Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health

Key points

All young people under 16 have a right to confidential advice from health professionals about sexual health/STIs, contraception and relationships.

Over ¼ of young people aged under 16 are sexually active but this is the group least likely to use contraception, including condoms.

Research with young people identifies anxiety about confidentiality as a major deterrent to asking for contraceptive advice.

Research also shows there is confusion among health professionals about whether or not they can see under 16s without a parent. Misinterpretation of the Sexual Offences Act has exacerbated the confusion.

Guidance on this issue was last issued in 1986 nearly 20 years ago. Revised guidance is needed to clarify to doctors and health professionals that they owe under-16s the same duty of care and confidentiality as older patients. However, the legal framework and professional codes for health professionals remain unchanged.

Issuing revised guidance to health professionals on the provision of contraception to under 16s is a specific action point of the Teenage Pregnancy Strategy. The Government announced in January 2004 that the guidance would be published, in response to the Teenage Pregnancy Independent Advisory Group's 2nd Annual Report.

The new guidance sets out the principles of good practice for health professionals in considerably greater detail than the 1986 Health Service Circular. These include:

- providing the young person with the time and support to make an informed choice, including exploring whether the relationship is mutually agreed or whether there may be coercion or abuse;

- always encouraging the young person to talk to their parent, carer or another trusted adult;

- identifying any additional counselling or support needs.

The guidance makes clear that duty of confidentiality is not absolute. Where a health professional believes that there is a risk to the health, safety or welfare of a young person or others which is so serious as to outweigh the young person's right to privacy, they should follow locally agreed child protection protocols.

The revised guidance is supported by the British Medical Association, Royal College of Nursing, Royal College of General Practitioners and Faculty of Family Planning who all recognise the need to improve uptake of advice by sexually active under 16s.

Potential Q&As

What does the guidance do?

It clarifies and confirms that health professionals owe young people under-16 the same duty of care and confidentiality as older patients. It sets out principles of good practice in providing contraception and sexual health advice to under-16s. It replaces the previous Health Service Circular of 1986.

The legal framework and professional codes remain unchanged.

Who is it for?

PCT commissioners and clinical governance leads should disseminate the guidance to all health professionals working with young people in any setting. All services providing contraceptive and sexual health advice to young people should produce explicit confidentiality policies and prominently advertise services as confidential to young people.

How is it changed?

The DH guidance issued 20 years ago is very short and has left many health professionals unsure of how they should practically deal with requests from young people and decide whether they are competent to consent to their own treatment. The revised guidance offers clarification on these issues, including health professional's duty of care and good practice points when providing advice and treatment to under 16s. It also provides advice on the Sexual Offences Act 2003.

Doesn't this encourage under-age sex?

Over a quarter of young people under 16 are sexually active. The priority is to ensure they have the contraceptive and sexual health advice they need to protect themselves. There is no evidence from UK or international research

that the provision of confidential contraceptive services leads to earlier sexual activity.

Does this guidance endorse more "secret" abortions for 14 year olds

We recognise that these are very difficult cases which should be handled sensitively. However, the priority must be for young women faced with a pregnancy to get the support they need to make an informed choice as early as possible. It is very unusual for a young woman under 16 to have an abortion without parental involvement.

Any young woman aged under 16 requesting an abortion is seen by a health professional (either a doctor or nurse). The health professional should:

- confirm the pregnancy
- discuss the choices available in an objective and non-judgemental way
- assess for competence to consent to treatment including establishing that the young women understands the advice provided and its implications and her mental or physical health would otherwise be likely to suffer to so provision of treatment is in her best interest.

The guidance emphasises that that health professionals should discuss the benefits of the young women involving her parents. In the rare cases where she cannot be persuaded to do so, every effort should be made to find another adult to provide support, for example another family member or specialist youth worker.

The government doesn't appear to be trying to delay first sex among teenagers

Teenage Pregnancy Strategy aims to help young people resist pressure to have early sex through clear messages in the teenage media and in sex and relationships education programmes.

It is important to inform young people that only a minority of under-16s have sex and to highlight the higher levels of regret among those who become sexually active before 16. This is actively promoted via a discretely targeted campaign for teenagers.

What's the age of first sex for most young people?

The median age of first sex is 16. This has remained stable since the mid 1990s.

Is there a lower age limit for the Guidance?

The duty of care and confidentiality applies to all under 16s. Whether a young person is competent to consent to treatment or is in any serious danger is judged by the health professional on the circumstances of each individual case, not solely on the age of the patient. However, the younger the patient the greater the concern that they may be being abused or exploited. The Guidance makes clear that health professionals must make time to explore whether there may be coercion or abuse. Cases of grave concern would be referred through local child protection procedures.

Does this mean that contraception could be given to an eleven year old?

It is extremely unusual for eleven and twelve year olds to be having sex. The majority of sexually active young people under 16 are 15, with numbers declining the lower the age. Health professionals take these cases extremely seriously and will have greater concerns about abuse or exploitation the younger the age of the patient. However, the best interests of the young person, their competence and the degree of danger they are in is for the judgement of the health professional.

Does the Guidance mean that health professionals can provide contraception to under 16s in school based services?

Health professionals' duty of care and confidentiality applies in any setting, including school based services. The decision to have a school based health services, and the content of the service, is for the individual governing body in consultation with whole school community. In their Sex and Relationships report, published in 2002, OFSTED, cited a school based service as an example of good practice in giving pupils easy access to one to one advice.

Doesn't the Guidance undermine the role of parents?

The Teenage Pregnancy Strategy recognises the vital role parents have to play. Research shows that young people whose parents discuss sex and relationships openly and without embarrassment, have sex later and are more likely to use contraception. Eighty six percent of parents feel strongly that there would be fewer teenage pregnancies if more parents talked to their children about sex and relationships. However, nearly half of young people say they receive no or little information from their parents.

The Strategy is supporting parents in talking to their children through the Time to Talk campaign and helpline run by Parentline Plus, and through initiatives in local teenage pregnancy strategies.

Won't parents disapprove of the guidance?

Three quarters of parents [with a child aged 10 to 17 yrs] agree that young people under 16 should have access to confidential contraception advice. Seven out of 10 parents agree that is right that young people aged under 16 years are given access to contraception free of charge.

Source: BMRB Tracking Survey 12, 2004.

Won't this guidance simply lead to more STIs among young people (ref to STI data published earlier this week)

There is no evidence from the UK or international research that the provision of confidential services leads to earlier sexual activity. The priority must be to be to ensure that those who are sexually active seek early advice.

Reducing sexually transmitted infections among teenagers as well as under 18 conception rates is central to both the Teenage Pregnancy and the National Sexual Health and HIV Strategy. Both strategies are based on the best international research evidence.

This involves helping young people resist pressure to have early sex, improving sex and relationship education to increase their awareness of risk and knowledge of how to protect themselves; promoting condom use for those who are sexually active and supporting parents to talk to their children about sex and relationships without embarrassment. Implementation of the two strategies is closely linked at national, regional and local level.