Young People's Rights and Consent to Healthcare

A Legal Framework Guide – September 2026

This summarises the key legal principles that govern how young people aged 10–25 can access, consent to and control information about their healthcare in the UK. Most of the legal detail reflects the position in England; where Scotland, Wales or Northern Ireland differ, this is flagged at the relevant point. It is a quick reference resource, not legal advice; always follow your organisation's safeguarding policy and seek advice from a named safeguarding lead for complex or high-risk cases.

1. Quick reference: age and rights

Age	Access	Consent	Confidentiality
Under 13	Usually registered and brought to appointments by a parent/carer.	No lower age limit for Gillick competence in principle, but rarely safe or appropriate for a child this age to consent without parent/carer involvement.	A person under 13 cannot legally consent to sexual activity, so any disclosure of sexual activity must be acted on regardless of competence and requires a mandatory referral to police and children's social care.
11–15	Can register with a GP independently and be seen alone.	Can ask for online record access, but it is not automatic; the practice must agree, usually after a Gillick competence check.	Full confidentiality applies if judged Gillick competent.
13–15	Can sign up to the NHS App, subject to individual practice approval — see Section 7.	Can be given contraceptive or sexual health advice/treatment without parental knowledge if the five Fraser criteria are met.	Same as above: full confidentiality applies to sexual health advice given under the Fraser guidelines.
16–17	Full NHS App access. Parental (proxy) online access to their GP record automatically ends at 16 unless the young	Presumed in law to have capacity to consent to their own medical treatment, like an adult. Refusal of treatment can still, exceptionally, be overridden by a person with parental responsibility or a court where	Same confidentiality rights as an adult.

Age	Access	Consent	Confidentiality
	person agrees otherwise.	refusal would risk death or severe/irreversible harm.	
18+	Full personal access, no parental involvement.	Full adult rights to consent and to refuse treatment, with no parental override, unless there are concerns about their mental capacity to make the decision, in which case the Mental Capacity Act 2005 applies.	Full adult confidentiality rights, unless there are safeguarding concerns or the person lacks capacity, in which case consent and confidentiality may be overridden in their best interests; consider whether a Lasting Power of Attorney for health and welfare is in place.

Note on confidentiality

Confidentiality in every row above is subject to safeguarding. Where there is a genuine safeguarding concern, information may need to be shared with parents/carers, a safeguarding lead, or other agencies, with or without the young person's consent - see Section 6. Staff should always feel able to seek safeguarding advice, and should consider whether the young person's reason for presentation (for example, a mental health crisis, a late-night attendance, or leaving before being seen) means parents/carers need to be aware to keep them safe, even where confidentiality would otherwise apply.

Legal basis: Gillick v West Norfolk & Wisbech AHA [1985]; Sexual Offences Act 2003; GMC 0–18 guidance (2024); NHS App Terms of Use; NHS England digital access guidance; Fraser guidelines (Gillick judgment, Lord Fraser, 1985, extended to STI treatment and abortion after a 2006 case); Family Law Reform Act 1969, s.8; Mental Capacity Act 2005 principles from 16; CQC guidance; common law.

2. Gillick competence

Gillick competence is the legal test used to decide whether a child under 16 has the maturity and understanding to consent to their own medical treatment or advice, without parental knowledge or agreement. It comes from the 1985 House of Lords case Gillick v West Norfolk and Wisbech Area Health Authority.

Nations: *Scotland has its own equivalent test under the Age of Legal Capacity (Scotland) Act 1991, s.2(4) - similar in effect, but not case law. Northern Ireland follows the Gillick/common law approach, as in England and Wales.*

A child is 'Gillick competent' if a health professional judges that they have sufficient understanding to appreciate:

- the nature and purpose of the proposed treatment or advice
- the likely effects, risks and chances of success
- the alternatives available, and the consequences of not proceeding

Gillick competence applies to all treatment decisions for under-16s, not only sexual health. There is no fixed lower age limit, but it would rarely be considered safe or appropriate for a child under about 13 to consent without a parent or carer being involved.

If a young person is not judged Gillick competent, someone with parental responsibility usually needs to consent on their behalf, unless it is an emergency or a safeguarding matter.

Example: school-based vaccination sessions. Immunisation teams routinely see young people at school for vaccinations (e.g. HPV, Td/IPV) where a parent has not attended and, occasionally, has not returned a consent form. If a young person who has not been consented for by a parent wants to go ahead, the immunisation team will assess Gillick competence before proceeding. Equally, where a Gillick-competent young person expresses reluctance or wants to decline, good practice is not simply to accept this at face value: the nurse should explore the reasons, address any misinformation or concerns, and encourage (though not require) them to talk to a parent or carer first, in line with standard immunisation consultation practice. If, after this, a competent young person still does not want the vaccine, that decision must be respected, since a parent's prior consent does not override a competent young person's contemporaneous refusal of a physical intervention.

