A response to the revised edition of *Working together to safeguard children*  

March 2008

In 2006, the Government issued an updated version of its statutory child protection guidance, *Working together to safeguard children*. Prior to publication, several area child protection committees issued draft protocols indicating that health professionals were under an obligation to report all sexual activity involving children under 13 to the police. Some of the protocols also suggested that, where known, the sexual partners of any young person under the age of 16 should be checked with the police.

Understandably these protocols caused concern and confusion among health and other practitioners involved in child protection. Although there is some ambiguity in the phrasing of the information sharing paragraphs of the new *Working together*, it is clear that there is no requirement for mandatory reporting of sexually active young people, irrespective of their age. The guidance confirms established best practice that decisions about sharing confidential information about sexually active young people must be made on the basis of an assessment of their best interests.

Under the Sexual Offences Act 2003, young people under the age of 13 are not capable of giving consent to sexual intercourse, and such sexual activity is therefore rape. Although sexual activity in someone under the age of 13 will always be a cause for concern, the need to share information without consent to protect the young person must be balanced against the need to provide a service that encourages young people to seek help when they need it. It is clear that young people place a very high value on a confidential sexual health service. Without an underlying presumption of confidentiality, young people will refuse to access such services and their interests could therefore be seriously harmed.

Decisions in this area, which can often be challenging, must always be made on a case-by-case basis, taking into consideration all relevant information. Where health professionals believe that children may be subject to coercion or exploitation, existing child protection guidelines must be followed. Health professionals with concerns should seek advice and help, anonymously if necessary, from colleagues with expertise in child protection, such as named and designated professionals.

Health professionals working with very young people who are sexually active should be appropriately trained and should have ready access to expert child protection advice, such as from named or designated professionals. Cases involving very young people are complex and should usually be discussed with colleagues, anonymously if necessary. In all decisions in this area, the focus of attention must be on promoting the best interests of the child or young person.