



DERBY CITY COUNCIL

**CABINET MEMBER FOR CHILDREN AND
YOUNG PEOPLE MEETING
22 JUNE 2009**

ITEM 5

Report of the Corporate Director for Children
and Young People

IMPROVING ACCESS TO SEXUAL HEALTH SUPPORT FOR CHILDREN IN CARE THROUGH CHILDREN AND YOUNG PEOPLE'S TRUST ARRANGEMENTS

SUMMARY

- 1.1 As a corporate parent, Derby City has the:

“responsibility, that at least 50% Children in Care over 12 are offered an annual one-to-one discussion with a practitioner or responsible adult of their choice to ask anything you like 'about relationships and sexual health'.”

These proposals support the Children and Young Persons Act 2008, which strengthens the legislative framework underpinning the care system by putting in place the structures to enable children and young people to receive high-quality care and support.

- 1.2 Derby has a teenage pregnancy rate higher than the national average and still faces considerable challenges in meeting the 2010 target to reduce under-18 conceptions by 55% (Derby 13.5%, England 10.7% in 2007).

Teenage pregnancy is a high priority in the Local Area Agreement and is measured by National Indicators 112, 113, 117 (para 5.1). Children in Care are more likely to be exposed to many of the risk factors of teenage pregnancy (para 3.1). This makes them particularly vulnerable to the early onset of sexual activity and early parenthood

- 1.3 Children in Care are currently offered an enhanced package of support to allowing them the opportunity of discussing relationships and sexual health with someone they feel comfortable talking to.
- 1.4 Approval is sought to extend the core health offer. Children in Care already have an annual holistic health discussion with a nurse or doctor and value these one-to-one discussions. It is proposed that Children in Care nurses and other specialist practitioners should be able to offer pregnancy testing, emergency hormonal contraception, provision of condoms and chlamydia screening in response to need.

RECOMMENDATION

2. To fulfil the role of corporate parent, support is given to the principle that all the Children in Care nurses and other specialist workers can offer additional sexual health services to young people in care as part of an enhanced package of support. This would be initially in line with the agreed menu of options on offer to secondary schools through extended school-based health services with the potential to be expanded according to need.

SUPPORTING INFORMATION

- 3.1 From national evidence, by the age of 20 a quarter of children who had been in care are young parents, and 40% are mothers. The prevalence of teenage motherhood among Children in Care under 18 is around three times higher than the prevalence among all girls under 18 in England (DCSF 2006). This was 19% in Derby in August 2008.
- 3.2 Children in Care are likely to experience a number of risk factors which will increase their risk of unplanned pregnancy. These include:
 - low aspirations, poor education attainment
 - poor school attendance
 - dislike of school
 - living in care
 - early onset of sexual activity
 - poor contraceptive use
 - less confident in using mainstream services
 - poor mental health/conduct disorder/involvement in crime.
- 3.3 It is anticipated that the enhanced package will improve the following outcomes for Children in Care by:
 - improving their confidence in discussing relationships and sexual health issues and in making positive choices about their sexual health that feel right for them
 - having the skills to say 'no' to any pressure they come under to have sex and delay early sexual activity
 - knowing where to get help and advice about local sexual health services
 - having direct access to high-quality sexual health advice and condoms so they are supported in seeking further help
 - understanding and respecting the needs of each other
 - young parents have access to appropriate support in order to become more confident parents
 - contributing towards reducing under-18 conception and abortion rates and reduction in sexually transmitted infections including chlamydia. (NI 112, 113, 117 see 5).

- 3.4 The proposed extended services for Children in Care could be expanded to offer a wider range of contraception if the need arises. The service available to each young person would depend on who the individual chose to talk to and their specialist skill. Any additional and follow-up support would be provided as required.

Children in Care can access any mainstream provision. However, they may not know where these services are and lack the confidence to use these services. Not all services provide follow-up support.

This extended services model is similar to the offer to secondary schools for extended sexual health services so would demonstrate consistency across Derby. Kingsmead School Key Stage 3/4 Pupil Referral Unit already successfully provides this service to meet the needs of vulnerable young people.

- 3.5 There are a number of risks and objections which need to be considered, these include:

Potential safeguarding concerns

- Support to young people under 16 who are sexually active in line with current Derby and Derbyshire Safeguarding Children procedures (2007).
- Young people, including those under 16, have a right to confidential advice and support and can choose who they talk to. This service would encourage young people to gain confidence in seeking support.
- The guidance in the Derby and Derbyshire condom scheme guidelines (NHS) Derby City 2009, and the 'patient group direction (PGD) for supply of levonorgestrel progesterone-only emergency contraception' by pharmacists and nurses need stringently adhering to.

Depending on the status of the young people, parental objection may be an issue.

- 3.6 Consultation has taken place with:

- Children and Young People's Directorate Management Team Derby City Council
- Children in Care strategy group.

Evidence from young people locally shows that they appreciate a one-to-one discussion with the nurse and the opportunity to discuss a wide range of health issues with one person rather than going to a specialist service. In 2007 a DVD 'reality check' was made as a training tool. It was based on interviews with CIC and children in need and highlighted the challenges they face in getting the right support so that they can make informed decisions. In addition, the motivations of Children in Care to reach early motherhood were examined - needing to know that they would not replicate their own poor experience, needing to be loved.

- 3.7 Corporate parents and carers have a key role to play in providing supportive relationship and sex education and improving access to health services. It is important they and others supporting Children in Care provide consistent messages and high-quality, non-judgmental, support. Training to date has included:

- core social care training
- 'Delay - let's leave it till later' training for both practitioners and foster carers
- 'Abortion decisions and dilemmas' commissioned by NHS Derby City provided by Education for Choice.

A training needs assessment would inform future workforce development needs.

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Background papers:	None
List of appendices:	Appendix 1 – Implications

IMPLICATIONS

Financial

1. The service would be funded through existing resources by NHS Derby City or Derby City Council.

Legal

2. There is clear guidance in the relevant protocols, for example Derby and Derbyshire Condom scheme protocol about how to support young people under 16 years of age who are sexually active in line with the Derby and Derbyshire Safeguarding procedures (2007).

Personnel

3. This service can only be delivered where the practitioner has received the specialist training.

Equalities Impact

4. This additional support would provide a more accessible service for Children in Care who are less likely to seek help elsewhere. It would provide an opportunity for young people to seek advice in a safe environment with follow-up specialist support and bridge the gap with mainstream provision. The young person in care involved in the mystery shopping exercise for emergency contraception had the worst example of service from a pharmacy.

Corporate objectives and priorities for change

5. Reducing under-18 conception rates by 55% is a high priority in the Children and Young People's Plan and supports the corporate priority of:

Helping us all to be healthy, active and independent**Local Area Agreement Indicators**

NI 112 Reduce Under-18 conception rate by 55% by 2010

NI 117 PSA 14 60% of teenage mothers back into EET education, training or employment by 2010

NI 113 Prevalence of chlamydia in under 20 year-olds DCSF DH