



Healthy Respect Phase Two (HR2) Proposal

March 2005



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Further Information

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1. Introduction

Healthy Respect's Phase Two plans have been developed following careful consideration of the recommendations from both the independent and internal evaluations of Phase One (2001-2004), from the national sexual health strategy *Respect and Responsibility*, and from the wider evidence base. Healthy Respect Phase Two plans cover the period from March 2005 to March 2008.

2. Vision

To demonstrate how working with young people from specific areas of Lothian through a multi-faceted approach can enable them to develop a Healthy Respect and a positive attitude to their own sexuality and that of others.

3. Strategic Aims

1. To create an environment that will lead to long term improvements in the sexual health and well being of young people in Midlothian and North West Edinburgh through a multi-faceted approach which links education, information and services for young people aged 10-18.
2. To communicate the lessons from Healthy Respect in order to transfer learning and skills throughout Scotland.

Healthy Respect is a sexual health and wellbeing partnership network which draws together statutory and voluntary sector partners to deliver education, information and services for young people in designated areas of Lothian. The network enables young people to access support through a range of professionals and encourages youth and parental involvement where appropriate. Following recommendations from the Phase One Independent Evaluation, Phase Two will concentrate on two localities: Midlothian, to demonstrate implementation across a whole local authority and North West Edinburgh to demonstrate implementation within an area of high deprivation.

4. Evidence

The evidence concludes that work in this area should adopt a combined multi-faceted approach comprising sexual health and relationships education across a range of settings supported by parents and professionals, improved access to specialist and generic sexual health services and a systematic marketing of positive sexual health messages. Targeting those most at risk from sexual ill health may yield the greatest short-term improvements. The Phase two plan adopts this approach.



5. Objectives

5.1 OBJECTIVE ONE: SCHOOL BASED SEX AND RELATIONSHIPS EDUCATION

To improve young people's knowledge, attitudes and ability to communicate about sexual health and respectful relationships through the provision of focussed Sex and Relationships Education (SRE) programmes in schools in Midlothian and North West Edinburgh.

Process Outcomes

- Better integration of SRE and sexual health services, with a continuing emphasis on multi-sectoral and multi-disciplinary partnership working.
- Implementation of the Healthy Respect schools framework (in non-denominational schools) and development of appropriate SRE protocols and materials in the denominational school setting.
- Capturing the spectrum of young people's perspectives on SRE, service availability and the connections between them.
- Increased teacher confidence in SRE delivery and lessons for wider applicability, including resource implications.
- Learning around confidentiality in policy and practice in schools. Implementation of a package delivered to pupils in primaries 6 and 7 as a pre-cursor to a secondary school SRE intervention.
- Fuller and more consistent engagement with parents in all aspects of SRE delivery.

5.2 OBJECTIVE TWO: SEX AND RELATIONSHIPS SUPPORT FOR YOUNG PEOPLE AT RISK

To improve the knowledge, attitudes and the ability to communicate about sexual health and respectful relationships of young people at high risk of poor sexual health outcomes through youth work, schools and support agencies.

Process Outcomes

- Greater consistency in delivery of SRE to all pupils, including looked after children, disaffected pupils and other vulnerable young people.
- School excludees targeted through existing youth strategy and social work teams and through secondary schools in both areas.
- Integrated education and service opportunities provided for hard to reach young people.
- Increased confidence of youth work and support agency staff to address SRE issues with young people.
- Interventions extended to support parents/carers of those excluded from school in Midlothian and North West Edinburgh.
- An increase in community capacity to support parents through the delivery of the Speakeasy programme within North West Edinburgh and Midlothian.



5.3 OBJECTIVE THREE: ACCESS TO SERVICES

To improve young people's access to health care through the provision of a range of generic drop-ins which link to specialist sexual health services.

PROCESS OUTCOMES

- All drop-in services include provision of general health and relationship advice and information, and where appropriate offer access to pregnancy and chlamydia testing, condom provision and links to counselling and support services.
- All services located within areas of high deprivation wherever possible, taking account of young people's desires for a range of service options based upon being local and/or anonymous.
- All services meeting standards outlined in Healthy Respect's drop-in guidelines "All I Want LIVE" (developed in Phase One).
- Management of all Healthy Respect clinical drop-in services located within existing specialist sexual health services or primary care for future mainstreaming purposes.
- Audit of service delivery undertaken to assess what factors increase access and acceptability.

5.4 OBJECTIVE FOUR: IMPROVED ATTITUDES TO SEXUAL HEALTH AND RELATIONSHIPS

To promote the values of the Healthy Respect "brand" and implement, with NHS Health Scotland, an integrated communications programme designed to improve and challenge attitudes to sexual health and relationships, especially among young people.

Process Outcomes

- Implementation of the HR2 communications strategy (brand, web, print, advertising and PR functions).
- An awareness campaign aimed at parents focussing on the need for building family relationships and communication.



6. Evaluation

Sexual health outcomes remain central to Healthy Respect Phase Two, but these will be augmented by the wider focus, reflected in the strategic aims, on addressing health inequalities, improving educational capacity and parental engagement. Specific approaches to the evaluation of these areas for demonstration will need developed. These will explore the processes by which the interventions are delivered and provide opportunity for assessing their likely impact on a wider scale.

Key to developing these process and impact elements of the Healthy Respect Phase Two evaluation will be to establish the relative contribution which such interventions have towards achieving the overarching, national targets for sexual health. Establishing the appropriate direction of change for these types of intervention will form a key demonstration for Phase Two and will help inform the future evaluation of progress in local areas towards meeting the long-term aims of the national sexual health strategy.

Further work on the evaluation for Phase Two is to be undertaken with NHS Health Scotland: a detailed evaluation plan will be included within the HR2 final proposal. The following impact outcomes are proposed.

7. Impact Outcomes

Implementation of intermediate outcomes measures which embody the values of Healthy Respect and *Respect and Responsibility* – the Scottish Strategy and Action Plan for Improving Sexual Health.

<p>Young people in Lothian (aged 10-18) with analysis focused on the following sub-groups:</p> <ul style="list-style-type: none"> • Midlothian • NW Edinburgh • HR1 school catchments • 'High risk' teenagers 	<ul style="list-style-type: none"> • Positive culture - values and attitudes underlying HR communications and brand • Knowledge, attitudes and communication on sexual health and respectful relationships • Access to confidential advice and help (knowledge, attitudes, use) • Access to condoms, contraceptives and pregnancy testing (knowledge, attitudes, use) • Access to testing for Chlamydia and other STIs (knowledge, attitudes, use) • Behavioural outcomes, including contraceptive use, unsafe sex, regretted sexual activity, coercive sex
<p>Parents of young people in Lothian</p>	<ul style="list-style-type: none"> • Values and attitudes related to HR brand • Parental awareness, understanding and involvement in school SRE • Parent-child relationships and communications • Family connectedness

