Good practice toolkit for adults supporting care experienced children and young people - consultation with carers and staff

Background and context

Improving how we meet the needs of care experienced children and young people is a national priority, as detailed in *The Promise*. Plan 21-24 includes the expectation that Local Authorities and Health Boards will take responsibility to make sure that children and young people's educational and health needs are fully met.

Sexual health outcomes for young people who are care experienced are markedly poorer than for the children and young people in the general population across a broad range of indicators from early experience of pregnancy, abortion care, early parenthood and sexually transmitted infection acquisition.(1)

Sexual and reproductive health was identified as a key theme in Who Cares? Scotland's Annual participation programme 21-22. Survey findings showed that school was the main way Care Experienced people learnt about sexual and reproductive health. Low school attendance, problems at home and placement moves however, led to learning through older relatives, self-research, or through direct experience. Experiences of learning from other people – carers, family, and friends - was mixed. For those in kinship care, particularly those who lived with grandparents, their experience of learning about sexual health could be more challenging due to the older age of carers. (2)

The participants in this engagement programme drew up a range of key recommendations including:

- Carers and families must be equipped with the information and skills to support Care Experienced people to feel informed and confident about their choices in relation to sexual and reproductive health. This should be viewed as a fundamental part of a parental and caring role. Education and pro-active conversations should start at home, in a person-centred and non-judgemental way, meeting the individual where they are at in terms of knowledge and comfort.
- There must be robust training offers for the social care workforce on sexual and reproductive health and normalisation around leading on conversations about sexual health in a supportive and non-judgemental way. This is a specific skillset and needs support to get the right approach for Care Experienced people. This is especially important for carers.

The Promise asserts that the workforce must be trained and supported to attune to children's physical and emotional states. The workforce must be supported to be present and emotionally available to the children in their care.

Guidance and training must address any barriers the workforce have in relation to providing learning and support around sexual health. Several studies have demonstrated that where carers feel uncertain about the appropriateness of sexual health discussions they tend to refrain from proactively undertaking sexual health work with young people. Foster carers and social workers have identified that not having been trained in adolescent sexuality can be a significant barrier to talking to young people about sexual health and relationships (3)

Over the past decade NHS GG&C, Health Improvement team for sexual health, have worked with a number of Local Authority and HSCP partners to develop practice guidance and accompanying CPD programmes for staff and carers. In all the Local Authority areas of NHS GG&C where there is the practice guidance in place for supporting care experienced children with relationships and sexual health, the documents are out of date. Feedback from practitioners indicates that conventionally formatted guidance documents are not user friendly, sometimes not accessible, especially to night staff, and difficult to navigate.

Agreement was sought for the development of an online, interactive good-practice guidance hub for staff and carers supporting care experienced children and young people across the six local authorities in NHS Greater Glasgow and Clyde area.

Who Cares? Scotland were commissioned to manage the involvement of care experienced young people in developing this resource. Young people's views and experiences can be found in their report.

This consultation with staff and carers was managed by the Health Improvement team for sexual health, NHS GG&C, hosted by Sandyford Sexual Health Service.

Summary of findings

Seventy caregivers participated in the consultation, spanning a range of roles from kinship carers through to social workers in specialist teams.

Caregivers want this resource to provide guidance about typical development at each age and stage, alongside tools to assess if behaviour is concerning. The resource should outline the learning and support that children and young people need, with regards to relationships and sexual health, at each age/stage.

Participants, across all groups, had limited or no knowledge of what children and young people are being taught in school; very few had heard of the national teaching resource, RSHP.

Caregivers need quick and easy access to contemporary resources to use as conversations starters around a wide range of topics related to sexual health and relationships. This should include resources suitable for children and young people with additional needs and with neurodiversity and it should include resources in different languages. Most groups are confident using digital platforms to access information and resources. Kinship carers are less confident and would like paper/printable resources in addition to digital resources.

Across all groups in the consultation, gender identity and transgender were the areas about which they felt the least informed and confident in providing support for young people and the most concerned about 'getting it wrong'.

