

Information Sharing

1. Purpose:

1.1. The information sharing policy provides employees with practical advice and guidance to enable appropriate confidential information sharing between Ormiston Families, its service users and partner agencies.

2. Persons affected:

2.1. The information sharing policy applies to all Ormiston employees and volunteers.

3. Policy:

3.1. Ormiston Families believes that information sharing is essential to enable early intervention. Such interventions help children, young people and families who need additional services to achieve positive outcomes and reduce inequality. Interventions could include:

3.1.1. additional help with learning,

3.1.2. accessing specialist mental health services,

3.1.3. help and support to move away from criminal or anti-social behaviour, or

3.1.4. support parents in developing parenting skills.

3.2. Information sharing is also vital to safeguarding and promoting the welfare of children, young people and families through the accurate recording, sharing and understanding of information and taking appropriate action in relation to known or suspected abuse.

3.3. Ormiston Families employee will explain to children, young people and families at the outset, openly and honestly, what and how information will or could be shared and why, and seek their agreement to do so.

3.3.1. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or if it would undermine the prevention, detection or prosecution of a serious crime.

3.4. Ormiston employees will ensure that any information shared is:

3.4.1. accurate and up to date;

3.4.2. necessary for the purpose for which it is being shared;

3.4.3. shared only with people who need to see it; and

3.4.4. shared securely.

3.5. Ormiston employees will always record the reasons for their decision in the child/young person's case file whether the decision is to share information or not.

3.6. Whilst maintaining confidentiality with the child/young person being worked with, employees will be encouraged to share the information being discussed with their parents/carers if this is felt to be appropriate.

3.7. Ormiston employees will always consider the safety and welfare of a child, young person or other member of a family when making decisions on whether to share information about them. Where there is concern that the child, young person or other member of a family may be suffering or is at risk of

suffering significant harm, the child, young person or family member's safety and welfare will be the overriding consideration.

- 3.8. Ormiston employees will, wherever possible, respect the wishes of children, young people or families who do not consent to share confidential information.
 - 3.8.1. However, information may still be shared if, in their judgement on the facts of the case, there is sufficient need to override that lack of consent.
- 3.9. Ormiston employees will seek advice when in doubt, especially where their doubt relates to a concern about possible significant harm to a child or serious harm to others. The sharing of information will always be done in the best interest of the child/young person and their family, adherence to legislation and in accordance with the Caldicott Guardian's principles.
- 3.10. If confidentiality is to be broken, employees will share the information in line with Ormiston Families Data Protection and Information Sharing policies. The decision to release information should be recorded as follows:
 - 3.10.1. what information was provided and to whom;
 - 3.10.2. the reasons why it was shared;
 - 3.10.3. evidence that a thorough risk assessment was undertaken;
 - 3.10.4. who authorised the disclosure of the record.
- 3.11. Ormiston Families acknowledges that as children and young people mature, they are able to take more responsibility for their own decisions about confidentiality.
 - 3.11.1. Children and young people have a right to confidentiality if there is no risk of serious harm to themselves or any other person, but Ormiston Families encourages employees to support the child or young person to talk with their parents/carers about all issues.
 - 3.11.2. The exception to this is where a learning disability impairs an individual's capacity to consent.
 - 3.11.3. If a young person is *Gillick* or *Fraser competent* in the case of access to contraception and other health care, their decision overrides that of their parents/carers.
- 3.12. Ormiston Families expects employees to respect everyone's right to confidentiality and preserve confidence. All personal information must be treated with care and kept securely. This means not disclosing it to people who do not need to know.
- 3.13. In normal circumstances, the child/young person who is the subject of the information will be required to give consent before information about them can be shared. The consent of the provider of the information may also be required.
- 3.14. Irrespective of the age and level of maturity of the child/young person, if information is disclosed which indicates that the child/young person involved (or another person) is at serious risk of harm, then confidentiality cannot be preserved as safeguarding procedures take precedence.
- 3.15. All service users (and their families, where appropriate) should be made aware of the level of confidentiality offered by employees working with them. This will include:
 - 3.15.1. what information will be recorded;

- 3.15.2. where and for how long it will remain recorded;
- 3.15.3. the circumstances in which it may be shared with other people;
- 3.15.4. the other people and agencies who may have or obtain access to the information; and
- 3.15.5. the reasons for all the above.

3.16. Ormiston Families will ensure that privacy statements will be publicised through information on the service provided, its websites, leaflets, posters and handbooks.

