Respect and Responsibility

Strategy and Action Plan for Improving Sexual Health

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SCOTTISH EXECUTIVE

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Strategy and Action Plan for Improving Sexual Health

Scottish Executive, Edinburgh 2005

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ਇਸ ਦਸਤਾਵੇਜ਼/ਕਾਗ਼ਜ਼ਾਤ ਦੀਆਂ ਹੋਰ ਕਾਪੀਆਂ, ਮੰਗੇ ਜਾਣ ' ਤੇ, ਆੱਡਿਓ ਟੇਪ ਉੱਪਰ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਕੰਮਿਉਨਿਟੀ ਭਾਸ਼ਾਵਾਂ ਦੇ ਵਿਚ ਮਿਲ ਸਕਦੀਆਂ ਹਨ, ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

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Contents

Ministerial Foreword

Respect for each other and strong, trusting relationships, based on sound values, are at the heart of our national, community and personal wellbeing. The nurturing of these priceless assets begins at an early age and, as developed in the stable environment of family life and parental guidance, they help to equip us for the challenges of later life. Sexual wellbeing is firmly embedded in this system of values and relationships and, pre-eminently, touches on our responsibilities as individuals, on respect for the feelings and values of others, and on trusting relationships.

Sexual health is a controversial subject, where deeply held views on moral issues meet cultural and lifestyle diversity and a tradition of tolerance. It would be easier to focus our public health efforts elsewhere. But with teenage pregnancy rates amongst the highest in Europe and rising rates of diagnosed sexually transmitted infections across all ages, such an approach would not be responsible. That is why we have chosen to act. This document is thus both a strategy and plan for action. It sets out our proposals in a way which is respectful of both children's rights and parental and personal responsibility, and which recognises religious, cultural and gender diversity. We will do this within a framework which promotes a culture of respect and responsibility and through action to help prevent sexually transmitted infections and unintended pregnancies and provide better services.

The development of this Strategy and Action Plan has been informed by the work of an Expert Reference Group and an extensive and inclusive consultation exercise on its proposals. I am grateful to the Group and everyone who responded to the consultation. Their contributions have been carefully considered. Not surprisingly the consultation expressed a diversity of views but the themes of respect and responsibility were widely supported. These concepts of respect and responsibility are exemplified in strong and stable relationships, with marriage remaining a key part of our national life.

This strategy is firmly based on the principles of self respect, respect for others and strong relationships. Respect and responsibility are also key messages that are passed on by parents and families in shaping the lives of their children. But the right focus for us in the Scottish Executive in the action we take to promote sexual health, is on the quality of relationships rather than on family form or on issues of legal status. Abstinence, or sexual activity which is delayed until a mature, loving relationship is established, are approaches we support.

Our approach recognises the diversity of lifestyles in the population of Scotland and aims to improve access to information and services. It is important that people are able to make informed decisions in the areas of sexual relations and that they have access to good, high-quality services on an equitable basis.

Strong national leadership will be provided by a National Sexual Health Advisory Committee, which I will lead, and which will bring together the key stakeholders to give impetus and drive to the implementation of the strategy.

Health Boards will be clearly responsible for leading these improvements with their partners and they will be able to adopt locally appropriate structures and arrangements to do so.

The strategy is but the beginning of a process which I earnestly hope will lead to better sexual health in this and succeeding generations of Scots. But it will require the concerted efforts of us all – including parents, healthcare workers, faith groups, teachers, voluntary organisations and critically, each one of us as individuals – to drive home and practise the message of respect and responsibility, if we are to succeed.

Andy Kerr

ANDY KERR
Minister for Health and Community Care

Section 1 Introduction

1. Sexual health in Scotland is poor. Sexually transmitted infections, such as chlamydia, are widespread and increasing, while teenage conceptions are amongst the highest in Western Europe. Thus, for example, reports of chlamydia in people aged under 25, rose from 6488 in 2002 to 9066 in 2003, an increase of 39%[1]. In people aged over 25, reports of chlamydia rose from 3043 in 2002 to 4160 in 2003, an increase of 36%[1]. Scotland's rate of births in the 15-19 year-old age group in 1998 was 30.6 per 1000. This compares with rates of 6.2 in the Netherlands, 8.1 in Denmark and 9.3 in France[2]. Scotland-wide indicators published by NHS Quality Improvement Scotland[3] show that teenagers in the most deprived areas are three times more likely to become pregnant than their counterparts in the most affluent parts of the country.

2. Promoting positive sexual health is thus a key public health challenge for the Scottish Executive. Sexual health is not just the absence of disease but includes an intricate range of ethical, moral, cultural and social issues. Improving sexual health requires a holistic approach that incorporates the personal, social, emotional and spiritual, as well as the physical, aspects of sexuality. That is why the Partnership Agreement promised that a national sexual health strategy would be developed and implemented. This strategy fulfils that undertaking. It has been prepared in the light of an extensive consultation carried out on draft proposals prepared by a multi-sectoral Expert Reference Group, led by Professor Phil Hanlon. Their remit was:

   "To draw up a National Sexual Health Strategy for Scotland, with particular reference to measures:

   - to reduce unintended pregnancies and sexually transmitted infections;
   - to enhance the provision of sexual health services; and
   - to promote a broad understanding of sexual health and sexual relationships that encompasses emotions, attitudes and social context."

