

Confidentiality: Promoting young people's sexual health and well-being in secondary schools



This factsheet supports senior managers and practitioners working with secondary-age pupils in schools and Pupil Referral Units (PRUs) to understand why and how to:

- improve pupils' access to confidential sexual health services
- establish an appropriate level of confidentiality within sex and relationships education (SRE) in the classroom and in one-to-one situations.

Supporting access to confidential sexual health services

All young people, including those aged under 16, are entitled to confidential sexual health and contraceptive advice and treatment. Improving access to confidential sexual health services, both in schools and in the community, is one of the ways in which schools help their pupils to stay safe and avoid health outcomes that have a negative impact on their learning.

Why do young people need access to confidential sexual health services?

My girlfriend said her period was late and I was really frightened that she might be pregnant ... I couldn't talk to anyone.

Young person, quoted in Thistle 2003¹

Concerns about confidentiality, and subsequent lack of trust, are the main barriers that stop young people from accessing sexual health advice and treatment. Yet, survey data suggests that about one-third of young people have had sex by the time they are 16.² These same young people are also the least likely to access contraceptive and sexual health advice services, which increases the risk to their health and well-being. Although SRE supports young people to delay early sexual activity, secondary schools also have a duty to promote the well-being of those pupils who, for whatever reason (including coercion and abuse), experience early and often unprotected sex.

Having early, unsafe sex can have serious consequences for young people. Teenage pregnancy rates have fallen steadily since the Teenage Pregnancy Strategy began, but they remain high compared to other countries in Western Europe. Approximately half of all conceptions among those who are under 18 end in abortion. Young mothers and their children have poorer health, education and social outcomes than older mothers.³ Sexually transmitted infections (STIs), including HIV, are a cause of concern, with rates of diagnosed chlamydia infection highest amongst young people aged 16 to 24.⁴ Undiagnosed or untreated infection in women can lead to further problems such as infertility.

Why should schools promote access to confidential sexual health services?

If you feel worried about what's happening to your body, you can't concentrate and so your school work suffers.

Young person, quoted in Thistle 2003¹

Young people need to know about clinics. I don't think they know about them. Schools should tell them that it's confidential. They should do that because Britain has the highest rate of teenage pregnancy and STIs in the whole of Europe. It's just shocking – these clinics are free, so why ain't young people using them?

Young person, Sex Education Forum workshop, 2006

Confidential sexual health services provide young people with a safe place

to ask questions and disclose anxieties or concerns, and give young people positive support to make healthy and informed choices about relationships and sexual health. For pupils in schools, knowing that confidential help is available and how to access it can help them to focus on their learning. This in turn contributes to pupil retention and attendance targets and ultimately helps to raise standards.

- There is strong and consistent support from the Department for Education and Skills (DfES) for schools to promote service provision as part of teaching and learning within Personal, Social and Health Education (PSHE): 'We want all young people to know where to access contraceptive and sexual health advice and to feel confident to do so ... Locally, all areas should ensure that young people in school, as part of Personal Social and Health Education, are provided with precise details of local services, and that up-to-date details of local services are on the database held by the ruthinking website and helpline,⁵ to allow speedy referrals to local advice.'³
- Support from the Department of Health (DH) is evident through the National Healthy School Programme. Any school working towards National Healthy School Status is required, within the core theme of PSHE, to demonstrate that it:
 - 'involves professionals from appropriate external agencies to support PSHE delivery and to improve skills and knowledge such as a school nurse, sexual health outreach workers...

- has arrangements in place to refer pupils to specialist services who can give professional advice on matters such as contraception, sexual health...'⁶
- All schools are required by the Education and Inspections Act 2006 to 'promote the well-being of pupils at the school'. An effective programme of SRE that promotes speedy referral to confidential services can help schools to demonstrate how they promote pupil well-being and help young people to achieve the five outcomes in the Every Child Matters framework: to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.⁷ Strong links with sexual health services can also help schools meet the referral requirements of the Extended Schools core offer.⁸
- Evidence shows that countries providing a 'multi-faceted approach' to SRE have lower teenage pregnancy rates and better sexual health.⁹ A multi-faceted approach includes '... adequate education and information about sexual behaviour and its consequences, and confidential and accessible sources of contraceptive services and supplies'.⁹
- In an in-depth review carried out by the Teenage Pregnancy Unit in 2005, the provision of '... young people focused contraception/sexual health services, trusted by teenagers and well-known by professionals working with them' was the factor that respondents identified as having the biggest impact on reducing the under-18 conception rate. Indeed, universal provision of PSHE, and access to confidential advice for all young people, are the two key drivers of the government's teenage pregnancy strategy.³
- In the public health White Paper *Choosing Health*, the government

commits to ensuring '... a broader reach of information about sexual health for young people in ways that they can access in complete confidence. This will include confidential signposting to advice'.¹⁰

How can schools promote access to confidential sexual health services?

