

**The Glasgow Protocol  
for  
Professionals Working with Young  
People Who Are Sexually Active**

**July 2012**

## **FORWARD**

Increasing numbers of young people are engaging in a range of sexual activity before the age of 16 years. The reasons behind this behaviour vary considerably. For some young people this will be mutually agreed activity: for others it may be a response to peer pressure or the result of abuse or exploitation. Young people who are sexually active will therefore present with differing needs. Consequently, services and professionals need to be appropriately equipped to recognise and respond to these differing needs.

In 2007, Glasgow's Child Protection Committee agreed a protocol to assist professionals to identify, assess and appropriately respond to young people if and when they become sexually active. This document has now been reviewed in the light of recent changes in legislation, associated national guidance and Child Protection guidance.

Professionals working with young people and/or their families have a duty of care to ensure that a young person's health, emotional and protection needs are considered in the context of their individual circumstances. This protocol provides guiding principles and criteria to assist professionals to make quality assessments and develop appropriate responses.

I hope that professionals from all agencies will find this helpful in improving our services for young people.

Donald Urquhart  
Independent Chair – Glasgow Child Protection Committee  
July 2012

## Background & Context

- i. Adolescence is a period of significant physical, cognitive and social change, in which young people begin to develop a growing sense of their individual identity and their sexuality. <sup>(1)</sup> Whilst generally a healthy population group, adolescence poses new challenges to health and development owing to young people's relative vulnerability and pressure from peers and elsewhere to adopt risk-taking behaviours.
- ii. Young people receive inconsistent signals and messages, particularly about relationships and gender roles. This inconsistency can arise from the way our society deals with issues of sexuality. Sex is widely used as a commodity and children are exposed to sexual imagery from an early age. In addition, there is evidence to show that some parents / carers find it difficult to discuss issues with their children. <sup>(2)</sup> Information from Child Line Scotland suggests that some young people are wary of seeking advice or help on a range of sexual health and relationships issues because they often do not trust what adults will do with an enquiry. Young people's sexual activity requires to be seen in this context.
- iii. Research indicates that many young people are becoming sexually active before the legal age of 16 years and that they are engaging in a range of sexual behaviours as well as that of intercourse. Whilst the majority of young people report this activity to be consensual, for many it is often accompanied by excessive use of alcohol and, for a minority, it is the result of pressure and a source of regret, particularly if the behaviour has taken place in the early teenage years. <sup>(3)</sup> The UK has the highest number of teenage pregnancies in Western Europe (nearly 7 times that of the Netherlands) and it is estimated that 1 in 10 young people have a sexually transmitted infection.
- iv. In Glasgow, a range of work, under the auspices of the Young People's Sexual Health Steering Group, is being undertaken to promote a positive approach to young people's sexual health and well-being. Features of this work include encouraging young people to delay sexual activity until they are older/ready, assisting young people to develop values, knowledge and skills and encouraging dialogue, particularly with parents and carers. It is acknowledged that advice, guidance and services should be available for those young people who are sexually active under the age of 16.
- v. This protocol is the outcome of a variety of multi-agency discussions and processes that have taken place over a number of years. This document has evolved in the light of new legislation, national and local guidance and local practice. In weighing up the various complex issues involved, discussions have sought to develop responses that are balanced and proportionate and that reflect the reality of young people's lives.

(1) For the purposes of this protocol, the terms 'young person' or 'young people' have been used in their generic, not legal, sense, in recognition that the majority of children who are sexually active under the age of 16 years are adolescents.

(2) Glasgow's Consultation with Parents on Sexual Health & Relationships, August 2005

(3) Glasgow's Consultation with Young People on Sexual Health & Relationships, November 2006.

