

DRAFT

The Scottish Executive Health Department
Public Health Division
Branch 2
Sexual Health and Relationships draft Strategy
Mailpoint 3E (South)
St Andrew's House
Regent Road
Edinburgh
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Dear Sir or Madam

Enhancing Sexual Well-being in Scotland: A Sexual Health and Relationships Strategy

YouthLink Scotland is the national youth work agency for Scotland. We are a national voluntary organisation serving the needs of young people, and those who work with them. We promote the well-being and development of young people in a local, national and global context. YouthLink Scotland welcomes the opportunity to respond to the Scottish Executive's consultation document Enhancing Sexual Wellbeing in Scotland: A Sexual Health and Relationships Strategy ("the Strategy"). YouthLink Scotland's response includes input from YouthLink Scotland's Policy Forum.

In summary, YouthLink Scotland's main points are:

- **The Strategy outlines ways in which issues around sexual health can be dealt with in a positive way. Promoting sexual health and wellbeing will, however, require the adoption of a long-term, multi-disciplinary approach.**
- **The effectiveness of the implementation of the Strategy will depend on the level of funding made available by the Scottish Executive**
- **Attention should also be given to constructively challenging the fear based, defensive and often negative view towards sex and sexual behaviour that grows from our Scottish culture**
- **We welcome the recognition in the Strategy that specific targeted work will be required for those groups facing the greatest barriers to sexual wellbeing, such as young people**
- **There is a need to engage with young people in developing and implementing the strategy, and in progressing the related media campaign**
- **The youth work sector can play a significant role in promoting sexual health and wellbeing amongst young people.**
- **More should be done to improve perceptions of confidentiality on the part of those providing sexual health and wellbeing advice to young people.**

YouthLink Scotland wishes to raise the following general issues, as well as responding to some of the specific points raised under the themed headings in the Strategy. For ease of reference we have used the same headings as those employed in the Strategy.

General

YouthLink Scotland believes that the Strategy can make a positive response to addressing issues around sexual health and wellbeing. The emphasis placed by the Strategy on sexual health and well being alongside the development of relationships is particularly welcome, as is the positive language used throughout the Strategy which highlights the issues surrounding sexual ill health in a non-judgemental manner. These factors provide a useful context in which the problems of sexual ill health can be addressed.

Part of this process is identifying each individual's need for support, and the specific information they will require to address their health issues. It also involves recognising the barriers which many groups, such as young people, face in accessing those services providing the support and treatment they need to address their problems. In this respect, YouthLink Scotland welcomes the recognition that the barriers preventing such access can be cultural, societal or personal. We also welcome the fact that the Strategy does not propose a quick fix, and recognises that a long-term strategy will be necessary to address sexual health and wellbeing on a national basis. We believe, however, that the effectiveness of this strategy will largely depend on the level of resources which the Scottish Executive is prepared to make available to fund a sexual health strategy.

SETTING THE CONTEXT

YouthLink Scotland welcomes the recommendations in Paras 3.1 to 3.11.

The Current Picture

YouthLink Scotland welcomes the recommendation at Para 3.8 that the Scottish Executive "should retain their target for reducing teenage pregnancies" from previous health documents such as the Scottish Executive's *Towards a Healthier Scotland*, but that the strategy will also promote new structures and resources delivery. This commitment underlines the extent to which the Scottish Executive regards reducing teenage pregnancies as a significant issue, and one which will require a long term strategy, building upon the success of previous work, if it is to be tackled effectively.

YouthLink Scotland also welcomes the Strategy's recognition that sexual activity is regarded as normal for young people and that, if it was more openly discussed, the negative peer pressure on young people to become sexually active before they are ready to do so would be reduced. Significantly, the peer education approach has been successfully used by Fast Forward to tackle other health issues such as drugs and alcohol abuse. Organisations such as Fast Forward actively use young people as part of the solution, rather than just dismissing them as the problem. YouthLink Scotland would welcome an early opportunity to discuss how such approaches can be adapted to promote sexual wellbeing, and to achieve the goals of the Strategy, with the Scottish Executive.