4. Definitions:

- 4.1. **‘Gillick’ or ‘Fraser’ competent:** In UK law, a person’s 18th birthday draws the line between childhood and adulthood. However, the right of younger children/ young people to provide independent consent is proportionate to their competence but a child/young person’s age is an unreliable predictor of his or her competence to make decisions.
 - 4.1.1. A judgement in the House of Lords in 1983 laid down the criteria for establishing whether a child/young person, irrespective of age, had the capacity to provide valid consent to treatment in specified circumstances.
 - 4.1.2. In 1985 these were approved by the House of Lords and became known as the Gillick Test.
 - 4.1.3. The criteria in the test for Gillick competence have provided professionals working with children/young people with an objective test of competence. This identifies children/young people under 16 who have the legal capacity to consent to medical examination and treatment, providing they can demonstrate sufficient maturity and intelligence to understand and appraise the nature and implications of the proposed treatment or action, including the risks and alternative courses of action.
 - 4.1.4. Lord Fraser’s guidance is narrower and relates only to confidential contraception and sexual health advice.
- 4.2. Both Gillick competence and the Fraser Guidelines are now frequently used as a benchmark for employees making decisions about whether a child/young person has the right to own their own consent and to have more control over who can be told what about their confidential information. In practice, this means they must consider carefully whether any young person aged 12 or over, possibly younger in some cases, is Gillick or Fraser competent.
 - 4.2.1. A child/young person with learning difficulties or disabilities is just as likely as any other to be Gillick or Fraser competent.
- 4.3. To ascertain whether a child/young person on an occasion has sufficient understanding to consent - or refuse to consent - to the sharing of information about them employees need to consider:
 - 4.3.1. can the child/young person understand the question you are asking of them, having used appropriate age and ability-related language or preferred mode of communication?
 - 4.3.2. does the child/young person have a reasonable understanding of:
 - 4.3.2.1. what information might be recorded/shared?
 - 4.3.2.2. the reasons why this happens?
 - 4.3.2.3. the implications of information being recorded or shared?
 - 4.3.3. Additionally, can the child/young person:
 - 4.3.3.1. appreciate and consider alternative courses of action open to them?

- 4.3.3.2. weigh up one aspect of the situation against another?
- 4.3.3.3. express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
- 4.3.3.4. be reasonably consistent in their view on the matter, or are they constantly changing their mind?

4.4. **Caldicott Guardian:** A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

4.4.1. The Caldicott Guardian plays a key role in ensuring that the National Health Service (NHS), councils with social services responsibilities and partner organisation's satisfy the highest practical standards for handling patient-identifiable information. The Caldicott Guardian actively supports work to facilitate and enable information sharing and advises on options for lawful and ethical processing of information as required.

4.4.2. The Caldicott Guardian also has a strategic role, which involves representing and championing Information Governance requirements and issues at board or management team level and, where appropriate, at a range of levels within the organisation's overall governance framework.

4.5. **Consent:** Any freely given specific and informed indication of his or her wishes by which the data subject signifies his or her agreement to personal data relating to him or her being processed. Consent can be withdrawn after it has been given. Where data is 'sensitive', express consent must be given for processing this data.

4.6. **Data Subject Access Request:** The right of an individual to inspect all personal data relating to him or her held by a data controller. The data controller must produce the requested information in an intelligible and, unless this is impracticable, permanent format

4.7. **Distancing techniques:** Distancing techniques depersonalise the situations under discussion. Being in a role, empathising with a character or speaking in response to the actions of others (real or imaginary) allows children or young people to explore their feelings about issues safely, because they are not speaking or acting as themselves.

4.7.1. Distancing techniques such as media portrayals, TV storylines and/or the exploration of options and consequences for a third-person, help children and young people share their feelings without attracting personal feedback and help employees to become more confident about discussing sensitive topics.

5. Responsibilities:

5.1. All employees providing a service to children, young people and families have a duty to record information about meetings, telephone calls, interviews and correspondence received, etc.

5.1.1. The law says that everyone who is given a service should be able to see a written record of decisions which are taken concerning them and why those decisions have been taken.

5.1.2. This information should be kept securely and confidentially and each record should describe the service given only to one person, so that person can ask to see the information that is kept on them.