## Section 1 Purpose of the Protocol

- 2.1 The overall aim of this protocol is to provide clarity for professionals who work with young people who are, or who may be, sexually active. Given the nature of the subject it cannot provide definitive answers to all situations that might arise. What it aims to do is to assist professionals in their decision-making process. It seeks to do this by:
- Setting out guiding principles upon which practice should be based
  - Providing criteria to assist professionals to make quality assessments of the needs of the individual young person with whom they are working.
  - Providing guidance for professionals as to what they can/should do on the basis of their assessment.
- 2.2 This protocol sets out a number of expectations of how professionals should appropriately respond to young people's sexual activity. It confirms that the duty of care that all professionals have when working with young people requires them to:
- a) Ensure that young people are given information about and access to services that enable them to safeguard their health **and**
  - b) Appropriately assess information about the nature and circumstances of any sexual activity that comes to their attention.
- This duty of care remains even if some professionals feel uncomfortable dealing with sexual health issues. Some professionals and services may need to review their existing practice to bring it into line with this protocol.
- 2.3 This protocol draws a distinction between consensual sexual activity between two young people similar in age and sexual activity that involves abuse or exploitation. The law continues to make it clear that it is unlawful for sexual activity to take place with or between young people under the age of 16 years of age. It does not follow however, that every case has child protection concerns. It is important, therefore, to ensure that a proportionate response is made and that only appropriate cases are brought to the attention of Social Work Services (SWS) and the Police. By improving assessments that identify circumstances of concern, systems should be able to better identify perpetrators involved in the abuse and exploitation of young people.
- 2.4 This protocol has been designed to be used by all professionals, in both the statutory and non-statutory sectors, so that young people are assured of a consistent approach, irrespective of the service with which they have contact. <sup>(4)</sup> It is anticipated that as a result of this consistency, young people, over time, will be more likely to seek help when they need it.

(4) The term 'professionals' is used throughout this document as a generic term for those that work with young people on behalf of a service or agency.

- 2.5 Whilst this protocol is applicable to all professionals who work with young people, it recognises the differential roles and responsibilities that each individual and agency brings to the situation. Professionals should not give advice, provide services or make assessments which they are not competent to provide. Should professionals have any doubts on these matters, they should refer to a more senior person within their organisation.

### **Section 3 To whom does the protocol apply?**

- 3.1 This protocol applies to all professionals working with children and young people who are male or female, who are under the age of 16 years, regardless of their sexual orientation, and who are engaged in, or planning to be engaged in, sexual activity with another person.
- 3.2 A different response is required of professionals when working with children who are 12 years and under (younger children) and those who are between the ages of 13 - 15 years (older children). This age distinction reflects the law and existing practice.
- 3.3 Whilst it is acknowledged that when both parties are over the age of 16 consensual sexual activity is lawful, other legislation e.g. the Children (Scotland) Act, 1995, the Protection of Children and Prevention of Sexual Offences (Scotland) Act, 2005 etc offers young people additional protections up to the age of 18 years, as do existing child protection and vulnerable young person procedures. It should also be noted that sexual activity with a young person under the age of 18 by a person in a position of trust is unlawful. <sup>(5)</sup> This protocol, therefore, may also be used to help professionals make assessments of those between the ages of 16 -17 years who may be placing themselves at risk or who are at risk.
- 3.4 The protocol is applicable to all professionals who work with young people with disabilities. Whilst young people with disabilities may have particular individual needs which a professional may have to consider, young people with disabilities have the same rights as everyone else in this age group to information, services, confidentiality etc. It should be noted that this group of young people may be at greater risk of abuse than their non-disabled counterparts, especially when they are living away from home. They may be particularly vulnerable to coercion due to physical dependency or because a learning or sensory disability impairs their ability to communicate or to assess risk.
- 3.5 Further, it should be noted that other groups of young people who experience discrimination and/or disadvantage within society e.g. young women, young gay men, those affected by poverty, those living away from home etc may be particularly vulnerable to sexual abuse or exploitation.

(5) For the definitions of a 'position of trust' please refer to Appendix 1.

## **Section 4 Principles upon which the protocol is based**

- 4.1 In reviewing this protocol close attention has been paid to a range of legislation, in particular the Sexual Offences (Scotland) Act, 2009 and its associated guidance. Cognisance has also been taken of the National Guidance for Child Protection in Scotland, 2010 and Getting It Right For Every Child (GIRFEC).
- 4.2 At the heart of the GIRFEC approach is a shift towards early, proactive intervention in order to create a supportive environment and identify any additional support that may be required. GIRFEC states that at each stage of an intervention professionals should ask themselves the following questions:
- What is getting in the way of this child or young person's well-being?
  - Do I have all the information I need to help this child or young person?
  - What can I do *now* to help this child or young person?
  - What can my agency do to help this child or young person?
  - What additional help, if any, may be needed from others?
- 4.3 Since 1991 the UK has been a signatory to the UN Convention on the Rights of the Child, thus state bodies are obliged to ensure that young people enjoy the highest attainable standard of health, develop in a well-balanced manner, are adequately prepared to enter adulthood and play a constructive role in their families, their communities and society at large. This protocol therefore recognises that young people are rights holders and, according to their evolving capacities, they can progressively exercise their rights to promote their health and development.
- 4.4 As a consequence of the above, professionals should adhere to the following principles:

### **i. Welfare of the Child**

The founding principle of all legislation relating to children and young people clearly states that the child's welfare or 'best interests' is the paramount consideration in all matters.