3. We have taken account of the draft proposals prepared by the Expert Reference Group and considered carefully the responses to the consultation. As a result the overarching aims of this strategy are:

   - to improve the quality, range, consistency, accessibility and cohesion of sexual health services from primary care to specialist genitourinary medicine services, in line with the principles of providing services which are safe, local and appropriate;

   - to support everyone in Scotland, including those who face discrimination due to their life circumstances or their gender, race or ethnicity, religion or faith, sexual orientation, disability or age, to acquire and maintain the knowledge, skills and values necessary for good sexual health and wellbeing; and

   - to positively influence the cultural and social factors that impact on sexual health.

1 Health Protection Scotland (HPS) – January 2005
2 United Nations Children's Fund (UNICEF). A League Table of Teenage Births in Rich Nations, issue No 3, July 2001
3 2004 Health Indicators Report – A Focus on Children – ISBN 1-84404-200-6

4. The strategy endorses the World Health Organization definition of sexual health as:

   "A state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sex experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

5. The strategy therefore takes as its starting point:

   - the values of respect for self and others, mutuality, trust and love;
   - committed and stable relationships, characterised by these values, are the right setting for sexual relationships;
   - abstinence is a legitimate choice for any person and delayed sexual activity is a positive choice for those who are not ready to form mature, stable and loving relationships;
   - an acceptance of the diversity of beliefs, values and moralities to be found across Scotland, the affirmation that every individual is equally valued, and that a person's needs should be impartially addressed;
   - equity of opportunity and access to lifelong learning, including, but not limited to, schools-based education, and service provision which fully recognise and address the factors which can undermine such opportunities and access; and
   - a real and meaningful commitment to promote and reinforce the rights of people to have mutually respectful, happy, healthy and fulfilled sexual relationships free from discrimination, abuse, violence or coercion as advocated by the World Health Organization.

6. A particular aim, in the implementation phase, will be to ensure an inclusive approach – in line with the current UK equalities legislative framework – which fully recognises the need to address issues of equity and diversity and the very personal nature of the subject.

7. This document is both a strategy and a practical plan for action. It works its way systematically through what we must do to:

   - promote respect and responsibility (Section 2);
   - prevent sexually transmitted infections and unplanned pregnancy through education, service provision and support (Section 3); and
   - provide better sexual health services which are safe, local and appropriate (Section 4).

8. It then lays out a practical plan for highlighting what can be done by all relevant groups including the Scottish Executive, health boards, local authorities, parents, faith groups, voluntary groups and others.

Section 2 Promoting Respect and Responsibility

9. Many people in Scotland experience positive relationships and good sexual health. But there is a considerable growing burden of sexual ill-health, and addressing this requires an understanding of the breadth and complexity of this area of work.

10. This strategy recognises that there are many different faiths and cultures in Scotland, and that it is essential that all service providers and service users recognise and respect that diversity. The principles of equity, respect and accessibility to clinical services and lifelong learning apply to sexual health, whatever our race, ethnicity, disability, gender or sexual orientation, age or religion.

11. A holistic approach to sexual wellbeing, which at the same time recognises the diversity of moral, cultural and ethical views, can be expressed through the range of initiatives identified in this strategy. It also provides scope for a range of professionals and others to play a part in enhancing knowledge, improving decision-making skills and challenging attitudes, as well as promoting key messages, and in reaching some of those who are most vulnerable to sexual ill-health.

THE WIDER INFLUENCES ON SEXUAL HEALTH

12. Economic, social and cultural influences all impact on sexual wellbeing and often give rise to inequalities. In particular, there is a strong link between social disadvantage and early initiation into sexual activity. Those with lower aspirations are more likely to become sexually active at a young age, less likely to use contraception[4] and therefore more likely to contract sexually transmitted infections and go on to become young parents. The overall rates of teenage pregnancy for the most deprived areas are more than treble than for the least deprived areas.[5] Conversely, those with good educational and employment prospects are more likely to use contraception and more likely to terminate unwanted pregnancies. Planning to avoid unintended teenage pregnancies is closely linked with having a stake in the future, a sense of hope and an expectation of inclusion in society. There are also links to the cultural and social expectations of the lives and experiences of girls and boys. Drug misuse and the disinhibiting effects of alcohol, the media and peer and social pressures can all influence sexual behaviour, as can the experience of sexual abuse in childhood. The 2002 Scottish Schools' Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report, commissioned by the Executive found that 17% of 15-year-old girls and 12% of 15-year-old boys surveyed, reported having had unprotected sex during the last year as a result of drinking alcohol. The same survey found that drug users were more likely to have had underage sex and at an earlier age.[6]

13. The Executive's wider policies on lifelong learning, including parenting skills, equity and diversity, social inclusion, alcohol and drug misuse will therefore bear significantly on sexual wellbeing; and a key aim of this strategy will be to ensure that relationships and sexual health, based on the values set out above, should be firmly integrated into the delivery of these policies.

4 McLeod, A., Changing patterns of teenage pregnancy: population based study of small areas. British Medical Journal 2001; 323; 199-203
5 2004 Health Indicators' Report – A Focus on Children – ISBN 1-84404-200-6
6 2002 Scottish Schools' Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report – ISBN 0114973148

THE ROLE OF SCHOOLS

14. Parents play a key role in all aspects of their children's education. It is essential that parents and carers are consulted on the development and revision of sex and relationships education programmes as and when that arises; and parents and carers should be given the opportunity in advance to view key teaching materials and to ask questions about any aspect of a sex-education programme. Schools should also give pupils an opportunity to identify and express their own needs.

