category of risk of CSE (tick 1 box below)**

<b>Suspected at risk of CSE</b>	
<b>Confirmed at risk of CSE</b>	
<b>No risk of CSE evidenced</b>	

**Has the young person been previously referred to the MSHTU? (Modern Slavery Human Trafficking Unit) formerly UKHTC (UK Human Trafficking Unit)**

**Yes      No**

**Is a referral to the MSHTU (Modern Slavery Human Trafficking Unit) formerly known as UKHTC required?**

**Yes      No**

**If yes ensure to complete The National Referral Mechanism (NRM) below.**

[NRM Referral Form](#)

**Action Plan**

Task	By whom	Target Date

**Completed by: -**

**Social worker: -----**

**CSE Police Officer .....**

**Date: .....**

**FINAL**

## Appendix 5

### Helplines

ChildLine on 0800 1111

### Websites

There are a number of websites that provide information about the different health topics covered on [www.sexualhealthni.info](http://www.sexualhealthni.info). These include:

#### [Be safe Belfast](#)

Confidential sexual health advice and emergency contraceptive pill available at participating pharmacies in Belfast.

#### [Common Youth](#)

Offers sexual health advice and contraception to young people.

#### [Cara-Friend](#)

Supporting, empowering, educating and offering friendship to everyone in the LGB&/T community.

#### [Help protect yourself](#)

Provides information about the human papillomavirus (HPV) vaccine that can help protect against cervical cancer.

#### [Here](#)

Offers support to lesbian and bisexual women and their families, and improves the lives of lesbian and bisexual women across Northern Ireland.

#### [Know your limits](#)

Offers information on alcohol and where to get help for alcohol and drug problems.

#### [Minding your head](#)

Offers information on how to protect your mental and emotional wellbeing and the issues that can affect them. It also contains information on the local services that can offer help and support.

#### [Nexus NI](#)

Offers counselling and support to survivors of sexual abuse or violence or rape.

### [NHS Choices – sexual health](#)

Provides information on a range of topics related to sexual health.

### [Northern Ireland Cervical Screening Programme](#)

Provides information about the cervical screening programme in Northern Ireland.

### [Positive life](#)

Provides services, advice, signposting and support to people living with and affected by HIV.

### [Prepster](#)

Information on pre-exposure prophylaxis for HIV.

### [Terrence Higgins Trust](#)

HIV and sexual health charity.

### [The Rainbow Project](#)

Works to improve the physical, mental and emotional health of lesbian, gay, bisexual and/or transgender people and their families in Northern Ireland.

### [The Rowan](#)

The Rowan is the regional Sexual Assault Referral Centre for Northern Ireland. It offers a range of support and services for children, young people, women and men who have experienced sexual violence and abuse, recently and in the past.

### [Safer To Know](#)

Offers information and advice to safeguard and promote the welfare of children and young people.

### [Stop It Now Helpline](#)

Offers support anyone with a concern about child sexual abuse and its prevention. We encourage you to trust your gut and call, live chat or email us, whatever your worry.

## **Health and Social Care Services in Northern Ireland**

You can also find out more about sexual health services in your area at:

### [Belfast Health and Social Care Trust](#)

[Northern Health and Social Care Trust](#)

[Western Health and Social Care Trust](#)

[South Eastern Health and Social Care Trust](#)

[Southern Health and Social Care Trust](#)

**Police Service of Northern Ireland (PSNI)**

In an emergency telephone 999. Crimestoppers: 0800 555 111 (to call anonymously about a crime).

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## GLOSSARY OF TERMS

BMA	<b>British Medical Association</b>
CYPSP	<b>Children and Young People's Strategic Partnership</b>
DoH	<b>Department of Health (Northern Ireland)</b>
EA	<b>Education Authority Northern Ireland</b>
GMC	<b>General Medical Council</b>
HSCB	<b>Health and Social Care Board</b>
Joint Protocol	<b>Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland 2021</b>
PSNI	<b>Police Service Northern Ireland</b>
SBNI	<b>Safeguarding Board Northern Ireland</b>