

Consultation Response from children & young people



Enhancing Sexual Wellbeing in Scotland: A Sexual Health and Relationships Strategy November 2003

CHILDREN IN SCOTLAND

Children in Scotland is Scotland's national agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies, services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society.

Children in Scotland represents over 350 members, including all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and the European Union.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Executive, local authorities and practitioners. It also services a number of groups such as: the Cross Party Parliamentary Group on Children and Young People; the National Children's Voluntary Forum; the National Early Years Forum and the Special Needs Advisory Group. Children in Scotland also hosts Enquire, which is a national information program for parents of children with additional support needs.

SEXPRESSION - The Consultation Process

With funding from the Health Foundation (formerly PPP Foundation), Children in Scotland and **fpa** Scotland were able to bring over fifty young people from seventeen different regions across Scotland to Glasgow for a one-day "open space" conference in April 2002 to examine what sexual health information and support young people need.

The young delegates worked with a facilitator to set the agenda for the day examining issues they felt were important. From the topics they chose they formed small working groups to discuss each issue in depth and then fed back their findings to the whole group.

Two weeks later, in May 2002, over thirty five professionals who work with young people from different parts of Scotland participated in a one-day "open space" event with the same facilitator. In the morning, the same way

young people had worked was applied with the professionals deciding the issues they wanted to discuss. In the afternoon this group were then asked to discuss the specific issues young people had identified for themselves. These findings were collated in a Sexpression report in August 2002 and sent to the Scottish Executive to contribute towards the formation of the draft sexual health strategy.

Further consultation was carried out between January and February 2004, following the release of the draft sexual health strategy. Children in Scotland consulted with over twenty five young people aged between fourteen and seventeen to gain their opinions on the key proposals.

The groups consulted included:

- pupils with physical and learning disabilities
- young men from a rural area
- young women from a rural area
- young women who were affected by HIV and AIDS

Discussions were in semi-structured groups with youth workers present, lasting from forty minutes to one and a half hours, and were based upon a prepared briefing of the sexual health strategy. All groups were conducted as single sex consultations, with the exception of one group who were comfortable discussing issues in a mixed sex environment. Young people talked freely about issues of sex education and local health services for young people - their opinions form the basis of this response.

Key points

- The sexual health strategy needs to break down the barriers young people face in accessing health services, in particular the lack of information or misinformation on sexual health services, stigma associated with sexual activity and infections, and physical access to sexual health services
- Health promotion and outreach work in communities and schools is an effective way of reaching young people and must be a key action in the sexual health strategy
- Young people want sex and relationships education (SRE) to have greater focus on relationships and self-esteem issues
- Pupils must be involved with the planning and delivery of SRE as outlined in the McCabe Report
- Teacher training is an essential component of successful SRE programmes and should be prioritized in the sexual health strategy

General Comments

Overall, the young people's comments supported the general approach

and recommendations in the draft strategy on sex and relationships education (SRE) and health services for young people. There was a notable difference in attitudes between some of the groups of young people in terms of their relationship with their parents and their attitudes towards discussing sex and relationships with their peers. The young people with physical and learning disabilities were more accustomed to discussing issues openly with their parents and members of the opposite sex. This influenced the way they accessed information on sex and relationships and how they preferred to be taught in schools in that they were more comfortable discussing personal issues with older people and learning in mixed gender classes.

Promoting Positive Sexual Health

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

Paragraphs 4.1-4.3 and 4.61-4.62

The young people's experiences of accessing information on sex and relationships and information on health services support the draft strategy's plan to address the needs of those facing the greatest barriers to sexual wellbeing. Many of the young people did not know where to go to get information and advice, apart from their local GP. While some young people were happy to contact their GP's surgery, others would not go due to a fear that people would find out and their parents would question them. One young person living in a small community was sure that his parents would find out if he visited the doctor as he would know people in the waiting room.

Others who knew about clinics said that it was too embarrassing for them to attend and that (young people) 'would just think the nurse is going to look down on them and be like 'you're too young'.' Health services which address all aspects of young peoples' health, including sexual health, were seen as less stigmatising and therefore, more accessible and the young people were much more positive about attending this type of health service. Sexual Health Services linked to schools were seen by many as too specific and it was widely believed that pupils would make more use of a general health service which included advice on sexual health, rather than focused upon it.

Access to free contraception was also a problem for some young people. Some did not know where free contraception was available; others were too embarrassed to buy condoms in chemists. One group had to travel for 25 minutes by bus to the nearest town; buses were not particularly frequent and the fare was relatively expensive making it an unrealistic option. They either buy condoms or 'just don't use them.'

The C Card scheme promoted by Healthy Respect was welcomed by

most of the young people who thought it would be a good way of having easy access to free condoms.

A broad approach to sexual health promotion

Paragraphs 4.5 - 4.7

The young people said that sexual health services have to be pro-active as they would not seek them out themselves.

'It's good when you don't have to do the approaching.'

Some of the young people also appreciated health workers visiting SRE or PSE classes to talk about services or give them information.

'You'd listen to them more.'

There was a general feeling that it was good to receive 'expert' advice and learn from different people. A few of the young people felt that they would not be able to discuss some sex and relationships issues with an outside worker unless they got to know them first and suggested that they visit the school a few times to establish some level of trust.

The young peoples' comments endorse the draft strategy's recommendation that sexual health promotion be a key activity for those involved in sexual health learning and service activities.

The role of schools

Paragraphs 4.11-4.19

Many of the young people consulted had negative experiences of sex education in schools. The draft strategy's recommendation for the full implementation of the McCabe Report in all Local Authorities would help to address this situation. Of particular importance to all of the young people was the need to discuss relationship issues in SRE. Many said that they would find it useful and interesting to discuss relationship issues and expressed disappointment when they were denied the opportunity to do so.

'We never talk about relationships in SE. We mostly talk about diseases and using protection.'

The involvement of pupils in the development of SRE programmes in school needs to be emphasised in the sexual health strategy. Most of the young people felt that they would like to be involved in developing SRE lessons. This was supported by the various ways young people wanted to be taught SRE. For example, many thought that single sex classes were necessary, while others felt that they learnt more from a mixed class, especially on relationship issues. Pupils at different stages

of learning must have the opportunity to decide what learning environment suits them if they are to benefit from SRE.

Those who thought it was a bad idea had negative experiences of becoming involved.

'They tried before to let pupils decide what was covered, but it didn't work 'cos they came up with strange ideas of what should be covered. They ended up not doing anything.'

This situation highlights the need to dedicate time and resources to developing the involvement of young people in SRE programmes so that the process is beneficial for both the school and its pupils.

Another area of real importance to the young people was the quality of teaching in SRE classes. The consensus was that the teacher was the main factor in the success of SRE classes. Those who had a good teacher were much happier with their level of knowledge than those whose teacher was uncomfortable or lacked the skills to communicate sensitive issues. The approach and confidence of the teacher was essential.

'My teacher was good...she would talk about everything and anything. She said, 'anything you want to ken just ask'.'

'My teacher says 'what do you think of it (the video) and if no one puts their hand up she just puts the video back on.'

The young people's experiences support the draft strategy's recognition that

'The values, experiences and characteristics of teachers are important to the successful delivery of school based SRE.'

Teacher training should be a priority in the sexual health strategy as so much of young peoples' knowledge of sexual health and relationship depends upon it.

For clarification of any of the points in this response contact:
Ingrid Fitzsimons at (0131) 222 2412 or email ifitzsimons@childreninscotland.org.uk