- 5.2. All records kept by employees should include:
 - 5.2.1. the dates and times of any meetings, telephone conversations, letters sent and received (with actual copies kept);
 - 5.2.2. a short account of the nature of the discussion and any decisions made.
- 5.3. If a request is received to share information, employees will follow the process outlined in Appendix C: Flowchart of when and how to share information.
- 5.4. Every child/young person has the right to ask for their record to be deleted if it is not subject to a statutory service.
 - 5.4.1. If this occurs, it is the responsibility of the person working with them to point out that such an action will probably adversely impact on the services offered to them.

6. Procedures:

- 6.1. When **seeking information**, employees must explain the purpose for which information is being sought.
 - 6.1.1. Information which is obtained for one purpose may not generally be used for another without first informing the child/young person of the planned change in use, and if possible, obtaining their consent to this subsequent use.
 - 6.1.2. The exception to this is where to do so would put that child/young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime, including where seeking consent might lead to interference with any potential investigation.
- 6.2. Employees must make it clear to children and young people that they cannot offer unconditional **confidentiality**.
- 6.3. When talking with children and young people, it is important for employees to maintain their professional boundaries.
 - 6.3.1. Whilst being supportive where they can, distancing techniques should be used as and when appropriate and children/young people should be encouraged or supported to access confidential services if that is felt to be more appropriate to their needs.
- 6.4. Children and young people should be aware that if there is a Child Protection issue where they (or others) are likely to be at risk of significant harm, employees are under a legal duty to follow safeguarding procedures and cannot offer confidentiality.
 - 6.4.1. It is important that each practitioner deals with such occurrences sensitively and explains to the child/young person that they must inform the appropriate people who can help them, but that they will only tell those who need to know.
- 6.5. Employees can only offer confidentiality to children and young people on issues that do not involve significant illegal activities, e.g. drug trafficking or sexual abuse, etc. If the conversation begins to move to this kind of issue, the child/young person must be warned that confidentiality cannot be guaranteed.
- 6.6. In all cases where employees feel that they must **break confidentiality** with the child/young person, they must inform the child/young person and reassure them that their best interests will be maintained.

- 6.6.1. In talking with children and young people, the practitioner needs to encourage them to talk to their parents/carers about the issue that may be troubling them and support them in doing this, where appropriate and/or will not place them at risk of significant harm.
- 6.6.2. Children and young people should be made aware of the specialist confidential services that may be available, such as counsellors, youth support workers, doctors and young people's drop-in advice services.
- 6.6.3. All employees should be aware that health services can offer confidential support and services (including contraception) to pupils under the age of 16 providing they follow the Fraser Guidelines.
- 6.7. When **recording information**, employees must explain to the child/young person and, if appropriate, any adult with parental responsibility:
 - 6.7.1. the purpose for which the information is being recorded;
 - 6.7.2. where and for how long the record will be kept;
 - 6.7.3. the circumstances in which it may be shared with other people;
 - 6.7.4. any other people and agencies who may have or may be given access to the information.
- 6.8. All meetings with children/young people and their families should be recorded appropriately. However, there are times when the interaction with the child/young person or their family/carer is more informal and employees need to decide whether they require consent to record the information obtained.
 - 6.8.1. If in doubt, the issue should be discussed with a line manager or supervisor.
- 6.9. If **consent** is felt to be required, employees will need to decide whether the child/young person is Fraser competent and can give their own consent to the information being recorded and potentially shared.
- 6.10. Unless there are compelling safeguarding reasons, children under 13 years of age should not be offered support without the consent of their parent or carer.
 - 6.10.1. If a service manager together with the appropriate Service Director believes that a child below the age of 13 needs to receive support without parental consent, they must refer the case to the Operations Director.
 - 6.10.2. The Operations Director may liaise with Ormiston's Safeguarding Advisory Group before deciding if it is appropriate to support the child, or whether support can best be provided by another agency.
 - 6.10.3. In some circumstances another adult, such as a Social Worker, will be asked to consent to the planned interventions.
- 6.11. If a young person aged 13 or over requests support from Ormiston Families without their parent's consent employees must assess that the young person is Fraser Competent prior to any work commencing.
- 6.12. When deciding whether a child or young person is Fraser competent employees will complete a **Fraser Competency Form** (cf. Appendix 1).
 - 6.12.1. Employees should record any specific risks that the young person may be exposed to if they do not receive support (e.g. increasing self-harm) the options discussed with the young person and any reasons they have given for not wanting to involve their parents or carers in their planned support.