### **ii. To voice their opinions**

Professionals have a duty to ensure that all children and young people are given a genuine chance to express their views freely on all matters that affect them. To safely and properly exercise this right, all professionals need to listen and to create an environment based on trust, information sharing and sound guidance that is conducive to children and young people's participation.

### **iii. To be protected from harm**

Professionals have an obligation to ensure that all children and young people are protected from all forms of violence, abuse, neglect and exploitation.

### **iv. To access information and services**

Professionals have a duty to ensure that all children and young people are provided with, and not denied, accurate and age appropriate information on how to protect their health and well-being and practice healthy behaviours.

#### **v. To expect confidentiality**

It is well documented that one of the main obstacles deterring young people from seeking both early sexual health and pregnancy advice is their fear about confidentiality. Both legal judgments and professional codes of conduct recognise that without assurances around confidentiality, young people may be reluctant to give professionals the information they need in order to provide good and appropriate care.

It is important to state that children and young people have the same right to confidentiality as adults i.e. that personal and private information should not be shared without consent, except in certain exceptional circumstances. Exceptional circumstances refer to situations where there is the potential of significant harm to themselves or others.

If there is a reasonable concern that a child or young person maybe at risk of significant harm as a result of sexual behaviour and / or a relationship (see Section 5), this always overrides the professional requirement to keep confidentiality. In these circumstances, all professionals have a duty to act to make sure that the child or young person is protected from harm.

Professionals need to ensure that children and young people are informed from the outset that confidentiality is not absolute but that every reasonable attempt will be made to discuss with them beforehand if confidentiality needs to be departed from. Prior to breaching confidentiality, attempts should be made to gain the child or young person's consent to passing on information, unless circumstances dictate otherwise.

It is also crucial that children and young people should be advised of how their personal information may be shared within the team or agency with which they have contact.

#### **vi. To have their information rights respected**

Alongside the law and professional obligations of confidentiality, there are strict rules under the Data Protection Act 1998 as to what professionals are allowed to do with personal information regarding children and young people. It is also important to note that for data protection purposes, the critical age is 12: a child or young person aged 12 or above is presumed to have sufficient mental capacity to be able to exercise their rights and make decisions regarding their own information (6). This specifically includes matters such as the results of pregnancy or STI tests, as well as information supplied by the young person to the professional (or to which the professional has access).

All agencies should have detailed guidance and procedures relating to data protection issues. It is important to follow these when working with children or young people in a sensitive area such as this. The data protection rules underpin many of the points above, and create a framework within which professionals can determine whether they may disclose information to another person or not, and spell out what the child or

(6) Data Protection Act 1998, Section 66

young person themselves have to be told about how their information will be used, and by whom. For inter-agency work, professionals should also consult the Data Sharing Protocol between the Council and NHS Greater Glasgow and Clyde, which addresses many of these issues in more detail.

All professionals recording information or releasing information to other parties and persons have legal and professional duties to ensure that the information recorded is accurate, relevant and sufficient for its purpose, and that any disclosure is lawful – either through the consent of the young person concerned, or due to the presence of concern factors which outweigh lack of consent.

#### **vii. To consent to health interventions**

In Scot's law a child under the age of 16 has the legal capacity to make a decision on a health intervention provided they are in fact capable of understanding its nature and possible consequences. (7) This is a matter of clinical judgment and will depend on the age and maturity of the young person, the complexity of the proposed intervention, its likely outcome and the risks associated with it. This rule applies to all health interventions, including assessment, treatment and counselling.

Every effort should be made to encourage the child or young person to involve their parents. However, intervention can take place if the child or young person is opposed to this and is deemed to be competent.

If there is a difference of opinion between a child or young person and their parent, where the child or young person has the capacity to make an informed choice, the child or young person's decision must be respected and given effect to even if it differs from the parent's or the professional's view.