15. Education Department Circular 2/2001 concerning the conduct of sex and relationships education in schools, developed following extensive consultation culminating in the Report of the Working Group on Sex Education in Scottish Schools (the McCabe Report) which was widely welcomed, sets out a framework for the development and delivery of sex and relationships education in Scotland, along with the provisions of section 35 of the Ethical Standards in Public Life, etc. (Scotland) Act 2000, which puts a duty on councils to have regard to 'the value of a stable family life in a child's development' in developing sex and relationships education programmes. Circular 2/2001 places the values of respect and responsibility at the heart of sex and relationships education:

"Pupils should be encouraged to appreciate the value of stable family life, parental responsibility and family relationships in bringing up children and offering them security, stability and happiness. Pupils should also be encouraged to appreciate the value of commitment in relationships and partnerships, including the value placed on marriage by religious groups and others in Scottish society. At the same time, teachers must respect and avoid causing hurt or offence to those who come from backgrounds that do not reflect this value. All pupils should be encouraged to understand the importance of self-restraint, dignity, respect for themselves and the views of others."

THE MEDIA AND MASS COMMUNICATIONS

16. Sexual imagery pervades many aspects of modern society and is often used to sell products. Its portrayal of sex and relationships tends to reinforce stereotypes about differing expectations in activities and behaviours, often in a sensational fashion and in a way which ignores the risks associated with sexual behaviour. It can also reinforce the social stigma around sexual relationships and sexual health services and sensationalise the issue. Media messages can lead to pressure and confusion over the realities of relationships and sexuality, particularly for young people, and can imply that casual attitudes to sexual issues are risk free and acceptable.

17. Yet the media can be a powerful communication tool, with the capacity to provide positive information about sexual health. Thus our work with the media will seek to support action to improve sexual health through accurate and balanced reporting, promoting the core values of this strategy and including the message that abstinence and delayed sexual activity in young people are socially acceptable choices and that sexual relations should be based on self-respect and respect for others.

IN PROMOTING RESPECT AND RESPONSIBILITY, THIS STRATEGY WILL:

– encourage a cultural shift towards a more open and positive view of sexual relationships and sexual health that recognises the range of views on the issue;

– promote an ethos that encourages relationships based on equality, maturity and respect, with abstinence a legitimate choice;

– challenge gender stereotypes and reinforce the responsibility of both men and women for protecting their own sexual health;

– provide support for parents in the community with their children about sexual relationships and sexual health;

– increase awareness of ways to reduce poor sexual health outcomes;

– raise awareness of services at both a local and national level; and

– encourage interaction with the public on sexual health matters.

Accordingly:

- **To facilitate a co-ordinated approach to the integration of sexual health in wider Executive policies and initiatives, a Ministerially-led National Sexual Health Advisory Committee – with cross-departmental and a wide-ranging membership – will be established with the aim of advising on policy, monitoring and supporting the implementation of this strategy.**

- **The National Sexual Health Advisory Committee will seek to ensure that no-one is excluded from appropriate sexual health services, whatever their life circumstances, by means of a comprehensive equality and diversity impact assessment process. In line with the developing SEHD/NHSScotland equality and diversity approach, this will address issues relating to people's age, faith, race/ethnicity, disability, sexual orientation and gender as well as cross-cutting issues such as poverty, mental health, homelessness and involvement in the criminal justice system.**

- **At NHS Board level, there will be a responsibility to deliver a co-ordinated approach to sexual health and help ensure that community plans and health improvement plans address the issues that impact on sexual health, especially in relation to inequalities and take account of the diversity impact assessment process.**

- **The Scottish Executive will develop an action plan to tackle stigma and discrimination to encourage a more positive view of relationships and sexual wellbeing in all Executive policies, as part of the ongoing health improvement agenda.**

- **The Scottish Executive will continue to support the full implementation of the Report of the Working Group on Sex Education in Scottish Schools (the McCabe Report) and reinforce the principles of existing guidance.**

- **Parents can play their part in the sex and relationships education of their children both directly and through stable family and home life and by their involvement in their children's general education and school, voluntary organisations and faith-based groups that have contact with their children.**

Section 3 Preventing Sexually Transmitted Infections and Unintended Pregnancies

18. Sexually Transmitted Infections, including HIV, affect people of all ages in Scotland, although incidence is greatest among those under 25. High chlamydia prevalence amongst young men and women is of particular concern, albeit the increasing numbers may be, in part, due to more people being tested.

19. These infections can give rise to health complications and affect fertility, placing increasing demands on clinical services that can be prevented through the encouragement of safer sex practices.

20. To respond to recent increases in HIV prevalence, especially among heterosexual people and gay men, efforts should continue to be made to minimise barriers to testing as well as ensuring that those most at risk from infection are tested.

21. This strategy has already shown the clear links between sexual health and cultural and social influences. However, if sexually transmitted infections are to be combated, action also needs to be taken on other factors, which are associated with the spread of disease. These include poor and inequitable access to clinical services including contraception and ineffective partner notification measures. There is a need also to tackle the incidence of sexually transmitted infections amongst high risk or socially excluded groups and those in prisons.

22. Many women and teenage girls experience unintended or unwanted pregnancies. While pregnancy and parenthood are positive choices for some young people, for others unintended pregnancies and parenthood, are associated with negative social and psychological consequences such as incomplete education, poverty, social isolation and low self-esteem.

