Healthy Respect Review

What young people want and need from sexual health services.
Glossary of Terms

**c:card** is the free condom service in Edinburgh and the Lothians, delivered by partner services across a network of c:card points

**c:card plus** is the free condom service in Edinburgh and the Lothians for young people under 16 years

**Healthy Respect drop-ins** are often run in partnership with the school nursing service and statutory and/or voluntary youth work services. Drop-ins are within school or community settings and offer early intervention services and support around sexual health and wellbeing for young people ages 13-18 years, including c:card, pregnancy testing, and postal testing kits for chlamydia and gonorrhoea

**Young people’s sexual health clinics (also known as Healthy Respect +)** are delivered by staff from Chalmers Sexual Health Centre, both within Chalmers and at other local health centres. These clinics offer full sexual health services for young people ages 13-18 years, including c:card, pregnancy testing, full STI testing and treatment, and a full range of contraception

**RSHP education** is Relationships, Sexual Health and Parenthood education

**LGBT** is an abbreviation of Lesbian, Gay, Bisexual, Transgender

**CAMHS** is an abbreviation of Child and Adolescent Mental Health Services
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About the Review

Healthy Respect is committed to improving the sexual health and wellbeing of young people through working with partners to deliver a multi-faceted programme of education, information and services to young people.

Healthy Respect is keen to ensure that the services provided by Healthy Respect and partners are relevant and up-to-date. The purpose of this small-scale Review was to give the team some new insight from young people and colleagues about the kinds of services young people need, including how young people access condoms.

The Review has taken place in a national context of concerns about rising rates of Sexually Transmitted Infections (STIs), while fewer young people report using condoms and fewer young people are accessing some sexual health services. There is also an awareness that young people may be seeking to access information and services in different ways; this Review sought to understand this better.

The Review entailed facilitating discussion groups with young people, interviews with practitioners in the field, and online surveys for young people. To structure discussion three themes were chosen: condoms, sexual health and feelings and relationships. A summary of key messages are on the following page.
Key Messages:
What young people want and need from sexual health services

YP - messages from young people’s surveys and focus groups.
P - messages from practitioner interviews.
Participants

Practitioner interviews
14 professional colleagues from the agencies listed took part in interviews:

- Canongate Youth, Edinburgh
- Chalmers Sexual Health Centre
- Chill Out Zone (COZ), Bathgate
- Citadel Youth Centre, Edinburgh
- Dunedin Canmore Youth Projects, Edinburgh
- The Junction, Edinburgh
- LGBT Youth Scotland
- Midlothian Young People’s Advice Service (MYPAS)
- Pilton Youth and Children’s Project, Edinburgh
- School Nursing Service (colleagues in East Lothian and Edinburgh).

Young people’s discussion groups
5 discussion groups were facilitated, attended by 30 young people in total. They were hosted by these agencies:

- Chill Out Zone (COZ), Bathgate
- Drummond Community High School, Edinburgh
- Dunedin Canmore Youth Projects, Edinburgh
- Midlothian Young People’s Advice Service (MYPAS)
- Pilton Youth and Children’s Project, Edinburgh.

Young people’s online surveys
3 online surveys were open throughout June 2017 at https://healthyrespectsurveys.com. They were promoted via the Healthy Respect and c:card networks and directly through schools across the Lothians. The number of responses received was as follows:

- Condoms: 522 responses
- Sexual Health: 517 responses
- Feelings and Relationships: 558 responses.

For detail of the content of interviews, discussion groups and the online surveys please see Appendix 1. For more information about survey respondents see Appendix 2.
I like going to my local clinic as I feel more comfortable speaking to them and it is closer to me.
(Young people’s survey)

School or Google is the best source of information about sexual health.
(Young people’s survey)

I talk to my mum because she’s always serious when talking about stuff like this and respects my questions and thoughts.
(Young people’s survey)

I’ve never felt the need to go, but if at some point I thought it would be a benefit, then I probably would.
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(Young people’s survey)
Findings: Condoms

Practitioners

Interviewees recognised that they have a key role to play in informing young people about condoms and supporting them to access condoms. Interviewees reported that the decline in condom use is likely based in part on success around young people’s knowledge and use of other forms of contraception.

When it comes to informing and educating young people, interviewees identified that:

• The culture or beliefs about condom use is formed and informed in the young person’s peer group.
• There is a need to better understand the extent to which young people are receiving inputs on condoms and condom demonstration in school-based Relationships, Sexual Health and Parenthood (RSHP) education. Interviewees expressed concern that some schools offer only one condom demonstration session to young people, with some young people inevitably missing out.