#### **viii. Involving Parents**

Professionals should encourage children and young people to share information with their parents where it is safe to do so. This is in recognition of the responsibilities, rights and duties of parents to direct and guide their children in the exercise of their rights, consistent with their evolving capacities.

Specifically in relation to child protection matters, the decision to share information with parents should be based on professional judgment using the foregoing principles and agency guidelines. Unless the young person has a cognitive disability or specific legislation indicates otherwise, information should not be shared with parents of young people aged 16 – 18 against their wishes. This is due to the fact that the only parental responsibility that parents have towards young people aged 16 – 18 is that of guidance. Guidance is only advice and if the young person does not wish to take advice from his/her parent then confidentiality should be maintained.

(7) Age of Legal Capacity (Scotland) Act 1991, Section 2(4)). Please note that although the 'Fraser Guidelines' are used by some health professionals, legal advice indicates that they have no authority in Scotland. The primary legislation that should be used therefore when determining 'competency' is the Age of Legal Capacity (Scotland) Act 1991.

## Section 5 Making Assessments

### When a child or young person is, or is likely to become, sexually active

- 5.1 When a professional becomes aware that a young person is sexually active or is likely to become sexually active, the professional has a duty of care to ensure that the young person's health and emotional needs are addressed **and** to ensure that an assessment is made as to whether the sexual activity is of an abusive or exploitative nature. It is recognised that this process may not always be a straightforward and so it will require sensitive handling and the use of professional judgment.
- 5.2 Information about sexual behaviour involving a young person can come from a variety of sources e.g. rumour, directly from the young person, from a third party or from direct observation. The source and the nature of the information will determine the timing and who is best placed to seek clarification from the young person. In addition, the skills, confidence and the level of responsibility of the professional involved and their knowledge of the young person will determine if they are best placed to speak with the young person.
- 5.3 All young people who are, or who are planning to be, sexually active have a right to access information and services to meet their immediate health needs, in terms of education, emotional support, contraception/protection etc. For those professionals in settings where such provision can be offered, reference should be made to the aforementioned Age of Legal Capacity (Scotland) Act (1991). Other professionals, at a minimum, have a responsibility to either provide information about or refer a young person, with their permission, to appropriate local services.
- 5.4 Where a professional is not in a position to meet the young person's immediate health needs, having given due regard to 4.4 (viii), it is within the law, without parental consent or even knowledge, to provide information, to make an appointment or to accompany a young person to an agency which is able to meet their immediate health needs.
- 5.5 When a professional becomes aware that a young person is, or is likely to become sexually active, the professional has a responsibility to make an initial assessment as to whether the sexual behaviour and/or relationship may be abusive or not. It is essential to look at the facts of the actual relationship between those involved and to take into account the wider needs of the young person. Some young people may not identify abusive behaviour as such. It is therefore important that the assessment considers issues of consent, the ages of those involved, the circumstances of the sexual activity and the vulnerability of the young person.
- 5.6 To assist in this process, the following factors are provided to help professionals to assess 'need' and 'risk'. What follows is not intended to be used as a checklist but are factors that can inform the basis of a risk assessment: depending on the specific situation, not all of the following will require exploration. Factors for consideration include:
  - i. Whether the young person understood the sexual behaviour they were involved in.

- ii. Whether the young person agreed to the sexual behaviour at the time.
- iii. Whether the young person's own behaviour e.g. use of alcohol or other substances, placed them in a position where their ability to make an informed choice about the sexual activity was compromised.
- iv. The nature of the relationship between those involved and whether a power imbalance exists e.g. differences in size, age, material wealth and/or psychological, social and physical development. In addition, gender, race and levels of sexual knowledge can be used to exert power. It should not automatically be assumed that power imbalances do not exist for two young people similar in age or of the same sex.
- v. Whether manipulation, bribery, threats, aggression and/or coercion, were involved e.g. the young person is being isolated from their peer group, the young person was given alcohol or other substances as a disinhibitor etc.
- vi. Whether the other person has used 'grooming' methods to gain the trust and friendship of the young person e.g. by indulging or coercing the young person with gifts, treats, money etc; by befriending the young person's family; by developing a relationship with the young person via the internet.
- vii. Whether the other person has attempted to secure secrecy beyond what would be considered usual in teenage sexual activity.
- viii. Whether the other person is known by the agency to be or have been involved in concerning behaviour towards children and young people.
- ix. Whether the young person, male or female, is frequenting places that are used for prostitution.
- x. Whether the young person is involved in the making of pornography (even though they do not recognise this activity as pornography).
- xi. Whether a young man is frequenting places where men have sex with men and circumstances of additional dangers might arise e.g. physical assault.
- xii. Whether there are other concerning factors in the young person's life which may increase their vulnerability or place them 'at risk' e.g. homelessness.
- xiii. Whether the young person denies, minimises or accepts the concerns held by professionals.