23. The improvements in sexual health experienced elsewhere are achievable throughout Scotland, with better co-ordination and a more supportive environment. This is supported by evidence drawing from experience already in Scotland and elsewhere in the links between education and services in other countries.[7]

24. Securing improvement, therefore, depends on involving parents, carers, young people and partners and not on action by health care services alone. It is also important to address the influences that determine sexual wellbeing, such as raising educational aspirations and self-esteem, enhanced social inclusion, tackling alcohol and drug misuse, domestic violence and homelessness.

25. An integrated approach, which links sexual health policy to other related policy areas at both national and local levels, and recognises the wider implications on sexual health, is therefore necessary. In particular, it is important that the principles of equality and respect and accessibility to clinical services and lifelong learning apply to sexual health just as they do to all other aspects of health improvement and care, whatever our race, ethnicity, disability, gender or sexual orientation, age or religion.

7 for further information see supporting papers 4 and 5 to the draft sexual health strategy provided by the Expert Reference Group. These can be accessed on www.phis.org.uk/projects/default.asp?p=fc

THE ROLE OF SCHOOLS

26. Schools have a crucial part to play in fostering healthy attitudes towards relationships, sex and sexuality in young people. All schools are expected to provide sex and relationships education. High-quality sex and relationships education should be delivered in an objective, balanced and sensitive manner by professionals who are trained for this role and who are able to support and complement the role of parents and carers as educators of children and young people. Sex and relationships education should also be delivered in a way which is consistent with the principles and aims of national guidance on the conduct of sex education issued by the Executive in 2001,[8] for instance in encouraging appreciation of the value of stable family life and including the value placed on marriage by religious groups and others in Scottish society and should link to other relevant areas of the curriculum such as Personal and Social Education and Religious and Moral Education. Sex and relationships education should be co-ordinated through local school co-ordinators and designated officers within local authorities to ensure this quality and consistency.

27. It is recognised that sexual relationships are best delayed until a person is sufficiently mature to participate in a mutually respectful relationship. Sex and relationships education programmes should take the form of comprehensive or 'abstinence-plus' education, which aims to delay sexual activity. As at present, sex and relationships education, combined with communication skills development, as well as information on sexual health services and contraception, will add further to this outcome. The most successful sex and relationships education programmes will also include the following characteristics:

    - they are multi-disciplinary and take advantage of the skills that can be provided by the range of statutory and voluntary providers in the local community;
    - they are flexible in terms of timing and content and use a range of formats appropriate to young people;
    - they feature support for teachers in their role as educators through training and links with the wider network of sexual health professionals in the local community;
    - they are integrated with relevant health care services; and
    - they emphasise within the current legal framework delaying sexual activity until a young person is mature enough to participate in a mutually respectful relationship as well as communication skills and knowledge of sexual health services.

28. A number of schools have made progress in developing sex and relationships education policies in line with national guidance and reflecting the views of their school community. Denominational schools have developed relationships and moral education programmes which are currently being implemented. Progress is also being made through Healthy Respect partners in developing an educational curriculum framework.

29. Materials used in sex and relationships education programmes should always be staged and age-appropriate. The 5-14 National Guidelines on Health Education developed by Learning and Teaching Scotland are still operative, and provide valuable guidance in this area. Work in nurseries and the early years of primary school will, of course, continue to focus on relationships and how we care for one another, and will not involve sex education.

8 Education Department Circular 2/2001

30. Supporting teachers is key to the successful delivery of sex and relationships education, and the Executive is committed to ensuring that teachers receive appropriate training and continuing professional development, as well as knowledge about service delivery. Teachers will also benefit from being part of an integrated team delivering school-based sex and relationships education which receives clear policy direction regarding roles and responsibilities and whose work complements that of parents and carers, who will also be informed and supported as educators in sex and relationships.

31. At the present time, some vulnerable children and young people may not have access to comprehensive school-based sex and relationships education. The Executive views supporting the ongoing implementation of the McCabe Report, as key to remedying this. Innovative work and pilot projects on addressing the education needs of young people have been developed within and outside the school setting, in concert with Health Boards and local authorities. The Executive will build on such work to ensure that all pupils, including vulnerable and excluded young people, receive high-quality sex and relationships education.

HEALTH SERVICES

32. It is vital that sex and relationships education is supported by accessible health services for young people. While there is no single model for the development of links between services and schools, effective practice will involve collaboration and joint action between NHS Boards and local education authorities in close consultation with the school community, in line with national guidance, with the aim of ensuring that pupils across Scotland have equitable information about sexual health services and how to access them. It remains our policy that, as at present, whilst advice on access to contraception is available, emergency hormonal contraception (colloquially known as the Morning After Pill but which can be prescribed up to 72 hours after the risk event) should not be made available in schools.

Accordingly:

- **The Executive will facilitate the delivery of high-quality approaches to sex and relationships education consistent with national guidance, including multi-agency training, through partnership working and involving education authorities, partner agencies, parents and other key partners.**

- **The Executive will work in partnership with Directors of Education, Social Work and key stakeholders on how best to deliver sex and relationships education in schools, other settings and to vulnerable and disaffected young people, as well as implementing the recommendation of the McCabe report around continuing professional development.**

- **NHS Boards, in conjunction with key partners, should ensure that resources for sexual health promotion are provided so that good quality and well resourced specialist services are able to support local initiatives.**

- **Local Authorities and NHS Boards, in consultation with Community Planning partners, should work to ensure their Community Plans, local health plans and Children's Services Plans complement their local inter-agency sexual health strategies.**

- **NHS Health Scotland, in conjunction with other stakeholders, should develop information in a variety of formats targeted at parents and carers and youth and community groups.**

