

The network for everyone in Scotland with an interest in sexual health and wellbeing

## HEALTH SCOTLAND

- Home
- Relationships
- Better sex
- Talk sex
- Making babies
- The clinic
- Get help

Whether we're part of a couple, in a new relationship, have many partners or are happy and relaxed with no sex, everyone needs to take care of their sexual wellbeing. Maybe you're thinking do I need a test? Or do you need to find a sexual health service?

### RISK-O-METER



### TONGUE TIED



### SEX TALK

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### STI HELP BUTTON

DO I NEED A TEST?

Do I need a test?

### SERVICE FINDER

Enter your full postcode to find your nearest sexual health service:

## Editorial

Welcome to our first edition of WISH, a bi-annual newsletter for our network members.

### INSIDE:

- Sexual Health Scotland campaign
- No rush, no regrets
- Giving you more choice
- Bebooks resource

and much, much more ...

### Next issue date:

March 2010 – please send your articles to [WISH@health.scot.nhs.uk](mailto:WISH@health.scot.nhs.uk) by 15 Jan 2010

Over the summer months, two sexual health campaigns were launched – one led by the Scottish Government to raise awareness of the role that respect and confidence play in achieving a healthy relationship and sex life, the other campaign, led by NHS Health Scotland, has focused on increasing awareness and uptake of the three most effective forms of longer-lasting contraception. Both campaigns have used social marketing approaches to promote sexual health behaviour change. You can read about these campaigns on page 6.

This year, we are delighted to welcome Jo Adams to present at our WISH conference. Jo has rolled out a Delay programme which supports young people in making choices about sex that are right for them. On page 4, Jo dispels the misconceptions surrounding Delay work and sets us straight on what it is all about.

In Scotland, as with the rest of the UK, adults find the subject of human sexuality difficult to discuss. Research has highlighted that parents did not receive adequate information from their parents on sexuality and relationships, but they want the situation to be different for their children although they find this prospect challenging. On page 9, Speakeasy, a project developed by the Family Planning Association, report on the work they are doing to support parents in talking about sex and relationships with their children.

We would also like to introduce a couple of new regular features. Each edition will feature an interview with a leading figure in the field of sexual health, as well as a report on 'a day in the life'. In this edition, we interview Patrick Harvie, MSP, who co-convenes the Cross Party Group for sexual health, and we cover a day in the life of Melanie Smith, a sexual health promotion specialist from Shetland.

We hope that you enjoy reading this newsletter.

Natasha McInninie  
WISH network coordinator

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## WISH News

### **New e-bulletin design**

We have created a new design template for our monthly e-bulletin which will be sent out to network members on the last Monday of every month. We hope you are happy with the new format. Please forward your feedback to [WISH@health.scot.nhs.uk](mailto:WISH@health.scot.nhs.uk)

### **WISH Events 2009 – 2010**

#### **WISH Conference 2009**

**Radisson SAS Hotel, Glasgow**

**Wednesday 28 October 2009**

Shona Robison, Minister for Public Health and Sport, will open the WISH conference. The morning sessions will have a focus on linking sexual health in with other strategies. Mini-presentations covering 'Curriculum for Excellence', the 'Gender-based Violence Programme' and 'Culture Change', will provide opportunities for discussion and debate. In the afternoon we are delighted to welcome Jo Adams to Scotland to speak about her work on supporting young people in delaying early sex. We also welcome a representative from the Scottish Government to present on the social marketing approaches used in this year's national sexual health campaign. The day will close with the WISH awards ceremony celebrating innovative work in the field of sexual health.

#### **WISH Regional Seminar**

**Aberdeen Exhibition and Conference Centre**

**Thursday 19 November 2009**

This is the first in a series of regional events which will provide the opportunity to discuss national issues at a local level. WISH regional events are intended to be complementary to the events organised by local sexual health networks and they aim to identify opportunities for collaborative working.

This year we welcome colleagues from Grampian, Tayside, Highland and the Islands to share their experiences of what sexual health promotion/improvement work they are involved with.

We aim to attract a wide audience for this seminar, including school nurses, teachers, social workers, youth workers, voluntary sector workers, sexual health promotion specialists and clinicians.

Local projects and initiatives supporting young people to access sexual health services and a project that supports parents to talk confidently with their children about sex and relationships will be showcased and there will be opportunities for discussion and debate around local issues.

The seminar will have a particular focus on the work that is being done to implement *Respect and Responsibility* outcomes 2008 – 2011 (outcome 4).

**For more information about this event and future regional events please contact [WISH@health.scot.nhs.uk](mailto:WISH@health.scot.nhs.uk)**

# Campaign to encourage couples to speak up about sex

**Scots have been urged to have the confidence to say what they want as new figures show many still feel pressured to have sex.**

Couples heading to the cinema have been targeted this summer as part of a new Scottish Government campaign to get people talking about sex.

The advert, which promotes the benefits of getting thoughts and worries out in the open, shows couples in various familiar relationship scenarios and highlights the barriers that can be created when people don't express how they are feeling.