5:7 The presence of one or more of these factors will raise different levels of concern depending on the young person's individual circumstances. For some young people it will be a combination of factors which may suggest that further intervention is required.

- 5.8 Depending on the source, the clarity and the immediate seriousness of the information, it may or may not be appropriate to speak directly with the young person at this initial stage. These are matters for professional judgment. Advice can be sought by contacting SWS.
- If the initial information indicates that child protection measures may be required, contact should be made immediately with SWS. A discussion should take place about the best means of handling the situation.
  - Where the need for child protection measures is not immediately apparent, professionals are required to make an initial assessment of the information before them. There is an expectation that the professional will explore with the young person the circumstances of the sexual activity. The young person's views should always be sought and listened to.
- 5.9 It is acknowledged that personal relations are sometimes ambiguous and open to interpretation. However there are particular circumstances which offer no ambiguity and would require an automatic referral to SWS. These are:
- i. Where the child is, or is believed to be, 12 years of age or under.
  - ii. Where the young person is currently 13 years or over but sexual activity took place when they were 12 years of age or under.
  - iii. Where there is evidence or an indication that the young person is involved in pornography or is being sexually exploited through prostitution.
  - iv. Where the other person is in a position of trust in relation to the young person. It should be noted that this legislation is applicable to young people up to the age of 18 years. (For the legal definitions of 'position of trust' please refer to Appendix 1).
  - v. Where the young person is perceived to be at risk of immediate harm.
- 5:10 In line with their own agency procedures, professionals should seek the advice of a colleague or line manager within their own agency / service to assist them in this assessment process. Where appropriate, professionals should advise the young person of their intentions to speak with a colleague.
- 5.11 Pregnancy in young women under the age of 16 should be dealt with using the above criteria. If it is assessed that the pregnancy is the result of mutually-agreed teenage sexual behaviour in which there are no concerns of abuse or exploitation, the matter should not be considered to be a child protection matter: the emphasis should be on ensuring that the young woman's health, educational, social and emotional needs are appropriately assessed. There now exists in the city a number of specialist services for supporting young parents. Professionals should ensure that all young parents are made aware of these.

## Section 6 Possible courses of action

- 6.1 Depending on the outcome of the assessment process, there are several courses of action that can be taken:
- i. If the professional assesses that they are dealing with mutually-agreed, teenage sexual behaviour in which there are no concerns of abuse or exploitation, the professional should, if qualified, provide practical assistance and advice as required. Other professionals must signpost young people to appropriate services.
  - ii. If the professional does not assess the sexual behaviour or the relationship to be abusive or exploitative but has some concerns about the young person's behaviour e.g. their ability to assess risk, their use of alcohol, the environment in which they seek sexual contacts etc, then either the professional should address these matters directly with the young person or, with their permission, refer them to an appropriate person or agency.
  - iii. If the professional, using the indicators set out in 5.6 has more heightened concerns about the young person's behaviour or about the nature of the sexual behaviour or relationship, they should seek guidance from either a line-manager or those within their organisation with a particular responsibility for child protection, and decide if any further action is required. Advice can be sought from SWS to assist in this decision making. SWS are the lead agency in matters of child protection.
  - iv. If the professional has definite concerns that the young person has experienced, or may experience, significant harm, but the young person is not at immediate risk, they should make a referral to SWS, detailing those who are involved, the nature of concerns etc. In those circumstances where it is appropriate to speak with the young person prior to the referral being made, every reasonable effort should be made to seek their agreement to the referral. If agreement is not reached, the professional should make the referral and inform the young person that this will be the course of action.
  - v. If any of the circumstances stated at 5.9 are present the matter should automatically be referred to SWS.
  - vi. If the young person is perceived to be at risk of immediate, serious harm, a referral must be made to the Police Family Protection Unit as well as to SWS. If the situation takes place out-with office hours, Standby Social Work should be contacted.
- 6.2 In **all** of the above situations the professional, in line with their own agency procedures, should make a written record of events, ensuring as much detail as possible and including the reasons behind their action.
- 6.3 On each occasion that a professional has contact with a child or young person or receives information about them, consideration should be given as to whether their

circumstances have changed. Professionals should document the outcome of any subsequent assessments in accordance with their agency procedures.

