

Mental
Health

Mental Health Safety Improvement Programme (MHSIP) Sexual Safety Learning Forum

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MHSIP key ambitions

To improve safety by reducing harm caused to people using mental health, learning disabilities and autism (MHLDA) services by 2023:

- Reduce restrictive practice (RRP) by 25% in MHLDA inpatient services by testing and scaling the RRP change package
 - To engage all NHS MHLDA Trusts across England with the programme
- Improve sexual safety
- Reduce suicide and self-harm

Session objectives

By the end of this session I hope you will have a clear understanding of the:

- work of the **National Sexual Safety Collaborative (SSC)**
- **learning** from that collaborative
- **practical steps** you can take to lay the foundations for good practice and begin building the capability to improve sexual safety
- **resources** that can be used to support your work in this area.

How the National Sexual Safety Collaborative came about

The National Sexual Safety Collaborative (SSC) was established in response to the Care Quality Commission report, [Sexual safety on mental health wards](#), and a request from the UK Secretary of State for Health and Social Care.

The SSC developed [a set of standards and guidance](#) to improve sexual safety on mental health and learning disabilities inpatient pathways (referred to as the Sexual Safety Standards), and delivered an 18-month quality improvement (QI) collaborative to improve sexual safety for patients, staff and visitors in those settings.

Timeline



69 mental health, learning disabilities and autism wards from 42 NHS Trusts took part in the SSC

Understanding sexual safety – operational definitions

Sexual harassment

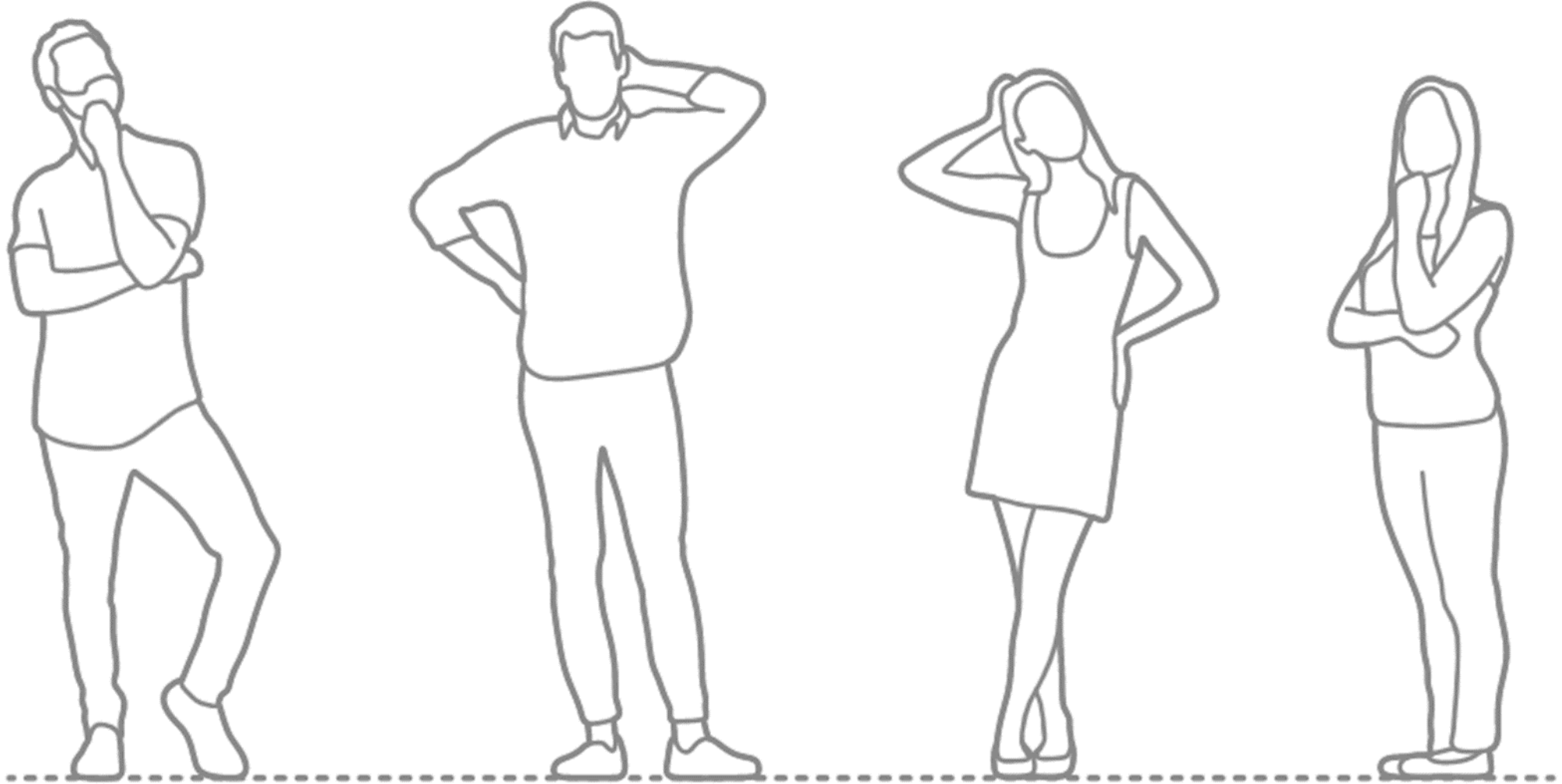
- Includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity. Verbal or non-verbal sexual gestures or behaviours are categorised as sexual harassment.
- These unwanted behaviours may only happen once or be an ongoing series of events.
- Sexual harassment also includes exposure to body parts and/or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video, and graphic files, for any activity that involves human sexuality).

