

Community Pharmacy Contraceptive Service

Young Persons Brief Screening Checklist

Use this checklist when providing contraceptive services to a young person (YP; individual aged 19 years or under) to help you explore issues around consent and safeguarding. It is recommended that a chaperone is offered to all young people accessing this service in line with the pharmacies chaperone policy.

General points

- Is the patient under 13 or pre-pubertal?
 - If 'Yes': service is not appropriate for this individual, the pharmacist should support them in accessing care in a more appropriate setting (e.g. Specialist Sexual Health Service).
- Is the YP attending alone?
- Are YP's parents aware of their sexual activity?
- Are YP's parents aware of their attendance at the pharmacy today?
 - If 'No': Advise YP you speak to their parents or another adult that they trust

Fraser Competence (Legally required for YPs aged under 16 years)

If the patient's parent / guardian is not aware of the proposed procedure, test or treatment you must be satisfied of the following to proceed:

- Are parents aware of sexual activity and attendance at the clinic? (*See above*)
- Is the YP mature enough to understand the implications of treatment / advice?
- Will the YP continue sexual activity with or without this intervention?
- Will the YP's general or physical health suffer without this intervention?
- Is this intervention in the YP's best interest, even without parental consent?

Sexual Exploitation Risk Indicators

The below questions can be useful to explore issues around safeguarding or sexual exploitation

1. Have you ever stayed out overnight or longer without permission from your parent(s) or guardian?
2. Is the age difference between you and your partner 4 years or more?
3. Does your partner stop you from doing things you want to do?
4. Thinking about where you go to hang out, or to have sex. Do you feel unsafe there or are you parent(s) or guardian worried about your safety?
5. Do you live with someone other than your parent(s) or guardian?
6. Does your parent / guardian or the person you live with have drug, alcohol and / or mental health problems?
7. Are you unable to, or not allowed to, go out with friends your own age?
8. Do you lack confidence or feel bad about yourself?
9. Have you ever felt the need to hurt yourself on purpose or starve yourself to make yourself feel better?
10. Do you drink alcohol to get drunk?
11. Do you see anyone for counselling or have extra support with your school work?
12. Have you ever been excluded from school or stayed off school without permission?
13. Does anyone physically or sexually hurt you or make you feel unsafe?
14. Have you ever had a relationship with someone you met on the internet?
15. Have you ever had a sexually transmitted infection, a pregnancy or had a pregnancy terminated?

A child protection referral should be made to Child Protection Services if:

- Answers of "Yes" are given to one or more of questions 1-4; *and/or*
- Answers of "yes" are given to **five** or more of questions 1-15

When used, add "**Young Person Screening Checklist completed**" to the 'additional notes' box in Choose Pharmacy notes, along with any important details that arise from this (e.g. that a referral has been made).