Supporting young people to recognise healthy vs unhealthy relationships (online and offline) and assess risks and possible consequences was a common theme of discussion across groups. Contemporary resources to support this learning are required.

Some participants highlighted the importance of knowing how to support young people in relation to the influence of online pornography on their relationships sexual wellbeing. Given the prominence of sexualised content in young peoples' online lives, pornography was a notable absence from the discussion in some groups.

All groups recognised that the impact of ACES and trauma on children and young people needs to inform how support is provided around relationships and sexual health. Most caregivers also recognised that their own learning and experiences impact on their confidence and competence to support children and young people around relationships and sexual health. It is recommended that a programme of learning and development, for caregivers, accompanies the dissemination of the good practice toolkit. This should aim to help caregivers to feel confident in applying the learning from core social work approaches to this thematic area of learning and support

Main findings

"*This is all about protection. It's about how we protect them and how we give them the skills and tools to protect themselves. That's harder with children who have care experience or who have trauma in their background"*

Social Worker

Social workers

There was recognition that supporting children to learn about relationships and sexual health is part of child protection

Adults' values, attitudes and own learning experiences can be a barrier to feeling comfortable to initiate discussion with young people about relationships and sexual health. There is sometimes a fear that they will have to talk about their own experiences. Case studies/scenarios that illustrate how to start these conversations would be helpful and possible responses to scenarios

A lot of social work staff and carers are not talking with young people about sexual health because they don't know what they are allowed to say and don't want to get it wrong. People are very busy in their roles and see this as an add-on rather than embedded in their work with young people. This is particularly the case with discussion about the influence of pornography on sexual wellbeing; it requires a degree of confidence just to bring it up and people aren't clear if they are allowed to. One of the outcomes of sexual health training needs to be that people feel able to embed discussion about sexual health without it feeling like an extra task. For example, recognising opportunities for two minute chats or just making a statement that lets the young person know you are comfortable talking about this/you're a safe person to come back to about this.

Social work staff do not feel as up to date as the young people they work with regarding LGBTQ+ knowledge and understanding. People are frightened of getting it wrong and that is becoming a barrier to starting these conversations with young people. There is concern that this communicates to young people that supporting adults can't talk about these things and that there's a judgement attached to this fear. Guidance about gender identity, in particular, and how to support young people would be helpful.

It would be helpful for families and carers to have guidance about what is considered typical development for each age/stage, especially in relation to friendships and relationships.

Case studies/scenarios about situations young people are in and how they were supported to move on would be useful tools for learning and confidence building

The content will need to be adaptable to each child's experience and suitable for use with children who have experienced past traumas. Children will need Caregivers to help them understand that there are layers of relationships: friendship, romantic, sexual and what makes relationships healthy. Training for staff and carers would need to cover this.

The toolkit will need to have links to a range of resources suitable for children with ASN and CLN and neurodiversity.

The content will need to link to core approaches used to support care experienced children and young people. It needs to link in with the therapeutic nature of the caregiving for young people who are care experienced and to take into account their past trauma and their adverse childhood experiences, so it couldn't be standalone. We couldn't have carers, you know, being advised to access this through the website and leave them to it; it would definitely need to be heavily supported by the other adults round about the children and young people.

It would be useful to have a tool to help think through an issue or situation with a child about sexualised behaviour. Should I be concerned? Am I being disproportionate? How do I start the conversation - something like the Brook traffic lights tool.

HALT and Women's Support Project

Caregivers need to know about the impact of commercialisation of sex in the mainstream. For example Only Fans and easy access to free porn where content showing sexual violence is the norm.

Caregivers need to be able to include porn in their discussions about the online world and they need to initiate these discussions, not only discuss this in a reactive way, in response to an incident.

We need to have specific discussions with young people about pornography. It is important to locate these discussions within the wider context of gender in society. This needs to include some of the problematic messages and what this means for the ability to consent. These conversations can be framed around pleasure: 'how do you get this? What detracts from that?'