The clinics need to be more open, more publicised. I was scared. I thought this is a place that people go to when they have sex and do something wrong. Young person, Sex Education Forum workshop, 2006

Schools can ensure that young people know where to go for confidential sexual health advice and support by:

- publicising services through posters on bulletin boards in classrooms and in corridors, washroom stickers on cloakroom and toilet doors, leaflets, diaries and websites
- inviting visitors from confidential sexual health services to contribute to classroom sessions
- arranging for groups to visit services and report back
- maintaining an up-to-date directory of local services and national support organisations
- using local videos/DVDs showing where services are and how to access them.

Schools should always stress the confidential nature of such services in order to encourage access. Where information about services is available on local websites, check that access is not denied by software picking up and blocking the words 'sex' or 'sexual health'. Information needs to be inclusive, listing, for example, specific services for young people who are lesbian, gay or bisexual, or who have learning difficulties and/or physical disabilities.

Service information should be made available to all heads of year and tutors, and to other relevant professionals concerned with the health and well-being of pupils, such as learning mentors, personal advisers and student counsellors. School nurses are a useful source of information about what sexual health services are available locally, as is the local Teenage Pregnancy Coordinator.

Some schools are concerned about parents or visitors seeing service information displayed openly within the school. Involving parents in the development of school policies and informing them about the school's planned programme of SRE helps raise awareness of how links with support services form part of a whole-school approach to pupils' well-being.

Establishing confidentiality within sex and relationships education (SRE)

All staff, no matter what their role within the school, need to have a good working knowledge of their school's confidentiality and safeguarding (child protection) policies.

Confidentiality in the classroom

Staff in schools can never promise unconditional or absolute confidentiality. So, in the classroom, the aim is to strike a balance between helping pupils to feel respected, safe and able to participate fully and openly while still protecting privacy and safeguarding welfare. Effective teaching and learning in SRE actively encourages pupils to share thoughts and voice opinions, so it is important to establish boundaries and clarify at the outset with pupils what will happen to any personal information they might disclose in the classroom.

A useful way of doing this is to establish a working agreement (or ground rules) with pupils and to remind them of this agreement at appropriate moments within the programme. Pupils need to be fully involved in developing the working agreement if they are to own and abide by it, and should be encouraged to review it regularly. It is also helpful to keep the statements positive, avoiding too many 'don'ts'.

When negotiating a working agreement, secondary-aged pupils often come up with a list similar to the one below,¹¹ where they agree to:

- listen to each other (only one person talks at a time)
- challenge a statement, but not the person making it
- keep to time
- participate, but have the right to pass
- keep stories and examples anonymous
- respect a person's privacy
- avoid sharing personal information.

It can be helpful to unpick what these mean in relation to confidentiality. Key points to cover include:

- Absolute confidentiality cannot be guaranteed. Explain that staff have a duty to protect young people from serious harm. So, if a teacher, health professional or other classroom practitioner hears or sees something that suggests a young person in the group, or another young person, is at risk of serious harm or of causing serious harm to others, they need to talk to another professional about it. They would talk to the young person first and try to get them to agree to this. Sharing information without consent is only recommended if it is in the child's best interests to do so and there is a clear risk of significant harm to the young person or to others.¹²
- In the classroom, each person needs to take responsibility for what they share. Ask pupils to try to keep

private things private and, if working in small groups or in pairs, to be clear about anything they do not want fed back to the rest of the class. Stress that the classroom is a public place, so if they want personal sexual health advice or information, it is more appropriate to use confidential services, including school nurses and young-person-friendly sexual health clinics, that pupils can access whatever their age. Make sure that pupils know precisely how and when they can access these services and are given every encouragement to do so safely and in confidence.

Teaching staff and other practitioners help pupils to explore sensitive topics without encouraging personal disclosure by using 'distancing' techniques in the classroom. In this way, young people can learn through role-play and third-person case studies. A question box left in the classroom, where pupils can post any queries anonymously, is another useful distancing device. At an agreed time, questions in the box can be safely addressed within the whole group without identifying individuals.

