SEXUAL HEALTH NEEDS ASSESSMENT SECURE CARE EXPERIENCED YOUNG PEOPLE

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Dr Janine Simpson

ST6 Community Sexual & Reproductive Health

NHS Greater Glasgow & Clyde

Janine.Simpson3@ggc.scot.nhs.uk

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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.

Introduction

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.

Who are care-experienced young people?

In the United Kingdom (UK) a person is considered care-experienced (CE) if at any time during their childhood parental responsibility was assumed by social services or shared between social services and the young person's parents.[2] The young person's residing local authorities has the responsibly to provide support. There are various types of care settings including at home (where the child is subject to a Compulsory Supervision Order and continues to live in their usual place of residence), in kinship care (where they are placed with friends or relatives) residential units and secure units.

During 2019-20 in Scotland, 16,350 young people[3] were looked after or on the child protection register, which equates to approximately 2%. There was an average 82 residents in secure care in Scotland, (Scottish n=53, English n=28), with approximately 54% male.[2]

Secure care placements are authorised following a decision through the Children's Hearing System or a Court, or as an emergency placement for up to 72 hours before attending a hearing or court attendance, due to presenting high risk to themselves or others. They are used for a small proportion of young people who are at risk to themselves or others. Reasons often include criminal justice involvement, sexual abuse, exploitation and substance misuse.[2]

Scottish social work data suggests that 46% were 16 years or more and 9% young people had at least one disability. The length of stay for 38% of young people was less than 3 months, with 22% greater than 6 months.[2]

Secure care in Scotland

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

Contracting agreements have been negotiated with the charitable organisations by Scottish Excel, on behalf of the 32 Scottish Local Authorities.[4]

- Good Shepherd Centre, Bishopton (local authority; Renfrewshire): 18 places
- Kibble Education and Care Centre, Paisley (local authority; Renfrewshire): 18 places
- St Mary's Kenmure, Bishopbriggs (local authority; East Dunbartonshire): 24 places (excluding 7 emergency/ short term use beds)
- Rossie Young People's Trust, Montrose (local authority; Angus): 18 places
- City of Edinburgh Secure Care, Edinburgh: 6 places

What is sexual health?

The World Health Organisation (WHO) define sexual health as:[5]

"*a state of physical, emotional, mental and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity…*" "*…it requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibly of having pleasurable and safe sexual experiences, free from correction, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all people must be respected, protected and fulfilled.*"

CE-YP are known to be sexually active earlier[6] than their peers, increasing their likelihood of sexually transmitted infection (STIs) 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 that 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]

Policy Context for Secure Care Experienced Young People

The Scottish Government Sexual Health and Blood Borne Virus 2015-2020[10], Pregnancy and Parenthood in Young People Strategy 2016-26[11] and Pregnancy and Getting it Right for Looked After Children and Young People Strategy 2015[12] recognise these vulnerabilities and support strategies to improve health and well-being outcomes, including comprehensive accessible RSHP education[11]. It has also been incorporated in the Sexual health covid-19 recovery plans – Reset and Rebuild[13].

The Promise: Secure Care August 2020[14]

In October 2016, the First Minister made a commitment that Scotland would "*come together and love its most vulnerable children to give them the childhood they deserve*".[14] An Independent Root and Branch Review of Care ("*the Care Review*"), driven by those with experience of care was launched in February 2017.

Between 2017 and 2020, the Care Review heard the experiences of over 5,500 care experienced infants, children, young people, adults and members of the paid and unpaid workforce of Scotland's "*care system"* and their vision for what needed to change. This vision was set out in "The Promise".[14]

As well as challenging Secure Care to fundamentally rethink the purpose, delivery and infrastructure including procurements arrangements, 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.

Trauma informed support, particularly for those who have been sexually abused or exploited to ensure their needs are met in an informed and therapeutic manner.

Secure Care settings must uphold the United Nations Convention on the Rights of the Child (UNCRC)[15] and ensure their health and educational needs are not compromised. It also focuses on ensuring the workforce are appropriately trained, confident and well-supported.
This should continue into the transition out of a restricted environment, with further investment required in supportive intermediate settings.

Scottish Government: Secure Care Pathway and Standards Scotland 2021[16]

The Secure Care Pathway and Standards Scotland[16] were co-produced with stakeholders, including children, young people and adults with current and 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.

Focusing on sexual health, standards 18, 29 33 and 44 again ensure Secure Care units uphold the UNCRC[15] and provide this care for young people.

> *18. I have everything I need when I arrive to keep me safe and healthy and so do the people looking after me.*
>
> *29. My physical, mental, emotional and wellbeing needs are understood by the people looking after me. I am involved in all decision and plans to make sure I have the care and support I need when I need it.*
>
> *33. My learning needs are understood, and I am supported to have these needs met and to make the most form my abilities and talents.*
>
> *44. I have all the care and support I need to build the future I want, from everyone who has a role or responsibility, for as long as I need it.*

Guidance on Health Assessments for Looked After Children and Young People in Scotland 2014[17]

Guidance set out by the Scottish Government in 2014, mentions again the importance of a consistent approach and detailed areas of focus on the assessment ranging from mental and emotional health to dental health. This should be complete within 4 weeks of the NHS Board receiving notification (that the individual has become 'looked after').[17]

The health needs assessment for those aged 11-18 years only requires an assessment of understanding sexual health including the risks, however, doesn't focus on any specialist assessments or input from sexual health. Subsequent guidance from the Scottish Government (Getting it Right for Looked After Children and Young People Strategy 2015) necessitates that Health Boards "provide ready and responsive access to a GP, dentist, LAC nurse, mental health and sexual health services as required" for CE-YP.[18]

Childhood immunisations are specifically mentioned and required to be complete for their age. This would include Human Papilloma Virus (HPV) vaccinations, however only 23% females received 1-3 vaccines during their secure care admission in 2019-20. Since August 2019 the HPV school vaccination programme has been extended to all genders in S1.[19]

There is a paucity in the literature of the clinical sexual health needs of secure CE-YP, with previous health needs assessments in Scotland specificity mentioning this.[20]

Recent published work from the Centre for Youth and Criminal Justice (CYCJ) from the Scottish Secure Care Census clearly demonstrates the substantial exposure secure CE children have to Adverse Childhood Experiences[21] compared with the general population, with statistical significance found when looking at gender and poverty. A further publication has addressed placement distances from their home, with 7/10 young people placed by a Scottish Local Authority being under 50 miles from their family home.[22]
For those under the care of an English Local Authority, the same proportion of children were over 300 miles from home.[22]

Sexual Health Care for CE-YP in NHS Greater Glasgow & Clyde

Monthly outreach is currently provided to three of the five secure units in Scotland by a Specialist Sexual Health Nurse from Sandyford Sexual Health in NHS Greater Glasgow and Clyde (NHS GGC). This compromises 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.

Overview of Health Needs Assessment

What is a Health Needs assessment?

A systematic process used by NHS organisations and local authorities to assess the health problems facing a population. This includes determining whether certain groups appear more prone to illness than others and pinpointing any inequalities in terms of service provision. It results in an agreed list of priorities and resource allocation, that will improve health and reduce inequalities.

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

The HNA assessment was conducted from March 2021-December 2021. Dr Janine Simpson brought together a multidisciplinary group including secure care staff sexual health and third sector organisations. She developed a proposal including aims and objectives. This was supported by key stakeholders including NHS GGC Sexual Health and three secure care units within NHS GGC (The Good Shepherd Centre, Kibble Education and Care Centre and St Mary's Kenmure).

The HNA comprised of three approaches; epidemiological, corporate and comparative.

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.

Methods: Epidemiological - literature review

A literature review was conducted on the sexual health needs of secure CE-YP. A review of databases including Medline, Assia, Social Science Abstracts from 2006 – 2021 was performed. The search terms are detailed in appendix 1. Titles and abstracts were reviewed, and the full text of any documents examined. Priority was given to any UK based document.

Methods: Epidemiological - NHS GGC Sexual Health Secure Outreach clinical activity in 2020

A retrospective case note review was performed of the electronic sexual health records (NaSH System ™) from 1st January 2020-31st December 2020 for those who had a booked outreach appointment. Individual attendees were reviewed, and any additional follow up was captured within the clinical activity.
A proforma was developed and used to capture clinical activity data from the electronic records. This was stored and collated in Microsoft Excel™ on a password protected NHS computer.
The proforma is detailed in appendix 2.

In 2020, a total of 67 attendances were recorded, with 45 individual young people attending the outreach clinic.

Methods: Epidemiological - Anonymous questionnaire completed by current secure CE-YP within secure units in NHS GGC

An anonymous questionnaire was developed to determine the sexual health needs of current secure CE-YP. This is detailed in appendix 3.
Areas addressed:

- Demographics
- Previous and future engagement with sexual health services
- Contraception use and sexually transmitted infection (STI) screening
- HPV vaccination status
- Drug and alcohol use
- Relationship Sexual Health and Parenthood education

The questionnaire was designed by Dr Janine Simpson and peer reviewed. Input was sought from the STARR group, who have lived experience of secure care. Guidance was provided from Health Improvement and CYCJ with regards to content, appropriateness and wording. Care was taken to avoid potential for distress by focusing on service delivery and their own health needs, rather than lived experiences.

An information sheet was developed, answering a series of questions. If the young person wished to proceed with the study, a short consent form, was completed and stored in a locked filing cabinet separately. This is detailed in appendix 4.

All young people aged 13-18 years were invited to complete the questionnaire over a 6 week period in October-November 2021, which was advertised by word of mouth and posters within the health and education centres in the units. Young people who were not deemed to have capacity were not included in this study. Secure care health staff assessed for this.

It was available to complete on digital and paper format. Due to restrictions with electronic devices, all units opted for paper copies (which could be translated), which allowed young people the option to complete the questionnaire in the privacy of their room. This also reduced face to face contacts due to Covid-19 restrictions. Health staff were present or nearby when the form was completed, providing support and onward referral if needed for the young person.

Recruitment was incentivised with all young people who participated (at any level) provided with a £20 Amazon™ voucher after completion. This was funded by NHS GGC Sexual Health Improvement Team (total £1, 000).

Ethical approval was not required by NHS GGC as it was focused on service improvement, however the Kibble Education and Care Centre required an ethics submission. This is detailed in appendix 5.

Results were collected and collated on Microsoft Excel™ on an NHS password protected laptop.

A total of 50 young people were recruited in the study from a potential 60, with a response rate of 83.3%. Two of the entries were excluded due to more than 50% form being incomplete.

This gave a total study size of 48 current secure CE-YP (response rate 80%).

Methods: Corporate Needs Assessment

An anonymous questionnaire was developed and distributed to those working with secure CE-YP within NHS GGC to determine areas of good practice and areas for improvement. This is detailed in appendix 6. Areas addressed:

- Demographics
- Experience supporting young people
- Access to sexual health care for secure CE-YP
- Training needs

The questionnaire was designed by Dr Janine Simpson, and peer reviewed. Guidance was provided from Health Improvement and CYCJ with regards to content, appropriateness and wording.

