

## WEST DUNBARTONSHIRE COUNCIL

### Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: 21<sup>st</sup> September 2011

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**Subject: Delivering Best Practice on Sexual Health and Relationships for Staff Working with Children and Young People who are Looked After**

#### **1. Purpose**

**1.1** The purpose of this report is to outline the purpose of the attached local staff policy, and to ask the CHCP Committee to approve it for implementation.

#### **2. Background**

**2.1** Looked After Children (LAC) and young people experience considerably poorer sexual health than their peers who are not looked after, especially those that are accommodated by the Local Authority.

**2.2** The Scottish Government strategy for sexual health improvement “Outcomes for *Respect and Responsibility*” requires Local Authorities and NHS Boards to prioritise the sexual health of Looked After children and young people.

**2.3** Both social work staff (who act as a “looked after” child’s corporate parent on behalf of the local authority) and health care staff have important contributions to make in addressing these poor sexual health outcomes. Findings from a staff engagement exercise conducted in West Dunbartonshire in 2010 identified that staff were keen to be able to both develop a more involved role in opening communication as well as applying safe and appropriate boundaries for LAC children and young people. A clear staff policy that provides a clear organisational mandate and expectation for staff to take this work forward together with appropriate training to raise staff skills and confidence in this area has been identified as a useful way to ensure this important need is met.

**2.4** West Dunbartonshire Sexual Health Strategy Group (co-chaired by the CHCP and WDC Educational Services) and the WDC Children in Need Group agreed that the development of such a policy was a key priority in line with best practice.

**2.5** The CHCP Strategic Plan 2012-13 included an explicit objective to delivering such a policy for staff, reflecting the corporate commitments of West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

**2.6** This local policy is presented to the CHCP Committee for approval (as committed to within the CHCP Forward Plan agreed by the Committee at its February 2011 meeting) following a period and process of extensive

stakeholder consultation (including young people and the Joint Staff Partnership Forum).

### **3. Main Issues**

**3.1** From research done both locally and elsewhere in the UK it is known that:

- Despite the fact that looked after and accommodated children are identified as having a range of complex and unmet health needs, they experience more disadvantage than their peers in accessing universal and specialist health services.
- Many looked after and accommodated children have histories of sexual, physical and emotional abuse, contributing to distorted views and understandings of personal relationships and sex. In addition they can sometimes view sexual activity as a way of receiving love and affection.
- Many looked after and accommodated children may lack the essential inter-personal skills and self-confidence to access services and information and manage healthy personal relationships.
- Disrupted schooling is a particular feature of the lives of looked after and accommodated children and is likely to lead to significant gaps in schools-based sexual health and relationships education.
- Looked after and accommodated children are less likely than their peers to acquire information, support and guidance from parents and carers.
- Both young women and young men with experience of care are more likely to become parents earlier than their peers without a history of care.
- Significant numbers of those involved in prostitution and /or victims of sexual exploitation have previously been looked after and accommodated children.
- Looked after and accommodated children who are lesbian, gay or bi-sexual (LGB) are vulnerable to homophobic bullying by their peers whilst accommodated.
- A disproportionate number of young people who have been looked after and accommodated become parents in their teenage years when compared to their peers who were not accommodated.

**3.2** Engagement with relevant local staff found that they recognised the above issues to be relevant to looked after children and young people in West Dunbartonshire. They also underlined the need for unambiguous and appropriate policy to guide and support their practice; and highlighted that they would welcome a chance to receive training on sexual health and relationships to enhance their skills and confidence in this area.

### **4. People Implications**

**4.1** There are no people implications related to this report over and above awareness raising and training/professional development for staff.

## **5. Financial Implications**

**5.1** There are no financial implications

## **6. Risk Analysis**

**6.1** It is recognised that the field of sexual health can generate strong opinions and beliefs, particularly in relation to children and young people. However there are clear risks in not developing sound and sensible policy for staff in this area, especially given the poorer sexual health outcomes frequently experienced by looked after children and young people and in light of the Scottish Government's expectations (as per 2.2).

## **7. Equalities, Health & Human rights Impact Assessment (EIA)**

**7.1** An Equalities Impact Assessment (EIA) undertaken on the policy indicated no significant negative issues; and given the issues noted under 3.1, was suggestive of the policy having a positive impact in these regards.

**8.1** This Policy is in line with and supports the following West Dunbartonshire Council strategic priority:

- Fit for Purpose Services

## **9. Conclusions and Recommendations**

**9.1** This staff policy demonstrates the CHCP's commitment to both the health and wellbeing of vulnerable children and young people under its care; and to supporting the staff whose job it is to provide that care.

**9.2** The policy has now been endorsed by the local Sexual Health Strategy Group and the Children in Need Group. The implementation and further development of the policy will be monitored by both of those groups. Subject to the CHCP Committee's approval of the policy, a training programme will be established to support its implementation

**9.4** The CHCP Committee is therefore asked to approve the attached local staff policy; and to commend the work of the CHCP staff involved in its development.

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Keith Redpath  
Director of the Community Health & Care Partnership  
Date:

**Person to Contact:** Mrs Jacqui McGinn  
Interim Health Improvement & Inequalities Manager,  
West Dunbartonshire Community Health & Care  
Partnership, Leven Valley Enterprise Centre, Castlehill  
Road, Dumbarton, G82 5BN.  
E-mail: [jacqui.mcgin@ggc.scot.nhs.uk](mailto:jacqui.mcgin@ggc.scot.nhs.uk)  
Telephone: 01389 744650

**Appendices:** *Delivering Best Practice on Sexual Health and  
Relationships for Staff Working with Children and Young  
People who are Looked After*

**Background Papers:** None

**Wards Affected:** All