Research commissioned to support the Sexual Health Scotland campaign highlighted that, although people know healthy sexual relationships start with talking, 84 per cent think there is a lot of pressure to have sex, and 58 per cent have sex within the first four weeks of meeting someone.

The campaign, which also involves radio, print and online advertising, aims to challenge the culture associated with sexual health in Scotland, and it is hoped that, in turn, it will help to reduce the number of unplanned pregnancies and sexually transmitted infections by giving people the confidence to say what they want from their relationship, rather than taking unnecessary risks with their sexual health when they meet someone new.

A website providing information on sex and relationships ([www.sexualhealthscotland.co.uk](http://www.sexualhealthscotland.co.uk)) was launched early on in the campaign to provide those embarking on new relationships with sexual health advice and tips on talking.

Sex and relationships expert, Dr Lyndsey Myskow, said, 'Communication is a key part of a relationship,



however, it is so often overlooked, particularly when people first meet. I think, by talking, people can begin to understand what it is that they enjoy about the relationship, whether that is on a physical or non-physical basis.'

'At the start of a relationship, people find it difficult to overcome their inhibitions to talk about sex, but ask yourself – if you can't communicate about these things should you really be considering having sex with this person?'

'It's also important that people are open and honest with each other and take a degree of responsibility for their own wellbeing and the wellbeing of others. If you care for someone, the only sensible thing to do is to actually communicate openly and be transparent and honest about what you've been doing in the past and hope that they will do the same for you.'

**To access the site designed for professionals:**

**[www.sexualhealthscotland.co.uk/health-professionals/](http://www.sexualhealthscotland.co.uk/health-professionals/)**

(username: health, password: professionals)

**For further information,**

contact Lucy Hewitt, Consolidated PR on

0131 240 6420 or [scotland@consolidatedpr.com](mailto:scotland@consolidatedpr.com)

# No rush, no regrets

## Supporting young people in delaying early sex

Let's start in the time-honoured tradition with a story.

Once upon a time there was a school nurse – let's call her Alison – who came on a Delay training programme I was running. She told us that a 13-year-old girl had come to see her for emergency contraception. When asked what had happened, the girl said she'd had sex the night before for the first time, on a bench on the promenade of her seaside town. Alison asked her (great work this, from a sexual health professional) – 'And what was it like for you?' to which the girl replied 'Cold. It was cold.' So Alison went on to say 'And how would you have liked it to have been?' The girl reflected for a moment and then said 'I'd have liked him to have bought me a cup of tea afterwards...'

Heart-rending, isn't it? We are so often dealing with young people whose expectations are so low that they believe all they deserve is a cold quickie on a bench without even a cup of tea afterwards to demonstrate some consideration or tenderness.

Due to hearing so many versions of this story over my years in youth and sexual health work, this led me to develop the Delay programme – so no-one will feel they have to have sex until it can bring a great deal more mutual happiness, and be a satisfying and shared experience rather than the bleak, alienated first experience which Alison recounted.

Before continuing, let me dispel any understandable misconceptions about this work. Delay categorically **isn't** about virginity, abstinence or saving sex for marriage. Nor is it just aimed at girls – we work sensitively and effectively with boys on these issues too. It is also not exclusively heterosexual but is deeply relevant to the needs of gay and lesbian young people as well.

Our work aims to support young people in making choices about sex that feel right for them, as well as providing excellent confidential sexual health services enabling them to access condoms, contraception, termination, and support for choices about sexuality.



Jo Adams: Writer and trainer

It balances messages that, when young people do choose to have sex, it is a good idea to wait until it is a positive decision made with clear, accurate information and the skills to negotiate safer sex. Discussions on the importance of intimacy and pleasure are also central to this work, as is building young people's self-esteem so they will feel attractive and wanted in their own right, without looking to sex to provide this.

Delay training is designed to be extremely practical, equipping professionals to feel confident about offering tangible support to young people in making positive healthy choices for themselves. A range of support resources and materials accompany the training, including the 'RU Ready?' checklist to help young people determine for themselves whether they are really ready for sex. Points on this include 'You could say no if you wanted to', 'You can have fun without anything sexual being involved', and 'Nobody's forcing you, pressuring you or making you.'

The Delay training programme now has more than 1200 'graduates' who are rolling out the work throughout the UK and Ireland.

### For further information

on becoming a Delay trainer, or for copies of the RU Ready checklist, contact Jo Adams, [apple.loft@btinternet.com](mailto:apple.loft@btinternet.com)

# WISH network review

**WISH is a network for everyone in Scotland with an interest in, and involvement with, positive sexual health and wellbeing.**

In December 2008, a small-scale review of the network was undertaken. A total of 175 network members completed an online survey, and 10 network members from health, local authority and the voluntary sector in different parts of the country, took part in face-to-face interviews.

In short, there was a very high level of satisfaction with many aspects of WISH, the majority of respondents stating that the information contained in the monthly e-bulletin was either 'good' or 'excellent' and that the volume of information was 'about right'. A significant amount of respondents hadn't looked at the WISH website but there was positive feedback from those who had. Some useful observations were made that will be addressed as we continue to develop the network, and a lot of that work has already commenced.