An information sheet was developed, answering a series of questions. If they wished to proceed with the study, a short consent form, was completed and stored in a locked filing cabinet separately. This is detailed in appendix 7.

Ethical approval was not required by NHS GGC as it was focused on service improvement, however the Kibble Education and Care Centre required an ethics submission. This is detailed in appendix 5.

The questionnaire was distributed electronically and in hard copy to a wide range of staff involved in working with secure CE-YP. The study invitation was open ended, and thus a response rate could not be calculated. Included on the email distribution list were:

- Education
- Health (including vulnerabilities team and primary care)
- Social work (including addictions)
- Centre Youth and Criminal Justice
- Third sector organisations

Results were collected and collated on Microsoft Excel™ on an NHS password protected laptop. There were 19 respondents.

Methods: Comparative Needs Assessment

An anonymous questionnaire was developed and distributed to those working within the other two secure care units in NHS Scotland. This is detailed in appendix 8.
The aim was to establish the current sexual health care provision within units in Scotland and learn from any best practice.

The questionnaire was designed by Dr Janine Simpson, and peer reviewed. An information sheet was developed, answering a series of questions. If they wished to proceed with the study, a short consent form, was completed and stored in a locked filing cabinet separately. This is detailed in appendix 9.

The questionnaire was distributed electronically. Both units replied, with a response rate of 100%.

Ethical Approval

Advice was sought from the West of Scotland Ethics Committee, who confirmed that the sexual HNA was a service evaluation (as opposed to research) and as such formal ethical approval was not required. As part of the approval process, Kibble Education and Care Centre requested ethical approval through their internal process. This was completed and granted. It is detailed in appendix 5. St Mary's Kenmure and The Good Shepherd Centre approved the work.

Epidemiological Needs Assessment: NHS GGC Sexual Health Secure Outreach clinical activity in 2020

Sandyford Sexual Health Service currently provide a monthly outreach service to three secure units in NHS Scotland (St Mary's Kenmure, Good Shepherd Centre and The Kibble Education and Care Centre), funded by NHS GGC Sexual Health Services.

The session is staff by a band 6 Specialist Sexual and Reproductive Health nurse for young people. Each session lasts for 4 hours, with a maximum capacity of approximately eight 30-minute appointments, although this can vary depending on needs. Time is also allocated to complete documentation, reviewing results and further follow up including linking with other professional's e.g. social work.

Often the units provide details of the young people wishing to attend prior to attendance, to facilitate for confidential sexual health records to be generated (if they have not already accessed sexual health service in Scotland). The young people are seen within the individual secure unit's health suites, which have access to an examination couch, scales and resuscitation equipment. A vaccine transporter has been purchased to facilitate vaccinations.

Services which can be accessed and provided include:

- Full sexually transmitted infection screening (including chlamydia, gonorrhoea and venous or dry blood sampling for blood borne viruses and syphilis) including initiating partner notification.
- Immediate access to a range of contraceptives including emergency contraception, pills, patches, rings, injectable and implant methods.
- Fast track referral for intrauterine contraception at Sandyford Sexual Health Services.
- Urine pregnancy testing.
- Treatment of sexually transmitted infections including chlamydia, gonorrhoea, syphilis, herpes simplex virus and genital warts.
- Treatment for candidiasis and bacterial vaginosis.
- Opportunistic human papilloma virus and hepatitis A and B vaccinations.

Demographics

In 2019, 147 outreach attendances were recorded on the sexual health system (NaSH™) from 68 individual young people. This decreased in 2020 due to the Covid-19 pandemic, where 67 attendances were recorded from 45 individuals, of a mean age 15.3 years (range 12-18 years). The breakdown of attendance locations and demographics are detailed in table 1 and 2.

Table 1: Outreach locations

Outreach Location	n	%
St Mary's Kenmure	25	55.6%
Good Shepherd	14	31.1%
Kibble	4	8.9%
Royal Hospital for Children, Glasgow	1	2.2%
Orr Street	1	2.2%
Total	**45**	**100%**

Table 2: Demographics

Demographics		n	%
Age	12 years	1	2.2
	13 years	3	6.7
	14 years	7	15.5
	15 years	13	28.9
	16 years	13	28.9
	17 years	7	15.6
	18 years	1	2.2
Gender	Female	24	53.3
	Male	19	42.2
	Trans male	2	4.4
	Trans female	0	0
Residing country	Scotland	35	77.8
	England	9	20
	Wales	1	2.2
Sexuality	Heterosexual	41	91.1
	Gay	2	4.4
	Lesbian	1	2.2
	Bisexual	1	2.2

Of the 45 young people who attended, 16 were residents within NHS GGC, with the majority from Glasgow City (n=9). Where recorded, other Scottish residents were from Lanarkshire (n=3), Ayrshire (n=3), Lothian (n=3), Grampian (n=2) and Forth Valley (n=3).

Sexual Health Encounters

For most young people, the outreach appointment was their first contact with sexual health services (n=24; 53.3%). Where young people had attended sexual health services in Scotland, 347 encounters were recorded, averaging 16.5 encounters for 21 individuals (mode 6-10; range 1-84 encounters). Further details are provided in table 3.

Specialist mental health support was provided via Child and Adolescent Mental Health Services (n=21) and Forensic Child and Adolescent Mental Health Service (n=8). 2 young people had input from the NHS Scotland Gender Identity Clinic.

Table 3: Previous NHS Scotland Sexual Health Encounters

Previous clinical encounter	n
Sandyford Outreach	16
Sandyford Virtual	71
Sandyford Young People Specialist	3
Sandyford Young People Drop In	17
Archway Sexual Assault Referral Centre, Glasgow	2
Abortion Service, Glasgow	0
Other health board clinical appointment	71
Other health board virtual encounter	167
Total	**347**

In 2020, 74 outreach appointments were offered, with 98 virtual follow up appointments. Each young person seen had an average of 4.2 contacts (mode 1-5 encounters) in 2020. A breakdown is detailed in table 4.

Table 4: NHS Scotland Sexual Health Encounters following outreach appointment

Encounters following outreach appointment	2020	2021
Sandyford Outreach	74	14
Sandyford Virtual	98	49
Sandyford Young People Specialist	3	4
Sandyford Young People Drop In	5	8
Archway Sexual Assault Referral Centre, Glasgow	1	3
Sandyford Outreach	0	5
NHS Scotland Gender Identity Clinic, Glasgow	1	0
Other health board clinical appointment	2	5
Other health board virtual encounter	4	20
Total	**188**	**108**
Mean	**4.2**	**2.4**

Care Placements

Where documented, 44.4% (n=20) had previous care placements, with 7 having previous secure CE and 16 having residential care experience. Establishing the number of previous placements was not possible from the dataset.
Where documented (31/45), reasons for admission included child sexual exploitation (CSE) risk (n=12), mental health reasons (n=12), drug use (n=9) and criminal justice (n=2). Further details are found in table 5.

Table 5: Reason for secure care admission

Reason for secure care admission	n
Not documented	14
CSE Risk	12
Drug use	9
Alcohol use	5
Mental health	8
Self-harm	4
Safety risk	4
Criminal Justice	3
Physical abuse	3
Parental drug use	2
Sexual assault	1
Trauma	1

Sexual Health

88.9% (n=40) were sexually active, with 25% (n=10) of young people experiencing their first sexual contact under the age of 13. 37.5% (n=15) were 13 years old when they had their first sexual contact. 55% (11/20) had documented 6 or more partners. Further details are in table 6.

Table 6: Sexual health overview – those sexually active

Category		n	%
Age at first sex	11 years 12 years 13 years 14 years 15 years Not documented	1 9 15 2 4 9	3% 23% 38% 5% 10% 50%
Gender of partners	Male Female Both Not documented	17 19 1 3	43% 48% 3% 8%
Number of previous partners	1-5 6-10 11-15 16-20 100+ Not documented	9 6 2 2 1 20	23% 15% 5% 5% 3% 50%

Only 3/40 (7.5%) always used condoms, with 16/40 (40%) never using condoms. 35/45 (77.8%) young people had also never used contraception. Three individuals reported sexual contact with someone from overseas.

16/40 reported previous non-consensual sex, with 7.5% (n=3) involved in transactional sex. For those with documented non-consensual sex, 6/16 (37.5%) was within the last year.

There was no documented history of non-professional tattoos or injecting drug use, with 1 person reporting a previous sexual partner who injected drugs.

3 young people reported a previous pregnancy, with one during their secure care experience. Further details are provided in table 7.

Table 7: Sexual health details

Sexual health details	Outcome	n	%
Previous contraception use	Yes	9	20%
	No	35	78%
	Not documented	1	2%
Condom Use	Always	3	7.5%
	Sometimes	19	47.5%
	Never	16	40.0%
	Not documented	2	5.0%
Sex Overseas	Yes	3	7.5%
	No	37	92.5%
Non-consensual sex	Yes	16	40%
	No	23	58%
	Not documented	1	3%
Duration	Less than 1 year ago	6	38%
	More than 1 year ago	10	63%
Involved in transactional sex	Yes	3	8%
	No	36	90%
	Not documented	1	3%

Social History

Almost half of the young people were current smokers (48.9%, 22/45), with only 9 (20%) documented as never smoking tobacco. 55.6% (25/45) reported a history of binge drinking alcohol, with 6/45 recorded as "*within sensible limits*". The mean age for the study was 15.3 years.

Over two thirds of young people reported illicit drug use, with only 16% (n=7) documented as never using. Focusing on drug type cannabis (n=23), ecstasy (n=18), cocaine (n=16) and valium (n=11) were the most common, with 20 young people using 2 or more drugs. Further details are in table 8.

Experience of domestic abuse (n=12), rape/sexual assault (n=14) and child sexual abuse (n=3) was reported by young people, with 20 young people denying any form of gender-based violence.

Table 8: Social history

Social history topic	Response	n	%
Smoking	Current	22	48.9%
	Ex	5	11.1%
	Never	9	20.0%
	Not documented	9	20.0%
Alcohol	Within accepted units	6	13.3%
	Binge	25	55.6%
	Never	8	17.8%
	Not documented	6	13.3%
Drugs	Yes	30	66.7%
	Ex	2	4.4%
	Never	7	15.6%
	Not documented	6	13.3%
Drug Type (Multiple responses)	Cannabis	23	
	Ecstasy	18	
	Cocaine	16	
	Valium	11	
	Hash	4	
	Ketamine	**4**	
	Codeine	1	
	Acid	1	
	Alprazolam	1	
	Not documented	1	
Number of drug classes used (Multiple responses)	1	9	
	2	4	
	3	6	
	4	7	
	5	3	
	Not documented	1	
Gender based violence (Multiple responses)	Domestic abuse	12	
	Rape/sexual assault	14	
	Child sexual abuse	3	
	Other	2	
	Denies	20	
	Not documented	4	

In 2020, for those sexually active (n=40), 30 (75%) young people were offered and accepted dual chlamydia and gonorrhoea testing and 22 (55%) accepted blood borne virus (HIV, hepatitis B and C) and syphilis serology. 3 young people required antibiotics for chlamydia infection.