Confidentiality in one-to-one situations

Young people may seek information or support on sexual health matters from any member of staff, for example a teacher, tutor or learning mentor. This is particularly likely where a relationship based on trust has been built up.

In any one-to-one situation with pupils, as in the classroom, the member of staff involved should explain that they may not be able to keep some information confidential (for example, if they thought the pupil was at risk of serious harm, or of causing serious significant harm to others). This should be done with care and sensitivity.

If the young person asks for sexual health advice, or discloses that they

have had sex or are thinking about having sex, professional discretion must be used when deciding how to deal with the matter appropriately. DfES advises schools to ensure that:

1. '...wherever possible, the young person is persuaded to talk to their parent or carer
2. any child protection issues are addressed
3. the child has been adequately counselled and informed about contraception, including precise information about where young people can access contraception and advice services.'¹³

1. Encouraging the young person to talk to a parent/carer

Although it is accepted good practice in education and health settings to encourage a young person to talk to a parent/carer about any worries they may have, they cannot be made to do so against their wishes. Teachers are not legally bound to inform parents of any disclosure, unless the headteacher has specifically requested them to do so.¹³ Indeed, in extreme cases, informing a parent/carer could put a pupil at risk of emotional or physical abuse, with the young person being shunned, shamed or physically hurt for expressing their sexuality or behaving in a way deemed inappropriate by family or peers. It could also be that the young person is being abused or sexually exploited by a family member, or by someone known to the family.

2. Addressing child protection issues

All staff need to be aware that:

- **Although the legal age of consent is 16, the law is not intended to be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age unless this sexual activity involves abuse or exploitation.**
- Young people (including those aged under 16) have the right to confidential advice on contraception, pregnancy and abortion.

- According to the Sexual Offences Act 2003, providing advice for the purposes of promoting a child's emotional or physical well-being, or protecting them from sexually transmitted infections or pregnancy, is within the law, even if the young person is aged under 16.

However, all school staff have a legal duty to safeguard the welfare of children and young people. So, if it is established or suspected that sexual activity involves abuse or exploitation, action and reporting must be undertaken in line with the school's child protection policy. Individual members of staff are not expected to investigate possible abuse, but they do have a key role to play by referring any concerns about abuse or exploitation to their designated child protection lead.

Although there is no legislation relating to confidentiality in school settings, some schools have developed contractual obligations that require staff to report all disclosures of sexual activity, regardless of circumstance. These obligations, which are not considered good practice, must be made clear to pupils, and information on alternative sources of confidential support should be provided. The school should also consider the possible negative consequences of these obligations, which could result in pupils being vulnerable to continuing abuse if they are deterred from seeking help from, or disclosing abuse to, school staff.

Definition of sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (for example, rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.¹⁴

Allegations of harm arising from underage sexual activity

Under 13s

Under the Sexual Offences Act 2003, a child aged 12 or under is not capable of consenting to sexual activity, and penetrative sex is classified as rape. So, if a child under the age of 13 discloses penetrative sex, or other intimate sexual activity, the member of staff should always talk to their designated child protection lead, who should fully document discussions, including detailed reasons where a decision is made not to share information. A referral to social services is likely, based on the presumption that there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm.¹²

13- to 15-year-olds

The legal age for sexual consent is 16. Staff may believe that sex under 16 is too early, but the law does not wish to criminalise young people who are in a mutual sexual relationship. So, if a young person aged 13 to 15 discloses underage sex, it may be appropriate, although it is not a legal requirement, to assess whether there are any serious consequences for the welfare of the young person (see FAQs). Any cases of concern should be discussed with the school's designated child protection lead, and subsequently with other agencies if required. During these discussions, the young person need not be named or identified so confidentiality can be maintained. The child protection

lead can then assess whether or not child protection procedures should be invoked and carefully document discussion and any action taken, including where a decision is taken not to share information.¹²

16- to 17-year-olds

Although sexual activity involving 16- or 17-year-olds is unlikely to involve an offence, discussion with the school's child protection lead and subsequent action may be appropriate if staff suspect serious harm or the risk of serious harm. It is an offence for a person to have a sexual relationship with a 16- or 17-year-old if they hold a position of trust or authority in relationship to them.¹²

(See Dealing with disclosures of personal information on page 7 for a diagrammatic summary of suggested procedures, particularly disclosure of underage sexual activity.)