It became evident that the membership database contained the details of people who had moved on, and action has already been taken to update the system and remove the old information. It was felt that events were predominantly focused on the main cities and so we are now rolling out a series of regional events across the country.

It was evident from the survey that network members want WISH to provide more information about practice, research and evidence so we will strive to provide as much of this information as possible in our monthly e-bulletin, website, newsletter and events.

Our website ([www.healthscotland.com/wish](http://www.healthscotland.com/wish)) was reviewed in May and is now populated with the latest information on campaigns, including the Scottish



Government's sexual health campaign and NHS Health Scotland's campaign to promote longer-lasting contraception, as well as up-to-date evidence and research. The web pages will be reviewed and updated on a six-monthly basis.

We would like to thank everyone who took part in the review. It has helped us to develop the network based on the needs and views of the members. However, there is no need to wait until the next survey comes out to let us know what you want. You can contact us anytime with your ideas, views and suggestions at [WISH@health.scot.nhs.uk](mailto:WISH@health.scot.nhs.uk)

## For further information,

contact Natasha McInnie,  
WISH network coordinator, NHS Health Scotland,  
[Natasha.McInnie@health.scot.nhs.uk](mailto:Natasha.McInnie@health.scot.nhs.uk)

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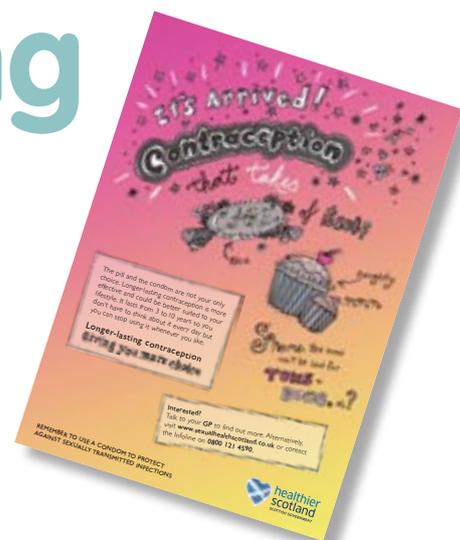
# The longer-lasting contraception campaign:

## Giving you more choice

**For some years, and more recently in the NICE guidance published in 2007, the effectiveness of longer-lasting contraception has been well evidenced.**

However, only one in four women in Scotland use longer-lasting contraception methods and, while the rates of unintended pregnancies in those under 16 are falling, the number of repeat terminations in women aged 16 to 30 is rising. In order to address the Scottish Government's outcomes of improving access to sexual health services, and public knowledge and awareness of effective interventions, NHS Health Scotland was asked to take forward a social marketing campaign to promote longer-lasting contraception and, through this, open up discussions on contraceptive choices for women.

Building on research conducted by the Raising Awareness Group (RAGS) and drawing on the expertise of clinical leads, health improvement specialists and the Family Planning Association, further qualitative research with women and health professionals was conducted. Particular efforts were made to seek out views of women and staff living and working in remoter parts of Scotland where access to the range of contraceptive options might be more limited compared with urban/city areas – sometimes due to lack of services but also sometimes due to particular cultural perspectives. The views of Muslim women were also sought as previous work within this community identified particular needs around contraception. This research found that women wanted clear and accurate information that challenged some of the myths they had heard about longer-lasting contraception, and also highlighted the benefits of using such methods.



They wanted information to help decide what method is most suitable at each stage in their lives. Many reported that they 'asked for the pill' and this is what they were given, whether it was suitable or not. Equally, many health professionals, mainly those who did not provide longer-lasting contraception, admitted that they did not know enough about these methods to offer women support in deciding what contraception was best for them. A campaign was therefore launched in July 2009 aimed at women aged 18 to 44, to raise awareness and promote the uptake of the three most effective methods of longer-lasting contraception. 'Giving you more choice' encourages women to explore their contraceptive choices but specifically promotes the three longer-lasting methods: the implant, the intrauterine device and the intrauterine system.

The campaign consists of a public information leaflet and promotional poster supported by tactical media, for example, campaign posters in retail outlet changing rooms and convenience advertising in pubs and clubs. In response to the need for additional support for health professionals, a short briefing with some guidelines on how to 'promote' longer-lasting contraception during a 10-minute patient consultation was also produced. This is available to download at [www.healthscotland.com/wish](http://www.healthscotland.com/wish)

**For further information,** contact Jane Hoeflich, Communications Manager, NHS Health Scotland on 0131 536 5555 or [Jane.Hoeflich@health.scot.nhs.uk](mailto:Jane.Hoeflich@health.scot.nhs.uk)

# The Bebooks resource



In 2006, NHS Greater Glasgow (and Clyde), Lanarkshire, and Ayrshire and Arran developed the 'Be' resources to communicate key issues around sexual health and relationships to young people aged 13 to 15. The resources were developed following formal research on communication and social marketing approaches with young people, which indicated that this is a sophisticated age group in terms of media engagement and that all messages needed to:

- **be provided in a language young people understand and use**
- **reflect their real life situations**
- **be visually engaging**
- **present subjects with appropriate use of humour**
- **appear underground, cool or edgy as if the message is not from an authority figure.**

The research also pointed out that this age group do not engage with traditional posters and leaflets so other media choices are necessary.