Treatment Provision

Contraception was provided to 11 young people at the initial outreach appointment including combined hormonal pill (n=4), progestogen-only pill (n=2) and progestogen-only implant (n=4). 2 young people were fast tracked to have intrauterine contraception fitted at Sandyford Central.

2/45 received hepatitis B vaccination at the initial outreach appointment with 3/45 administered their HPV vaccination at a subsequent outreach appointment.
Further details can be found in table 9.

Table 9: Young people sexual health outreach prescriptions

Prescriptions	This Appointment n	Subsequent outreach n	Specialist Appointment n
Combined hormonal pill	4		
Combined hormonal patch		1	
Progestogen-only pill	2	1	2
Progestogen-only injectable	1	1	1
Progestogen-only implant	4	2	1
Progestogen-only intrauterine contraception			2
Antibiotics chlamydia		3	
HPV Vaccine		3	
HBV Vaccine	2	1	
Herpes Simplex Virus Suppression	1		
Relactogel	1	1	
Aqueous cream		1	
Ultrasound scan			1

Epidemiological: Anonymous questionnaire for current secure care experienced young people

Over the 6-week period of data collection, 50 young people completed the survey out of a potential 60 (response rate 83%). Two entries were excluded (modified response rate 80%) due to more than 50% form being incomplete.

Demographics

The mean respondent age was 15.1 years (range 12-17 years). The majority were from Scotland (n=28; 58%), with other young people originally residing in England (n=18; 38%), Wales and Republic of Ireland (n=2; 4%). Most respondents were male (n=26; 54%), with 38% female (n=18) and 2 trans males and 1 non-binary young person. The majority were heterosexual 83% and white British 85% (n=41), with only a small number of young people from a Black Asian and Minority Ethnic backgrounds (n=4; 8%).
Further demographics are contained within table 10.

Table 10: Demographics for secure CE-YP

Demographics		n	%
Age	12	2	4%
	13	6	13%
	14	8	17%
	15	10	21%
	16	15	31%
	17	7	15%
Residing country	Scotland	28	58%
	England	18	38%
	Wales	1	2%
	Republic of Ireland	1	2%
Gender	Female	18	38%
	Male	26	54%
	Trans male	2	4%
	Non-binary	1	2%
	Prefer not to say	1	2%
Sexuality	Heterosexual	40	83%
	Lesbian/gay	4	8%
	Bisexual	2	4%
	Prefer not to say	2	4%
Ethnicity	White British	41	85%
	White Other	3	6%
	African	1	2%
	Black/Caribbean	1	2%
	Multiple/mixed	1	2%
	Jewish	1	2%

Sexual Health Access

50% of young people had accessed services related to their health services in the past, with the majority 83% within the last year. Sexual health services (n=16), and sexual health outreach (n=7) were the main previous contacts, with 2 attending a sexual assault referral centre and 1 primary care.

71% (n=34) had current contact with CAMHS, with referral reasons including attention deficit hyperactivity disorder (ADHD) (n=2), complex trauma (n=2) and self-harm (n=2).

When the 24 (50%) who have never accessed services in relation to their sexual health before, were asked why 83% stated they had no need to. Other reasons included frequency of moving address (n=2) and lack of time (n=1) and no desire to (n=1).

Improving Access

Young people were provided with various options, and the opportunity to include their own thoughts as to how they felt we should improve and make access easier to sexual health services, including outwith secure care. 40% preferred online booking (n=19), with 15% stating the availability of pop-up clinics in public places, and near residential units as an optimum location. Outreach clinics were also rated as was the ability to have live SMS chat (15%) with sexual health staff.

Timing of the clinic was not as big a priority, however for those who responded the preference seems to be for afternoon (n=6) or evening (n=5). The responses are detailed in table 11.

Table 11: CE-YP views on improving access to sexual health services

Make it better/easier	n	%
Online booking	19	40%
Clinic near residential unit	7	15%
Pop up clinic - public places	7	15%
Live chat - SMS	7	15%
Clinic in secure unit	6	13%
Clinic Afternoon	6	13%
Clinic Evening	5	10%
Clinic Weekend	4	8%
Clinic AM	4	8%
Clinic near school	4	8%
Virtual clinic	4	8%
Clinic near bus/train station	3	6%
Live chat - online	2	4%
Video online of clinic set up	1	2%

Promoting Sexual Health Services

Young people were provided with various options, and the opportunity to include their own thoughts as to how they wished to learn about sexual health services.

Almost one third of young people felt health services were best placed for this, including information via the website, posters within healthcare facilities and from secure unit staff. 17% (n=8) felt families also had a role.

Posters within Glasgow Life facilities e.g. gym and libraries were suggested by 17%, with 15% suggesting poster within the secure units.

Considering social media, Facebook was the most popular (21%), followed by Snapchat (15%), TikTok (10%) and Instagram (15%). Nobody opted for Twitter as a platform of choice. This is captured in table 12.

Table 12: CE-YP's views on how they wish to be informed of sexual health services

Inform you of our service	n	%
Health services	14	29%
Posters Health	13	27%
Website	13	27%
Secure unit staff	12	25%
Facebook	10	21%
Schools	9	19%
Family	8	17%
Posters Glasgow Life	8	17%
Posters Public Venues	8	17%
Posters Secure	7	15%
SnapChat	7	15%
Youth groups	5	10%
TikTok	5	10%
Instagram	5	10%
YouTube	4	8%
Friends	3	6%
VLOGs	2	4%
Twitter	0	0%

Contraception Use

38% (n=18) have never used contraception. For those who have (54%), the majority had used condoms (69%; n=18) and pills (35%; n=9) with fewer numbers accessing LARC (20%; n=5).

Focusing on current contraception use, 21% (n=10) were actively using a method at present. The most common reason for those not using contraception was that they were not sexually active (40%; n=19). 25% expressed that they didn't like using contraception. Further details are provided in table 13.

Table 13: Contraception

Contraception details		n	%
Contraceptive Use	Yes	26	54%
N=48	No	18	38%
	Rather not say	4	8%
Method	Condoms	18	69%
n=26	Pills	9	35%
Multiple responses	Implant	3	12%
	Coil	2	8%
	Patch	1	4%
Current contraception use	Yes	10	21%
N=48	No, I'm not having sex	19	40%
	No, I don't like using it	12	25%
	No, but I would like to	2	4%
	No, there is another reason why not	1	2%
	Not sure	1	2%
	I'd rather not say	3	6%

Sexually Transmitted Infection Screening

52% (n=25) had never performed a sexually transmitted infection (STI) screen, compared with 35% (n=17) who had. Only 2 young people stated the had been aware of having a previous positive STI test.

Human Papillomavirus Vaccination

Since 2019, all young people in S1 onwards (aged 11-12 years) are eligible for HPV vaccinations. A catch-up programme for heterosexual men was not recommended by the Joint Committee of Vaccination and Immunisation (JCVI).[19] Young people were asked whether they had completed their HPV vaccinations.

Only 3 people (14%) had completed the course, with 6 individuals stating they had received a single dose (27%). 22 young people from the cohort would have been eligible for the vaccination (female=18; trans males=2; non-binary person=1 and 1 male within the S1 cohort age.

Reasons for the cohort not receiving their HPV vaccines include not at school on that day (n=7), worried about the needle (n=5) and risks (n=2). The majority however were not sure (n=26).

Relationship, Sexual Health and Parenthood (RSHP)Education

Most young people reported having some RSHP education at school (83%; n=40), of which the majority found it useful or slightly useful (n=13; 27%). Looking at extremes 10% (n=5) reported it was very useful, compared with 19% (n=9) commenting it wasn’t useful. For those who have not received any RSHP education the most common reason was not being at school on the day (n=4), with one person commenting that their school didn’t discuss it.

Specific comments young people had about it included:

"Non-judgemental"
"Good, easy to understand"
"Teacher is great at explaining and signposting"
"Alright…just a bit embarrassing"
"I was disturbed by my classmates"

Social History

73% (n=35) reported current tobacco smoking, with 81% (n=39) reporting alcohol use.
51% (n=20) reported doing something which they perceived to be risky while under the influence of alcohol, with 8% (n=3) stating they had done something risky and felt unsafe.

The majority 77% (n=37) had reported recreational drug use, with 4% (n=2) stating they had injected drugs.

Further details are provided in table 14.

Table 14: Social history

Social history		n	%
Smoking tobacco	Yes	35	73%
N=48	Ex	5	10%
	Never	8	17%
Alcohol use	Yes	39	81%
N=48	No	9	19%
Alcohol: Safety and risk	Done something risky	20	51%
n=39	Done something risky & felt unsafe	3	8%
	No	11	28%
	I'd rather not say	5	13%
Recreational drugs	Yes	37	77%
N=48	No	7	15%
	I'd rather not say	4	8%
Injecting drug use	Yes	2	4%
N=48	No	43	90%
	I'd rather not say	3	6%

Corporate: Views of staff working with secure care experienced young people

Demographics

A wide group of professionals were represented into the corporate health needs assessment (N=19). 21.2 % (n=4) were from the NHS, with secure health (n=3), management (n=3) and education (n=6). Other services including social work (n=2) and mental health (n=1) were also represented. The details are illustrated in graph 1. Most respondents had more than 5 years of experience in their role (47.3%; n=9), of which 7 had more than 10 years. Further details in table 15. 84% (n=16) felt that their job had a role to play in providing sexual health care to secure CE-YP, for example "*signposting*" (n=3), "*providing general advice/RSHP*" (n=5) and "everyone has a role" (n=2).

