Young people and sexuality policy 2017

FPA believes that a positive attitude towards young people’s sexuality and relationships is at the core of promoting good sexual health. Young people must be able to access sexual health information and services that meet their needs.

Our beliefs about young people

1. FPA believes that young people need to be equipped with the knowledge and skills to develop sexual behaviour that is safe and enjoyable for them and their sexual partners.
2. FPA believes that young people’s sexual development is often perceived in a negative way and should instead be viewed positively.
3. FPA believes that all sexual health service providers, including general practice, contraception and genitourinary medicine (GUM) clinics, young people’s services and support services, must ensure that they are accessible, appropriate and welcoming to young people and should offer high-quality, confidential services.
4. FPA believes that the sexual health needs of young people are best served by multi-agency and multi-disciplinary approaches, and that young people should be fully consulted in the development of services.
5. We believe that protecting confidentiality is key in protecting young people’s welfare. FPA is committed to the principle that under-16s – including those under 13 – should be able to get confidential sexual health advice and treatment, and we believe that professionals working with young people must protect their right to confidentiality in all but the most exceptional cases.
6. FPA supports young people’s right to decide whether to continue or end a pregnancy. Young people who decide to become parents deserve to get the best support available and are damaged by negative stereotypes of teenage parents.

Why we believe this

1. **FPA believes that young people need to be equipped with the knowledge and skills to develop sexual behaviour that is safe and enjoyable for them and their sexual partners.**

We believe the best way to ensure that young people are equipped with the knowledge, skills and attitudes they need to develop safe and enjoyable sexual behaviour is through statutory, age-appropriate sex and relationships education (SRE). Evidence consistently shows that school-based SRE helps to keep young people safe and healthy; for example, the British Medical Journal published a
study, which showed that young people (particularly young women) who had learned about sex and relationships mainly at school were less likely to report poor sexual health outcomes.¹

FPA also recognises the important role of parents in providing young people with these skills. Through our work with parents on our Speakeasy project, we know that parents often need training in order to overcome gaps in knowledge, embarrassment or awkwardness when they talk about sex and relationships with their children, which is why support from schools would be welcomed by parents. A Sex Education forum survey found that seven out of 10 parents of primary-aged children would welcome support from their child’s school about how they can talk to their child about growing up.²

We believe the best way to ensure a high-quality, consistent standard is by making SRE statutory, enacting legislation to ensure that all schools across the UK are required to teach comprehensive SRE.

2. **FPA believes that young people’s sexual development is often perceived in a negative way and should instead be viewed positively.**

Young people are subjected to extensive social and cultural norms, which influence sexual behaviour. Studies have shown that engagement in sexual risk-taking behaviour is often based on a belief that peers are engaging in similar behaviour.³ Initiatives such as the Women and Equalities Select Committee inquiry into sexual harassment in schools consistently demonstrate the importance of education in providing young people with the skills they need to challenge expectations related to gender and sexuality.⁴

FPA recognises the importance of protecting children and young people from unwanted and inappropriate sexual activity. We also believe that young people should be able to make informed choices about their own sexual behaviour, making their own decisions rather than doing what they feel is expected of them. This should be reflected in education and criminal legislation.

Young people’s sexual experimentation is one step in the process of forming an adult identity, but it is relatively unusual for it to be viewed in such terms. Crown

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¹ Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) (British Medical Journal, 2015) [http://bmjopen.bmj.com/content/5/3/e007837.full](http://bmjopen.bmj.com/content/5/3/e007837.full)

² Parents support sex and relationships education at primary school (Sex Education Forum, 2014) [www.sexeducationforum.org.uk/policy-campaigns/parents-want-sre.aspx](http://www.sexeducationforum.org.uk/policy-campaigns/parents-want-sre.aspx)

³ Adolescent Susceptibility to Peer Influence in Sexual Situations (Journal of Adolescent Health, 2016) [www.jahonline.org/article/S1054-139X(15)00671-0/abstract?cc=y](http://www.jahonline.org/article/S1054-139X(15)00671-0/abstract?cc=y)

Prosecution Service guidance says that ‘consensual sexual activity between, for example, a 14 or 15 year-old and a teenage partner would not normally require criminal proceedings in the absence of aggravating features’. However, the fact that UK legislation (including the Sexual Offences Act 2003, Sexual Offences (Northern Ireland) Order 2008 and Sexual Offences (Scotland) Act 2009) technically criminalises all sexual activity for people under-16 feeds into a culture in which young people’s sexual experimentation is viewed with fear and confusion.

3. **FPA believes that all sexual health service providers, including general practice, contraception and genitourinary medicine (GUM) clinics, young people’s services and support services, must ensure that they are accessible, appropriate and welcoming to young people and should offer high-quality, confidential services.**

Young people bear the burden of poor sexual health. Public Health England (PHE) data shows that young people have the highest rates of chlamydia, genital herpes and genital warts. Among heterosexually diagnosed in sexual health clinics, 16 to 24-year-olds made up 62% of chlamydia diagnoses. This age group also accounted for 52% of gonorrhoea, 51% of genital warts, and 41% of genital herpes diagnoses.

In order that young people rapidly receive treatment and support, services should ensure that they are open at appropriate times, and all staff must be trained to understand the needs of young people, including those under-16. Schools, as well as carers and other professionals, should ensure that young people know how and where to access services. Confidentiality is particularly important to young people, so services must both offer and advertise the fact that information will only be shared in cases where it is necessary for safeguarding.

