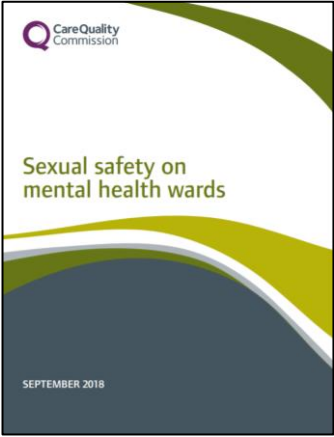


# Improving Sexual Safety on Forest Close

When thinking about sustainable change, the process is as *(if not more)* important than the change ideas and this needs to be one of ownership, co-production and learning. When conditions allow this to happen we get to **meaningful and sustainable change in the shortest time possible.**

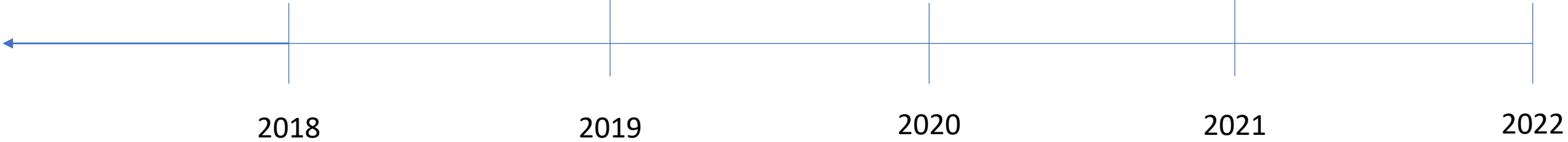
# Framing the journey:



October 2019  
National Sexual  
Safety Collaborative  
launch

December 2020

June 2021



# 1. Define & Scope:

What does sexual safety on the ward mean to you and what do you want to get out of this work?

- Develop a sense of **ownership** of where this could go
- Started allowing people to **connect** to the topic
- Understand **feelings** about this emotive subject
- Established and broadened our **scope**
- Began shaping the **aims** which would guide this work

## 2. Understanding:

Reflecting on and learning more about what was currently happening across the wards in relation to sexual safety and exploring with staff.....

- Confidence levels and the reasons behind this
- Experiences of raising this subject and the kind of topics discussed
- Reflections on their most recent experience of discussing this with a service user



**What does sexual safety on the ward mean to you and what do you want to get out of this work?**

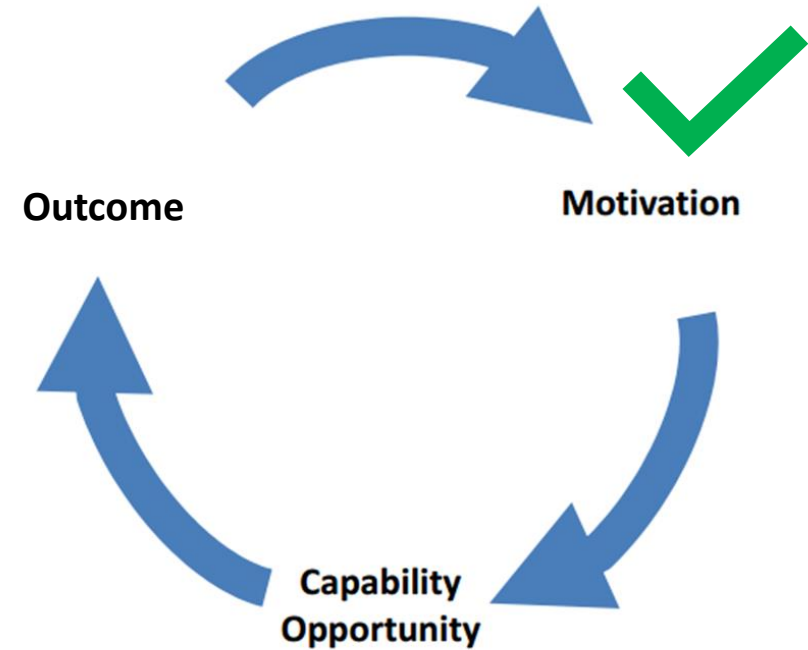
## 1. Confidence was the biggest factor and 4 themes underpinned this:



## 2. Types of conversations were wide ranging

## 3. Not routinely being introduced during the pathway

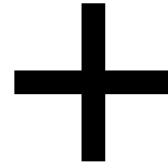
## 4. Motivation to improve in this area was evident