3. Signposting pupils to sexual health services

While teachers and other practitioners in schools may be highly skilled at listening and responding to a pupil's concerns, they are not qualified to advise on the suitability of a particular contraceptive method, diagnose a sexually transmitted infection, or assess a pupil for treatment. Schools are therefore strongly advised to ensure that all staff can and do signpost pupils, including under-16s, to qualified health professionals for specific advice and support on sexual health matters.

If a specialist service is off-site, a member of staff may need to help the young person make an appointment and, in some circumstances, accompany them. In these cases they will need to follow the school's policies for accompanying a young person off the school site and for authorised absence. Health and safety procedures must also be observed if a pupil is to be transported to or from a local service in a member of staff's own

vehicle. If an appointment is necessary, it is always good practice to encourage the young person to contact a parent/carer, but if the young person cannot be persuaded to do so, the appointment and the necessary arrangements can still be made and a responsible adult from the school community (for example, the school nurse or learning mentor) can accompany the young person to a service.

FAQs

How do I know if a young person is in an abusive sexual relationship?

Members of staff involved in assessing the risk of abuse arising from underage sexual activity might find the following checklist helpful.

Consider:

- the age of the young person – sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child (whether boy or girl) and, possibly, others
- the young person's level of maturity and understanding
- what is known about the young person's living circumstances or background
- age imbalance, in particular where there is a significant age difference, for example, five years or more
- overt aggression or power imbalance
- coercion or bribery
- familial child sex offences
- the young person's behaviour e.g. withdrawn, anxious
- the misuse of substances as a disinhibitor
- whether the young person's own behaviour, because of the misuse of substances places him/her at risk of harm so that he/she is unable to make an informed choice about any activity

Case study: Dealing with a request for help

After a lesson, 14-year-old Lucia approaches her teacher, Miss Connolly, and asks to speak to her privately. Miss Connolly explains to Lucia that although she is happy to listen to Lucia, she is unable to keep certain pieces of information confidential, for example, if she feels that Lucia is suffering or likely to be suffering any significant harm. Lucia indicates that she understands and they find an empty classroom to talk in. Lucia then tells Miss Connolly that she thinks she may be pregnant, but does not offer any more information.

Miss Connolly asks Lucia if she has spoken to her mum. Lucia replies that she hasn't and doesn't want to because she is worried about her mum's reaction. Miss Connolly suggests that she could help Lucia talk to her mum and support them both to get the advice they need. Lucia refuses.

Miss Connolly then suggests that Lucia should take a pregnancy test. Lucia agrees and consents to Miss Connolly contacting the local young people's clinic to make an appointment. Lucia expresses her fear of going alone. According to this particular school's policy, teachers are not allowed to accompany pupils off-site, but the school nurse can. With Lucia's consent, Miss Connolly contacts the school nurse.

At lunchtime the school nurse and Lucia visit the local young people's clinic. At the clinic, the test is negative and Lucia is not pregnant. The health professional asks Lucia a series of questions to find out the type of sexual relationship she is in, her competency and whether she is suffering from or at risk of harm. Once the health professional is satisfied that Lucia is not at risk of harm, she advises Lucia on different methods of contraception and encourages her to book a follow-up appointment and to talk to her mum. The health professional documents the case.

The next day Miss Connolly sees Lucia and asks her how she is. Lucia says that she is okay. Miss Connolly says she is really pleased to hear that. She reminds Lucia that she now knows where to go for confidential advice and support, and that she is welcome to talk to her at any time if she has any worries.

- whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship
- whether the young person denies, minimises or accepts concerns
- whether the young person is being 'groomed' for sex
- whether the sexual partner/s is/are known to other agencies.¹²

The way in which a member of staff talks to a young person who discloses abuse could have an effect on evidence put forward if there are

subsequent proceedings. It is therefore important that staff do not jump to conclusions, ask leading questions or put words into the young person's mouth. Remember that it is not the responsibility of teachers or other staff or volunteers in schools to investigate suspected cases of abuse.¹⁵

How do health professionals manage confidentiality?