The creative agency Guy Robertson Partnership (GRP) were therefore commissioned to develop these resources, with the overall aim being to encourage young people to delay early sexual activity, and to highlight some of the factors which influence early sexual behaviour, such as peer pressure, gender roles, and lack of self-esteem.

To communicate these themes, the method chosen was 'pastiche' children's storybooks, supported by guidance notes for professionals, and a website which provides young people with more information on sexual health.

The book style was developed using real life scenarios and incorporated the element of humour that is required to appeal to the target age group. The intention was to ensure the final products featured detailed artwork storybook style and yet presented true-to-life situations for young people.

The resources were user-tested with eight groups of young people across the three NHS areas. Overwhelmingly positive feedback was received,

particularly around the use of appropriate language, real life scenarios, and that the resources were an excellent way to open up communication on these issues.

The books and guidance notes were reviewed by each NHS Boards sexual health strategy groups prior to publishing and all comments were fed back to the project steering group.

While the resources are certainly much harder hitting and edgier than anything previously seen, the steering group was confident that the approach taken was necessary to deliver the important messages around delaying sexual activity, safer sex, bullying and peer pressure. The resource clearly states that it is not for young people under the age of 13. The 'Bebooks' website provides sources of further support and information about each story.

Due to the street-based, realistic style and content, it proved to be challenging to introduce this resource into some areas – youth workers felt that they required more sexual health training and support prior to usage. Therefore the books are currently not being used in Ayrshire and Arran but have been used and evaluated within Glasgow and Lanarkshire. As these evaluations continue to prove to be positive, the books are now being relaunched within youth settings to be used as part of an education programme and outreach work, providing young people with resources to encourage them to view the website and the books.

To download guidance notes, the evaluation report, and to request copies of the books, visit [www.bebooksonline.co.uk/support](http://www.bebooksonline.co.uk/support)

## For further information,

contact Tina McMichael, NHS Ayrshire and Arran, [tina.mcmichael@aapct.scot.nhs.uk](mailto:tina.mcmichael@aapct.scot.nhs.uk)  
Colin Anderson, NHS Lanarkshire, [colin.anderson@lanarkshire.scot.nhs.uk](mailto:colin.anderson@lanarkshire.scot.nhs.uk)  
and Jo Zinger, NHS Greater Glasgow and Clyde, [Jozinger@nhs.net](mailto:Jozinger@nhs.net)

# National gender-based violence programme

A three-year programme of work to improve the identification and management of gender-based violence\* across NHS Scotland commenced in October 2008 with the issue of the Chief Executive's Letter (CEL) 41 to health boards. The aim of the programme is 'to adopt a systems approach to ensure that the NHS in Scotland fully recognises and meets its responsibilities around gender-based violence as a service provider, employer and partner agency.' Undertaking this work will assist boards meet their legislative obligations to promote gender equality as detailed in the Equality Act 2006.

Priorities outlined in the CEL guidance are to introduce routine enquiry of abuse in mental health, addictions, maternity, A&E, sexual and reproductive health services, and community nursing, and to ensure the dissemination of good practice guides for staff dealing with gender-based violence. Given the number of staff within NHS Scotland, an employee policy for staff who have experienced abuse will also be developed.

A national team, comprising a programme manager, three regional advisors, a performance and information manager and research manager are now in place to support boards develop their action plans in relation to the CEL, to coordinate training and information resources and to assist in the roll out of the programme.

## For further information,

contact the team on 0141 276 4839, CEL link [www.sehd.scot.nhs.uk/mels/CEL2008\\_41.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_41.pdf)

\*Gender-based violence includes domestic abuse, rape and sexual assault, childhood sexual abuse, commercial sexual exploitation, stalking and harassment, and harmful traditional practices such as forced marriage and female genital mutilation.



**CKUK (Common Knowledge)** is a voluntary organisation based in Glasgow that provides online learning and social networking for people with learning difficulties.

**CK Sex Talk** was launched in May 2009 to provide online information about sex and relationships for young people with learning difficulties aged 16 to 25.

CKUK worked with young people with learning difficulties to identify the information they needed but could not get elsewhere. Young people wanted to learn about masturbation, sexually transmitted infections, condoms, and having sex. They also wanted to learn about keeping safe online, first dates, kissing, peer pressure, body image, and all the insecurities of teenage life.

An idea for an online photo story was developed featuring a relationship between two people with learning difficulties. CKUK ensured that young people with learning difficulties were at the heart of all the resources, and their ideas then became scripts for the stories. Young actors with learning difficulties were filmed for the photo stories which are now available online.

CK Sex Talk was a two-year project funded by the Big Lottery's Young People's Fund and CKUK is now seeking funding to develop photo stories and interactive learning on same-sex relationships and teenage pregnancy.

Staff are impressed with CK Sex Talk:

'I found Sex Talk a true inspiration as it was something kids wanted. It was funny and sensitively done ... I think it'll be a great source of information to the people we support.'