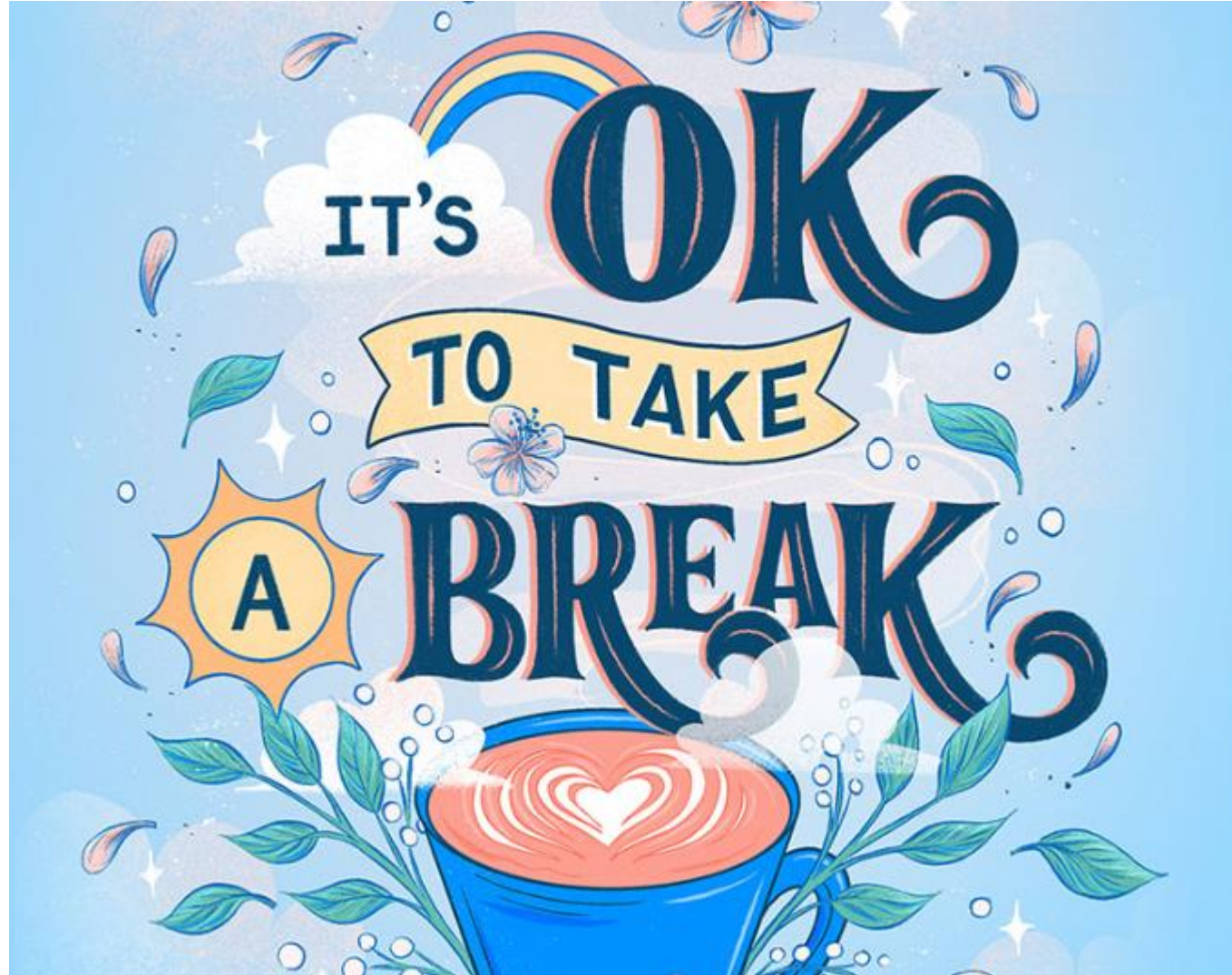
Sexual assault

- Is when a person is coerced or physically forced to engage in sexual activity against their will, or when a person (of any gender) touches another person sexually without their consent. Touching can be done with any part of the body or with an object (definition adapted from The Crown Prosecution Service).