- 6.13. If the child/young person **is not Fraser competent**, consent to record and share information is decided by those with parental responsibility.
- 6.13.1. If parental consent is required, that of one parent is sufficient. If they are separated or divorced, the consent of the parent holding parental responsibility would usually be obtained.
- 6.13.2. In cases of family conflict, employees will need to consider which parent to approach and in most cases management advice should be sought.
- 6.14. If the child/young person **is Fraser competent**, the completed Fraser Competency Form should be presented at the front of the client file.
- 6.14.1. If a service manager is unavailable, employees should share and discuss the completed form with another appropriate professional.
- 6.14.2. The form should then be counter-signed by the service manager at the next supervision/case management meeting.
- 6.15. All reported cases of concern around under-16 sexual activity will be documented, including detailed reasons for the decision when it is decided not to share information.
- 6.16. Employees are not legally permitted to keep any unofficial file notes. Examples of these would include records such as unofficial diaries or case notes and/or additional folders/notes on computers. The only notes to be recorded must be on official systems designed for that purpose or structured files held securely within the appropriate team/service.
- 6.17. **All records need to be relevant, brief, accurate and to the point.** Facts should be recorded, not opinions or guesses. The only opinions recorded should be formal professional judgements which employees would be willing to share with the child/young person or their family.
- 6.18. Any person recording information should do so in agreement with the child/young person. They should try to agree with them a phrase with which they are both happy. For example, in a discussion with a 15- year-old boy who thinks he might be gay but does not want anyone else to know at this stage, it might be recorded as a discussion about sex and relationship issues.
- 6.19. It should be remembered that children/young people (and their parents/carers in some circumstances) have a legal right of access to see their files.
- 6.20. If a young person is sexually active, employees should record information about young people under 13 who have been involved in sexual intercourse or other sexually intimate behaviour, discuss this with their line manager and make a referral to Social Care Services in accordance with Ormiston's Safeguarding Children, Young People and Families policy.
- 6.21. Ormiston employees will follow the recommendation of *Working Together to Safeguard Children* and use the following protocol for reporting under-18 sexual activity.
- 6.21.1. It is a criminal offence for anyone to have any sexual activity with a child **aged 12** and any such circumstances must be referred to Social Care Services in accordance with Ormiston's Safeguarding policy.

- 6.21.2. It is an offence for anyone to have any sexual activity with a person **under the age of 16**. However, employees should note Home Office (2004.3¹) guidance that states that there is no intention to prosecute teenagers under the age of 16 where:
- 6.21.2.1. both mutually agree, **and**
 - 6.21.2.2. where they are of a similar age, **unless**
 - 6.21.2.3. it involves abuse or exploitation.
- 6.21.3. It is an offence for a person aged 18 or over to have any sexual activity with a person **under the age of 18** if the older person holds a position of trust (for example a teacher or social worker).
- 6.21.4. When working with young people aged under 18, employees will record if the person is sexually active and exercise their professional judgement as to whether any incidence of sexual activity should be treated as a safeguarding issue (see 6.21.2 above and 6.21.6 below).
- 6.21.5. There is no need to record all the details of a young person's sexual activity, only information relevant for their welfare.
- 6.21.6. For further advice and guidance, please refer to Appendix B: Guidance on safeguarding sexually active young people.
- 6.22. Recorded information should not be kept any longer than necessary for the purpose for which the information was originally obtained. Any destruction of records should be in accordance with Ormiston's *Records Management* policy.
- 6.23. Employees need to explain to children and young people that they have a right to see their files, subject to other people's rights to keep their information private.
- 6.24. This right to see information is known as a **Subject Access Request (SAR)**.
- 6.24.1. Subject Access Requests should be made in writing and addressed to the Operations Director. A statutory £10 fee is payable for all access to records applications. Please refer to section 7 of Ormiston Families' *Records Management* policy for further information, advice and guidance on responding to Subject Access Requests.
 - 6.24.2. Parents/carers have a right to see educational records until a young person reaches the school leaving age of 16 under the Educational Records Act 1989. This Act is specific to the curricular activity of the young person and does not cover wider records which might include pastoral care.
- 6.25. **Information sharing** must be done in a way that is compatible with the Data Protection Act, the Human Rights Act and the common law duty of confidentiality.
- 6.25.1. A concern for confidentiality must **never** be used as a justification for withholding information when it would be in the child/young person's best interests to share information.
- 6.26. When **deciding to share information** Employees must consider the welfare and safety of the child/young person. When deciding, Employees should follow the process summarised in Appendix C: Flowchart of when and how to share information and consider the following questions prior to sharing any information:
- 6.26.1. Is there a clear and legitimate purpose for sharing information?
 - 6.26.2. Is the information confidential or particularly sensitive?