Lynne Marcineck, Relationship Counsellor at Enable Scotland

## For further information,

contact [www.cksextalk.org.uk](http://www.cksextalk.org.uk) or Vashi Wood, Development Manager, on 0141 429 4912 or email [marilyn@ckglasgow.org.uk](mailto:marilyn@ckglasgow.org.uk) or [adrienne@ckglasgow.org.uk](mailto:adrienne@ckglasgow.org.uk)

# The Speakeasy course for parents

Speakeasy is a preventative community education programme which helps parents tackle the complex and often difficult issues of sex and relationships education. The project works with groups of parents to provide information, resources and support to enable them to confidently take on the role of sex educators in their home. Speakeasy will concentrate resources in areas of socio-economic need and where there are high rates of teenage pregnancy and sexually transmitted infections (STIs). Parents attend a free eight-week course learning about puberty, STIs, contraception, keeping safe, and talking about sex and relationships in the context of family life. Parents also receive age-appropriate resources that, together with their new learning, stimulate discussions in the home and with their wider social networks. The courses will be accessible within local community facilities and, where needed, literacy support and crèche facilities can be made available.

The course is accredited with the Open College Network and parents have the option of taking part in the accreditation process. By taking part, parents can gain an award (3 credits at Level 1 or 2) which lays the foundation for more extensive training or subsequent employment. Parents who do not wish to take part in the accreditation process will not be excluded from the course.

The following health boards are being targeted in Scotland:

- Glasgow and Clyde (excluding Glasgow city)
- Lothian
- Lanarkshire
- Ayrshire and Arran
- Forth Valley
- Tayside



Speakeasy began in September last year and, to date, courses have been delivered in West Dunbartonshire, Renfrewshire, Ayrshire, North Lanarkshire, Mid and East Lothian, Dundee City, and Angus. These courses have taken place within local schools and community education settings.

## For further information,

or to find out about running a free course within your workplace, contact Kristine Boyle, Assistant Project Manager, on 0141 948 1173 or [kristineb@fpa.org.uk](mailto:kristineb@fpa.org.uk)



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# 6D cards

## **Survivor Scotland (the strategy for improving service responses to adult survivors of childhood sexual abuse) wanted to find a better way of supporting disclosure of abuse in clinical settings.**

NHS Fife and partner organisations International Futures Forum, Playfield Institute and Kingdom Abuse survivors piloted a project using statement cards to improve disclosure of sensitive issues at the gynaecology out-patient clinic at Victoria Hospital in Kirkcaldy, Fife.

Staff at the out-patient clinic were given training on trauma and abuse issues. They were also involved in two workshops to design the 6D cards. The 6D relates to the six dimensions of health that were covered by the cards: lifestyle, symptoms, feelings, relationships, life events, and experience of health services. Each of the dimensions had a number of statements on different cards that women were able to choose from. For example, 'I want to cut down on my smoking' or 'This pain makes sex difficult' or 'My problems are caused by things that happened to me as a child.'

Women were advised ahead of their appointments that cards would be available at the clinic. They were able to select whatever cards they felt best related to what they wanted to discuss with their doctor. There were also blank cards for them to write down their own issues. The doctors recorded what was discussed with women who used the cards and this was compared with a control group where cards were not used, but items discussed were still recorded by the doctors. The study received ethical approval.

Women attendees were questioned about the acceptability and effectiveness of the cards. This was compared to a control group of women who were not offered cards. Doctors recorded what issues were discussed for both groups of women and the numbers and types of issues discussed were compared. Staff were involved in focus groups to assess their views on the project.



The results showed that 6D cards significantly increased the number of issues that patients discussed with their doctors (from 1.04 to 2.85,  $t = 3.49$ ,  $p < 0.001$ ). The majority of patients (76%) found the cards easy to use and 62% found it easier to talk about their issues with their doctor using the cards. The proportion of patients who would recommend the use of cards for other patients was 81%. Staff reported that no disruption was caused to the normal running of the clinic, nor was the length of consultation affected. They wanted to continue using the cards and have them available in other clinical settings.

To conclude, 6D cards are a practical way of enabling patients to disclose sensitive issues such as violence and abuse. The learning from this project is widely transferable across healthcare settings. Areas for future research include finding an appropriate form of cards for patients with low levels of literacy and for visually impaired people, and to have them available in other languages and formats.

The final report is available on request.

### **For further information,**

contact Dr Margaret Hannah,  
Deputy Director of Public Health, NHS Fife,  
margaret.hannah@nhs.net or 01592 226447

# Continuing the sexual health journey



When I first started working in this area way back in 2002, I didn't realise how far reaching this work would be or that I would still be as enthusiastic about influencing the agenda seven years later. My first few months involved a very quick learning curve as my recent background had been in such diverse areas as community care, long-term hospital care, and business planning – a long way away from the world of sexual health. Being pulled into the development of Scotland's first sexual health and relationships strategy meant the rapid growth of the Sexual Health and Wellbeing Learning Network (now known as the Wellbeing in Sexual Health Network). This was helped by the active participation of local stakeholders, such as clinical leads and health promotion specialists; something that has continued over the years. The fact that the final strategy, *Respect and Responsibility*, drew together three key strands of improving sexual health services, enhancing lifelong learning around sexual health and challenging our cultural norms and values, all set against a backdrop of an all-age approach, is down to the feedback received during this engagement process. It is also down to analysing the available evidence on effective practice and presenting informed rational arguments to government policy leads and ministers themselves.