We're beyond the stage with young people of describing what pornography is; we need to help them to use their own skills and media literacy to critique this

Porn is present in young people's social media. In a recent group discussion with young people, three quarters of under 18s had an Only Fans account. There is a blurring of young people's relationships on social media. For example, a young woman talked about how she had changed the rest of her social media accounts to

drive people to her Only Fans channel. She now has one of her friends' Dad as a subscriber.

Young People are not being given 'permission' or the opportunities to talk about the normalisation of this blurring of relationships online. Caregivers need to be aware of this and may need help/support to build this in to their discussion of the online world. We need to provide suggestions and examples of how to build this in to discussions.

Staff/Carers can undermine the learning by bringing their own experiences and values in to this. There will be carers who are consumers of porn.

Are Caregivers deferring to Schools? Are they worried about whether or not they have permission to talk about this? We need to be clear about what staff and caregivers are allowed to discuss.

There is a real fear from some staff about re-traumatising young people who have had experience of CSE.

Work by Civic Digits Theatre consulted with young people about misogyny. Young men talked about how porn had led them in to more misogynistic behaviours/problematic behaviours.

We need to think about how the experience of trauma could enhance young men's vulnerability to being groomed.

There is evidence for the value in doing enhanced work with young men, creating spaces for discussion. Young men need opportunities to 'unlearn' some of the gendered learning (e.g. the Manbox). And to think about what kind of man they want to be, what this gendered learning means for young women and people of other gender identities.

Be clear in the toolkit about the values underpinning this work.

The social work audience are not familiar with the content of the national teaching resource, rshp.scot

Kinship Carers

Carers know they are not 'on the same page' as young people in relation to social media, especially Tik Tok. The kids know more than they know. An example was given of a grandchild 'teaching' their gran about stranger danger online.

Online child sexual exploitation was a concern shared by all in the group of kinship carers

Most of the carers do not know what schools are teaching about relationships and sexual health. They would find it helpful if schools would send home information about what they are teaching.

Some carers had been sent information by the primary school by text. One carer said that from age 12, their child has always talked with them. The school sent information home about what they were teaching and that helped. They are currently on periods and the carer feels comfortable with that but wouldn't have gone on to talk about more without the prompt from school.

There were different levels of comfort about discussions, depending on the gender of the carer and the child. Many of the female carers said they find talking with boys harder and the male carers in the group said it felt awkward to talk with female children.

One of the carers talked about supporting his granddaughter with pregnancy choices when she was 15 yrs old. He had found this challenging, but the outcome had been positive for her.

One of the male carers gave the example of finding his teenage grandson watching content on Pornhub and saying 'remember real relationships aren't like that!' He was trying to keep the tone light but felt he had to say something.

There was acknowledgment across the group that trauma and lack of attachment can make it difficult to have enough trust to talk openly.

The group were very realistic about the breadth of learning and support young people need and their own need for assistance in providing this. There were mixed views about using websites to get information and resources– some were not comfortable with this at all, though clear that this is young people's preference. Most of the group could see the benefit of attending workshops about sexual health to help them support their young people.

Foster Carers and adoptive parent

There were varying levels of comfort with the topic area across the carers. Some people had grown up in a home with parents who were comfortable talking about puberty and growing up, so found it easy to do this with their own and foster children. Others had the opposite experience and either still felt hesitant or had made a conscious decision to take a different approach with their children.

Some carers talked about the need to start this approach in early childhood (or as early as you can with a foster child) and keep going with it, all the way through childhood. They had experience talking with their birth children about this topic but their 11 yr old was the first foster child they have had who they have talked about

this with all the way through childhood. They have talked about the emotional and physical sides of this topic and their 11 yr old is comfortable talking with them about what he is learning at school. They started this approach after attending Talk 2 training for foster carers.

The prominence of social media in young people's lives was a common area of discussion. Sending photos for 'likes' and the need to gain approval from peers on these platforms was discussed as a real pressure on young people and cause of concern for carers. Concerns were related to young people's vulnerability and the potential for things to go wrong online. There was also concern about their 'digital footprint', particularly in relation to photos of them.