Graph 1: Corporate cohort: Professional Role

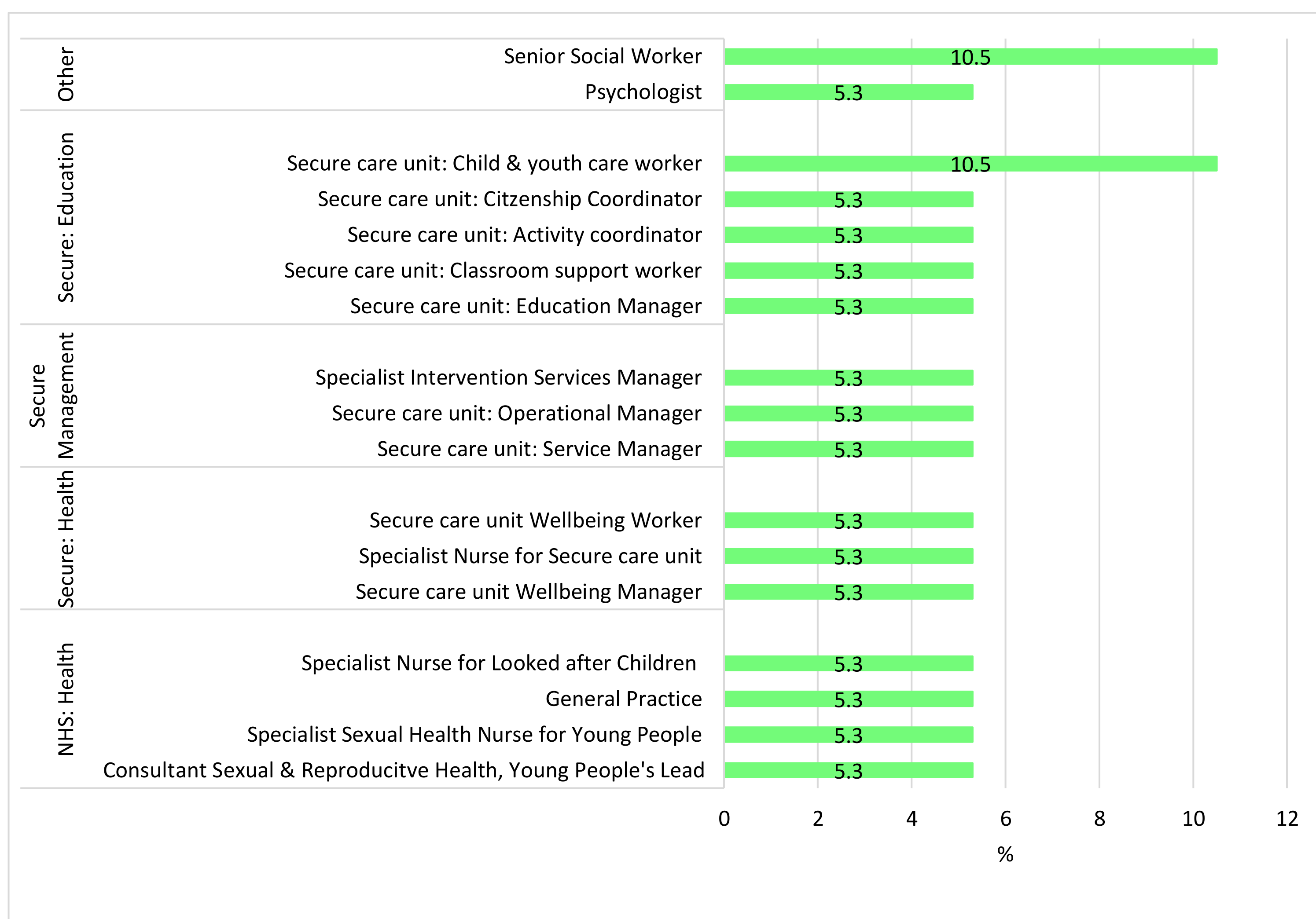

Table 15: Duration in current professional role

Duration in role	n	%
Less than 1 year	2	11%
1-2 years	1	5%
2-3 years	2	11%
3-4 years	4	21%
4-5 years	1	5%
5-10 years	2	11%
10 years +	7	37%
Total	**19**	**100%**

Accessing Care Relating to Sexual Health

95% (n=18) of professionals were aware of how young people access services related to their sexual health. Free text responses were collated and themed. The most frequent responses were through "*Sandyford*" (n=7), "*General Practice*" (n=4) and "*Looked After and Accommodated Nurses*" (n=4). Further details are displayed in table 16.

74% (n=14) had physically accompanied a young person to services relating to their sexual health, with the overall majority attending specialist sexual health services (n=13; 93%), general practice (n=8; 57%) and 21% (n=3) to outreach sexual health, sexual assault referral centres and abortion and gender services. Table 16 contains the full details.

Table 16: Experience supporting young people access sexual health care

Question	Details	n	%
Awareness of how young people access sexual health care currently	Sandyford	7	39%
	GP	4	22%
	School Nursing Service	2	11%
n=18	LAAC Nursing Service	4	22%
Multiple responses	Leaflets	1	6%
	Link Nurse	2	11%
	Online	1	6%
	Telephone	1	6%
	SMS	1	6%
	Social work	1	6%
	Secure escort to sexual health	1	6%
Services young people have been accompanied to	Sexual health	13	93%
	GP	8	57%
n=14	Abortion service	3	21%
	Sexual assault referral centre	3	21%
	Outreach sexual health	3	21%
	Online STI	1	7%
	Gender	3	21%

When asked what works about the sexual health care provided free text responses were themed.

Sexual health outreach

- improves access and reduces barriers (7/19)
- it encourages young people to consider their own sexual health needs (3/19)
- it is appreciated (2/19)
- provides early contact (1/19)

Specialist Nurse for Secure care

- Provide a link and build supportive relationships (4/19)

Other

- Confidentially (6/19)
- Respectful (4/19)

The overall majority of comments were positive, however one individual felt that they "*don't believe it works well'*. Another commented that the didn't feel sexual health care outreach happened often. It was also highlighted that monthly sexual health outreach will still miss some young people who have short admissions.

Some direct quotes include:

"*Provides young people the opportunity to gain knowledge about the service and overcomes some of the barriers and reduces stigma. This promotes sexual health as part of the wider agenda*".

When considering factors to provide the ideal sexual health care to secure-care experienced young people respondents mentioned:

- Regular, frequent outreach (n=8)
- Continuity (n=6)

- Staff education (n=4)
- Access to professional support (n=2).

Further details are provided in table 17.

Table 17: What would be the ideal scenario/circumstances for supporting a young person?

Ideal scenario/circumstances for supporting a young person	n
Continuity	6
Regular frequent outreach	8
Staff education	4
Access to professional advice	2
Weekly access	1
Quick access and reducing barriers (e.g. secure transport) to clinical appointment for procedures e.g. intrauterine contraception	1
Gender of clinician - client choice	1
Client centred individualised treatment plans	1
Secure care nurses delivering sexual health services	1
Sexual health service information leaflets including what to expect	1
Normalising the service, promoting it as part of mainstream health	1

Barriers which prevent the "*ideal care*"

Four themes were apparent when respondents were asked about the possible barriers which prevent the "ideal" sexual health care provision.

1. Resources
   Staff shortages for both NHS (n=8) and secure care (n=5) were seen to be the main barrier perceived, with funding (n=3) and time (n=3) also an issue.

2. Embarrassment
   Respondents felt that young people were embarrassed to discuss their sexual health (n=3) or discuss it with staff they know (n=1). Concerns were also mentioned about the potential embarrassment of secure transport and escorts (n=1) if attending appointments out with the unit, particularly when sitting in waiting rooms.

3. Education
   Young peoples' own awareness of their own sexual needs despite being sexually active was also discussed (n=3) with reduced access to RSHP education thought to be a reason.

   A quote includes:
   "A lack of understanding about abuse by young people who are victims of CSE, which prevents them from accessing services".

4. Sexual health care
   Other potential barriers were concerns regarding confidentially (n=2), non-individualised care (n=1), lack of engagement (n=1) and the young person's high safety risk preventing access (n=1).

Barriers preventing young people from attending sexual health services

1. Young peoples' feelings
   The most common issues stated were:
   - not perceiving themselves as needing sexual health care (n=4);
   - stigma (n=3);
   - blaming self for sexual risk taking (n=2);
   - embarrassment (n=2);
   - low self-esteem (n=1);
   - feel like they should already know so don't ask (n=1).

2. Sexual health service
   Fear of services was mentioned (n=2) and previous negative experiences of a forensic medical exam (n=1), along with limited clinic times (n=1). Six individuals mentioned that if an outreach service was not provided, more physical barriers are placed on access.

3. Resources
   Staff shortages for both NHS (n=1) and secure care (n=4) were noted, along with missed RSHP at school (n=3).

Some direct quotes:

"*Sexual health is not spoken openly about in society and is still quite taboo - this is then reflected in young people, they are reluctant to speak about it. I think young people would be more open about their sexual health with adults they have positive relationships with and who they feel comfortable with.*"

"*Trauma. Often by the time they reach secure care they are either too traumatised or too angry to engage effectively. Opportunities in the community to intervene are missed so it makes it difficult for young people to identify their own needs when in secure care.*"

Care-experienced young peoples' needs

79% (n=15) of respondents felt that young peoples' needs have changed over time, with increasing levels of CSE (n=5), mental health (n=5), complex trauma exposure (n=2) and exposure to more stressors (n=2).

Someone commented that these increasing needs and secure care admissions are making it more difficult to place young people in residential care.

Professionals' views on how to improve access to sexual health care for secure CE-YP

Professionals viewed outreach (79%), online booking (68%), with options for live chat online (84%) or via SMS (53%) as key strategies. Timing of clinic was also a priority with evening (37%) and weekend (37%) appointments seen as a better option. Further details are in table 18.

Table 18: Professionals' views on how to improve access to sexual health care for secure CE-YP

Make it better/easier	n	%
Online booking	13	68.4%
Clinic in secure unit	15	78.9%
Clinic near school	3	15.8%
Clinic near residential unit	3	15.8%
Pop up clinic - public places	6	31.6%
Live chat - online	16	84.2%
Live chat - SMS	10	52.6%
Virtual clinic	10	52.6%
Clinic near bus/train station	3	15.8%
Clinic Evening	7	36.8%
Clinic Weekend	7	36.8%
Clinic Afternoon	6	31.6%
Clinic AM	2	10.5%

Professionals' views on how to inform them of sexual health services

The most popular ways for sexual health services to inform professionals include via secure unit staff (79%), website (74%) and promotion through health services (68%). Only 11-16% of individuals opted for a social media platform. Further details are in table 19.

Table 19: Professionals' views on how to inform them of sexual health services

Professionals: Inform of sexual health service	n	%
Secure unit staff	15	79%
Website	14	74%
Health services	13	68%
Schools	7	37%
Posters Health	7	37%
Posters Secure	7	37%
Youth groups	6	32%
Posters Glasgow Life	6	32%
Posters Public Venues	6	32%
VLOGs	4	21%
Twitter	3	16%
TikTok	2	11%
SnapChat	2	11%
Instagram	2	11%
Facebook	2	11%
Family	2	11%
YouTube	1	5%
Other	1	5%
Friends	0	0%

Professionals' views on how to inform young people of sexual health services

Respondents felt that secure unit staff (84%), and health services (68%) were key to promoting the services, with mediums such as posters in secure units (74%), health (47%) and public venues (37%) being suggested. Social media platforms including TikTok (58%) and Snapchat (42%) were felt to be preferred along with the website (47%). Table 20 details this.