- Sexual assault does not always involve physical violence, so physical injuries or visible marks may not be seen.

Other sexual incident

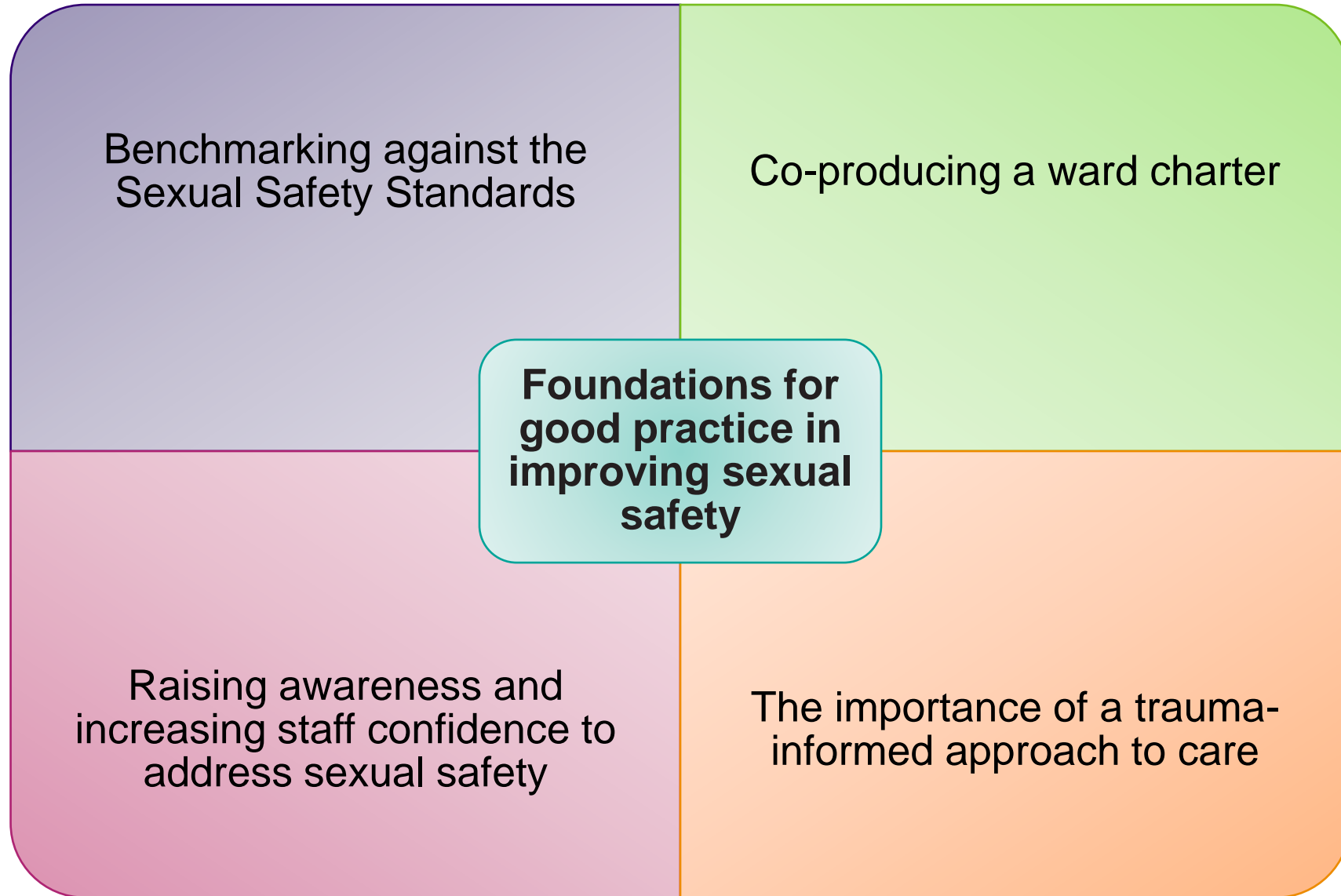
- This category is for incidents where an individual may have witnessed or experienced something of a sexual nature that does not fit in to the categories of sexual harassment or assault, and which made the person feel uncomfortable and/or sexually unsafe.





