

Purpose

The purpose of this position statement is to clarify the role of paediatricians and provide advice for commissioners in relation to the provision of child protection / safeguarding health services for children aged 16 to 18 years.

Background and policy context

Health care provision for children and young people aged between 16 and 18 years varies across the NHS, and usually depends on the type of health issue and local service arrangements in place.

Individual NHS Trusts are able to determine how they deliver health care to children and young people in this age group; however this will depend on local contracts with commissioners.

Trusts should develop age/maturity/young person policies which take into consideration how appropriate either children's services or adult services are for each young person who can vary greatly in maturity and life experience.

For the provision of child protection services, health professionals have a responsibility to safeguard children and adolescents up to the age of 18 years.

- In England and Wales, a child is defined as anyone who has not yet reached their 18th birthday, with local guidance specifying that even if a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, it does not change his/her status or entitlements to services or protection^{1,2}.
- Similarly in Northern Ireland a child for the purposes of child protection procedures is anyone under 18 years of age³.
- In Scotland child protection guidance is designed to include children and young people up to the age of 18 however it also notes that where a young person between the age of 16 and 18 requires protection, services will need to consider which legislation, if any, can be applied⁴.

Implications for practice

Paediatricians have a duty to accept child protection referrals for children aged up to 18 years.

For sexual assault services, children and young people over 16 years¹ can be offered a choice as to whether they seen in an adult or paediatric service, however there should be paediatric input into ongoing care.

¹ Children under 16 may be seen in an adult context, as long as they have the prerequisite competences

Local commissioners or health boards must ensure that child protection health services for young people are adequately commissioned to support referrals from social care and self-referrals for young people up until 18 years of age.

Young people aged between 16 and 18 are potentially vulnerable to falling between the gaps and local services must ensure that processes are in place to enable staff to offer appropriate child protection support.

1. HM Government. Working Together to Safeguard Children and Young People. March 2013. <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
2. Welsh Assembly Government. Children and Young People: Rights to Action Safeguarding Children: Working Together Under the Children Act. 2004 <http://wales.gov.uk/pubs/circulars/2007/nafwc1207en.pdf?lang=en>
3. Department of Health, Social Services and Public Safety. Co-operating to Safeguard Children. May 2003. <https://www.dhsspsni.gov.uk/publications/co-operating-safeguard-children>
4. The Scottish Government. National guidance for child protection in Scotland. 2010. <http://www.scotland.gov.uk/publications/2010/12/09134441/0>