**We used these findings to prompt conversations at Team Meetings**

## Environment

Ideas to create an environment where the subject can be normalised



## Opportunity

Ideas that create opportunities for these conversations to take place

## Capability

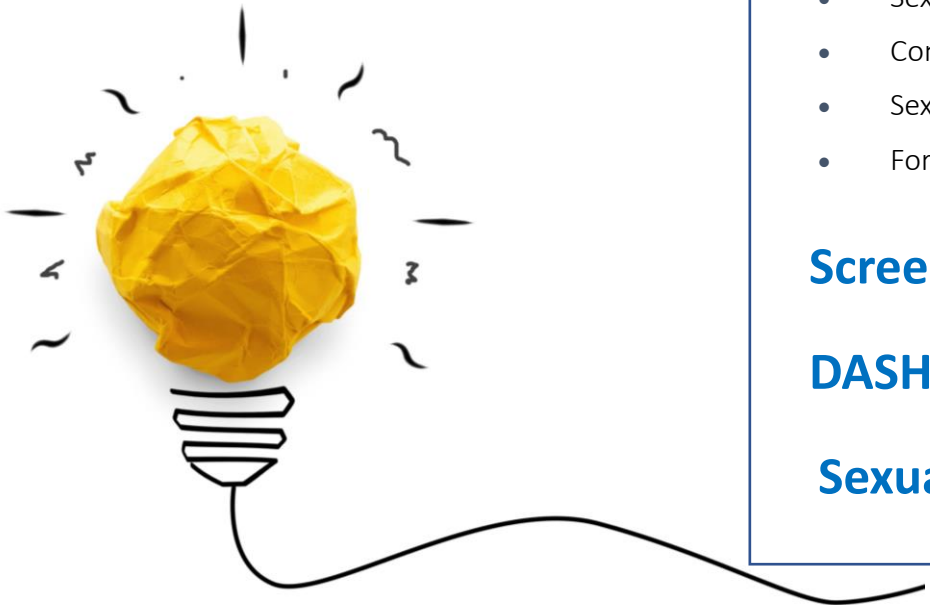
Ideas to support colleagues in developing confidence, experiences and approaches

# 3. Design and Plan:

## Capability:

### Training Sessions:

- Week 1: Introduction to Sexual Safety
- Week 2: Trauma Awareness
- Week 3: Trauma Sensitivity
- Week 4: Talking about Sex and Safety
- Week 5: Sexual Health, what do we know?
- Week 6: Responding to Disclosure



## Opportunity:

### Groups:

- Medication and side effects on sexual function
- Staying safe online, dating, profiles, grooming and sexting
- Sexual violence and harassment
- Contraception and pregnancy
- Sexually transmitted infections
- Sexual health, love and intimacy
- Consent and coercion
- Sexuality
- Forming relationships

**Screening on Admission and Follow-Up**

**DASH Screening Tool**

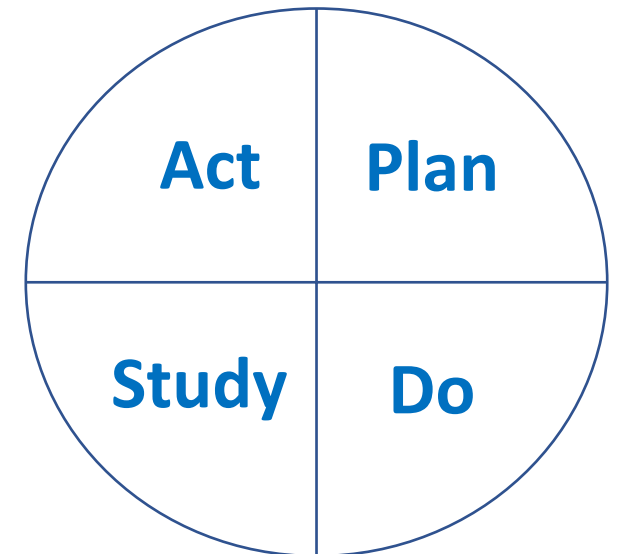
**Sexual Health and Safety Workbook**

## Environment:

**Information Boards**

**Align with other Groups**

**Anonymous Boxes**



# 4. Measures:

## Outcome Measures

Reported confidence of Staff and Patients to discuss and raise topic

Sexual safety incidents

## Process Measures

% Screened on Admission

% incidents using DASH Tool

Regularity and Attendance of Groups

% trained in Sexual Safety

## Balance Measures

Increase in reported incidents

Staff and service user feedback

*"An issue was raised at the community meeting by a service user which led to some really helpful conversations amongst the group" "There have been occasions where service users have felt able to raise incidents of past trauma with staff and then psychology support brought in" "We have seen examples where people have reflected on past relationships and then talked about hopes and aspirations for the future" "Some patients have expressed their appreciation that you're talking about these things" "At the Creative Group Meeting service users were doing posters around this topic which prompted some helpful conversations within the mixed group"*



# 5. Impact, Sharing and Growth

## 1. Positive progress against process measures and outcomes

### Checking in with the wider team (45 responses):

Across the 6 weeks training an average of 80% strongly agreed or agreed that it

- a) raised awareness,
- b) increased confidence,
- c) would help initiating conversations
- d) would be applicable in practice

**Ideas:** the ideas being developed were popular and feedback was that they covered most angles, with a couple more ideas emerged such as Sexual Health Clinics and Sexual Safety Champions

We saw an increase in overall confidence with about 20% more people rating their confidence as an 8 or above out of 10

### Feedback on the training:

- overwhelmingly positive and people valued the training
- any negatives referred to delivery via MS Teams and the lack of interaction
- people would like to focus on tools going forward such as STARTER Model

### Approach to this project:

- generally people felt the balance had been about right
- people now want to see tangible changes now coming from this work
- some people weren't fully aware of the progress and would like more feedback
- a few comments were questioning the meaningfulness and repetition of the postcards

## 2. Recognised as part of the National Collaborative

## 3. Shared through Trust Wide Sexual Safety Group

## 4. Service has embarked on more improvement work



# 6. Key to sustainable success