In addition, YouthLink Scotland supports the proposal at Para 3.8 that Community Plans, local health plans and children's services plans should complement the local inter-agency sexual health strategies, and that the proposed National Advisory Committee on Sexual Health should have cross-departmental representation. YouthLink Scotland believes that this recommendation can help to promote a joined-up approach to tackling sexual ill health, but considers that the Scottish Executive must engage with young people and the voluntary sector if such an approach is to be effective.

The wider influences on sexual health

YouthLink Scotland welcomes the recommendations at Para 3.14.

In particular we believe that the recommendation that the National Sexual Health Programme Co-ordinator should work with Scottish Executive colleagues "to ensure that policies which impact most on people who are socially excluded include actions to address sexual health, for example, policies aimed at homeless people, those in prison or young people" can make a significant contribution to promoting sexual health, given that socially excluded groups generally face the greatest barriers to sexual health and wellbeing. We also welcome the recommendation at Para 3.14 that the Scottish Executive "should develop an action plan to tackle stigma and discrimination around HIV and sexuality, and to encourage a more positive view of sex and sexual health in all Executive policies, as part of the ongoing health improvement agenda".

The media and mass communications

YouthLink Scotland supports the recommendations in Paras 3.15 to 3.19.

We welcome the acceptance that the media has a huge impact on the way young people behave, particularly in the ways it portrays sex and relationships which, in turn, reinforce stereotypes and ignores risks. YouthLink Scotland supports the view that the media should become actively involved in responding to sexual health challenges, and behave responsibly in its portrayal of sexual health issues. YouthLink Scotland considers that the recommendations at Paras 3.15 to 3.19 for the National Sexual Health Advisory Committee to develop a mass communications strategy for sexual health have considerable merit.

We also welcome the proposal at Para 3.19 that media campaigns should be launched to convey key messages, including the message that it is okay not to be having sex, and to challenge gender and sexual stereotypes. The focus of such campaigns should be on healthy relationships, and not just on sexual activity. It must be recognised, however, that part of the challenge of developing effective media campaigns on sexual health will be the extent to which the Scottish Executive can convey key messages to young people in ways in which they can relate. This underlines the need for the Scottish Executive to engage with young people, and to consult with them on how best to portray these issues. This is another important area in which YouthLink Scotland would welcome early discussions with the Scottish Executive.

PROMOTING POSITIVE SEXUAL HEALTH

YouthLink Scotland welcomes the recommendations in paras 4.1 to 4.3.

Meeting the needs of those facing the greatest barriers to sexual health

YouthLink Scotland welcomes the commitment in Paragraph 4.2 to address the barriers to achieving sexual health by “improving the consistency, accessibility, quality, cultural competence and ethos of lifelong learning and appropriate and responsive sexual health services”. We also welcome the Strategy’s recognition that specific targeted work will be required for some groups, and that the National Sexual Health Advisory Committee, along with the Sexual Health and Wellbeing Learning Network, should “prioritise, conduct and disseminate evidence which addresses the needs of those groups facing the greatest barriers to sexual wellbeing”.

YouthLink Scotland considers that young people are one of the groups which will require such support if they are to overcome significant barriers to achieving sexual health and wellbeing. We take the view that, if the services proposed in the Strategy are to assist young people overcome barriers to sexual health, they must draw on the experience of successful projects, which are already working with the most disadvantaged groups in our society. The Sandyford Project in Glasgow and The Corner in Dundee are examples of programmes which target, and offer support to, the most difficult to reach young people. The Sandyford Project has set up a number of specific services for young people which matches the aims of the *Walk the Talk* initiative, in terms of both design and approach, while The Corner provides a wide range of confidential health and information services for young people aged between 11 - 25 years.

Another group which would benefit significantly from targeted work and services on promoting positive sexual health are young offenders. YouthLink Scotland’s work with young offenders through our Outlet Youth Centre at Polmont Young Offenders’ Institution (“PYOI”) highlights the role which youth work can play in assisting young people to address sexual health issues and concerns. YouthLink Scotland’s work at PYOI includes a programme focusing on sexual health issues. The programme provides factual information, as well as looking at issues around young people’s attitudes and values relating to masculinity, and at the impact this has on sex and relationships. YouthLink Scotland believes that additional programmes must be developed if we are to address the sexual health issues of young offenders. The need for such programmes is underlined by the fact that this group does not have the same access to services as other young people, and in consequence face even greater barriers to achieving sexual wellbeing.