One carer said one of the most challenging situations they had was helping a young person to see that they are not in a healthy relationship. They had to be prepared to be unpopular with the young person to help them out of the relationship.

Some carers talked about how it can be challenging to support a young person around their risk taking behaviour when they haven't been with you for very long and you're still building a trusting relationship with them, Support, guidance and acceptance is the right way to do that but it can feel hard to do.

Some carers did not have easy access to up to date resources. They wanted resources to help them discuss risks and possible consequences in relation to online activity and in relation to sexual relationships on and offline.

Access to resources in other languages was identified as a need for those caring for unaccompanied minors. An understanding of different cultural norms is important for carers looking after children and young people from countries or cultures different to theirs. An example was given about differing toilet hygiene customs; that it is normal in some countries/cultures to provide water next to the toilet as well as toilet paper.

It would be useful to have video clips to help start conversations about healthy relationships. It would also be useful to have an overview of legal information related to sexual activity

Across groups of carers a common theme was lack of knowledge about what schools are teaching children about this topic. This meant they couldn't follow up on learning and/or use it as a prompt for discussion. Very few had heard of the national teaching resource rshp.scot (an open access website with all material available to view and download).

It would be useful to include information in the toolkit about how to teach someone about all this who is autistic.

Health for All Team

Carers find it difficult to cover puberty; visual props would be helpful around body changes - what happens, what is normal. Some children struggle with managing sanitary products and are hiding used products (tampons/towels). Shame and stigma around menstruation is felt by some young people. The team think this is related to other ACES. Visual props and examples of how to start the chat would be useful, along with ways to re-inforce 'correct' behaviour

Examples of simplified language would be useful, especially for children with learning difficulties; boundaries can be harder to reinforce.

Staff and carers in houses and in foster care are unprepared to support young people around gender identity; it is a big issue just now. We need something that explains what it means for carers as well as something to help kids. Carers are struggling with their young people exploring sexual identity and transitions e.g. can he wear a skirt to school?

For older kinship carers gender identity is baffling. Some videos that explain it, and what things might be common, would be helpful. There are so many labels just now. Some young people know they feel different but don't know how they want to identify.

For some older carers, the digital world is baffling; it would be useful to have printable resources for the team to share with them.

Children's Houses – sexually active under 16s, contraception, condoms, consent and lack of agency in relationships are all issues with young people. Young people don't think they are at risk of STIs and think they are protected when they have the implant.

Child sexual exploitation – young people feel like they are in control when they are not and Children's Houses staff have to deal with the emotional 'fall out' from this. Staff can find it hard to know how to support the young people emotionally in relation to this experience.

It would be useful to have more resources about: abusive relationships, about FGM (this is an issue for some unaccompanied minors) and about Foetal alcohol syndrome – dangers of drinking when pregnant

How will we accommodate the range of languages spoken by young people?

Children's Houses staff

One staff group described their approach in speaking with young people about this topic area: they listen well to the young people and are good at using 'natural' moments for discussion and mirroring young people's approach. Young people range from being very open (sometimes too much) to very resistant; staff need to be direct and specific.

In relation to online safety and harmful sexual behaviour they said the young people are switched on; they have learned from previous experience.

Current issues for young people in one of the houses include: inconsistent hygiene, weight and feelings of worthlessness.

Staff discussed the need for them to be open to change and new learning; 'need to be aware of what you're less confident with'. They talked about the need to be open to queries and say you don't know but follow it up with the young person when you've found out. It helps the young people to know you are learning together.

One staff group didn't have up to date knowledge of Sandyford services and the process for supporting young people to attend. Conversely, a different staff group had knowledge of current Sandyford services, process for booking and the information available on the Sandyford website. Examples were given in the context of supporting a young person to get tested for sexually transmitted infections.

Some staff said discussions about sexual health could feel uncomfortable if the staff member was not the same gender as the young person. They also said this could be because of the age of the staff member, not just the gender. The example given was about providing safer sex information about anal sex.