¹ Home Office, Children and Families: Safer from Sexual Crime – The Sexual Offences Act 2003, London: Home Office Communications Directorate, 2004.

- 6.26.3. Has the child/young person or person with parental responsibility been told that their information may be shared in this way, why and with whom?
 - 6.26.4. Have they agreed to sharing?
 - 6.26.5. Should they be asked for consent? (it may not be appropriate to ask for consent if the information is to be shared anyway; in some cases it may even be dangerous to ask for consent.)
 - 6.26.6. Is there concern that the child/young person may be suffering or at risk of significant harm?
 - 6.26.7. Is there a risk that another person may suffer serious harm?
 - 6.26.8. Would withholding the information undermine the prevention, detection or prosecution of a crime?
- 6.27. If consent is not forthcoming or cannot be obtained, Employees should consider the reasons:
- 6.27.1. to share, such as protection of the child/young person or another person, or for the prevention of crime and disorder.
 - 6.27.2. not to share, including the public interest in maintaining public confidence in the confidentiality of information held by their organisation whether the proposed sharing is a proportionate response to the need.
- 6.28. If **a decision is made to share information**, Employees should consider who should receive the shared information and how much information it is necessary to share.
- 6.29. The information shared must be:
- 6.29.1. accurate – check first if necessary;
 - 6.29.2. up-to-date;
 - 6.29.3. necessary for the purpose for which it is being shared;
 - 6.29.4. shared only with those people who need to know;
 - 6.29.5. shared securely. For example, this might include not mentioning the name of an individual in the e-mail header; phoning someone to say you are about to send them a confidential fax;
 - 6.29.6. double enveloping and marking the internal envelope Confidential and for the attention of xxxxxxxx.
- 6.30. Employees should not e-mail confidential information to people outside their secure networks.
- 6.31. Employees should establish with the recipient of the information whether they intend to pass it on to other people and ensure they understand the limits of any consent which has been given.
- 6.32. The subject of the information and, if different, the provider of the information should generally be told of the sharing if it is safe to do so.
- 6.33. The reasons for sharing or not sharing information must be recorded. If information is shared, the record must include which information was shared, when and with whom.
- 6.34. The decision to share or not to share information about a child/young person should always be based on professional judgement.



6.35. The lack of an information sharing agreement between agencies should never be a reason for not sharing information that could help a practitioner deliver services to a child/young person.

6.36. Employees will seek advice from a Service Director or equivalent before disclosing information to the police, court officials, legal Employees or claimants/defendants.

7. **Document Approval:** Allan Myatt, Operations Director, February 2017

8. **Revision History:** February 2017 | September 2019

9. **Date of Review:** February 2020

Appendix A: Fraser Competency Form

Professionals working with young people need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm. Ormiston Families staff will ensure that safeguarding and child protection is paramount and that Fraser Competency should not be seen as justifying any actions that conflict with policies and procedures relating to Safeguarding.

Ormiston Families recognises that there are times when a young person 13 years and over may seek support from us without their parent's consent. Ormiston Families' employees will always encourage parental involvement (where appropriate) in all its interventions. However, we recognise that some young people may specifically request our support without their parent's knowledge and/or consent.

In these instances, we will seek to ensure the young person is Fraser Competent using the form below prior to any work commencing. The form must always be signed by 2 professionals.

Key factors to be considered in the assessment of Fraser Competency are:

Has the young person explicitly requested that you do not tell their parents/carers about their circumstances and any interventions that they may receive?

Yes/No

Have you done everything you can to persuade the young person to involve their parent(s)/carer(s)?

Yes / No?

Does the young person understand the advice/information they have been given?
Are they sufficiently mature enough to understand what is involved or what the implications may be?

Yes / No

Can they comprehend and retain information relating to the intervention being offered? In particular, are they able to make an informed decision about the choices available to them?

Yes / No



Are they able to consistently communicate their decision and reason(s) for it?

Yes / No

Are you confident that the young person is making the decision for themselves and not being coerced or influenced by another person/people?

Yes / No

Are you confident that you are safeguarding and promoting the welfare of the young person?

Yes / No

Client has specifically requested the support of an Ormiston Families intervention without the consent of a parent/carer

Date: Signature:

On the following professionals agree that the young person is Fraser Competent and that they can receive support from Ormiston Families without parental/carer consent.