When it comes to promoting condoms in schools it is essential that teachers are confident and fully committed.

In terms of access to condoms, interviewees identified that:

• Whatever the service, ease of access is important: the location needs to be easy to get to in a short lunch break or immediately after school; it needs to be in a place where young people will not be embarrassed or concerned to be seen.
• Word of mouth and peer group knowledge is crucial in terms of knowing where to access condoms.
• Although staff are trained in c:card delivery, interviewees reported that some colleagues remain cautious, being unsure or embarrassed about the conversation they are expected to have with the young person.
• Some providers can be flexible in terms of c:card access and are happy, where possible, to give young people access outside normal drop-in hours. For some young people this flexibility is essential as they may not get to the service at a specific c:card allocated time.
• There are communities with little or no c:card provision.

In terms of providing c:card to under 16s, interviewees identified that using the c:card plus model creates opportunities to have beneficial conversations with the young person. However, while supportive of the c:card plus approach, this may need to be more flexible in some situations, for example outreach and detached youth work provision where a confidential conversation is not possible and therefore condoms are not being provided. Similarly, in some busy youth work settings – perhaps with reduced staff – workers cannot offer the one to one intervention required in the c:card plus model.

Although the c:card range has remained constant, interviewees expressed concern that the condom range available from c:card/Healthy Respect is narrowing and seen as bland. Young people like the special or fun, promotional products. On a positive note, young people seem more open to finding out about and using lube than they used to be – a good range helps.
Across interviews there was a strong sense that services that provide information, learning or access, have let condoms “fall off the agenda” and that this should be addressed by a refreshed and increased effort to promote condom access and use.

Does condom provision need to be maintained? Yes. We need to look at promotion but it’s wider than that, it’s about cultural norms and pressures. We need a c:card there.
(Practitioner interview)

We need a more sophisticated c:card [service]. More products.
(Practitioner interview)

c:card and drop-in visits go up when we do inputs. If we do less, we see less.
(Practitioner interview)

They know where to get them, they know to use them, but that doesn’t translate, there is embarrassment, if they come here they might know someone, there’s a fear around confidentiality.
(Practitioner interview)
Young people
The discussion groups highlighted the following:

• It is embarrassing for most young people to ask for condoms, including when using c:card. However young people will access condoms or other information and support from workers who are known, trusted and there is a good relationship.

• Young people (both female and male) recognise that often the young man will not want - or agree - to wear a condom.

• Any discussion with parents and carers about condoms is viewed as embarrassing or unlikely.

• Many of the young people taking part in the discussion groups have not had, or were not present for, a condom demonstration in school. Some of those who received a condom demonstration in school reported that their teacher delivered it well and made it both serious and fun.

• Information about c:card is not shared in every school. Where it is, young people felt it should be repeated more often, so that you hear it when you need it.

• Across groups young people said that c:card and condoms need to be available in school.

• Under 16s should be able to access condoms from outreach and detached youth work teams, but at the moment they cannot.

• The best thing about c:card is that condoms are free.

The young people’s online survey gave the following insight:

• School-based Personal and Social Education (PSE) lessons were the most important source of learning and information about condoms - they were the main source for 73% of girls and 63% of boys. In the context of comments from the discussion groups (and what we know from the 2015 Healthy Respect review of RSHP education in Lothian schools) even where young people reported not taking part in a condom demonstration, school PSE lessons were still the most important source of learning and information.

• In terms of other sources of information or learning about condoms these were minimal less than 10% cited family, while 11% of girls and 15% of boys - cited friends.

• Having identified school/PSE as the source of learning and acquiring information about condoms, no young person cited school as a place to access condoms.