- 6.4 In addition, each agency should set in place monitoring procedures to ensure that practice is consistent and appropriate.

## **Section 7 Possible courses of action once a referral has been made to Social Work Services**

- 7.1 Once SWS receive a referral, consideration needs to be given as to the best course of action to meet the young person's needs. There are a number of possible responses that can be provided and several of these are noted below. The response should be based on what is the most appropriate to meet that young person's needs, taking into account, the young person's own views.
- 7.2 In some instances, once SWS checks have been made, it may be decided that the referring agency will continue to offer support to the young person, and no further SWS involvement is required.
- 7.3 Where checks are made and the decision is that no formal proceedings are required, SWS may offer a voluntary service to the young person and their family if the young person is assessed as being a 'child in need'.
- 7.4 It may be agreed that due to a number of concerns about the young person's circumstances and possible vulnerability, the young person may benefit from a full integrated assessment of their needs so that agencies can best identify what supports and services would benefit them. In such instances, a lead agency is identified to compile the assessment and all agencies would be involved in contributing to this.
- 7.5 Some referrals may trigger concerns about the potential risks the young person is placing themselves in due to their own behaviour. In such instances, this may be dealt with under the Vulnerable Young Person's Protocol
- 7.6 Where the young person is believed to be, or likely to be, at risk of significant harm SWS have a duty to investigate the matter in line with existing child protection procedures. As part of SWS procedural requirements, the police will be notified and consideration given to the need for a joint investigation.
- 7.7 Where there is a need for further clarification of the concerns and possible risks to a young person, SWS may convene a case discussion to assess existing information, to decide how to gather further information (if required) and to decide how to proceed. Following the investigation of the referral SWS may call a child protection case conference to consider whether the young person's name should be placed on the child protection register.
- 7.8 Where there are concerns that the young person may be in need of compulsory measures of supervision further investigations should be carried out and unless it is then clear that no compulsory measures of supervision are required, the matter must be referred to the Reporter to the Children's Hearing.

## Sexual Offences (Scotland) Act 2009

### Part 5, S 42 – 43

#### Abuse of a position of trust.

#### **42 Sexual abuse of trust**

If a person (“A”) who has attained the age of 18 years –

- a) intentionally engages in a sexual activity with or directed towards another person (“B”) who is under 18, and
  - b) is in a position of trust in relation to B,
- then A commits an offence, to be known as the offence of sexual abuse of trust.

#### **43 Positions of trust**

- (1) For the purposes of section 42, a person (“A”) is in a position of trust in relation to another person (“B”) if any of the five conditions set out below is fulfilled.
- (2) The first condition is that B is detained by virtue of an order of court or under an enactment in an institution and A looks after persons under 18 in that place.
- (3) The second condition is that B is resident in a home or other place in which accommodation is provided by a local authority under section 26(1) of the Children (Scotland) Act 1995 (c36) and A looks after persons under 18 in that place.
- (4) The third condition is that B is accommodated and cared for in –
  - a) a hospital,
  - b) accommodation provided by an independent health care service,
  - c) accommodation provided by a care home service,
  - d) a residential establishment, or
  - e) accommodation provided by a school care accommodation service or a secure accommodation service,and A looks after persons under 18 in that place.
- (5) The fourth condition is that B is receiving education at –
  - a) a school and A looks after persons under 18 in that school, or
  - b) a further or higher education institution and A looks after B in that institution.
- (6) The fifth condition is that A -
  - a) has any parental responsibilities or parental rights in respect of B
  - b) fulfils any such responsibilities or exercises any such rights under arrangement with a person who has such responsibilities or rights,
  - c) had any such responsibilities or rights but no longer has such responsibilities or rights, or
  - d) treats B as a child of A’s family,an B is a member of the same household as A.
- (7) A looks after a person for the purposes of this section if A regularly cares for, teaches, trains, supervises, or is in sole charge of the person
- (8) The Scottish Ministers may by order modify this section (other than this subsection) and section 44 so as to add, delete or amend a condition.