3. Fraser guidelines

The Fraser guidelines are narrower than Gillick competence: they apply specifically to contraceptive and sexual health advice and treatment for under-16s (extended by a 2006 case to also cover treatment for sexually transmitted infections and abortion). A clinician can provide contraceptive or sexual health advice/treatment without parental knowledge if satisfied that:

- the young person understands the advice being given
- the young person cannot be persuaded to tell their parents, or to allow the clinician to tell them
- the young person is likely to begin, or continue, having sexual intercourse with or without contraception/treatment
- the young person's physical or mental health is likely to suffer unless they receive the advice or treatment
- it is in the young person's best interests to receive the advice or treatment without parental consent

Note on terminology: 'Fraser guidelines' and 'Gillick competence' are often used interchangeably in sector guidance, but they are not the same thing - Gillick competence is the general capacity test used across all treatment decisions for under-16s (including, for example, DHSC's clinical guidelines for alcohol treatment, which apply Gillick competence but do not use the term Fraser guidelines), while Fraser guidelines apply specifically to contraceptive and sexual health advice and treatment.

4. Consent to treatment: 16-17 year olds

Under the Family Law Reform Act 1969, young people aged 16 and 17 are presumed in law to have the same capacity to consent to their own medical, surgical or dental treatment as an adult. Parental consent is not required.

Unlike adults, a 16- or 17-year-old's refusal of treatment can, in rare and exceptional circumstances, be overridden by a person with parental responsibility or by a court but only where refusing treatment would be likely to lead to death or severe, irreversible physical or mental harm. This reflects the

professional duty to act in a young person's best interests. It does not apply to a young person's consent, only to a refusal in a high-stakes situation.

A related point for a smaller group of young people: the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 do not apply to under-18s. Where a 16- or 17-year-old lacks capacity to agree to their care arrangements and those arrangements amount to a deprivation of liberty (for example, in some residential, secure or inpatient mental health settings), this must be authorised by the Court of Protection rather than through the DoLS process used for adults. This mainly affects young people with learning disabilities, complex needs, or those in secure or inpatient settings, rather than most 16–17-year-olds. Note: In June 2026, the Supreme Court overturned the 2014 Cheshire West 'acid test' for identifying a deprivation of liberty, replacing it with a broader multifactorial assessment. This is a live area, and this handout reflects the position as of July 2026.

Staff should also be aware that children under 16 can, in some circumstances, also be subject to a deprivation of liberty authorisation - for example via a secure accommodation order under section 25 of the Children Act 1989, or the High Court's inherent jurisdiction - rather than through the DoLS process itself, which only applies from age 16. This is not an issue limited to 16–17-year-olds, and staff should not assume that a younger child cannot be subject to this kind of authorisation.

Nations: *The Family Law Reform Act 1969, s.8 and the Mental Capacity Act 2005 provisions above are England & Wales only. Northern Ireland has its own equivalent (Age of Majority Act (Northern Ireland) 1969) and follows the safeguards under its own capacity law; Scotland's general age of legal capacity is already 16, and it has separate mental capacity legislation.*

5. Seeing a GP alone, and registering independently

- Anyone can register with a GP practice regardless of age; a child under 13 is usually registered by a parent or carer.
- From around age 13, a young person can typically register with a GP practice themselves, including at a practice different from their families.
- A young person of any age can ask to see a GP, nurse or other clinician alone - they do not need to give a reason and can simply say the appointment is personal.
- If a young person under 16 attends without an adult, the clinician will usually assess Gillick competence before proceeding without parental involvement.
- A young person can always ask to see a different clinician if they don't feel comfortable and can ask that appointments or prescription collection be handled discreetly.

6. Confidentiality

The principle of confidentiality applies equally to all patients, regardless of age. A young person under 16 who is judged competent (or who is 16 or over) is entitled to the same confidentiality as an adult, including the right to ask that information is not shared with parents or carers.

Practitioners should encourage but cannot compel a young person to involve a parent or trusted adult and can offer to have that conversation on the young person's behalf. Confidentiality can be broken

without consent only where there is a genuine safeguarding concern, for example a risk of serious harm to the young person or to others; this should usually be discussed with the young person first, unless doing so would itself increase risk.

7. NHS App and online record access

- Under 13: cannot use the NHS App directly; a parent/guardian with parental responsibility can request the child's record be linked to their own account (proxy/family and carer access).
- 13–15: can sign up to the NHS App, but the GP practice must individually approve access to most online services first, often following a Gillick competence check. Access may be limited to the web version for younger teens in this band if the practice agrees.
- Parental (proxy) online access to a child's record is usually possible for the 11–16 age range only if the practice agrees it is appropriate and, generally, only with the young person's consent most practices apply an automatic cut-off somewhere between 11 and 14 to protect a young person's growing right to confidentiality.
- 16+: presumed to have capacity and gets full personal access to the NHS App and their GP record. Any existing parental proxy access automatically ends at 16 unless the young person actively agrees to it continuing.
- Individual GP practices' own online systems (for booking appointments, ordering repeat prescriptions and messaging the practice) may apply their own age cut-offs for account access, which can differ from the NHS App thresholds above and vary from practice to practice — worth checking locally if a young person is having trouble accessing online services.