- **NHS Boards, in conjunction with other statutory and voluntary sector interests, should provide programmes for parents and carers to enhance communication skills around relationships and sexual health.**

- **NHS Boards, in conjunction with Community Planning Partners, should work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion and outreach services for adults.**

- **NHS Health Scotland, in conjunction with other stakeholders, should consider actions to support positive sexual health in the workplace and affirmative action to address issues in relation to sexual orientation and HIV status.**

- **Work to define and address the sexual health needs of older people will be undertaken by NHS Health Scotland in conjunction with other stakeholders and link with older people's strategies developed by NHS Boards.**

- **The Sexual Health and Wellbeing Learning Network, in conjunction with the relevant stakeholders, will facilitate awareness of the sexual health needs of people with learning disabilities, and make recommendations for research-based programmes and materials.**

- **Local authorities will ensure that all schools are able to demonstrate that they provide pupils with equitable information about sexual health services and how to access them.**

Section 4 Providing Better Services

33. Lifelong learning about relationships and sexual health must be complemented by accessible, confidential and appropriate clinical services. Advice, counselling and support are also crucial. This can range from choosing the appropriate method of contraception in line with lifestyle to psychosexual counselling and relationships support, and support for those who have experienced sexual abuse.

34. There are many examples of good and innovative sexual health services across Scotland. However, there are also wide variations in terms of availability, quality and choice and a number of recognised challenges that limit the impact of these services. Confusion, or lack of knowledge about sexual health, or about the range of available services may discourage or delay attendance and result in poor management of preventable sexual ill-health problems.

35. The challenge is to secure a cohesive, seamless approach to clinical services. The fundamental principle should be that every person should have a choice when accessing sexual health services and be able to self refer to all such services. Service provision should be based on the principle of providing services which are as local as possible and as specialised as necessary.

36. The principle is to make best use of resources by providing appropriate levels of care, supported by appropriately trained staff. Therefore, all of these services should be provided by skilled, confident and suitably equipped staff, who are able to respond to the needs of their clients, either directly or by referral to other service providers in accordance with clear protocols and guidelines. These staff will be from a variety of professional disciplines and will be specialised to varying degrees. Boards will, therefore, be expected to invest in an appropriate mix of additional consultants and in the training and employment of General Practitioners with specialist interests as well as specialist nurses. These consultants, GPs and nurses would have an interest in relevant areas, e.g. genitourinary medicine, family planning and community gynaecology. The Executive is keen that these areas of work should be brought together, whenever possible. Service redesign will be required to make best use of both physical premises and human resources, with geographical outreach and extended user-friendly opening becoming the norm. In particular, a greater focus upon rapid access to a primary care centred model of care would be helpful.

37. The attitudes and outlook of staff who deliver services are important for all users and services will be provided with equality, professionalism and respect.

CONFIGURATION

38. Opening times, geographical locations, suitability of premises, and perception of the services by users may limit accessibility, for example, if men feel services are targeted at women or if women do not wish to see a male practitioner. These issues may also affect staff recruitment. Service providers should seek therefore to identify and address barriers to access for their communities, whether attitudinal or physical, actively involving users in this process.

39. Access to services in rural areas raises particular issues which NHS Boards and their partners must address. This is an issue which will also be considered by the National Sexual Health Advisory Committee.

40. The decision of any individual practitioner to opt out of providing specific sexual health services will be respected but, in such circumstances, they should give information on, and refer patients to, accessible alternative services.

INFORMATION

41. Individuals need accurate, unbiased information, guidance and services if they are to take responsibility for their own sexual wellbeing. Standardised evidence-based information on sexual health and services, suitable for a range of audiences, including those who are disabled or are not currently accessing services, should be provided through modern accessible methods of communication. Clear information and referral protocols should also be available to staff who will refer patients to services.

CLINICAL STANDARDS AND TARGETS

42. It is important that appropriate clinical standards are developed for dealing with sexually transmitted infections and this will be taken forward by NHS Quality Improvement Scotland.

43. Targets are also important to help monitor service development and ensure that patients get the quick, responsive service they need. It will be an early task of the National Sexual Health Advisory Committee to offer advice on challenging targets that will help deliver key elements of the strategy, against the background of the Executive's drive to further improve health services performance, and reduce waiting times. Boards' assessment of their performance against these targets will be reviewed and published.

CONFIDENTIALITY

44. Confidentiality is a sensitive and delicate issue about which there is often a lack of clarity among service users as well as others with a concern for the welfare of a young person or patient. A key statutory provision in Scotland is the Age of Legal Capacity (Scotland) Act 1991, which confers on any young person, without a lower age limit, the right to give consent to his or her own medical treatment, provided that the clinical judgement of the doctor attending the young person is that the latter is competent to understand the nature and consequences of the treatment. A competent person under 16 is owed the same duty of confidentiality as an adult.

CONTRACEPTION AND TERMINATION

45. The full range of contraceptive methods should be available to patients. If a service provider is unable to offer a particular method, they should facilitate access to alternative readily accessible services. Referral between the various services should promote access to specialist services, where gynaecological side-effects and complications or underlying medical conditions make use of contraception more complex. To help provide protection against sexually transmitted infections as well as unintended pregnancy, condoms should be available and their use encouraged, in addition to other forms of contraception. When providing contraception, including condoms, staff should use the opportunity to promote positive sexual health.