It should also be recognised that there are specific issues relating to certain single sex groups, e.g. Muslim girls who may not wish to access general services. In this context, we would suggest that Faith leaders should be involved in the design of services so that young people are not placed in a position of conflict in terms of their needs versus their faith. Against this background, YouthLink Scotland welcomes the recognition at Paragraph 4.4 that cultural considerations must be taken into account when providing services to those facing the greatest barriers to sexual health, and that sexual health promotion, Sex and Relationship Education (SRE) programmes, sexual health clinical services and other activities to promote sexual wellbeing must be respectful of, and sensitive to, the cultural and religious norms of different groups by using appropriate terminology and images.

A broad approach to sexual health promotion

YouthLink Scotland welcomes the recommendations in Paras 4.5 to 4.7.

YouthLink Scotland agrees with the statement in Paragraph 4.5 that there is a general uncomfortableness about discussing issues relating to sexual health and relationships, and considers that this is particularly pronounced amongst young people. We believe that further thought must be given to improving access to services and to information, if the Strategy is to be effective in promoting positive sexual health.

YouthLink Scotland believes that the recommendation in Paragraph 4.7 that local sexual health co-ordinators should “ensure sexual health promotion appropriate to the local community is a key strand in NHS Board sexual health strategies” can make a significant contribution to improving access to services and information. We take the view that including sexual health promotion in child health, health inequalities, social inclusion, community learning, children’s service plans and other relevant plans would help this process.

Furthermore, we consider that the provision of local sexual health strategies should be particularly mindful of the needs of young people, and of those with specific needs such as refugees and asylum seekers. YouthLink takes the view that the Local Sexual Health Co-ordinators must, when tailoring local services to promote sexual health, draw on examples of successful local practice. The Sandyford Project which has involved the voluntary sector, the local authority and local Health Services, is an example of best practice of where the provision of services and information to promote sexual well being has been structured to meet the specific needs of young people.

We also welcome the recommendation at Para 4.7 that sexual health promotion “should be a key activity for all those involved in sexual health learning and service activities and should be supported by sexual health promotions specialists”, but would emphasise that there is a role for many other service staff, and not just those directly involved in a professional capacity with a specific sexual health remit. Youth workers, for example, have a critical part to play as young people will often feel more comfortable speaking to youth workers in an informal, non-judgmental environment about issues affecting their health, than health professionals in a medical setting. For many young people this is often the first step they take towards addressing their health concerns, prior to approaching health professionals.

Acquiring knowledge and skills about sexual health and wellbeing

YouthLink Scotland welcomes the recommendations in Paras 4.11 to 4.19

The Role of Schools

YouthLink Scotland welcomes the recommendation in Paragraph 4.14 that the curriculum framework developed by *Healthy Respect* piloted in Lothian should be rolled out to all schools. We believe that this can make a significant contribution to promoting sexual well being amongst young people.

YouthLink Scotland notes the recommendation at Para 4.17 about the need to support the implementation of the McCabe Report to support “a consistent approach to sex and

relationships education throughout Scotland”. We agree in principle with this recommendation, but need more information about the details of the report, and on how local authorities will involve young people, parents and Faith organisations in implementing the McCabe Report, particularly in relation to the delivery and provision of SRE, including SRE for LGBT young people. Furthermore, YouthLink Scotland strongly believes that the Scottish Executive must fund the implementation of the strategy if it is to be effective.

YouthLink Scotland agrees with the recommendation at Para 4.19 that local authorities, in conjunction with other community Planning partners, should “develop educational interventions aimed at harder to reach groups in a range of settings outwith mainstream services/locations”. Significant opportunities exist for Community Learning and Development Departments to extend their role given the settings staff operate within, and the overarching framework of community planning in terms of service delivery. Voluntary sector organisations also have a crucial role to play, given the importance of youth work and informal learning.

