SEXUAL HEALTH NEEDS ASSESSMENT SECURE CARE EXPERIENCED YOUNG PEOPLE – EXECUTIVE SUMMARY

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Acknowledgements

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Executive Summary

Background

The sexual health needs of secure care experienced young people (CE-YP) within Scotland have not recently been assessed[1]. There is also a paucity in the literature of the specific health needs for secure CE-YP and how sexual health is provided within Scotland.

CE-YP are known to be sexually active earlier[6] than their peers, increasing their likelihood of sexually transmitted infection (STI) acquisition, pregnancy and parenthood. It has been found that 20-50% CE-YP aged 16-19 years become parents compared with 5% of the general population.[7]

Additionally, 25% of young women were pregnant or were young parents within one year of leaving care, with CE-YP more likely to continue with pregnancy.[7] Sexual risk taking among CE-YP is likely compounded by poor access to sexual health and meaningful Relationship, Sexual Health and Parenthood (RSHP) education due to frequent moves or non-school attendance.[8] CE-YP are also three times more likely to go missing than non-CE-YP[8], which in turn exposes them to risk of physical or sexual abuse, or exploitation. These findings are concerning as sexual health services have identified that CE-YP do not routinely access the service[2] and often don't perceive their need to.[9]

The Promise[14] which was published in August 2020 provided a vision as to how the care system should change. As well as challenging Secure Care to fundamentally rethink the purpose, delivery and infrastructure including procurements arrangements, it stated that it must provide consistent standards of care across all providers. It also states these standards of care should continue to be subject to independent scrutiny and accreditation. Following on from this the Scottish Government supported the development and publication of the Secure Care Pathway and Standards Scotland 2021[16] These were co-produced with stakeholders, including children, young people and adults with current and previous experience of care. They set out what all children in or on the edge of secure care should expect across the continuum of intensive supports and services, including sexual health care.

There are currently 84 places in secure care available in Scotland, provided by four independent charitable organisations and the City of Edinburgh Council.

Monthly outreach is currently provided to three of the five secure units in Scotland by a Specialist Sexual Nurse from Sandyford Sexual Health in NHS Greater Glasgow and Clyde (NHS GGC). This compromises of a 4-hour session, with 8 x 30-minute appointments available. Time is also allocated to complete documentation, reviewing results and further follow up including linking with other professional's e.g. social work.

Formal evaluation of the service has not been undertaken and the recent NHS GGC Young Peoples Sexual Health[23]review did not extend to outreach care. There is also a paucity in the literature of the specific health needs for secure CE-YP and the current service outlay in Scotland.

Work has been published by NHS Fife[1] and Lothian assessing the current barriers and key priority areas for service improvement[8] for care experienced young people. A health needs assessment was therefore executed, focusing on secure CE-YP.

Aims

Systemically describe and measure sexual health needs of secure CE-YP in NHS Scotland. This will evaluate the current service and inform future plans to design and deliver appropriate patient centred sexual health care to secure CE-YP.

Objective

- Identify pre-existing difficulties, which may pose a risk to their sexual health.
- Identify sexual and reproductive health (SRH) problems faced by secure CE-YP.
- Attempt to quantify the unmet SRH needs and gaps in sexual healthcare provision.
- To inform future work and makes recommendations for future research/data collection.
- Aim to make recommendations for future planning, inform service design and deliver patient centred care.

Methods

This HNA comprised of three components: epidemiological, corporate and comparative needs assessment.

1. Epidemiological
   - Literature review for the sexual health needs of CE-YP in the UK.
   - Review of the NHS GGC Sexual Health Secure Outreach clinical activity in 2020
   - Anonymous questionnaire completed by current secure CE-YP within secure units in NHS GGC.

2. Corporate
   - Views of those who work with secure CE-YP within NHS GGC including secure staff, health and social work, through an anonymous questionnaire.

3. Comparative
   - Compare current services provided by NHS GGC to those provided by other health boards and describe recognised standards for service provision.

Conclusions

Background

This was the first time the sexual health needs of current secure care experienced young people had been assessed in NHS Scotland, including reviewing the current service delivery model within Scotland.

It set out to describe and measure the current and unmet needs of secure CE-YP, to enable services best plan how to deliver care moving forward across the country. They are a vulnerable group of people who experience a disproportionate number of health inequalities including gender-based violence. Just under half of those who attended the outreach clinic reported an episode of non-consensual sex, and for 38% it was within the last year. Young people are the future, and it is important that we can support them with their sexual health needs and general wellbeing.

Young people's attendance rates at sexual health clinics have been steadily declining over recent years, which have further decreased due to the Covid-19 pandemic. Young males also do not appear to be engaging with the service overall, however within the outreach clinic population in 2020, 42% were male, with the epidemiological SHNA capturing a significant proportion of their views.