Nations: *The NHS App is England-specific. Wales has its own NHS Wales App; Scotland does not have a direct equivalent.*

8. Important update: Crime and Policing Act 2026

This is a fast-moving area, and this section reflects the position as of July 2026. The Crime and Policing Act 2026 received Royal Assent on 29 April 2026 and makes two changes directly relevant to the Gillick/Fraser framework above.

a) New offence: rape of a child under 16

Implementing recommendation 1 of Baroness Casey's National Audit on group-based child sexual exploitation, the Act creates new offences covering rape and other penetrative sexual activity with a child under 16 by an adult (18+). Any penetrative sexual activity between an adult and someone under 16 is now automatically classified as rape in law, regardless of consent or closeness in age (for example, an 18-year-old and a 15-year-old).

b) New mandatory reporting duty

The Act also introduces, for the first time, a statutory duty for people in regulated activity or other relevant roles with children (including healthcare professionals) to report child sexual abuse to the police or local authority when they become aware of it, with a related new offence for obstructing a

report. Implementation is due no earlier than 12 months after Royal Assent, with detailed government guidance to follow.

Nations: *This Act and the Sexual Offences Act 2003 apply in England & Wales. Scotland and Northern Ireland have their own, separate sexual offences legislation and are not directly affected by these changes.*

What this means for practice

A disclosure involving a young person under 16 and a partner aged 18+ must be reported under the mandatory duty, even in a close-in-age relationship with no indication of abuse, since it is now classified as rape. AYPH and a wide coalition of health-sector organisations have written to government, warning this removes the discretion previously exercised under the Fraser guidelines. They remain supportive of the Act's aims but are calling for Regulations (under section 91) to exempt sexual health professionals, and for implementation to be paused pending the promised Ministry of Justice consultation on close-in-age relationships. DfE's RSHE guidance also needs updating to reflect the change. As of publication, no changes have been made by government follow your organisation's safeguarding policy and watch for updated guidance.

Support for young people affected by rape, sexual abuse or violence

The points above concern professionals' new mandatory duty to report. It is equally important that young people themselves know how to report rape, sexual abuse or violence and get support if they are affected - for example via Childline, Rape Crisis, The Survivors Trust, RSVP (Rape & Sexual Violence Project), a local Sexual Assault Referral Centre (SARC), local sexual health clinics, or their GP. Local safeguarding and young-person-facing information should set these routes out clearly, alongside the professional reporting duty described above.

9. Rights for young people – summary points

- The right to be treated with dignity and to have their views taken seriously, in line with the UN Convention on the Rights of the Child (Article 12).
- The right to confidential healthcare, including the right to access some services (such as contraception and sexual health advice) without parental knowledge, where the relevant legal test is met.
- The right to be seen alone, to ask questions, and to have information explained in a way they can understand.
- The right to say no to being examined or treated by a particular clinician, and to ask for a chaperone.
- The right to make a complaint or raise a concern about their care, independently of a parent or carer.
- The right to access age-appropriate services that meet the You're Welcome quality criteria for young people-friendly health services (OHID, refreshed 2023) - an England-specific framework.

10. Suggested references and further reading

NSPCC Learning: Gillick competence and Fraser guidelines: https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines

Care Quality Commission: GP mythbuster 8: Gillick competency and Fraser guidelines: https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines

General Medical Council: 0–18 years: guidance for all doctors (2024): https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/0-18-years

NHS: Consent to treatment: children and young people: https://www.nhs.uk/conditions/consent-to-treatment/children/

NHS: Family and carer access for children under 16 (NHS App): https://www.nhs.uk/nhs-services/gps/health-services-for-someone-else-family-carer-access/how-to-get-family-carer-access-children-under-16/

NHS App: Who can use the NHS App: https://www.nhs.uk/nhs-app/setting-up/who-can-use/

Brook: Young people and confidentiality: https://www.brook.org.uk/

Legislation.gov.uk: Family Law Reform Act 1969, section 8: https://www.legislation.gov.uk/ukpga/1969/46/section/8

OHID: You're Welcome: establishing youth-friendly health and care services: https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services/youre-welcome-establishing-youth-friendly-health-and-care-services

Legislation.gov.uk: Crime and Policing Act 2026: https://www.legislation.gov.uk/ukpga/2026/20/contents

GOV.UK: Crime and Policing Act 2026: IICSA recommendations factsheet: https://www.gov.uk/government/publications/crime-and-policing-act-2026-factsheets/crime-and-policing-act-2026-independent-inquiry-into-child-sexual-abuse-recommendations-factsheet

GOV.UK: Crime and Policing Act 2026: overarching factsheet: https://www.gov.uk/government/publications/crime-and-policing-act-2026-factsheets/crime-and-policing-act-overarching-factsheet

NSPCC Learning: Mandatory reporting of child sexual abuse: update on the Crime and Policing Act: https://learning.nspcc.org.uk/news/2026/may/mandatory-reporting-child-sexual-abuse-england

For more information about AYPH and other resources: ayph.org.uk, info@ayph.org.uk