Name: Job Title:

Name: Job Title:

For audit and quality assurance purposes this form should be presented at the front of the client file and signed off by a line-manager at supervision/case management.

Line Manager: Date:

Appendix B: Guidance on safeguarding sexually active young people.

- Introduction:
 - While the age at which young people can legally have sex is 16, in practice, many young people have sex before this age. This guidance document aims to highlight some of the issues around supporting young people who choose to have sex and to help practitioners identify situations which may suggest that the young person is at risk of harm.
 - This policy must be read in conjunction with the Safeguarding Children, Young People and their Families policy.
 - The principles of this policy may also apply to vulnerable adults who are sexually active.

- Age of Consent:
 - The Sexual Offences Act 2003 classifies penetrative sex with a child under 13 as rape, because children below this age are not considered to be legally capable of consenting.
 - While the legal age of consent to any form of sexual activity is 16, it is illegal for an adult in a position of trust (such as a teacher or a social worker) to have sex with a young person between the ages of 16 and 18.

- Gillick Fraser Competency:
 - Victoria Gillick took her local health authority to court in 1985 to try to stop doctors prescribing contraception to girls under the age of 16 without their parents' knowledge. The case went to the High Court but failed because the judge said that some young people can make informed decisions. A set of criteria for assessing a young person's competence came out of this case. These criteria are sometimes referred to as Gillick Competency and sometimes as Fraser Guidelines (after the judge).
 - The judge in the Gillick case decided that a child or young person was competent to make their own decisions regarding contraception if it could be shown that he/she:
 - ☐ understands the advice provided;
 - ☐ cannot be persuaded to inform their parents that they are seeking contraceptive advice;
 - ☐ is very likely to continue having sexual intercourse with or without contraceptive treatment;
 - ☐ unless he/she receives contraceptive advice or treatment his/her physical or mental health or both are likely to suffer;
 - ☐ best interests require contraceptive advice, treatment or both to be given without parental consent.
 - Although this case originally related to a specific medical concern, it has been used more widely to protect the right of children and young people to make their own, informed, decisions about their lives.
 - ☐ Gillick competency should, for example, be used to decide whether the young person's parents or carers should be told that they are sexually active.

- Risk Assessing:
 - If a practitioner becomes aware that a young person under 16 is sexually active, they must (while respecting the young person's right to privacy) try to find out whether the relationship is abusive.
 - The following factors should be taken into consideration when assessing whether a young person is at risk of harm:
 - ☐ whether the young person understands and can consent to the sexual activity;

- any imbalances of power between the young person and their partner;
 - whether overt aggression, coercion or bribery was used to persuade the young person to have sex, or whether alcohol or drugs were used as a disinhibitor;
 - whether the young person's own decision to use drugs or alcohol influences their ability to make informed choices about the sexual activity;
 - whether there are any attempts to keep the sexual activity secret (beyond what is usual for teenage relations);
 - whether the sexual partner is known to have engaged in abusive or harmful behaviour in the past;
 - whether sex has been used to gain favours or gifts;
 - the young person's attitude to the concerns - whether they are willing to accept help and advice.
- o Any sexual activity with a child under the age of 13 must be treated as abuse and referred to Social Care Services accordingly. This also applies to sexual relations between a young person under the age of 18 and an adult in a position of trust such as a teacher or social worker.
- Recording and Monitoring
 - o Practitioners who are made aware that a young person is sexually active must record this information in the young person's file. They should also record their assessment of whether the sexual activity is harmful or abusive and the reasons for their assessment in accordance with the Information Sharing policy.

- Making Referrals:
 - If a practitioner believes that a sexually active service user is at risk of harm, they must follow the Safeguarding Children, Young People and Families policy.
 - They should record their concerns in the service user's file and discuss their concerns with their manager (or use the Management Support Rota if their own manager is unavailable).
 - If a referral is made either to the police, Social Care Services (or both), a copy of the referral paperwork must be kept in the service user's file.
 - The practitioner and service manager must decide whether the young person's parents or carers should be informed about their concerns (and the referral, if one has been made).
 - If the young person does not give their consent for the information to be shared with their parents or carers, this should be respected unless the service user can be shown not to be competent to make this decision (see Fraser Competency).

- Signposting:
 - Practitioners must not offer young people advice about contraception or sexual health unless they have received specific training to do so.
 - Practitioners should ensure that they are aware of the sexual health services available for young people in their area and signpost young people to an appropriate service.

Appendix C: Flowchart of when and how to share information