Being so involved in the strategy's formation in 2005 meant that I took an active role in its initial implementation, particularly around the establishment of the ministerial-led National Sexual Health Advisory Committee (now known as the National Sexual Health and HIV Advisory Committee) and setting out the reporting mechanism by NHS Boards and their partners. Four years on, I still have a supporting role to the Scottish Government's sexual health and HIV policy team but this now involves the wider sexual health team in NHS Health Scotland – demonstrating the ever-expanding sexual health agenda.

As well as working with the Scottish Government, supporting the delivery of *Respect and Responsibility* means that our own sexual health and wellbeing programme is continuously responding to service needs, albeit within a planning framework. This means that what I do from day to day can vary and no one week is ever the same. So I could be presenting to a 300-strong audience on the effectiveness of comprehensive sex and relationships education one day, the next day influencing the EU Health Commission on their forthcoming sexual health agenda, on another day speaking to the BBC about our campaign to promote longer-lasting contraception or judging tenders for a new piece of commissioned research, and on another day commenting on a local needs assessment to support the delivery of HIV services. This all means that I need to be 'on my toes' all the time – exciting but frustrating which just sounds like sexual health!

And what does the future hold? Continuing to uphold the vision (and values) set out by our sexual health strategy but also encouraging the integration of sexual health and wellbeing within other strategic activities, thus reflecting our lifestyles rather than a silo approach. And to do so in partnership with staff working in sexual health and with those responsible for service commissioning – the dedication of whom has made working in sexual health worthwhile!

## For further information,

contact Shirley M Fraser, Programme Manager,  
NHS Health Scotland,  
[Shirley.Fraser@health.scot.nhs.uk](mailto:Shirley.Fraser@health.scot.nhs.uk)

# A day in the life of ...

## Melanie Smith

Here we follow a sexual health professional through her typical working day.

- 08.30** Catch up on emails, phone messages etc.
- 09.30** Follow-up phone call with smoking cessation client. I also support the smoking cessation service through one-to-one contacts and running six-week groups around Shetland in the evenings.
- 10.00** Preparation for sexual health strategy group meeting this afternoon.
- Chasing suppliers for costings for materials required for condom distribution scheme plus sexual health and wellbeing drop-in clinic hopefully to be re-launched Sept 2009.
- 11.00** Meeting with Youth Services team leader to confirm details for forthcoming sexual health training day for youth workers.
- Training developed following training needs analysis undertaken in May. Very positive response from youth workers – enough names collected to fill at least two training days. Training day to be delivered in August by myself and lead clinician.
- 12.00** Lunch
- 13.00** Scottish Centre for Healthy Working Lives (SCHWL) meeting with one of my clients who is working towards achieving the gold award. Most members of our health improvement team have an additional role as an SCHWL advisor to specific clients.
- 14:00** Sexual health strategy group meeting.
- Meetings normally held quarterly but additional meeting scheduled to discuss publicity over the summer for the sexual health clinic (which will hopefully be re-opening in mid September) and local implementation of national campaigns.



**Left to right: Melanie Smith** – Health Improvement Practitioner, **Betty Fullerton** – Chair of Shetland NHS Board, **Susan Laidlaw** – Consultant in Public Health Medicine, **Silvija Crook** – Library and Information Services Manager, **Member of Shetland NHS 100** – who helps us to plan, deliver and evaluate services, **Elizabeth Robinson** – Health Improvement Manager, **Karen Fraser** – Customer Services Librarian, **Jane Macaulay** – Long Term Conditions

- 16.00** Launch of 'Help Yourself to Health' initiative at the local library. This is a joint venture between the Health Promotion Resource Centre and Library Services to enable greater access for the public to the self-help books and resources that we used to keep in the Resource Centre. This includes books on sexual health and wellbeing.
- 17.00** Time to head home for an evening of study. I am currently studying two Open University courses – one of which is on promoting public health – no escape!



**Left to right: Caroline Hinton** – Lead Clinician Sexual Health, **Susan Laidlaw** – Consultant in Public Health Medicine, **Kathleen Carolan** – Assistant Director of Service Improvement, **Melanie Smith** – Health Improvement Practitioner, **Barry Callieu** – Project Manager Shetland Youth Information Service, **Drew Berry** – Medical Records Manager, **Janine Rochester** – Patient Flow Manager

# NHS Open Road

**The Open Road project is hosted by West Glasgow Community Health and Care Partnership (CHCP) and works across the full NHS Greater Glasgow and Clyde area. The project aims to support males involved in prostitution and will work to identify this hidden population and address their health and social needs in partnership with a range of statutory and voluntary services.**

Males involved in prostitution are one of the hardest to reach and most vulnerable groups of men in Scotland. The health outcomes which are frequently reported for this group of men are poor, with drug and alcohol addiction, depression, suicidal ideation, attempted suicide, and sexual ill health including risk of exposure to HIV and sexually transmitted infections (STIs). Sexual activity may be exchanged for some form of payment such as money, alcohol, drugs, consumer goods, or a bed or roof over the person's head for a night. This can take place in a variety of settings including private accommodation, brothels, or on the street.