Doctors and health professionals have a duty of care and confidentiality to all patients, including under-16s. This means that they are able to provide

contraception, sexual and reproductive health advice and treatment, without parental knowledge or consent, to young people aged under 16 provided that:

- 'she/he understands the advice provided and its implications
- her/his physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest.'¹⁶

Health professionals are advised to 'establish a rapport' with young people under 16 and to discuss:

- 'the emotional and physical implications of sexual activity
- whether the relationship is mutually agreed, or if there is coercion or abuse
- the benefits of informing their GP and the case for discussion with a parent/carer
- any other counselling or support needs.'¹⁶

So, although they will always encourage a young person to talk to a parent/carer, health professionals can and do give advice and treatment without parental consent. Indeed, a health professional providing a sexual health advice service inside a school or in the community will not pass on any information to parents, or to the

school, about a young person's sexual history or attendance at a sexual health service. This includes under-16s. The duty of confidentiality still applies even if the health professional decides that the young person is not competent to consent and no treatment is given. But, like all children's services, health professionals have formal safeguarding and referral procedures that they must follow if they think there is a risk to the health, safety or welfare of a young person or others that is so serious it outweighs the young person's right to confidentiality.

How can confidentiality be protected when recording sensitive information about a young person?

Recent safeguarding guidance¹² recommends that all reported cases of concern around under-16 sexual activity are documented, including detailed reasons where a decision is taken not to share information. When confidential information is recorded, it is important to think about what information is being stored, where and for how long, who has access to it and in what circumstances, and to make sure that agreed procedures for recording, storing and retrieving this information are in line with the school's confidentiality policy.

Useful contacts and resources

Local services

Each local teenage pregnancy programme has developed a referral checklist for practitioners and service information for young people. This includes Connexions, statutory and non-statutory services, sexual health services, teenage pregnancy support workers and re-integration officers. For more information, contact your local teenage pregnancy coordinator. A list of local young people's services is also available on www.ruthinking.co.uk

National services

The [Sex Education Forum](http://www.sexeducationforum.org.uk) runs a moderated email network for all professionals aiming to improve the links between schools and sexual health services whether on- or off-site. For further details, contact Lucy Emmerson. Email: lemmerson@ncb.org.uk Tel: 020 7843 1164.

The [National Children's Bureau](http://www.ncb.org.uk) has produced a Spotlight briefing on PSHE and Confidentiality. Available from the PSHE Information Service at www.ncb.org.uk/library/pshecis Tel: 020 7843 1901.

Sexwise/Ruthinking – www.ruthinking.co.uk

Website of Sexwise, which offers a free confidential helpline 0800 28 29 30 providing advice on sex, relationships and contraception to under 18s. Open 7am to midnight, seven days a week. Calls from landlines are free and won't appear on itemised bills. Calls from mobiles will vary in cost and may appear on bills. The website has advice on contraception, sexual health and STIs, the law, relationships, and sections for boys and girls.

AVERT – www.avert.org.uk

AVERT is an HIV/AIDS charity. The website includes information on HIV, AIDS and other STIs, relationships, contraception and the law.