Clinic Set Up

Currently all 3 secure care units within NHS GGC receive specialist sexual health input. Secure care placements are funded by the young person's residing local authority, at a cost negotiated by Scottish Excel. The secure units within NHS GGC are private organisations and are responsible for ensuring the young person's needs are met including their health and education as set out by the Secure Care Standards.[16]
Focusing on clinical activity from 2020, 22% (n=10) of young people were from out with Scotland, which can pose challenges with collating health and social work information, including vaccination status[1,8].

Sexual Health

For the majority who attended the outreach clinic it was their first encounter with sexual health services, with reasons for not including "no perceived need" or "frequency of address changes".

For those who attended the clinic 89% were sexually active, with 25% experiencing their first sexual contact under the age of 13 years. A history of child sexual exploitation (CSE) or sexual assault was a reason for admission to secure for 29% of young people.

Despite this, only 1 in 5 young people who attended the clinic had used contraception, with 40% never using condoms. Long-acting reversible contraception (LARC) use was also low with only 19% (5/26) from the secure CE-YP questionnaire reporting use, which is also reported in the CONUNDRUM study[24].

It is vital we engage with young people and begin discussions regarding their contraceptive choices. Within the outreach population, three young people reported a previous pregnancy, with one during their secure care admission.

Sexually Transmitted Infection Screen

Reported STI screening rates were also low, with only 35% of the surveyed population having a previous screen. This is despite the known risk factors as already highlighted. It further highlights the perceived lack of sexual health needs. When young people attended the outreach clinic, 75% were offered and accepted dual chlamydia and gonorrhoea testing and 55% accepted BBV screening and syphilis bloods. The number of positive results were low, however this short intervention normalises and encourages regular screening further supporting stigma reduction.

Vaccinations

Young people if eligible are offered opportunistic vaccinations against hepatitis B and human papillomavirus. A history of previous sexual violence, injecting drug use or all new inmates entering a UK prison should trigger a discussion for hepatitis B vaccination. These are frequent issues affecting secure CE-YP as demonstrated within the results.

Guidance states that a comprehensive health assessment is complete on admission including determining childhood immunisation status and ensuring they are complete for their age. Since August 2019 the HPV school vaccination programme has been extended to all genders in S1.[19]

Three CE-YP reported receiving the complete HPV vaccination course, with 6 reporting a single dose. Despite this only 3 HPV and HBV vaccines were administered to the outreach population during 2020. The majority of CE-YP appear unsure why they have not received their vaccines, with others stating they weren't at school on the day of vaccination administration. WHO CARES? Scotland produced a report with CE members who shared their views on SRH issues. They report frequent school non-attendance reduces access to vaccinations and RSHP education.[25] This along with providing information for young people to reflect on their own needs, delivers education around important health topics such as HPV vaccinations and their importance.[25]

Relationship Sexual Health and Parenthood Education

When asked, most CE-YP have had some RSHP education at school, with the majority having found it useful/slightly useful (27%). Comments were varied with some mentioning again that non-school attendance impacted this, along with a disruptive classroom environment. This would support education teams within the secure units prioritising and increase the frequency of discussing RSHP education, which may also be missed due to short-term placements.

It is clear however that a significant proportion of young people have not engaged with services related to their sexual health, often due to a perceived lack of need to, despite having multiple needs. This again is supported by the WHO CARES? report.[25]

Engaging with Young People

As well as improving the opportunity to provide RSHP education, it is evident that sexual health services need to do more to engage with and meet the needs of secure CE-YP. This also includes partnership working with third sector and health improvement teams.

Young people seem to want to learn about sexual health services from 'trusted' sources such as through health services, online and from professionals e.g. education. Online booking was felt to be important, with accessible clinics in secure or near residential units or pop-up clinics in public places rated. Young people also wish to be able to communicate with a healthcare professional like they would their friends via SMS or online.

When considering online platforms young people state Facebook, TikTok, Snapchat and Instagram are the best modalities, with no-one using Twitter.

Most professionals who took part in the corporate needs assessment had a positive view on outreach services, stating they improved access, reduced barriers, stigma and embarrassment faced for young people who need to use secure transport to attend appointments in the community.

Some were concerned however that by placing all the emphasis on outreach provision to provide sexual health care, it may lead to a deskilling to staff. It was also postulated that secure care health staff could provide sexual health care, while supported by specialist sexual health care services, as the monthly outreach may miss those who have shorter admissions. It is therefore vital that all staff feel supported to engage in discussions and signpost young people, with everyone having a role to play

Policy supports a uniform service provided to young people. It is evident from the comparative needs assessment that not all secure CE-YP in Scotland have outreach access to sexual health care.[1, 8] This HNA highlights some of the barriers associated with not introducing outreach, and limitations including resources from both staffing and funding stream. Services should undertake a review of their own clinical activity to assess the inclusion of secure CE-YP into their service and assess if their needs are being met, and ultimately the secure care standards[16] are beginning upheld.