Table 20: Professionals' views on how to inform young people of sexual health services

Secure and residential CE-YP Inform of sexual health services	n	%
Secure unit staff	16	84%
Posters Secure	14	74%
Health services	13	68%
TikTok	11	58%
Schools	10	53%
Youth groups	9	47%
Posters Health	9	47%
Website	9	47%
SnapChat	8	42%
Instagram	8	42%
Posters Glasgow Life	7	37%
Posters Public Venues	7	37%
Facebook	7	37%
Family	7	37%
Twitter	5	26%
YouTube	4	21%
Friends	4	21%
VLOGs	4	21%
Other	2	11%

Training for professionals

Most staff felt confident to discuss all areas listed. A few individuals would be keen for more training on the below topics:

- pornography (n=4);
- gender – focusing on transitioning and body dysmorphia (n=2);
- social media use (n=2);
- keeping yourself and others safe (n=2);
- STIs (n=2);
- LGBTQI+ (n=3);
- abortion (n=2);
- gender based violence (including child criminal exploitation (n=1).

Additional comments

Professionals were provided with the options to list any additional comments in relation to secure CE-YPs sexual health needs.

Quotes:

Education

"*Ensuring reproductive & sexual health education is delivered each school term. Yearly isn't sufficient as the young people in secure care are moved so frequently. Staff in residential units also need to provide RSHP*".

Current sexual health outreach service

"*Young people in secure have often been non-attendees in school, without having any RSHP education. We as clinicians tend to rely on young people coming to us if they need care, however they often cannot identify their own needs.*
Therefore outreach is so important.
If young people are educated about their own bodies then it allows them to better understand any health issues or concerns they may have."

"*I would like it to be noted that the service in the secure unit has been fantastic. The young people, in my opinion have received an invaluable input into their health and wellbeing*."

Comparative Needs Assessment

As discussed, there are 5 secure care units within NHS Scotland, 3 reside within NHS GGC. The remaining two units are based in Montrose and Lothian, which also provide bed spaces for transitioning into the community. Sexual health service provision data was obtained from both units. Currently, neither unit has a sexual health outreach provision.

The secure unit in Edinburgh has 6 bed spaces and is owned by Edinburgh City Council. Young people can access sexual health services at Chalmers Centre, but clinical activity is unclear. Prior to Covid-19 pandemic sexual health staff would attend the secure unit occasionally to provide outreach care, but this has totally ceased since March 2020.

The Rossie Young People's Trust in Montrose have capacity for 18 young people. Sexual health discussions are provided by a Hillcrest Futures worker once a week, through a combination of group and one to one sessions.

Both units feel that sexual health provision could be improved within their units including sexual health outreach provision, and better training opportunities surrounding sexual health education. It was also felt that links between health and both secure and residential units could be strengthened moving forwards.

Discussion

Background

There has been steady decline over the past decade in young people attending sexual health services in NHS GGC, which have further decreased due to the Covid-19 pandemic.

Compared to 2011, there has been about a 74% decrease in 13–15 year-olds (2011; n=2004, 2020; n= 531), and a 53% decrease in 16-17 year olds (2011; n=3082, 2020; n=1438) accessing NHS GGC Sandyford Services in 2020. During the initial lockdown, outreach service was paused, however this re-commenced in June 2020. During 2020, 74 outreach appointments were offered, with 67 attendances from 45 individuals with a mean age of 15.3 years. Each person who attended had an average of 4.2 contacts during 2020.

As well as a decrease in young people attending, young males do not appear to be engaging with the service overall. In 2019 only 420 young males ages 13-17 attended the service, which was lower in 2020 (n=215). Focusing on the outreach clinic population, 42% were male, with the epidemiological SHNA capturing a significant proportion of their views. Within the data set for both clinical activity and secure CE-YP views, BAME people were not significantly represented, however this would be in keeping with the current SW demographic data for secure care. Reasons behind this are unclear, however documentation of demographics within sexual health records was lacking.

Additionally, 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.

Implementation of the NHS GGC Sexual Health Service review[23], including young peoples service was postponed due to the Covid-19 pandemic, however this is beginning to be re-mobilised.[13] As part of this Youth Health Services in NHS GGC had planned to develop their sexual health strategy and offer sexual health services.

Clinic Set Up

As mentioned earlier, outreach provision was not evaluated as part of the NHS GGC young people's sexual health review. Prior to 2020, a regular monthly outreach clinic was only provided to St Mary's Kenmure and Good Shepherd, Bishopton. A regular outreach clinic was established in the Kibble in late 2020.

This means that all 3 secure care units within NHS GGC receive specialist sexual health input. As detailed earlier, 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. This is set out in 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 (53%) it was their first encounter with sexual health services. Similar results were found from the secure CE-YP questionnaire, with 50% never accessing services in relation to their sexual health, 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. The majority had their first contact at aged 13 years, with 55% having documented 6 or more partners. 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. The Scottish CONUNDRUM study published in March 2021[24], found a decrease in condom and LARC use within Scottish young people. As mentioned earlier, 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.[8] It is vital we engage with young people and begin discussions regarding their contraceptive choices. Within the outreach population, 3 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 that 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. As well as offering STI screen it also provides an opportunity to provide health promotion and also discussions regarding reducing BBV risk.

Social History

Within both samples there is a large proportion of young people who currently smoke tobacco, drink alcohol and use illicit drugs. Cannabis, ecstasy and cocaine use appears most frequently. Cocaine use may also pose a risk of hepatitis C, and thus offering comprehensive BBV screening is vital.

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.

HPV Vaccines

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 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]

Public Health Scotland suggest there is a high uptake of the first dose of HPV immunisation for girls in all deprivation categories, with over 90% of girls receiving the first dose of the vaccine by the end of S4. However, girls from the most deprived areas were less likely to have the second dose compared to those in the least deprived areas (84.3% vs 91.6%).[26] The literature also confirms lower engagement with cervical screening in those who smoke, aged between 25-34, and living in areas of deprivation. Again this supports the importance of accurately collating vaccination records and engaging in informed discussions with young people regarding their vaccination status.[27] Community Health Index (CHI) numbers were not documented within sexual health

notes for a large proportion of young people. This may be to do with permissions; however it is needed to determine and update HPV vaccination status. Non-Scottish patients and other temporary residents can have a CHI number allocated if required. Access and recording of CHI was identified as a recommendation from an earlier HNA for Looked After and Accommodated Children[20] to help provide data linkage and collation.

Relationship Sexual Health and Parenthood Education

When asked most CE-YP have had some RSHP education at school, of which 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.

Professionals had similar thoughts and they also preferred to learn about services through health services and posters, rather than via Twitter.

Most professionals who took part in the corporate needs assessment had experience supporting young people accessing sexual health care, through a range of modalities including sexual health and general practice. As participation was voluntary it may only attract those who are motivated to provide sexual health care and may introduced an element of bias.

Most had a positive view on outreach services, stating they improved access, reduced barriers, stigma and embarrassment faced for young people who need to sue 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, less 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 particular 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 peoples 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 Papillomavirus (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" young people's service, rather than fixed location. This would provide opportunities to have clinics near 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 (time 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.

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Appendix 1: Literature Review Search Terms

Search Strategy

To include:

- Looked after children/ looked after children and young people/ looked after and accommodated
- Children/young people/adolescent
- Female/male/trans female/trans male

AND

Secure units/secure care/criminal justice

AND/OR

sexual health/ sexually transmitted infections/ sexually transmitted disease/reproductive health/reproduction/ pregnancy/contraception

AND/OR

child sexual exploitation/ CSE/ child abuse/ sexual abuse/abuse/sexual assault/ sexual crime/rape

AND/OR criminal justice

AND/OR relationship and sex education/ RSE/ sex education

Location:
UK/Scotland/England/Wales/Northern Ireland/ GB/ Britain/ Great Britain

Evidence search: [Sexual Health Needs of Care-Experienced Young People]. [Shona MacNeilage] [(June 2021)]. NHSGGC Library Network.

Appendix 2: Review of the NHS GGC Sexual Health Secure Outreach clinical activity in 2020

Demographics

<table>
<tr><td>1. Number</td><td></td></tr>
<tr><td>2. Date attended</td><td></td></tr>
<tr><td>3. Age</td><td></td></tr>
<tr><td>4. Gender</td><td>Female
Male
Trans male
Trans female
Other</td></tr>
<tr><td>5. Residing country</td><td></td></tr>
<tr><td>6. Disability</td><td>Yes
No

If yes what</td></tr>
<tr><td>7. Local authority</td><td>Glasgow City
East Dun
West Dun
East Renfrewshire
Renfrewshire
Other Scotland
Other England
Other Wales</td></tr>
<tr><td>8. Previous appt Sexual Health NaSH</td><td>Yes
No</td></tr>
<tr><td>9. New appointment</td><td>Yes
No</td></tr>
<tr><td>10. Attendance details</td><td><table>
<tr><th></th><th>SF Out</th><th>SF V</th><th>SF YP Sp</th><th>SF YP DI</th><th>SARC</th><th>Abortion</th><th>Other HB Appt</th><th>Other HB Virtual</th></tr>
<tr><td>Before</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>After (until Dec 2020)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>11. Documented placements prior to secure</td><td></td></tr>
<tr><td>12. If yes, details</td><td></td></tr>
<tr><td>13. Reason for secure</td><td></td></tr>
<tr><td>14. Current secure unit</td><td></td></tr>
<tr><td>15. Time in unit to date</td><td></td></tr>
</table>

Lifetime sexual history

16. Sexually active	Yes No N/R
17. Age first sex	 N/R
18. No previous partners	 N/R
19. Gender previous partners	Female Male Both N/R
20. Number partners last 3 months	 N/R
21. Number partner last 12 months	 N/R
22. General condom use	Always Sometimes Never N/R
23. Sex overseas national	Yes Where No N/R
24. Non consensual sex	Yes <1y No N/R
25. Sex involving payment	Yes Nature No N/R
26. Consider themselves trans	Yes No N/R
27. Self-identified sexual orientation	Heterosexual Gay Lesbian Bisexual Not sure Other N/R

Contraception

28. Using contraception	Yes No N/R
29. If so what?	COC CH Patch CH Ring POP PO Implant PO Injectable IUS IUD Condoms Other

30. Ever been pregnant before?	Yes No N/R
31. If yes, pregnancy outcome?	

BBV

32. Ever injected drugs	Yes No N/R
33. Partners injected drugs	Yes No N/R
34. Non-professional tattoos	Yes No N/R

Social history

35. Smoking status	Current Ex Never N/R
36. Alcohol use	No Within recommended units Binge drinking N/R
37. Drugs	Current If so what Ex If so what Never N/R
38. GBV	Domestic abuse Rape or sexual assault Prostitution Childhood sexual abuse Honour based violence Other N/R

39. **Screening - offered and results**

	Not offered & indicated	Yes – indicated & declined	Yes – indicated & accepted	Results	Treated
UPT					
CT Urine					
CT VVC					
CT Throat					
CT Rectum					
GC Urine					
GC VVS					
GC Throat					
GC Rectum					
HIV					
Syphilis					
Hepatitis B					
Hepatitis C					

40. **Treatment**

	This appt	Subsequent outreach appt	Subsequent YP Specialist appt
Antibiotics GC			
Antibiotics CT			
Antibiotics syphilis			
Hepatitis B Vaccine			
Hepatitis A&B Vaccine			
HPV Vaccine			
Contraception: EC			
Contraception: CHC			
Contraception: PO-Pill			
Contraception: PO-Implant			
Contraception: PO-Injectable			
Contraception: IUD			
Contraception: IUS			
Ultrasound scan			
Other			

41. **Follow up**

	Yes	No
Sandyford Central YP Specialist		
Archway		
Sandyford GU Complex		
Sandyford SRH Complex		

42. **Involvement from:**

Service	Yes
CAHMS	
FCAHMS	
Gender team	
Other	

Appendix 3: Anonymous questionnaire completed by current secure CE-YP within secure units in NHS GGC

1. Questionnaire number ……………………

2. What age are you? …………………… years

3. Where are you from?

☐ Scotland
☐ England
☐ Wales
☐ Northern Ireland
☐ Other
(Please tell us what……………………………….)