46. Termination of pregnancy is a matter of the greatest sensitivity and the Abortion Act 1967 as amended sets out the statutory framework within which terminations can be conducted. Counselling is a crucial element in any decision on whether or not termination should proceed and it is important that counselling should be non-judgemental and non-directional, with women having access to full information on every option. Professional guidance such as the British Medical Association's ethical guidelines on the law and ethics of abortion and the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines on "The Care of Women Requesting Induced Abortion" should be followed.

47. Access to termination services should be available within the framework of the law, and protocols, drawing on the current RCOG guidelines, should exist in each NHS Board area designed to ensure consistency in service response and practice, while recognising that decisions in particular cases will depend on the specific circumstances.

Accordingly:

- **A nominated Executive Director will appoint a Lead Clinician to integrate sexual health services across each NHS Board area.**

- **Lead Clinicians should ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on the RCOG guidelines are in place to help provide consistency in service provision and practice. Counselling and information should be comprehensive and responsive to any individual needs, again reflecting the RCOG guidelines, and should include the biological facts about the development of the pregnancy and the possible emotional, physical and psychological sequelae of termination and alternative courses of action. While women should be given adequate time to assimilate all the implications, in accordance with the RCOG guidelines, no woman should have to wait longer than 3 weeks from her initial referral to termination.**

- **Lead Clinicians should ensure barriers, including those affecting rural services, that restrict the use of services are identified and addressed, and that proposals to improve service access for all populations are identified in the NHS Board inter-agency sexual health strategy.**

- **Lead Clinicians should ensure that all clinical services are reviewed against the values and principles identified in this Strategy and that proposals to address identified deficits are included in each NHS Board's inter-agency sexual health strategy.**

- **NHS Health Scotland, in partnership with local sexual health promotion specialists and the Sexual Health and Wellbeing Learning Network, should develop practitioner guidance so that information and health promotion materials challenge, not reinforce or replicate, stereotypes and reduce, not increase, misinformation and discrimination.**

- **Sexual health service providers in each NHS Board area should review existing service information, revise and make this available in a range of easy to read formats, including in language appropriate to local population needs.**

- **Lead Clinicians should ensure that standardised evidence-based information on sexual health and service provision is available for both professionals and service users.**

- **Lead Clinicians should ensure that referral protocols for accessing services are developed and known to all potential referrers.**

- **Lead Clinicians should encourage service providers to combine sexual health promotion messages with information on specific health issues as part of an individual's consultation.**

- **The National Sexual Health and Wellbeing Learning Network, in conjunction with all relevant stakeholders, should develop guidance on confidentiality/disclosure of information for use by all service users and for all relevant health and social care and education staff, taking into account existing guidance.**

- **Lead Clinicians should ensure that local standards on agreed competencies, confidentiality, access to and provision of contraception and termination are developed in line with professional guidance.**

Section 5 Practical Plan for Action

The Scottish Executive

- **to facilitate a co-ordinated approach to the integration of sexual health in wider Executive policies and initiatives, a Ministerially-led National Sexual Health Advisory Committee – with cross-departmental and a wide-ranging membership – will be established with the aim of advising on policy, monitoring and supporting implementation of this strategy.**

- **The National Sexual Health Advisory Committee will:**
  - **review the needs of rural communities;**
  - **review services and support for adult survivors of sexual abuse;**
  - **in conjunction with the Sexual Health and Wellbeing Learning Network address the needs of those groups facing the greatest barriers to sexual wellbeing;**
  - **recommend on further research on targeted learning interventions aimed at behaviour change in adults;**
  - **seek to ensure that no-one is excluded from appropriate sexual health services, whatever their life circumstances, by means of a comprehensive equality and diversity impact assessment process, in line with the developing SEHD/NHSScotland equality and diversity approach;**
  - **together with NHS Health Scotland and the Scottish Executive, develop a communications strategy for improving sexual health. This should include media campaigns, media advocacy and media literacy and link activities at national and local levels;**
  - **regularly review progress of the Strategy, complemented by a more comprehensive 5-yearly review;**
  - **offer advice on developing targets appropriate to this strategy;**
  - **keep the HIV health promotion strategy under review to ensure its continuing relevance;**
  - **consider the proposals developed by Health Protection Scotland for potential adoption as a national data collection framework;**
  - **offer advice on a sexual health research programme for Scotland in partnership with key policy, research and practice stakeholders in Scotland and elsewhere; and**
  - **consider how best to build on current good practice in school-based sex and relationships education in Scotland consistent with the principles of the McCabe report.**

The Scottish Executive Health Department will:

- **in conjunction with the National Sexual Health Advisory Committee, work with professional bodies, regulatory institutions and statutory and voluntary training providers of non-healthcare professionals, to ensure under-graduate, post-graduate and ongoing CPD programmes provide staff with the range of skills and knowledge to respond to the sexual health and wellbeing agenda;**
- **oversee the ongoing development and implementation of the Strategy with a particular focus on inequalities (including gender inequalities), people who are socially excluded, the homeless, those in prison, survivors of sexual abuse, or young people looked after or in care;**
- **co-ordinate the development of a national sexual health training strategy to provide generic and specialist skills in sexual and reproductive health;**
- **consider the possible extension of the chlamydia postal testing kit in the light of the evaluation of the Healthy Respect initiative;**
- **consider the potential of development and testing of STI diagnostic kits in rural and urban settings;**
- **explore with other stakeholders the need for clearer guidance regarding the reporting of negative HIV tests for insurance purposes;**
- **develop an action plan to tackle stigma and discrimination to encourage a more positive view of relationships and sexual wellbeing in all Executive policies, as part of the ongoing health improvement agenda; and**
- **monitor progress against the current target of reducing by 20% the pregnancy rate (per 1000 population) in 13-15-year-olds from 8.5 in 1995 to 6.8 by 2010 along with the further target of reducing teenage pregnancies among 13-15-year-olds in the most deprived communities by 33% from a rate of 12.6 in 2000-02 to 8.4 in 2007-09.**