All staff said they would like help and guidance to support young people around gender identity and transgender; this is the main area of support they are struggling with. Some staff said that in the absence of specific guidance, they are working to Social Work values and that it is the young person's perspective that matters. Some staff had experience supporting a young transgender person and felt they dealt with it well as a team, using their preferred pronouns and chosen names and ensuring they were linked in with support from internal and external teams (LGBT Youth).

Some staff wanted help discussing sexual consent; they have used the Tea and Consent video.

Some staff would like to have sexual health leaflets to give to young people in addition to online/digital resources.

It would be good if the toolkit included a contact person in case staff can't find what they are looking for.

Secure Care

The service currently has four young people who identify as transgender, some of whom are seeking surgery. Staff do not feel they have sufficient knowledge about the transition process for young people. They would benefit from more information to enable them to support the young people to know what's involved and pathways to further information.

Several of the young women have Only Fans accounts and the staff did not feel confident to start discussions about this in relation to their wellbeing, though could see that discussing sex in relation to pleasure may be a useful way in to these discussions with the young women.

None of the staff had participated in training related to this topic area in the past three years.

They know about, but none of them had used the rshp.scot resource.

They mostly feel confident in their knowledge and ability to discuss sexual activity and the law, consent, CSE and gender socialisation.

They would welcome support and resources to feel confident discussing young people's use of online pornography and signposting around contraception, STIs and services

Family Nurse Partnership

Adults supporting young people need confidence to have conversations; they need to be aware that their teenager will have sex and they need to help them know what a healthy relationship is and how to recognise an unhealthy relationship. We need to be able to speak about relationships. There is often a history of neglect and a need for family connection.

Young people need help to learn what is considered 'normal' in sexual relationships and support to be able to deal with pressure to take part in sexual activity they don't want.

Literacy levels are an issue across all client profiles. Some clients need accessible formats of information, e.g. in Romanian. Other support needs include learning disability.

There is an assumption made by the adults in young, care experienced, people's lives (residential workers, social workers, foster or kinship carers) that they don't want a pregnancy but there is a grey area between a planned and an unplanned pregnancy; a lot of the young people do want a pregnancy and that's a big conversation that isn't being had. The assumption is that they wouldn't want to be

pregnant and that's not the case for some of the young people. It may be naïve but it is understandable given some young people's history and the need for family and connection

The generation gap is a barrier for older kinship carers; they are coming from their own family experience, where these was often no conversation about this subject. Carers need to know about online safety and how easy it is to access they young people

There can be obstacles to accessing Sandyford due to complexities of client circumstances. Trauma experienced by clients is a barrier. Drop in clinics at Sandyford are better for the young people

The work between FNP and Sandyford around training to administer Sayana Press and improving pathways to Sandyford for clients has been very positive. The 10% decrease in second pregnancies is attributed to this.

The teams use a range of interactive resources with clients, some licensed to FNP and some which are widely available. Examples include the Power Wheel, Stop Think Go, Strength cards and affirmation cards. They also use Red flag, Green flag tools to help clients assess risk in hypothetical situations.

Family nurses use skills practice to help each other to develop confidence with difficult conversations by having practice conversations, with peers, in a safe space. They recommend this approach to help carers and other workforces to feel more confident to discuss sexual health with young people.

Appendix

References

1. Allik M, Brown D, Taylor Browne Lūka C, *et al*
Cohort profile: The 'Children's Health in Care in Scotland' (CHiCS) study—a longitudinal dataset to compare health outcomes for care experienced children and general population children
BMJ Open 2021;**11:**e054664. doi: 10.1136/bmjopen-2021-054664

2 Who Cares? Scotland Annual Participation Programme – Sexual and Reproductive Health, 2021

3. Catherine L. Nixon. 'Communicating about sexual health and relationships within local authority care placements' 2015

Consultation participants

Role	Number of groups	Total number of participants
Children's Houses staff	3	17
Foster Carers	3	13
Adoptive parent	1	1
Kinship Carers	1	12
Social workers – mixed roles	1	7
Secure care	1	4
Halt project, Women's Support Project and Social Work SLDO		3
Family Nurse Partnership	1	6
Health for All nursing team	1	7