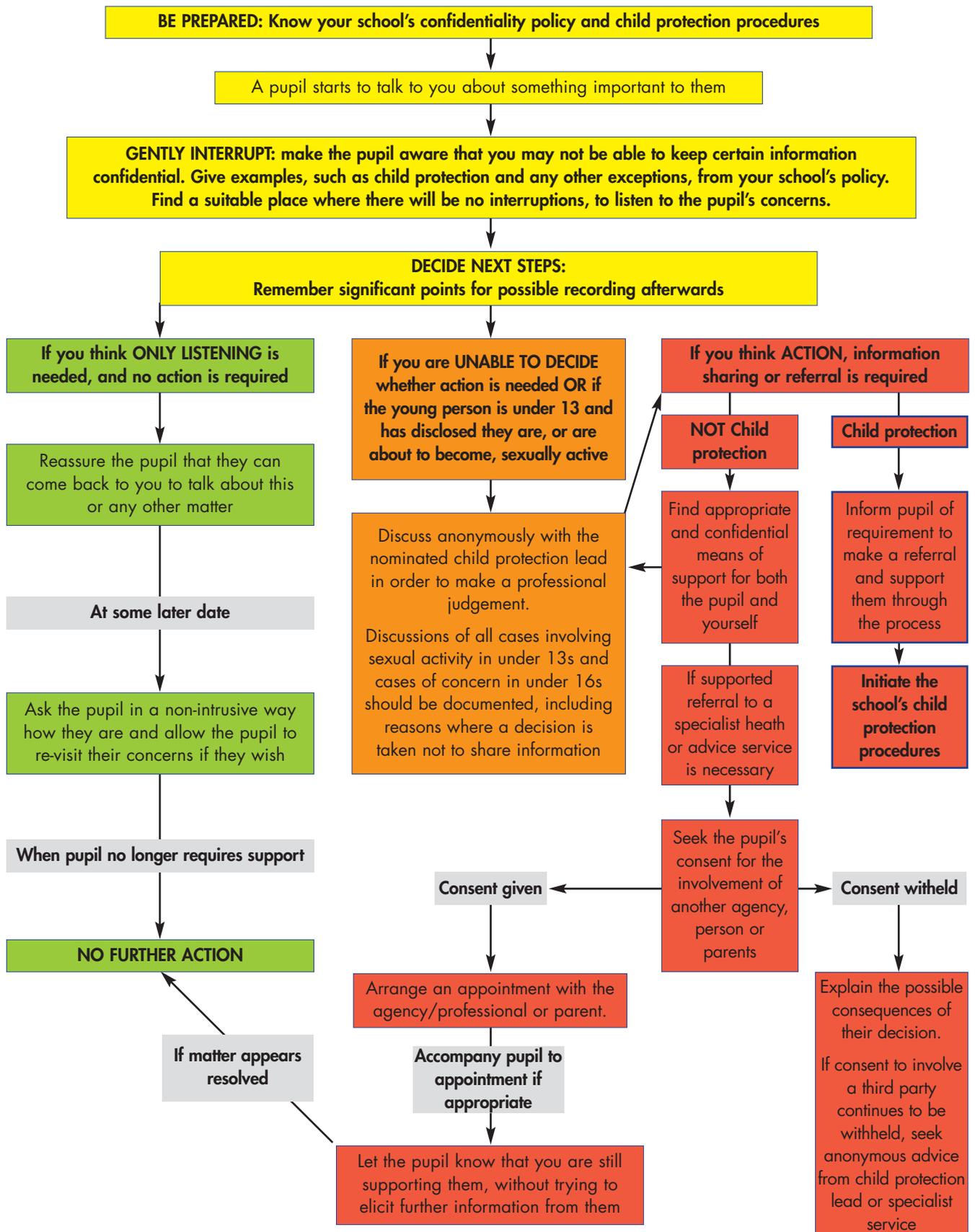
Brook – www.brook.org.uk

There are 17 Brook Centres around the UK offering free and confidential sexual health advice and contraception to young people under the age of 25. They also provide a free confidential telephone helpline, online enquiry and text messaging service, providing sexual health information and details of nearest services. The helpline 0800 018 5023 is open 9am to 5pm, Monday to Friday.

When providing advice or treatment to under-16s, it is considered good practice for doctors and health professionals to follow criteria known as the **Fraser Guidelines** to help them decide if a young person is able to consent to treatment:

- The young person understands the health professional's advice.
- The health professional cannot persuade the young person to inform his or her parents, or allow the health professional to inform the parents, that he or she is seeking contraceptive advice.
- The young person is very likely to begin or continue having intercourse with or without contraceptive treatment.
- Unless he or she receives contraceptive advice or treatment, the young person's physical or mental health, or both, are likely to suffer.
- The young person's best interests require the health professional to give contraceptive advice or treatment, or both, without parental consent.¹⁶

Dealing with disclosures of personal information



Bpas – www.bpas.org

Bpas is the leading private provider of abortion services in the UK, with a national network of consultation centres and clinics. For more information on their services, call the national Actionline on 08457 30 40 30.

ChildLine – www.childline.org.uk

ChildLine 0800 1111 is the free 24-hour confidential helpline for children and young people in the UK. Counsellors offer help, advice and support to children calling about any issue, and can also put young people in touch with resources and further information, including local sources of help and advice.

fpa – www.fpa.org.uk

fpa produces a range of leaflets for young people from age nine upwards, resources for use in SRE, and offers training for professionals, including in the delivery of SRE. Their telephone helpline 0845 122 8690 for young people, their parents and professionals is open Monday to Friday 9am to 6pm.

Gay Youth UK – www.gayyouthuk.org.uk

Charity providing information and advice for gay, lesbian, bisexual and transgender youth. Sections on safe sex and STIs, the law, homophobia, coming out and religion. Listings of youth groups and chat forums. Questions can be submitted by email.

NSPCC – www.there4me.com

The website is for all 12- to 16-year-olds living in England, Wales, Northern Ireland and the Channel Islands to help them find solutions to concerns they may have about sex, bullying, exams etc. Child protection helpline 0800 800 5000 is also available for children and adults.

Like It Is – www.likeitis.org.uk

Website run by Marie Stopes International, with sections on puberty, contraception, STIs, pregnancy, peer pressure, periods and sexual orientation. Includes list of sources of help and advice. For details of Marie Stopes centres, and contraception and abortion advice, call 0845 300 8090.

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