Let's start talking about Sexual Safety

An animated awareness film made by Nottinghamshire Healthcare NHS Foundation Trust to get people talking about sexual safety.



Laying the foundations for improving sexual safety on mental health, learning disabilities and autism inpatient pathways

Learning from the
National Sexual Safety Collaborative

Booklet for trusts and wards



The Sexual Safety Standards

- The Sexual Safety Standards were co-produced.
- They can be used by staff in inpatient services that provide care for people of all ages and genders with mental health problems, learning disability and/or autism diagnosis as a presenting problem.
- They can also be used by commissioners and providers, and are applicable to all people within the inpatient pathway (people receiving care, staff and visitors).
- They provide a fundamental starting point for understanding and building organisational capability to address sexual safety.

Seven domains of the Sexual Safety Standards



Benchmarking against the Sexual Safety Standards

Is your organisation ready?

Using the Sexual Safety Standards as a benchmark for your current organisational readiness to address sexual safety will help you identify the key areas that have the potential for improvement, and ensure that sexual safety is considered across the system.

Cheshire and Wirral Partnership NHS Foundation Trust created a [benchmarking tool \(in Excel\)](#) to do this. It can be completed at organisation or ward/team level.

Co-producing a ward charter

The main aim in the Sexual Safety Standards is:

‘to ensure that 100% of people within the mental health and learning disabilities inpatient pathways feel safe from sexual harm...’.

When working towards this, each SSC ward that didn't already have one established an individual, co-produced 'ward charter' about sexual safety.

The ward charter sets out the expected standards of behaviour that all patients, staff and visitors should expect on the ward. It also does the following:

- makes a clear commitment to address sexual safety
- provides context for the work
- provides an understanding of how behaviour on the ward might differ from the expected standards
- acts as a starting point for conversations and improvement activity on each ward/unit.



Everyone has the right to feel safe from sexual harm. On this ward, we do not want you to feel uncomfortable, frightened or intimidated in a sexual way by service users or staff. We will work to promote everyone's sexual safety. Everyone should behave in a way that meets the following standards.

Expected standards of behaviour on [insert ward name]

1	I respect myself
2	I treat others with respect and dignity
3	I understand that sexual activity with another person should be for mutual pleasure and never used for punishment or through coercion
4	I do not try to talk to someone else into engaging in sexual activity or harass another person sexually
5	I try to be aware of how my behaviour makes others feel, and will change my behaviour if someone tells me it makes them uncomfortable, or I will ask for help with this if I need to
6	I respect the rights of others to space and privacy to fulfil their sexual needs through masturbation
7	I understand that fulfilling my own sexual needs through masturbation must be conducted privately and discreetly
8	I will speak up if I have been hurt, harassed or assaulted physically or sexually
9	I speak up if I see or hear about someone else being hurt, harassed or assaulted either physically or sexually

If you feel too frightened or upset to speak to a member of staff, you can get independent advice or support by calling {insert organisation name} on {contact details}.

Raising awareness and increasing staff confidence to address sexual safety

- The team at Forest Close, a unit with several wards within Sheffield Health and Social Care NHS Foundation Trust, added a measure of staff confidence to their measurement plan. They created a sexual safety survey for colleagues across their wards to complete.
- They also produced a [video](#) to explain how their survey was created and how the results guided the next stages of their work to improve sexual safety.

The importance of a trauma-informed approach to care

*‘Fire can warm or consume,
water can quench or drown,
wind can caress or cut.*

*And so it is with human
relationships, we can both
create and destroy, nurture
and terrorize, traumatize and
heal each other.’*

Bruce Perry, 2017
(psychiatrist)



Expansion by Paige Bradley, New York, USA. Image credit: Anastasia Tank

The importance of a trauma-informed approach to care

- Trauma-informed care is a whole-system approach to delivering health services. It recognises the prevalence of trauma and its ongoing impact on people accessing mental health services.
- Embedding a trauma-informed approach to care is fundamental to this work and, if not already in place, requires a shift in organisational culture that can take time.
- For the wards taking part in the SSC, this was an opportunity to work with patients and staff, and to develop therapeutic relationships in a different way. It allowed people who have experienced trauma to feel listened to and believed rather than denied and invalidated, and for responses to trauma to be understood rather than dismissed or pathologised.