This client group are not a discrete population and will already be known to addiction, sexual health, mental health, criminal justice and homelessness services, though they may not have disclosed their involvement to such services.

Central to the project's approach is our understanding of the vulnerability and exploitation experienced by men involved in prostitution. Exchanging sexual acts for payment is a form of survival behaviour, rather than sexual behaviour, and men experience this involvement as harmful. Given the harm experienced, it's not surprising that many of the men involved report alcohol and/or drug use as a means of both self-medicating and dissociating from the trauma they've encountered. Speaking in the 2003 report by the Medical Research Council, *An overview of Male Sex Work In Edinburgh and Glasgow*, one research participant commented on his drug use 'I suppose it's a way of coping because I don't like what I do' (p.91), while another participant commented 'I used to drink a lot, say a bottle of vodka before I went out ... if you're in a proper state of mind it can be absolutely terrible, you just kinda have to be not sober' (p.91).



The majority of the men in this study were unaware of their HIV status and attributed fear of the result as the primary barrier to accessing testing, 'It's not the actual test result but how I would handle the result if it was HIV positive and it was the case that you have xx amount of time left. I have kind of up in the air plans for the future, to suddenly have a time frame put on those plans, no, that is not what I'm looking for, that is not the idea' (p.104). Further, intermittent condom use during involvement in prostitution was attributed to a risk assessment based on the client's presentation – does he look 'clean' – the client's preference, desperation for money and access to condoms.

The nature of prostitution in the UK for both men and women is changing by moving away from the traditional method of 'on-street' presence and toward the method of 'off-street' presence, facilitated by the emergence of new technologies such as the internet and mobile phones which can be used to initiate contact. To this end, Phil Eaglesham (via Glasgow Caledonian University) has completed a study highlighting the emerging internet 'escorting culture' and addressing the question of how this impacts upon outreach and client access.

## For further information,

contact Julian Heng, Service Manager, on 0141 420 7284 or 07767 008 294, or [julian.heng@nhs.net](mailto:julian.heng@nhs.net) or via [www.openroadproject.com](http://www.openroadproject.com)

# Men who sell sex online: new technology, same old scene

In recent years, the internet has impacted greatly on men who sell sex. It has contributed to a shift away from street-based men who can be more accessible to research and health outreach, towards indoor settings such as 'escort agencies' and 'online escorting'. The evidence base on men who sell sex in comparison to that of women shows a greater bias towards harm reduction and prevention of HIV and sexually transmitted infections and rarely, in either evidence or practice, are men actively encouraged to exit prostitution. Issues of homelessness and addiction, which have been well known through research in outreach to street-based men in the UK, may no longer be applicable to those predominantly selling sex online.

This MSc study (undertaken at Caledonian University 2007/8) was conducted in partnership with NHS Greater Glasgow and Clyde's Open Road project and used a focused ethnographic approach (Morse, 1987) to consider the culture within the online sale of sex. Text, data fields, links and pictures on 20 websites and 398 personal profiles created by Scottish male escorts were used as cultural artefacts in a form of 'virtual ethnography' (Hine, 2003). An analysis of this culture which promoted prostitution, and in the online identities utilised by men to sell sex, was performed. The majority of the men used five key websites which may support targeted intervention. The commercial and exploitative culture in all the websites, however, presented an ethical and logistical barrier to any health or social care support. Extensive legal disclaimers, website membership terms, fees and potential negotiation with web companies often registered outside the UK, all presented barriers to support or any promotion of exit from prostitution. Links to 'pay per view' pornography promoting unprotected 'bareback' sex and promotion of sex tourism were apparent but there was little evidence

in this Scottish sample of any commoditisation of ethnicity or migrant workers to suggest, as has been found in women, the trafficking of men to sell sex.

Thematic analysis (Roper & Shapira, 2000) of the profiles of the 183 men resident in the Greater Glasgow and Clyde area identified commonality in the profiles in their use of 'constructs' of masculinity (Adams & Savran, 2002). Predominantly, the escorts were Caucasian, young, working class, slim and hyper-masculine. The wording of their profiles balanced 'friendliness and desirability' with 'danger and aggression' (Johnson, 2008). The escort profiles and the culture therein were considered through the use of data to create their online 'manufactured identity' (Atkinson & Hammersley, 1994) and this was highlighted as an indicator for health interventions to consider beyond 'locus of work' (Connell & Hart, 2003) and the associated harm reduction imperative. The issue of personal safety, for example, may be a more relevant and acceptable theme with which to offer outreach and support. The main identities were found to be 'agency escorts' – men who paid an agency to sell sex for them, 'independent companion escorts' – men with the most autonomous 'professional' approach and who appeared to derive their main income from selling sex, and 'independent sex escorts' – by far the largest group of potentially harder to reach and apparently least experienced men.