4. What is your gender?

☐ Female
☐ Male
☐ Trans woman
☐ Trans man
☐ Non-binary
☐ I'd prefer not to say
☐ Other
(Please tell us what…………………………………………)

5. Which of the following options best describes how you think of yourself?

☐ Heterosexual
(straight = attracted to opposite sex)
☐ Lesbian/Gay
(attracted to same sex)
☐ Bisexual
(attracted to opposite and same sex)
☐ Other
(Please tell us what…………………………………………)
☐ I'd prefer not to say

6. What ethnicity are you?

☐ I'd rather not say
☐ White other
☐ White British
☐ Asian
☐ Black/Caribbean
☐ African
☐ Multiple/Mixed
☐ Other (Please tell us what…………………………….)

Sexual Health Service

7. Have you gone to health services before about your sexual health? For example, testing for infection or contraception?

☐ Yes
☐ No
If answering no, go to question 9
☐ Not sure

8. If you have gone to sexual health services, **where have you been**?
   Please tick any that apply.

☐ Sexual health clinics

☐ General practice

☐ Abortion service

☐ Sexual assault centre

☐ Outreach sexual health
For example in the secure unit

☐ Online sexually transmitted infection testing

☐ Gender service

☐ Other
(Please tell us what……………………………………….)

9. If you have been to sexual health services, **when did you go**?

☐ Within the last year

☐ Over 1 year ago

10. If you have **never** been to services related to sexual health, are **there any reasons why you have not attended, or have found it difficult to**?
   (Please tick any that apply)

☐ No sexual health problems / no need to go

☐ I didn't know where to go

☐ I couldn't get there – no way to travel

☐ It was too far for me to go

☐ I thought someone would find out

☐ I was unable to go when it was open

☐ I've moved address to many times

☐ I was scared

☐ I was embarrassed

Please write any other reasons why you may not have gone
……………………………………………………………

11. When you are no longer living in a secure unit, if you needed to attend a sexual health service what would **make** it **better** and **easier** for YOU to come?
    (Please tick any that apply)

☐ Online booking

☐ Clinics near schools

☐ Clinics in secure units

☐ Pop up clinics in public places e.g. festivals, events, shopping centres

☐ Clinics in morning

☐ Clinics in evening

☐ Live chat for one-to-one support - Text

☐ Other
(Please tell us what……………………………………….)

☐ Clinics near residential units

☐ Clinics near bus or train stations

☐ Virtual clinics e.g. over telephone or video chat

☐ Videos online of how the clinic looks

☐ Clinics in afternoon

☐ Clinics in weekend

☐ Live chat for one-to-one support - Online

12. When you are no longer living in a secure unit, if you needed to attend a sexual health service what is the **best way** for us to **tell YOU** about our **services**? (Please tick any that apply)

☐ Secure unit staff
☐ Family
☐ Friends
☐ Posters - Glasgow Life Facilities e.g. libraries/gyms
☐ Posters in public venues e.g. toilets in shopping centres
☐ Schools
☐ Youth groups
☐ Health services
☐ Posters – GP, Health facilities
☐ Posters in secure unit

☐ Website
☐ Twitter
☐ Instagram
☐ Facebook
☐ Other
(Please tell us what…………………………………………)
☐ Tik Tok
☐ Snapchat
☐ YouTube
☐ Video Blogs (VLOGs) with celebrity support

My sexual health

13. Have you ever **used contraception**?
Some methods of contraception can be used to prevent STIs (condoms) and help with periods and acne. Examples of types of contraception are condoms, pills, injections, implants or coils.

☐ Yes
☐ I'd rather not say
☐ No
If answering no, go to question 15

14. If you have used **contraception**, **what have you used before**?
(Please tick any that apply)

☐ Condom
☐ Patch
☐ Injection
☐ Coil
☐ Pills
☐ Ring
☐ Implant
☐ Other
(Please tell us what…………………………………………)

15. Are you using any contraception just now?

☐ Yes
☐ I'd rather not say
☐ No, I'm not having sex
☐ No, but I would like to
☐ No, I don't like using it
☐ No, there is another reason why not
(Please tell us what……………………………………………)

16. Have you ever had a sexual health check (test for sexually transmitted infections (STIs) before?

☐ Yes ☐ No
☐ I'd rather not say ☐ I'm not sure

17. Have you ever tested positive for an STI?

☐ Yes ☐ No
☐ I'd rather not say ☐ I'm not sure

18. Have you had your HPV (Human Papilloma Virus) vaccination?
These are two vaccines that are offered to all young people in their first year of secondary school, when 12-13 years old.

☐ Yes, one vaccine ☐ No
☐ Yes, two vaccines ☐ I'm not sure

19. If you haven't been able to receive it are there any reasons why? (Please tick any that apply)

☐ Don't want to have the vaccine – worried about risks
☐ Don't want to have the vaccine – worried about the needle
☐ I wasn't at school on the day
☐ I'm not sure
☐ Other
(Please tell us what……………………………………….)

20. Have you had sexual health education in school or from carers?

☐ Yes ☐ No
☐ I'm not sure

If answering no, go to question 22

21. If you have had relationships and sex education in school, was it useful?

☐ Very useful ☐ Slightly useful
☐ Useful ☐ Not useful

22. If you would like to, could you write down any comments on the teaching?

………
……

23. If no, you haven't had any relationships and sex education in school, are there any reasons why? (Please tick any that apply)

☐ I'm not sure
☐ I wasn't allowed to attend
☐ I wasn't at school on the day
☐ Other
(Please tell us what…………………………………..)
☐ School didn't discuss it

24. Are you or have you attended any mental health service?
For example Child and Adolescent Mental Health (CAHMS)

☐ Yes
(If you would like to, could you write down the reason…………………………………………………
……………………………………………………………
……………………………………………………………
………………….)

☐ No

☐ I'd rather not say

☐ I'm not sure

25. Do you smoke cigarettes?

☐ Yes

☐ Ex-smoker

☐ Never

26. Do you drink alcohol?

☐ Yes

☐ No
If answering no, go to question 29

27. Have you ever felt unsafe or done something risky while drinking alcohol? (Please tick any that apply)

☐ No

☐ Done something risky

☐ Felt unsafe

☐ I'd rather not say

28. Have you ever used recreational drugs?
For example cannabis, legal highs, cocaine or ecstasy

☐ Yes

☐ No

☐ I'd rather not say

29. If you have used recreational drugs, **have you ever injected them**?

☐ Yes

☐ No

☐ I'd rather not say

30. Is there anything else you would like to say, that hasn't been covered?

………

Thank you for your time.

If this questionnaire has raised any issues you can chat about them with healthcare staff. We run a monthly outreach sexual health clinic at the unit. If this is something you would like to come to, please let staff know and they can arrange this for you.

Appendix 4: Information leaflet and consent form - anonymous questionnaire completed by current secure CE-YP within secure units in NHS GGC

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde

What is sexual health?

Sexual health is an important aspect of your overall health. Sexual health includes contraception, prevention and treatment of sexually transmitted infections (STIs), having safer and healthy sex, planning to have a baby and accessing abortion care. Your sexual health is very important regardless of your background or sexual orientation.

Why are we asking you these questions?

We want to know how we can make things better for you. Currently, we provide a monthly clinic at your secure unit.
We want to know:

- A little bit about you and your current sexual health
- If you have used the services available, and if not, why you don't.
- What we could do better within secure care.

Why am I being asked to fill it in?

We are asking all young people aged 13 – 18 years to complete the questionnaire in secure care in NHS Greater Glasgow and Clyde.

Will I get anything for filling in the questionnaire?

To say thank you for your time, we are giving everyone who completes the form a £20 gift voucher from Amazon. Your details e.g. name will be written on the consent form, so we know how to give you the voucher. Your name will not be written or linked to your answers in any way.

What will happen with my answers?

We will not ask anything that will identify you, such as your name or date of birth. Your answers are anonymous - nobody will know which answers are yours. All information will be stored in a safe place (password protected laptop).
You will not get in trouble for anything your write in this questionnaire.
If we share your answers with other people the words that you have said to help them learn more about the research, we will make sure that no one can tell it is you by using a fake name and hide any information that might help them guess who you are.
The answers will be grouped together for all the units. The results will be included in a report about sexual health services for young people currently living in secure care. A copy of this report could be made available to you later if you want.

What will happen if I do not fill it in?

As we are asking about some personal information, we know that some people may find some questions upsetting or embarrassing. We want to ensure our service provides the best level of care for you, which is why it's important to ask.

You do not have to fill this questionnaire in, it's entirely up to you (voluntary). You can decide how much if any you wish to fill in of the questionnaire. It will not impact on your care or experience at all.

Can someone help me to fill it in?

You can ask a member of the health staff to help you fill the form in if you want wish. They will keep the answers confidential. Only you and any person who helped you fill the form in will know the answers. If you would like it printed in a bigger format, or another language please let health staff know and we can organise this.
If you would like to speak to someone about anything in the questionnaire, please let a member of the health team know.

Do I need to do anything else?

Once you have completed the form you can place it in the collection box.

Research Consent Form

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde

Agreement (consent) to take part

Please read the following statement. If you agree to them please sign the form at the bottom of the page.

- I have been given a copy of the information sheet and this consent form, which I can keep. Another copy of this consent form is kept with the Researcher.
- I will receive a £20 Amazon voucher for completing the form.
- I am aware that taking part in this research is my choice.
- I understand the purpose of this research and what I will need to do. If, for any reason, at any time, I wish to stop taking part, I can do so without having to give an explanation.
- I am aware that what I say will be confidential and the Researcher will make sure that people reading about the research will not be able to tell that I have taken part.
- I have been given a person to contact if I have any further questions or complaints about the research or the Researcher.
- I have read, understood and agreed with the above statements, and give permission to take part in this research.

_____________________ _______
Health staff Signature Date

____
Participant's Name

_____________________ _______
Participant's Signature Date

Questionnaire Number ____________________

Appendix 5: Ethics Application to The Kibble Education and Care Centre

Application for Ethical Approval of Research

Kibble Ethics Committee Mission Statement
To ensure ethical, safe and valuable research in Kibble

To ensure the Ethics Committee is able to evaluate effectively your research proposal, please submit your application at least one month prior to the committee meeting. This will enable us to identify a 'Special Interest' committee member with experience in your chosen field of study.