Developing closer links between schools and clinical services

YouthLink Scotland welcomes the recommendations in Paras 4.20 to 4.22.

With reference to the recommendation at Paragraph 4.21 that NHS Boards, in partnership with key partners, should detail plans to improve links between schools and sexual health services in their Community Plans and Local Health Plans, we take the view that NHS Boards must involve the youth work sector in this process, given the importance of the sector in promoting sexual well being amongst young people.

YouthLink Scotland notes the recommendation in Paragraph 4.21 regarding opportunities for public health nurses to have opportunities to update their skills and knowledge and access to resources. We believe it is vital that other professionals such as youth workers should also be provided with similar opportunities in terms of providing sexual health advice and services.

The Role of Parents and Carers

YouthLink Scotland welcomes the recommendations in Paras 4.23 to 4.27, particularly the recommendation that NHS Boards, in conjunction with other statutory and voluntary sector interests, will develop programmes for parents and carers to enhance communication skills around relationships and sexual health. This recognises that there are family responsibilities, as well as institutional responsibilities, and that key agencies should work together to provide programmes that will help parents to develop their skills, knowledge and expertise to meet their responsibilities as parents. Youth Link Scotland considers that there is significant potential for local authority Community Learning and Development departments to include this in Adult Learning, Adults literacy and Capacity building work.

YouthLink Scotland also welcomes the statement in the Strategy that sex and relationships education is not just about school-based programmes. YouthLink Scotland considers that the Strategy’s recognition of the role of the youth work sector’s work with young people in promoting sexual health wellbeing is particularly appropriate. This reflects the fact that, while school is a major area for young people to learn, young

people spend as much time out of school as in school, and that informal education has a significant role to play through the youth work sector. YouthLink Scotland believes that the involvement of the youth work sector will add considerable value to the programmes developed by NHS Boards for parents and carers.

YouthLink notes the statement in Paragraph 4.25 that the active involvement of parents in SRE programmes is important because “schools are accountable to individual parents and the wider community”. YouthLink Scotland believes, however, that it is important to emphasise that schools should also be accountable to young people, and to respect their rights, particularly in view of their rights to education and access to information.

Lifelong learning for adults

YouthLink Scotland fully supports the emphasis in the Strategy on lifelong learning for adults in relation to promoting sexual health wellbeing, and welcomes the recommendations in Paras 4.28 to 4.34.

We particularly welcome the emphasis in Paragraph 4.28 on the importance of information being made available and accessible to promote sexual health wellbeing. *Step it Up* is an example of an approved project which reflects these aims, and helps young people to develop, through youth work, respect for themselves and others, and to acquire emotional intelligence to make considered choices about a wide range of issues including sexual activity. *Step it Up* has been developed as a national pilot project funded by the Scottish Executive and involving the youth work sector, HM Inspectorate of Education, the University of Strathclyde, the Scottish Qualifications Agency, the Scottish Prison Service, and the Greater Glasgow NHS Board. The project also involved YouthLink Scotland, and our member organisations including Aberdeen City Council, Youth Scotland, the Scout Association, Argyll & Bute Council, Highland Council, Stirling Council, Falkirk Council, Western Isles Council, and the Princes' Trust Scotland, and the Glasgow Anti Racist Alliance which recently became an Associate Member of YouthLink Scotland.

The role of sexual and reproductive health services

YouthLink Scotland welcomes the statement in Paragraph 4.35 that lifelong learning about relationships and sexual health “must be complemented by accessible, confidential and appropriate clinical services if sexual health is to improve”. The effectiveness of such an approach is reflected in the *Walk the Talk* initiative, which is funded by the Primary Care Division of the Scottish Executive and jointly managed by YouthLink Scotland and Fast Forward Positive Lifestyles. The initiative seeks to address inequalities in young people’s health, including sexual health and wellbeing issues, and to improve access to services for young people. The *Walk the Talk* initiative has already successfully involved young people in developing accessible and relevant primary care services.