The importance of a trauma-informed approach to care

You can begin to think about developing your organisation's trauma-informed approach to care before beginning improvement work to address sexual safety by:

- Raising awareness of the importance of a trauma-informed approach
- Understanding any gaps in staff training around trauma-informed approaches, and
- Seeking opportunities to develop that practice as needed.



Sexual safety collaborative

Rosewood and Maple wards.
Cheshire and Wirral Partnership NHS Foundation
Trust

CWP Trust wide group



- Trust wide meeting each month to look at developments from the sexual safety collaborative.
- Review up to date guidance
- Review change projects and progress
- Develop Trust wide systems
- Share learning across areas of the Trust


Sexual safety standards

- For inpatient assessment and treatment services
- Co- produced with people with experience of inpatient care, staff who work in inpatient settings
- 26 standards, grouped into 7 domains. Each standard has corresponding guidance and expected outcomes.

What have we done?

- Reviewed each standard and carried out a benchmarking exercise to determine how confident we are in relation to meeting each standard.

		Quality Check Pointers for Sexual Safety Standards 	
Domain 1 - Understanding and responding to the needs of the individual	Rating	Overall confidence levels	Comments
1. The needs of each individual are understood and responded to. Meeting the needs of the service does not compromise the safety of the person. Staff will need to recognise and understand the complexity of this issue to find ways to balance the tensions that exist between the demands of the service and meeting the sexual safety needs of the person	Partially Confident	Partially confident	Not yet at full maturity as an organisation due to the impact that meeting bed demands, for example, could, potentially, have on a patient and their needs. This will be something to consider as part of the PICU review.
2. Care and support are provided following the principles of individualised trauma informed care. The care environment and daily interactions ensure that a person's physical as well as psychological safety.	Partially Confident		Due to the environment of services, and the physical layout of the wards, we cannot assure ourselves that the comprehensive principles of individualised trauma-informed care can be met 100% of the time.
3. Sexual safety is considered on an individual basis in the context of the person's strengths, any past trauma, past relationships and experiences. The outcomes of these conversations are documented and incorporated into the person's care plan; the plan is reviewed regularly.	Not confident		This doesn't happen systematically and staff are not aware of the need to discuss these issues on admission, nor do they have the skills in order to carry this out effectively and safely. On many occasions staff will not have access to the appropriate and required information about the clinical history of the patient being admitted, therefore will be unaware of any past trauma or specific sexual safety needs. They do not have access to psychology notes, however, a way around this could be for an alert to be inputted onto the patient's notes to ensure that all staff are aware of this past history.
4. Using a strengths-based approach, the service establishes what makes people feel safe, including from sexual harm, and determines priority actions to address these needs.	Partially Confident		There are pockets of best practice in relation to this e.g. in Rehab, however, this is not systematically applied throughout inpatients. Practice is being shared with the acute wards, raising awareness, and requires a more formal process to increase capability.
5. People have clear access to a named member of staff or dedicated specialist services that can offer support for concerns of a sexual nature and advocacy.	Not confident		This is not something that we offer or have access to at the moment.
6. The physical aspects of the ward environment are regularly reviewed and plans are established to address any identified risk areas.	Fully Confident		Head of Estates is a member of the Sexual Safety Group, and there are systems in place to ensure that the physical environment is reviewed.

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- Regular reviews of the benchmarking to reflect progress made.
 - Action plan developed for all areas to maintain compliance or to address areas where we are not fully confident that we are compliant.

Next steps

As mentioned, the MHSIP will hold two more national Sexual Safety Learning Forums by March 2023.

- 9th January 2023 from 1pm – 3pm. This session will focus on co-production; creating a ward charter; raising awareness and increasing staff confidence to address sexual safety.
- 27th March 2023 from 11am – 1pm. This session will focus on trauma-informed care.

Please save the dates if you are interested in attending.

Session evaluation

We'd be very grateful if you could give us your feedback on today's session, so that we can use it to improve the next ones accordingly.



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Useful resources

[National Collaborating Centre for Mental Health, Sexual Safety Collaborative](#)

All resources and learning from the MHSIP National Sexual Safety Collaborative can be found at the above link, including the booklet:

[Laying the Foundations for Improving Sexual Safety on Mental Health, Learning Disabilities and Autism Inpatient Pathways.](#)