Meeting dates can be found at http://www.kibble.org/research/ethics-committee

The committee has been established since 2010. Numerous high-quality pieces of research have been completed however a number of submissions have also been rejected. The list below aims to help you avoid the common reasons for rejection.
Please ensure that:
Where young people are participating directly in the research, social workers are required to provide some form of consent. It is for the researcher to determine whether they think opt-in consent or opt-out consent would be most appropriate.
Your form is signed by both yourself and your supervisor. Typed names will not be accepted.
You make it very clear how you will select participants: young people within Kibble have the right to remain anonymous to researchers should they wish. Therefore, approaches such as *snowball sampling* or identifying young people through file review can be problematic.
The research is focused. Submissions are often rejected as they are too broad, have unclear research questions or have aims that are difficult to meet in one research project.
The research will have some potential benefit to young people in Kibble either through directly informing practice or by contributing to the literature regarding young people and residential child care.
All completed research where data has been collected from Kibble should be approved by Kibble's Communication Department before it is submitted for academic or publication purposes. Kibble reserves the right to redact any information which may be perceived as misrepresentative or potentially damaging to its activities.

Researcher's name:	Dr Janine Simpson
Researcher's contact email address:	Janine.simpson3@ggc.scot.nhs.uk
Supervisor (if appropriate):	
Title of study:	**Improving secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde**

Outline the aims and objectives of the study: 400 words max

What is a health needs assessment?

A systematic process used by NHS organisations and local authorities to assess the health problems facing a population. This includes determining whether certain groups appear more prone to illness than others and pinpointing any inequalities in terms of service provision. It results in an agreed list of priorities and resource allocation, that will improve health and reduce inequalities.

Aims & objectives

- Systemically describe and measure sexual health needs of secure experienced young people (aged 13 – 18 years) in NHS GGC by completion of a sexual health needs assessment.
- Ensure secure care standards (29, 33, 36, 41 & 44) are being fulfilled.
- Identify pre-existing difficulties, which pose a risk to their sexual health e.g. CSE, abuse & drug misuse
- Identify SRH problems faced by young people within secure care
- Attempt to quantify unmet needs and gaps in research/data collection
- Aim to make recommendations, inform service design and deliver patient centred care

Detail your project plan including realistic timescales: 100 words max

1. Epidemiological
    - Literature review of SHA of secure care experienced YP
    - Audit of Sandyford Young People Outreach clinic clinical activity 2019-2020
    - Anonymous questionnaire completed by current secure care experienced YP
2. Corporate
    - Views of those who work with secure units within West of Scotland
        - Health team
        - Support workers
        - Teaching staff
    - Views of those who working in health
        - Sexual health staff (medical & nursing)
        - Vulnerabilities nursing team
        - Health improvement
        - Primary care – GPs that provide service to secure
        - Youth Health
        - LD
3. Comparative
    - Comparing current services provided within NHS GGC to other health boards & recognised healthcare standards

Research participants:

Please mark all that apply:

Young people attending/residing at Kibble ☑

Parents/carers of young people attending/residing at Kibble ☐

Staff ☑

Volunteers ☑

Other groups (please specify)

Participant recruitment method (include consent of participants): 400 word max

Participant recruitment (aged 13 – 18 years)

- Secure care experienced YP invited to complete the voluntary questionnaire – advertised by word of mouth and posters within education centre.
- Aim to recruit 20 young people over a 4 week period.
- Incentivised - YP will receive £20 Amazon voucher upon completion of the questionnaire.
- Consent form attached to application

Staff/volunteer

- Email to staff inviting them to complete the voluntary questionnaire
- Consent form attached to application

Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort due to your study?

Yes ☐ No ☐

If 'Yes', attach details and state what you will tell them to do if they experience problems.

Please highlight what you see as the most important ethical issues this study raises (e.g. adverse physical or psychological reactions, problematic items within questionnaires etc). How will your research address these ethical issues?

The Declaration of Helsinki (2013) states that researchers should not intentionally cause participants harm or distress.

These are low-risk studies. The primary risks to research participants are the risk of experiencing psychological discomfort as a result of discussing their experiences of sexual health service use, which may be upsetting for some.
Questions have been peer reviewed and involved reviewed by STARR group (care experienced young people) for content, wording and appropriateness.
Care has been made to avoid potential for distress by focusing on service delivery and their own health needs, rather than lived experiences.
Health staff will be present or nearby when forms are completed and can provide support and onward referral if needed for the young person.
Young people who are not deemed to have capacity will not be included in this study. Health staff will assess for this.

Will the participants be paid?

Yes ☑ No ☐

Additional notes:

£20 Amazon voucher

Will an application be made to an external Ethics Committee?

Yes ☐ No ☑

Additional notes:

Discussed with West of Scotland NHS Ethics committee – formal application not required as service evaluation

If yes, please attach a copy of the application to this form.

What would you consider to be the applied value of this research project? (include the benefits to Kibble):

- Ensure secure care standards (29, 33, 36, 41 & 44) are being fulfilled within Kibble.
- Attempt to quantify unmet needs and gaps in research/data collection
- Aim to make recommendations, inform sexual health service design and deliver patient centred care
- How to improve access to sexual health for young people when they leave secure facilities/step down

Methodology (mark all that apply): Full details must be attached to this form.

Questionnaires (attach copies of all questionnaires) ☑

Interviews (attach summary of topics to be explored or interview schedule) ☐

Focus groups (attach materials and / or summary of topics to be explored) ☐

Other (please give details here and attach full details) ☐

Do you intend to use any questionnaires or other materials that are copyright?

Yes ☐ No ☑

If 'Yes', please confirm that the materials have been/will be purchased for your use. ☐

Discuss why you have selected your chosen methodology and outline how your data will be analysed:

The sexual health needs of young people in secure accommodation have never been assessed before within Scotland. There is paucity of literature from the UK also.

We know that they are some of the most vulnerable young people and their rights to education and health care should not be compromised (The Promise 2020), including when they leave care.
It also provides an opportunity to look at SHA for all genders, in particular young men, who over time have reduced attendance rates to sexual health.

Within NHS GGC there are 3 secure care unit providers, which we currently provide an outreach service to. We wish to ensure this service is meeting the needs of young people (epidemiological HNA), considering the views of staff/volunteers (corporate HNA) who work with care experienced young people.

Finally, a comparative needs assessment will be conducted to draw on the experiences of other centres across NHS Scotland.

Questionnaire format chosen to gain larger cohort of responses, within current COVID restrictions.

Age 13-18 years, with capacity (assessed by secure care nursing team)

Questionnaire available in paper and online format – individualised based on YP.

Peer reviewed by NHS GGC Sexual Health Team, NHS GGC Health Improvement, CYCJ, Patient Engagement - STARR Project

Covid restrictions – reduced face to face contact, can be completed in own time/with support of staff. Could be translated if needed.

Data will be collated and analysed on a password protected NHS laptop, using Microsoft Excel.

Ethical principles incorporated into the study:

Written explanation (please attach copy)

Yes ☑ No ☐

Additional notes:

Oral explanation (provide example script)

Yes ☐ No ☑

Additional notes:

N/A

Consent form (please attach copy)

Yes ☑ No ☐

Additional notes:

Participant offered opportunity to decline to take part

Yes ☑ No ☐

Additional notes:

Participant told participation is voluntary

Yes ☑ No ☐

Additional notes:

Participant offered opportunity to withdraw at any stage

Yes ☑ No ☐

Additional notes:

Expert advice available if required

Yes ☑ No ☐

Additional notes:

Participants informed there may be no benefit to them

Yes ☐ No ☑

Additional notes:

Questions re RSE – will be beneficial

Can the participants be guaranteed confidentiality?

Yes ☑ No ☐

Additional notes:

Can the participants be guaranteed anonymity?

Yes ☑ No ☐

Additional notes:

Provisions of the Data Protection Act met

Yes ☑ No ☐

Additional notes:

Safe data storage secured

Yes ☑ ☐

Additional notes:

If the procedure involves deception, will explanation be offered following participation?

Yes ☐ No ☐ N/A ☑

If the procedure involves observation, will consent be obtained from participants?

Yes ☐ No ☐ N/A ☑

If the procedure involves questionnaires, will the participant be informed that they may omit any items they do not wish to answer?

Yes ☑ No ☐ N/A ☐

If the procedure involves interviews, will the participants be informed that they do not have to answer questions, and do not have to give an explanation for this?

Yes ☐ No ☐ N/A ☑

Will your research be (tick all that may apply):

Used to inform practice within Kibble Yes ☑ No ☐ N/A ☐

Used to inform practice within other agencies Yes ☑ No ☐ N/A ☐

Submitted for publication Yes ☑ No ☐ N/A ☐

Have participants given consent for the research to be used in this way? Yes ✓ No

If submitted for publication at a later date, will participants be asked to consent to the research to be used in this way? Yes No

Protection for the researcher:

Will the researcher be at any risk of sustaining either physical or psychological harm as a result of the research? If so, how will this risk be mitigated? 400 word max

No

If yes, please specify and give details of precautions which will be taken to protect the researcher. 500 word max

Do you have a research supervisor Yes No

If you do not have a research supervisor you will be required to provide a progress report to the ethics committee half way through your research.

Do you have a research supervisor Yes No

If you do not have a research supervisor you will be required to provide a progress report to the ethics committee half way through your research.

Will you have a research supervisor during the period of your study? Yes ☐ No ☐

If you do not have a research supervisor, you will be required to provide an update to the Ethics Committee half way through your study.

To ensure that there is added value from your research, Kibble ask that you submit a copy of your completed research so that this can be accessed by colleagues within the organisation. Do you agree to your research being used in this way?

Yes ☑ **No** ☐

What is your expected completion date? December 2021

Please provide contact details below:

Address_Sandyford Sexual Health Services

NHS Greater Glasgow & Clyde

2-6 Sandyford Place

Glasgow G3 7NB

Email address Janine.simpson3@ggc.scot.nhs.uk

Declaration:

I declare that the proposed investigation described in this application will be carried out as detailed and that if any changes to the procedures are planned, written permission will be sought from the Ethics Committee.

Please sign:

Applicant: 9/8/21

Date:

Supervisor:

Check List: Have you included (please tick)

Completed copy of this form	✓
Signatures	✓
Consent form	✓
Information sheet	✓
Copies of all questionnaires	
Outline of interview topics	
Stimulus materials	
External ethical approval	

Please send completed application form and supporting documents to: ethics.committee@kibble.org or post to Kibble Education and Care Centre, Goudie Street, Paisley PA3 2LG.