YouthLink Scotland notes the recommendation at Para 4.52 of the Strategy that Local Sexual Health Co-ordinators “should ensure that proposals to address identified deficits are included in each NHS Board’s inter-agency sexual health strategy”. YouthLink Scotland takes the view that, if this process is to be effective, the co-ordinators must engage with young people and the youth work sector to identify these deficits. Attention

should also be given to the specific needs of groups such as, for example, LGBT young people, BME young people and young offenders.

Specific Actions to reduce STIs and unwanted pregnancies

YouthLink Scotland supports the recommendations in Paras 4.42 to 4.50

YouthLink Scotland welcomes the recommendations to reduce STIs and unwanted pregnancies. We particularly welcome the recommendation at Paragraph 4.42 highlighting the need to improve the monitoring and dissemination of information on new diagnoses and trends. YouthLink Scotland believes it is vital that accurate and up to date information is available, and that further thought should be given as to how best this information reaches difficult to reach young people such as those suffering from drugs or alcohol abuse. Detached and street youth workers could play a significant role in reaching these young people. An example of intervention street work is the Barnardos Street Team in Glasgow, which has a proven track record of working with young homeless people. This is an issue on which YouthLink Scotland would be happy to provide the Scottish Executive with further information. Making services as accessible as possible will also be vital. Key issues which should be addressed in this respect include poor public transport services in rural areas, the tendency for services only to be available during regular office hours, and the need for staff dealing with sexual health and wellbeing issues to be as sensitive and non-judgmental as possible.

The recommendation at Para 4.49 to minimise the barriers to HIV testing is especially welcome, given the recent increases in HIV prevalence.

Supporting access to services: Confidentiality and anonymity

YouthLink supports the recommendation at Para 4.62 that more should be done to improve perceptions of confidentiality on the part of providers of sexual health and wellbeing advice. We believe it is vital that young people can seek such advice, safe in the knowledge that their requests for information and advice will be treated with the utmost confidence. In this respect we believe that GPs and teaching personnel need to do more to reassure young people, particularly those under 16, about the agency's confidentiality position. We particularly endorse the right of young people to personal confidentiality and consultation over any release of personal data.

YouthLink Scotland considers that there is a need to agree a minimum level of confidentiality within a school setting, whilst taking into account wider child protection issues, that is applied on a consistent basis. At present, there appears to be a level of inconsistency in current practice within schools in this respect. The work undertaken by Healthy Respect in this key area may provide examples of good practice that can be adopted throughout the country.

Supporting access to services: Contraception and termination

YouthLink Scotland notes the recommendations in Paras 4.64 to 4.68 regarding the need to enhance the availability of contraception and termination services. There was overwhelming support within YouthLink Scotland's Policy Forum for this recommendation.

Supporting access to services: Sexual dysfunction

YouthLink Scotland agrees with the recommendations in Paras 4.69, 4.70 and 4.72 regarding the need to improve access to services for sexual dysfunction and sexual assault.

SUPPORTING CHANGE

YouthLink Scotland supports the recommendations in Paras 5.2 to 5.11.

Leadership and Accountability

At National Level

YouthLink Scotland takes the view that the composition of the National Sexual Health Advisory Committee proposed in Para 5.2 must feature representation from both medical and social perspectives. Furthermore, the committee must include young people, given that they are a key target group for any strategy to promote sexual wellbeing. It should also include representatives from the youth work sector in recognition of the important role which informal education can play in promoting sexual wellbeing.

At NHS Board Level

YouthLink Scotland supports the recommendation at Para 5.7 that each Director of Public Health should ensure the inter-agency local sexual health strategy reflects the key components of the national strategy. We take the view that this is vital if a consistent approach to promoting sexual wellbeing is to be taken across Scotland. We further note the Recommendation at Para 5.7 that a Local Sexual Health Co-ordinator should be appointed to facilitate the implementation of the inter-agency sexual health strategy on a NHS Board-wide basis, and that the local co-ordinators will facilitate the development of a NHS Board-wide managed sexual health network which includes all relevant local organisations and service providers. YouthLink Scotland considers that, as part of this process, the local co-ordinators should consult young people to identify their needs, and ensure that both young people and the youth work sector are represented on the local sexual health networks. We take the view that the youth work providers need to be key players within the proposed networks, since youth workers are often the first people whom young people approach when they have problems. There are also issues around where funding for these networks will come from, and clarification of this point would be helpful.