Future Scottish phenomenological research on men who sell sex online is recommended along with grounded theory to supplement our understanding of this emerging culture.

## **For further information,**

or for a copy of the study and references, contact Phil Eaglesham, Public Health Adviser, NHS Health Scotland, [phileaglesham@nhs.net](mailto:phileaglesham@nhs.net)

# An interview with...

## Patrick Harvie, MSP

### Tell us a little about your role

I am one of the co-convenors of the Scottish Parliament's Cross Party Group (CPG) on sexual health. CPGs are largely informal groups of MSPs and external members (we have more than 50 organisations as well as individuals working in the field) who meet to discuss their chosen topic as an addition to the formal scrutiny which takes place in parliamentary committees. We don't take evidence or produce verbatim records, but we help to build awareness among MSPs and provide a forum for discussion. We also give members of the group the opportunity to hear from government officials and ministers about their priorities.

### Why did you enter this field?

I had previously worked in sexual health for a voluntary sector HIV agency. When I was elected to parliament I wanted to continue my interest in the field. The delay which had affected the development of the Scottish Executive's sexual health strategy, combined with the lack of a strong patient lobby group, suggested that there might be a useful role for a CPG on the topic. The Labour MSP and former Health Minister, Susan Deacon, and I worked together to form the group, and we jointly convened it for the rest of that parliamentary session.

### What do you most enjoy about sexual health work?

It's a sad fact that politics often ignore the things that really matter in life, such as love or happiness. Sexual health is an issue which can be dry and statistical, or make people feel squeamish or embarrassed, but when it's talked about properly, it can be funny, life-affirming and heart-warming. There should be more of those things in politics!



### What are you most proud of?

I wouldn't go as far as saying proud, but I'm glad that when sex education or progressive sexual health policies are attacked, there are a few of us who are willing to stand up and defend them, rather than leaving the public debate to those who are speaking out of ignorance or antique doctrine.

### What would be your message to others working in this field?

Whether the government is getting their priorities right or wrong, make sure that MSPs on the backbenches know it. Progressive policies on sexual health shouldn't be controversial, but the reality is that they are. If ministers have the nerve to do the right thing, they need to know that they have the support of their own party colleagues and that the opposition won't score opportunistic points either. So all MSPs need to see that there's robust evidence for what's working, or for what needs to change.

### What do you do to unwind?

I've taken up running this year and I always feel better once I've done it. But I have to work hard to overcome the urge to just slouch about watching old sci-fi films instead.

# WISH award winners

## 2008 Big World – Annan Community Safety Partnership

Big World is an experiential educational initiative whose target audience are students who are about to leave school and enter 'the big world'.

The project was imported to Dumfries and Galloway in 2006 and has, over the past four years, evolved with changing demands and community concerns. Although led by the police, partner agencies have been on board from the beginning.

Each group of students attend a one-day event. It begins with an interactive journey through a 'virtual night on the town' where the students encounter a number of scenarios including a homophobic incident, drug dealers, and a violent incident in a nightclub. These scenarios are interspersed with educational inputs from a number of agencies including the Alcohol and Drug Partnership, the Ambulance Service, LGBT Youth, Roads Policing, and the Fire and Rescue Service. This part of the presentation is conveyed by youth actors who interact with the audience throughout.

The afternoon includes a number of educational workshops including financial matters, sexual health, personal safety, healthy lifestyles, and domestic abuse.

Funding came from a number of sources including the local area committees, Sexual Health, Education, ADAT, Magnox North, Cumberland Building Society and the Bank of Scotland.

The project has evolved over the years. Due to the unique format of using interactive drama, it was important to use actors as close to the age of the audience as possible. The 2006 and 2007 events were delivered by a local college drama class who

used Big World as part of their curriculum. In 2008 this drama course was not running and PACE theatre, a professional educational company, became involved. Due to the use of professional actors, the cost of the project rose considerably but fortunately funding was attained.

Initially, Big World was delivered to four secondary schools but, in later years, it has been delivered across the Dumfries division to 10 schools.

Big World has been consistently well evaluated – all students complete evaluation forms on the day, and latterly SurveyMonkey has been used to collate the results.

The success of this venture lies in the unique format of the day – the interactive 'virtual night on the town' engages the students throughout, and the optional workshops in the afternoon provide them with an informal and 'safe' environment to question and discuss issues with the facilitators.

The 2009 event is due to take place over two weeks in November and a further three secondary schools will be participating. It is the intention to contact former participants for their views on how the Big World event prepared them for the big world they are now in!

Big World is an excellent example of creative partnership working – we in Dumfries and Galloway are very proud to have won the WISH award.

**For further information,**  
contact Sgt Alison Moir, Annan Community  
Safety, Dumfries and Galloway Constabulary,  
[Alison.Moir@dg.pnn.police.uk](mailto:Alison.Moir@dg.pnn.police.uk)