Appendix 6: Anonymous Corporate Needs Assessment Questionnaire

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde - Corporate engagement

1. What is your current role?

……

2. How long have you been in this role?

☐ <1 year	☐ 3-4 years
☐ 1-2 years	☐ 5-10 years
☐ 2-3 years	☐10 years +

Experience supporting young people

3. Are you aware of how young people can seek/ obtain sexual health care currently?

……

……

……

4. Have you supported a young person access or attend services regarding their sexual health before? For example, testing for infection or contraception.
(Please tick any that apply)

☐ Sexual health clinics	☐ Outreach sexual health e.g. in the secure unit
☐ General practice	☐ Online sexually transmitted infection testing
☐ Abortion service	☐ Gender service
☐ Sexual assault centre	☐ Other (Please tell us what………………………………….)

5. What works well about how sexual health care is delivered to secure care experienced young people currently?

……

……

……

6. What would be the ideal scenario for supporting a young person?

………

………

………

7. Can you think of any barriers which prevent this?

………

………

………

8. Do you feel your job has a role to play in providing sexual health care to secure care experienced young people?

☐ Yes ☐ No
☐ Unsure
(If you would like to, could you provide more detail on your answer

………

………)

9. Do you think care-experienced young people's needs have changed over the time you have worked here?

………

………

………

Access to sexual health

10. What do you think are the barriers stopping care-experienced young people from accessing sexual health services?

……

……

11. What would help care-experienced young people to access sexual health services in both secure care and step down?

☐ Online booking
☐ Clinics near schools
☐ Clinics in secure units
☐ Pop up clinics in public places e.g. festivals, events, shopping centres
☐ Clinics in morning
☐ Clinics in evening
☐ Live chat for one-to-one support – Text
☐ Clinics near residential units
☐ Clinics near bus or train stations
☐ Virtual clinics e.g. over telephone or video chat
☐ Videos online of how the clinic looks
☐ Clinics in afternoon
☐ Clinics in weekend
☐ Live chat for one-to-one support – Online
☐ Other
(Please tell us what…………………………………………)

12. What is what is the **best way** for us to **tell YOU** about our **services**?
(Please tick any that apply)

☐ Secure unit staff
☐ Family
☐ Friends
☐ Posters – Glasgow Life Facilities e.g. libraries/gyms
☐ Posters in public venues e.g. toilets in shopping centres
☐ Schools
☐ Youth groups
☐ Health services
☐ Posters – GP, Health facilities
☐ Posters in secure unit
☐ Website
☐ Twitter
☐ Instagram
☐ Facebook
☐ Tik Tok
☐ Snapchat
☐ YouTube
☐ Video Blogs (VLOGs) with celebrity support
☐ Other
(Please tell us what…………………………………………)

13. What is what is the **best way** for us to **tell young people** about our **services** both secure care and step down? (Please tick any that apply)

☐ Secure unit staff
☐ Family
☐ Friends
☐ Posters – Glasgow Life Facilities e.g. libraries/gyms
☐ Posters in public venues e.g. toilets in shopping centres

☐ Schools
☐ Youth groups
☐ Health services
☐ Posters – GP, Health facilities
☐ Posters in secure unit

☐ Website
☐ Twitter
☐ Instagram
☐ Facebook

☐ Tik Tok
☐ Snapchat
☐ YouTube
☐ Video Blogs (VLOGs) with celebrity support

☐ Other
(Please tell us what…………………………………………)

Training

14. Do you feel **comfortable** and **confident** to **discuss** the following with young people? (Please tick any that apply)

☐ Consent
☐ Gender
☐ Contraception & condoms
☐ Healthy relationships
☐ Keeping yourself & others safe
☐ Pregnancy
☐ Sexually transmitted infections

☐ Pornography
☐ Social media use
☐ Sending & sharing images
☐ LGBTIQ+
☐ Gender based violence (including CSE)
☐ Abortion

15. Can you think of any **specific training/knowledge gaps** not identified by the previous question?
………

16. Is there anything else you would like to say, that hasn't been covered?

………

Thank you for your time.

Appendix 7: Information leaflet and consent form – corporate needs questionnaire

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde - Corporate engagement

What is sexual health?

Sexual health is an important aspect of your overall health. Sexual health includes contraception, prevention and treatment of sexually transmitted infections (STIs), having safer and healthy sex, planning to have a baby and accessing abortion care.

Why are we asking you these questions?

We are carrying out a health needs assessment of the sexual health of secure care experienced young people within NHS Greater Glasgow and Clyde (NHS GGC).
The aim is to identify areas of good practice and where there is room for improvement.
We'd like to hear your experiences, and how we could change the service to better meet the needs of secure care experienced young people when in secure and community care.
There is no right or wrong answers; we'd just like to hear your thoughts.

Why am I being asked to fill it in?

We are asking those within NHS GGC who have experience working and supporting secure care experienced young people to take part.

What will happen with my answers?

We will not ask anything that will identify you, such as your name or date of birth. Your answers are anonymous - nobody will know which answers are yours. All information will be stored in a safe place (password protected laptop).
Please answer the questions as open and honestly as possible.
If we share your answers with other people the words that you have said to help them learn more about the research, we will make sure that no one can tell it is you by using a fake name and hide any information that might help them guess who you are.
Your responses will be grouped together with the views of others including young people, health, social work, Centre Youth and Criminal Justice and third sector organisations to produce a report. A copy of this report could be made available to you later if you want.

What will happen if I do not fill it in?

You do not have to fill this questionnaire in, it's entirely up to you (voluntary). You can decide how much if any you wish to fill in of the questionnaire.

Can someone help me to fill it in?

If you would like it printed in a bigger format, or another language we can organise this.
Please use the contact details below.

Do I need to do anything else?

Once you have completed the form you can place it in the collection box.

Consent Form

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde - Corporate engagement

Agreement (consent) to take part

Please read the following statement. If you agree to them, please sign the form at the bottom of the page.

- I have been given a copy of the information sheet and this consent form, which I can keep. Another copy of this consent form is kept with the Researcher.
- I am aware that taking part in this research is my choice.
- I understand the purpose of this research and what I will need to do. If, for any reason, at any time, I wish to stop taking part, I can do so without having to give an explanation.
- I am aware that what I say will be confidential and the Researcher will make sure that people reading about the research will not be able to tell that I have taken part.
- I have been given a person to contact if I have any further questions or complaints about the research or the Researcher.
- I have read, understood and agreed with the above statements, and give permission to take part in this research.

____________________ ________

Researcher's Signature Date

____________________ ________

Participant's Signature Date

Appendix 8: Anonymous Questionnaire - Comparative Needs Assessment

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde – Scottish Services

1. What is your current role?

……

2. What is the capacity of your secure unit?

……

3. Do you provide bed spaces for transitioning into the community?

☐ Yes ☐ No

4. Do you have an outreach sexual health clinic within your unit?
If answering no, go to question 9
☐ Yes ☐ No

5. How often does it run?

☐ Weekly ☐ Fortnightly
☐ Monthly ☐ Variable
☐ Other
(Please tell us what…………………………………….)

6. Who staffs the clinic?
☐ Medical staff ☐ Nursing staff
☐ Other
(Please tell us what…………………………………….)

7. How do young people hear about this clinic?

……

8. What services are provided?

☐ Progestogen-only pills
☐ Combined hormonal contraception
☐ Progestogen-only implants insertion
☐ Progestogen-only implants removal
☐ Intrauterine methods e.g. coils insertion
☐ Intrauterine methods e.g. coils removal
☐ Progestogen-only injections
☐ Vaccinations – hepatitis
☐ Vaccination – human papilloma virus (HPV)
☐ Chlamydia & gonorrhoea testing

☐ Blood borne virus testing e.g. HIV/Hepatitis

☐ Syphilis bloods

9. If there is no sexual health clinic within your unit, who provides sexual health services to current secure care experienced young people?

   ………

10. Can you access and refer secure care experienced young people directly into a youth sexual health service for access to intrauterine contraception or scanning for example?

    ☐ Yes ☐ No
    ☐ Unsure

11. What do you think works well for sexual health care provision in your service?

    ………

    ………

12. Do you think sexual health care provision could be improved?
    If answering no, go to question 14

    ☐ Yes ☐ No

13. What would you wish to change or improve?

………

………

14. Is there anything else you would like to say, that hasn't been covered?

………

………

Thank you for your time.

Appendix 9: Information leaflet and consent form – comparative needs assessment

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde – Scottish Services

What is sexual health?

Sexual health is an important aspect of your overall health. Sexual health includes contraception, prevention and treatment of sexually transmitted infections (STIs), having safer and healthy sex, planning to have a baby and accessing abortion care.

Why are we asking you these questions?

We are carrying out a health needs assessment of the sexual health of secure care experienced young people within NHS Greater Glasgow and Clyde (NHS GGC).
The aim is to identify areas of good practice and where there is room for improvement.
We'd like to hear your experiences, and how we could change the service to better meet the needs of secure care experienced young people when in secure and community care.
There is no right or wrong answers; we'd just like to hear your thoughts.

Why am I being asked to fill it in?

We are asking those who work within secure care units in Scotland to complete this questionnaire. This is to allow comparisons to be made to quantify unmet needs and gaps in research/data collection and make recommendations and inform service design. The overall goal is it improve care delivered to secure care experienced young people.

What will happen with my answers?

We will not ask anything that will identify you, such as your name or date of birth. Your answers are anonymous - nobody will know which answers are yours. All information will be stored in a safe place (password protected laptop).
Please answer the questions as open and honestly as possible.
If we share your answers with other people the words that you have said to help them learn more about the research, we will make sure that no one can tell it is you by using a fake name and hide any information that might help them guess who you are.

Your responses will be grouped together with the views of others including young people, health, social work, Centre Youth and Criminal Justice and third sector organisations to produce a report.
A copy of this report could be made available to you later if you want.

What will happen if I do not fill it in?

You do not have to fill this questionnaire in, it's entirely up to you (voluntary). You can decide how much if any you wish to fill in of the questionnaire.

Can someone help me to fill it in?

If you would like it printed in a bigger format, or another language we can organise this. Please use the contact details below.

Do I need to do anything else?

Once you have completed the form you can place it in the collection box.

Consent Form

Improving current secure care-experienced young people's sexual and reproductive health in NHS Greater Glasgow & Clyde – Scottish Services

Agreement (consent) to take part

Please read the following statement. If you agree to them, please sign the form at the bottom of the page.

- I have been given a copy of the information sheet and this consent form, which I can keep. Another copy of this consent form is kept with the Researcher.
- I am aware that taking part in this research is my choice.
- I understand the purpose of this research and what I will need to do. If, for any reason, at any time, I wish to stop taking part, I can do so without having to give an explanation.
- I am aware that what I say will be confidential and the Researcher will make sure that people reading about the research will not be able to tell that I have taken part.
- I have been given a person to contact if I have any further questions or complaints about the research or the Researcher.
- I have read, understood and agreed with the above statements, and give permission to take part in this research.

____________________ ________

Researcher's Signature Date

____________________ ________

Participant's Signature Date