As mentioned earlier, fewer young people are engaging with sexual health services. In NHS GGC we need to do more to improve this and do more to engage with some of the most vulnerable young people. Professionals feel that CE-YP needs have increased in complexity particularly in relation to CSE and mental health.

It is clear from the evidence that young people may not perceive their own sexual health needs for many reasons, and thus won't attend clinics. A "flexible" young people's service rather than fixed location would provide opportunities to have clinics near residential units, public locations or near events, as is preferred by young people. As well as providing access it also improves visibility, offers opportunities to re-engage with young people and for public health interventions. It may also begin to work towards addressing some of the many inequalities faced by young people in particular those care experienced.

Recommendations

Policy

1. Ensure consistent standard and access to sexual health care from all secure care providers, as set out by the Secure Care Standards. These standards should be subject to independent scrutiny and accredited.

2. Funding streams need to be established to ensure these priority services are adequately resourced, and all secure CE-YP have equitable access.

Clinical

3. Health assessments for care experienced children and young people must include an assessment of their sexual health needs, and not just assess understanding. This should be completed within 4 weeks of 'care-experienced' status and reviewed regularly.

4. Ensure all young people are offered a sexual health assessment on admission to secure care. They should be provided with information about how to access sexual health care and provided with the opportunity to attend this.

5. Offer comprehensive sexually transmitted infections screening including self-taken samples and blood borne virus testing.

6. Assess hepatitis B virus risk and offer prophylactic vaccinations where indicated e.g. criminal justice involvement or previous sexual assault.

7. Human Papilloma Virus (HPV) vaccination status should be assessed on the admission health assessment. This may mean liaising with other healthcare providers across the devolved nations and Ireland. If HPV vaccinations are due, secure unit health staff should notify the local school vaccination team or sexual health services, prior to the outreach clinic. This will maximise opportunistic vaccination provision.

8. Sexual health services should record the community health index numbers within the sexual health notes, where permission is granted. This is needed to determine and update HPV vaccination status. Non-Scottish patients and other temporary residents can have a CHI number allocated if required.

9. Young people should have access and offered the choice of all methods of contraception, including long-acting reversible methods. Where possible contraception should be provided when requested including progestogen-only implants. If intrauterine contraception is the preferred method, CE-YP should be fast tracked to their local service.

10. Young people should have access to information on contraception (including how to correctly use the method), sexually transmitted infections and wider sexual health issues e.g. consent and pornography. This should be in an accessible format.

11. Sexual health services should ensure demographical details are collected for all young people including ethnicity and disability. This will allow thorough analysis and identify any potential gaps in service provision and access.

Access

12. Secure care units should ensure all secure CE-YP have access to regular inhouse sexual health care. Where young people may have a short admission, their sexual health needs should still be assessed and addressed.

13. Sexual health services should work with secure care and step-down units to ensure sexual health care is maintained and promoted when young people leave care. Consideration should be given to developing a future outreach model to this group.

14. Consider secure care health staff developing skills in assessing and managing sexual health needs with the support of specialist sexual health services.

15. Consider developing a "flexible" or "*mobile*" young people's service, rather than fixed location. This would provide opportunities to have clinics near step down units, residential units, public locations or near events. As well as providing access it also provides improved visibility and opportunities for public health interventions.

16. Online booking should be available for young people to book appointments. There should also be other options for those without digital access, including telephone or drop in priority access to sexual health.

17. Sexual health services should consider the option to provide a live chat or SMS function to aid communicating with young people.

Informing of Service

18. Sexual health services should have an accessible and engaging website, which contains service information and how clinics can be accessed.

19. While online booking is preferable for young people, sexual health services should ensure their service is visible to secure CE-YP. Secure CE-YP have expressed a preference to learn about sexual health service within the secure units, health and education sector via staff and posters.

20. Sexual health services should engage with social media platforms to provide opportunistic education and advertise sexual health services, including what they offer and why it is important. Targeted marketing may be helpful. Preferred platforms include Facebook, Snapchat, TikTok and Instagram.

21. Professionals who interact with young people need to be informed of their local services and how young people can access them.

22. Professionals who interact with young people should feel confident to discuss sexual health with young people and be able to signpost to resources.

23. Professionals should be supported (temporally and financially) to participate in regular sexual health continued professional development.

24. Sexual health and health promotion staff should continue to work with professionals who work with CE-YP including third sector to support educational needs and build on links to ensure those most at risk are able to engage with the service.

Education

25. All sexual health staff should have completed mandatory child protection training and be aware of the needs of secure CE-YP.

26. Health Improvement should continue to work with the Education teams within the secure units, to ensure staff feel adequately trained, confident and well supported to discuss sexual health. Secure units should ensure adequate resources are in place to fund this.

27. Education teams within the secure units should prioritise and increase the frequency of discussing RSHP education with young people, as this is often missed due to lack of prior school attendance or short-term placements.

28. RSHP education should be evaluated within the units on a continual basis, to ensure the needs of current secure CE-YP are met.