4. **FPA believes that the sexual health needs of young people are best served by multi-agency and multi-disciplinary approaches, and that young people should be fully consulted in the development of services.**

The first independent visit that a young person will make to a healthcare service may well be to discuss sexual health. Research shows that this is a critical period, where future patterns of adult health are established. Therefore, if young people have a positive experience it encourages the development of healthy habits across their life course.

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Often young people are not fully involved in service-design and decision-making. We believe they should have the right to make decisions about the services they want and need. When young people’s views are taken into account, services are likely to better reflect their needs.

Services are also likely to be effective when they are multi-agency and multi-disciplinary. For example, this may mean signposting between school nurses and local young people’s services, or primary care and specialised support.

5. We believe that protecting confidentiality is key in protecting young people’s welfare. FPA is committed to the principle that under-16s – including those under 13 – should be able to get confidential sexual health advice and treatment, and we believe that professionals working with young people must protect their right to confidentiality in all but the most exceptional cases.

Evidence shows that young people worry a great deal about the confidentiality of sexual health services and that this is one of the main reasons why they fail to seek professional advice.\(^8\) If young people are denied access to confidential services, this closes off their opportunity to discuss sexual health and gain advice from trained health professionals, as well as making them more vulnerable to unwanted pregnancies and sexually transmitted infections (STIs). In addition, ensuring confidentiality means that those who are at risk or who are being exploited can start to disclose these issues to a trusted professional who, with time, can help them to deal with the situation.

Both the law and professional guidance are clear that young people, including those under 13, are entitled to confidentiality when accessing sexual health services and this needs to be advertised by sexual health services.

Health professionals in the UK must use the Fraser guidelines, which state that young people aged under 16 can access treatment, as long as it is in the patient’s best interests. Professional bodies recognise the importance of confidentiality, with General Medical Council guidance stating that ‘a confidential sexual health service is essential for the welfare of children and young people.’\(^9\) The British Medical Association states that ‘duty of confidentiality is owed to all children and young people. The duty owed is the same as that owed to an

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\(^8\) Confidentiality is essential if young people are to access sexual health services (International Journal of STDs and AIDS, 2006) [http://std.sagepub.com/content/17/8/525.short](http://std.sagepub.com/content/17/8/525.short)

adult.’ They add that a health professional can only disclose information if it is in the child’s best interests, including in cases of sexual health. This position is also supported by the Royal College of Nursing.

Where young people are using sexual health services, it is crucial that professionals do not confuse child protection issues with the normal sexual development of young people. FPA believes that professionals must be supported in making an expert judgement in each individual case based on their knowledge, skills and expertise as well as the facts of the case, but recognising that the younger the patient, the greater will be the concerns to ensure that the sexual activity is not abusive or coercive.

6. **FPA supports young people’s right to decide whether to continue or end a pregnancy. Young people who decide to become parents deserve to get the best support available and are damaged by negative stereotypes of teenage parents.**

Every young person should have the freedom and capacity to choose whether to be sexually active, use contraception or become pregnant and, if pregnant, whether to continue with the pregnancy.

The UK has one of the highest rates of births to under-18s in Western Europe. FPA wishes to see this rate reduced because evidence shows that teenage parents and their children are more likely to experience a range of long-term negative educational, social, health and economic outcomes. Social inequalities must be addressed to secure real freedom of choice for all young people.

For those young people who make the choice to become parents, support should be available. This should include the offer of parenting classes as flexible options that allow young people to continue in education as well as support from healthcare professionals.

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11 Safeguarding children and young people – every nurse’s responsibility (Royal College of Nursing, 2014) [https://www2.rcn.org.uk/__data/assets/pdf_file/0004/78563/004542.pdf](https://www2.rcn.org.uk/__data/assets/pdf_file/0004/78563/004542.pdf)

12 Live births women aged ‘Under 18’ and ‘Under 20’, (per 1,000 women aged 15 to 17 and 15 to 19) in EU28 countries, 2005, 2014 and 2015 (Office for National Statistics, 2016) [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/adhocs/006816livebirthstowomenagedunder18andunder20per1000womenaged15to17and15to19ineu28countriees20052014and2015](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/adhocs/006816livebirthstowomenagedunder18andunder20per1000womenaged15to17and15to19ineu28countriees20052014and2015)

13 Giving teenage mothers and young fathers the support they need (Public Health England, 2016) [https://publichealthmatters.blog.gov.uk/2016/05/20/giving-teenage-mothers-and-young-fathers-the-support-they-need/](https://publichealthmatters.blog.gov.uk/2016/05/20/giving-teenage-mothers-and-young-fathers-the-support-they-need/)

14 Teenage parents: respect their choices too (IPPF, 2013) [www.ippf.org/blogs/teenage-parents-respect-their-choices-too](www.ippf.org/blogs/teenage-parents-respect-their-choices-too)
Related FPA resources

- FPA’s sex and relationships education policy statement
- FPA’s older people policy statement

Further reading

- Children and young people’s health information, British Medical Association
- Giving teenage mothers and young fathers the support they need, Public Health England
  https://publichealthmatters.blog.gov.uk/2016/05/20/giving-teenage-mothers-and-young-fathers-the-support-they-need/
- Teenage parents: respect their choices too, IPPF
  www.ippf.org/blogs/teenage-parents-respect-their-choices-too