In addition, YouthLink Scotland welcomes the recommendation that existing mechanisms such as Community Plans will be used for integrated service delivery. As part of this process, we need to make sure that these mechanisms effectively engage with the youth work sector. *Healthy Respect*, a health improvement demonstration project, is an example of a project where young people are being engaged in a wide range of settings to address sexual health issues. The need for such engagement is underlined by the uncomfortableness which many young people feel regarding sexual health and relationships. This highlights the importance of youth work approaches, and of ensuring that sexual health is addressed in the context of developing relationships based on respect. As previously stated, YouthLink Scotland considers that adopting a long-term strategy will be critical, and that the emphasis on relevant and accessible

services, rather than just on global services, is welcome. This complements the recommendations in the *Walk The Talk* initiative, which includes the following formula:

Relevant Times + Places + People = Relevant Services

From a youth work perspective it is worth emphasising that the involvement of young people in the development and delivery of services has in the past proved successful. This involvement has, for example, proved invaluable in the development of the *Walk the Talk* resource pack.

YouthLink Scotland also welcomes the recommendation at Paragraph 5.9 that each local authority should designate a strategic lead for sexual health. The success of this proposal will, however, depend on whether the same departments are designated to take the lead on sexual health in each local authority across Scotland. We also note the recommendation that each local authority should ensure that “Joint Health Improvement Plans detail partnership working to address specific sexual health issues, and the wider determinants identified by this strategy”. YouthLink Scotland agrees with this recommendation, but would stress that it is also important to give wider determinants equal priority, and to promote community development approaches to responding to health issues. In this respect, youth workers, for example, are well placed to make condoms available to young people through demonstration and discussion. There has, however, been insufficient local and national commitment to create guidelines to give some reassurances and clarity, and we believe that there is a clear opportunity to tackle these issues at a national level through the strategy and implementation plan.

Clinical Service Standards for STIs

YouthLink Scotland supports the recommendations at Paras 5.12 to 5.17 that national and local targets should be developed for increased detection and treatment of Chlamydia and other STIs supported by clinical standards.

Staffing & other resources

YouthLink Scotland notes the recommendation at Para 5.21 that the Scottish Executive “should provide resources to NHS Boards to ‘pump prime’ the initial implementation stages of this strategy”. YouthLink considers that Scottish Executive funding to ‘pump prime’ the initial stages of the strategy will be insufficient, and that if the strategy is to be effective it will require significant funding from the Scottish Executive, and not just for the initial implementation stage.

We further note the recommendation at Para 5.21 that NHS Health Scotland, through the Sexual Health & Wellbeing Learning Network and in conjunction with other key stakeholders, should develop implementation guidance. YouthLink Scotland agrees with this recommendation, but considers that young people and the youth work sector must also be involved in the process of developing such guidance. This is another issue on which YouthLink Scotland would welcome discussions with the Scottish Executive.

Education & continuing professional development

YouthLink Scotland welcomes the recommendations in Paras 5.24 to 5.26, and in particular the recognition that staff must be equipped to support improved sexual health

outcomes. Youthlink Scotland believes it is of particular importance that training at both undergraduate and postgraduate levels will be embedded into the system, and that each Local Sexual Health co-ordinator will play a significant role in identifying inter-agency sexual health training needs.

We strongly agree with the recommendation at Para 5.24 that NHS Boards “should develop joint training for health and Local Authority personnel to develop core skills in communication, attitudes and relationships and which address the wider social and cultural determinants of sexual health”. YouthLink considers that young people and adults should be involved in informing this process. In this respect, it should be recognized that many assumptions continue to be made on behalf of target audiences without evidence or robust consultation, e.g. many professionals talk about developing sexual health services in schools without having asked young people what level of services they want, and who they want to deliver them.

Please do not hesitate to contact me if you require more information, or would like to discuss any of these issues further.

Yours sincerely

Maureen Mallon
Head of Development