The Scottish Executive Education Department will:

- **work in partnership with Directors of Education and Social Work, NHS Health Scotland and other key stakeholders on how best high quality, consistent and appropriate sex and relationships education which is consistent with national guidance is delivered in school and other settings, to vulnerable young people such as 'looked after' young people, those who have been sexually abused, and those who are disaffected or excluded from school, as well as completing implementation of the remaining recommendations of the McCabe report;**
- **facilitate the delivery of high quality approaches to sex and relationships education consistent with national guidance, including multi-agency training, through partnership working involving education authorities, key partner agencies and key stakeholders such as parents; and**
- **consider with Directors of Social Work how best children and young people who are looked after should have access to sex and relationships education as and when required and that social work staff are adequately trained and supported to respond to the needs of their clients.**

Local Authorities will:

- **designate a strategic lead for sexual health;**
- **ensure that Joint Health Improvement Plans address both specific sexual health issues and the wider determinants identified by this strategy;**
- **work through the Local Authority Director with responsibility for education services to ensure the delivery of consistent and appropriate sex and relationships education in all school settings and for those excluded from school;**
- **support consistently, high quality of education about sex and relationships education throughout Scotland. Consistent with circular 2/2001 and the McCabe recommendations, sex education should be defined as sex and relationships education, based on health guidelines and built upon throughout primary school as part of 5-14 health guidelines and developed through to school-leaving age;**
- **ensure providers of sex and relationships education training provide this on a multi-agency basis, where appropriate, and that training takes account of issues relating to different cultural and religious practices and beliefs;**
- **ensure schools demonstrate mechanisms to involve parents and carers in sex and relationships education programmes consistent with the McCabe Report recommendations;**
- **ensure that a member of each secondary school's management team is responsible for ensuring that school-based sex and relationships education subscribes to current guidance and delivers key learning objectives to all pupils;**
- **ensure that on education in early school levels the emphasis will continue to be on stable family relationships, friendship and on developing an understanding of how we care for one another;**
- **ensure that all schools are able to demonstrate that they provide pupils with equitable information about sexual health services and how to access them;**
- **ensure that Community Planning Partnerships develop targeted educational interventions aimed at harder to reach groups (including equality groups) in a range of settings outwith mainstream services/locations with NHS Boards, and in consultation with Community Planning partners; and**
- **work to ensure their Community Plans, local health plans and Children's Services Plans complement their local inter-agency sexual health strategies.**

NHS Boards will:

- **nominate an Executive Director to be responsible for sexual health and wellbeing.**

The nominated Executive Director will:

- **ensure that an inter-agency local sexual health strategy is developed which reflects the key components of the national strategy, the local planning processes such as Integrated Children's Services and that ongoing development and implementation are led by a multi-agency, multi-disciplinary strategy group, which reflects the needs of their local population, taking into account the issues that impact on sexual health, especially in relation to inequalities and utilising the diversity impact assessment process;**
- **appoint a Lead Clinician to integrate sexual health services across each NHS Board area, utilising community health partnership arrangements;**
- **ensure that all elements of their local sexual health strategies are developed to be sensitive to Scotland's diverse faiths and cultures;**
- **in conjunction with other key partners, ensure that resources for sexual health promotion are identified in local sexual health strategies so that good quality and well resourced specialist services are able to support local initiatives;**
- **in consultation with other stakeholders, work with local agencies providing help and support for survivors of sexual abuse to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies;**
- **ensure that a full range of health promotion programmes are developed and delivered within the context of Community Planning which address the key national and local priorities relating to positive sexual health and wellbeing. These programmes should be supported by sexual health promotion specialists;**
- **in conjunction with other statutory and voluntary sector interests, develop and provide a range of programmes for parents and carers to enhance communication skills around relationships and sexual health, which are sensitive to Scotland's diverse faiths and cultures;**
- **in conjunction with Community Planning Partners and Community Health Partnerships, work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion and outreach services for adults;**
- **explore the possibility of making a range of condoms and lubricants more extensively available free of charge to outlets and services, targeted at high risk groups and as part of outreach work;**
- **ensure that the local inter-agency sexual health strategy demonstrates progress made in implementing the HIV health promotion strategy; and**
- **work with Community Health Partnerships to support school nursing teams and other nurses who wish to develop their role in providing sexual health advice and health services for young people, by providing opportunities for them to update their skills and knowledge (including some training on educational skills) and access to resources.**

Lead Clinicians will:

- **ensure that all services are reviewed in light of this strategy and ensure that proposals to address identified deficits are included in each NHS Board's inter-agency sexual health strategy;**
- **ensure that an audit of training needs is undertaken, in conjunction with all partners providing sexual health services, to ensure that all staff have the opportunity to maintain and develop core skills in communication, attitudes and relationships, addressing the wider social and cultural determinants of sexual health. Following the audit, plans to address these should be identified in the inter-agency sexual health strategy;**
- **ensure that local standards on agreed competencies, confidentiality, access to and provision of sexual health services are developed. This will include specialist sexual health services such as HIV testing and treatment, sexual dysfunction, and other service needs identified at local level;**
- **ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on the RCOG guidelines are in place to help provide consistency in service provision and practice. Counselling and information should be comprehensive and responsive to any individual needs, again reflecting the RCOG guidelines, and should include the biological facts about the development of the pregnancy and the possible emotional, physical and psychological sequelae of termination and alternative courses of action. While women should be given adequate time to assimilate all the implications, in accordance with the RCOG guidelines, no woman should have to wait longer than 3 weeks from her initial referral to the termination;**
- **develop a framework to ensure that HIV testing is offered to all GUM clinic attendees not known to be HIV infected who present with a new STI. This offer should be made in the context of the HIV test being presented as a routine recommended test. Reasons for non-uptake should be recorded;**
- **in consultation with other stakeholders, work with agencies for people living with HIV to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies;**
- **identify the impact on laboratory resources in meeting increased testing arrangements and bring forward proposals to meet unmet need to the NHS Board;**
- **in developing services, aim to ensure that everyone is able to choose from at least two sexual health providers while recognising that this may not initially be possible in every NHS Board area;**
- **ensure that local healthcare practitioners are able to demonstrate that they provide information and refer patients to alternative readily accessible services, where they do not provide the sexual health services required;**
- **facilitate the development of an NHS Board-wide managed sexual health network, which includes all relevant local organisations and service providers;**
- **all providers of sexual health advice, information, learning and services should prominently display their confidentiality approach in information booklets, on notice boards and in waiting areas in a range of accessible formats including different community languages; and**

- **service providers should give clear information to users about their options when giving personal and identifiable information, if confidentiality and/or anonymity are of concern.**

NHS Health Scotland will:

- **in partnership with key stakeholders, contribute to a review of the range of programmes available to support sex and relationships education across the curriculum to achieve and support consistently high-quality provision for young people;**
- **develop information in a variety of formats targeted at parents and carers and youth and community groups;**
- **work to define and address the sexual health needs of older people and link with older people's strategies developed by NHS Boards;**
- **in partnership with NHS Boards emphasise the importance of using barrier contraception, in conjunction with other forms of contraception, to protect against sexually transmitted infections and unintended pregnancy in all national and local media and communications work;**
- **ensure that local and national media campaigns and other work reflect the values and aims which underpin this strategy and do not use imagery or language that undermines the key sexual health messages that promote relationships based on self respect, respect for others and strong relationships;**
- **disseminate evidence, commission research and develop resources to support the ongoing implementation of the Strategy;**
- **in partnership with local sexual health promotion specialists and the Sexual Health and Wellbeing Learning Network, develop practitioner guidance so that information and health promotion materials challenge, not reinforce or replicate, stereotypes and reduce, not increase, mis-information and discrimination;**
- **in conjunction with other stakeholders, consider actions to support positive sexual health in the workplace and affirmative action to address issues in relation to sexual orientation and HIV status; and**
- **ensure that the Sexual Health and Wellbeing Learning Network, in conjunction with key stakeholders:**
  - **facilitates awareness of the sexual health needs of people with learning disabilities and make recommendations for research based programmes and materials;**
  - **develops guidance on confidentiality/disclosure of information for use by all service users and for all relevant health and social care and education staff taking account of existing guidance; and**
  - **develops guidance for practitioners on female genital mutilation (FGM).**

NHS Education for Scotland will:

- **with Postgraduate Medical Deans and other relevant professional bodies, address issues affecting the career progression of doctors specialising in family planning and reproductive health;**
- **in conjunction with practitioners, develop training and resources to enable the further extension of nurse-led sexual health services in primary and secondary care;**
- **work with professional bodies and professional networks to develop a competency-based framework to support the implementation of the strategy; and**
- **work with key stakeholders to develop and enhance supporting training programmes at under-graduate and post-qualification levels.**

NHS 24 will:

- **develop algorithms which provide accurate and appropriate advice consistent with that given by sexual and reproductive health service providers; and**
- **with service providers, ensure that they have the knowledge of up-to-date and relevant service provision.**

Health Protection Scotland will:

- **monitor and disseminate information about new diagnoses and trends timeously so that appropriate responses can be made at local NHS Board level. This information will also need to reflect the strategy's commitment to equality and diversity;**
- **lead action to develop standardised data collection to support the development and monitoring of sexual and reproductive health services; and**
- **develop proposals for a national data collection framework.**

Scottish Prison Service will:

- **sustain its commitment to health improvement and harm reduction enabling the availability of condoms for males and dental dams for females throughout the course of their detention in young offender institutions and adult prisons.**

Parents

- **Parents can help by committing to playing their part in the sex and relationships education of their children both directly and through stable family and home life and their involvement in their children's general education and school, voluntary organisations and faith-based groups that have contact with their children.**

NHS Quality Improvement Scotland will:

- **take forward the development of appropriate clinical standards for dealing with sexually transmitted infections in its 2005/06 work programme, in consultation with the Scottish Infection Standards and Strategy Group.**

CONCLUSION

This is an ambitious and wide-ranging Strategy and Action Plan, which set out a long-term programme for achieving our vision for improving sexual health in Scotland. The challenge now for us all is to turn words into action. Success will not be achieved overnight. But the pursuit on the part of us all – whether statutory or voluntary organisations, faith groups or individuals – of the principles of respect and responsibility, which underpin this strategy, will help us along the way to improved sexual wellbeing in Scotland.

SCOTTISH EXECUTIVE

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