• For many young people, accessing condoms meant purchasing them: 37% of young women and 41% of young men identified a commercial venue or outlet such as a shop, supermarket or vending machine in a public toilet as a source. Similar numbers - 37% of young women and 35% of young men - identified venues or outlets where condoms are provided for free, for example from a sexual health clinic, youth club, health centre, school nurse or using c:card. Only 11% of young women and 8% of young men identified friends or family as a source, while 16% of young women and 8% of young men were not aware of where to get condoms.
Condoms are a hassle. You miss the mood.
(Young people’s focus group)

They’re a turn-off if the boy doesn’t know how to use them.
(Young people’s focus group)

I’d go to the local health centre, because they can be free, and a supermarket because it can be more anonymous.
(Young people’s survey)

I have a c:card so I would probably go to anywhere that I can use that, because I know those people won’t judge.
(Young people’s survey)
Findings: Sexual Health

Practitioners
Practitioners discussed sexual health in the context of concerns about cultural norms and behaviours young people are exposed to in their teenage years – from gender stereotypes or gender-based violence on mainstream TV, to social media and what is being captured and shared in peer groups - including sexually explicit images - to pornography. The shared view is that young people need opportunities to reflect on and learn about these topics.

In terms of services, practitioners report:

• That specialist sexual health service provision for young people is good.
• There is concern that community-based youth work and other support services that play a part in supporting sexual health and wellbeing are being diminished.
• A strong link between inputs about services in the classroom and the subsequent increase in use of services; regular information and promotion is seen as important.
• Access to sexual health services would be improved by weekend provision.
• Local drop-ins and clinics are essential for the vulnerable and excluded young people interviewees work with. These must be maintained and what they provide, which will vary depending upon level of service, must be clearly promoted to young people.

In terms of RSHP learning:

• Interviewees report that the quality of RSHP education in schools is too varied, some provision is good but some just not good enough. Particular themes or topics could be improved, including making RSHP education more LGBT inclusive, learning about sexual activities, social media, and consent.
• It is felt that vulnerable and excluded young people miss school inputs, particularly in S4. Sexually active young men and women, including those who are aged 16+, may not have basic knowledge about their bodies. RSHP education should refresh the basics for young people without it feeling repetitive or childish.
• External providers feel they can support and add to school-based learning, but their capacity is decreasing.
• Interviewees expressed concern that young people attending denominational high schools are not getting the RSHP education and broader information about services they need.
• The role of parents and carers is identified as invaluable, and that they need more information and support to be better equipped to support their child.
There’s still a spectrum about accessing services and talking. Some young people are very open, other are embarrassed and shameful. They worry about confidentiality, carrying condoms and parents finding them. Young people get inputs, but RSHP is not prioritising sexual health, it can be bitty. There are S3 young people who have had nothing since P7, then they leap to porn, consent, the law.

(Practitioner interview)

There are gaps in education, it’s bitty, less time to promote drop-ins. The problem is we deliver a service but have no time to promote it.

(Practitioner interview)

We plan a holistic service – mental health, drugs, alcohol because sexual behaviour is influenced by all these things – risk... how people feel.

(Practitioner interview)

It’s peaks and troughs when it comes to the drop-in. Attendance can spike after a good school input. It might be a small attendance but those that come need it, but I worry that low attendance might mean closure.

(Practitioner interview)

Young people I work with would rather come to a community setting... Getting to a central service can be difficult on a bus, or for parking. You can’t centralise services.

(Practitioner interview)
Young people

The discussion groups highlighted the following:

- Young people value the trusted relationships they have with community-based services and the workers they know; they use these relationships to talk about sexual health and wellbeing.
- Local sexual health drop-ins and clinics offer privacy and confidentiality.
- While some young women might go to a GP service for contraception it is unlikely young men or women would go to a GP for other sexual health concerns. Nor would they go to a guidance teacher for something specifically about sexual health (although some would talk about feelings). For young people with social work involvement they would be unlikely to talk to a social worker about sexual health.
- The young people were critical of school RSHP education – there is not enough, yet what is covered can be repetitive, nor is it about what they are interested in (consent, pressure, abuse). It can feel negative, overtly heterosexual, and very dependent on a good teacher delivering it.
- Most of the young people did not trust friends as a good source of information about sexual health. But they want friends to know more, to be a supportive friend.
- Young people are concerned about the impact of pornography, particularly on how young men behave and what they expect from sex.

The young people’s survey gives insight in terms of where young people get information about sexual health. When asked about the best source of information:

- 50% of young women and 49% of young men cited school.
- 32% of young women and 26% of young men cited online/social media sources. Of course, we cannot tell from these responses where young people are going online, or the quality of that information.
- Small numbers identified family or parents as the best source of information about sexual health – only 18% of young women and 10% of young men.
- Friends did not feature as a source of information in terms of sexual health.

When asked if they know where to find a sexual health clinic or drop in for young people, and then whether they attend one:

- 57% of young women reported they know where to find a sexual health clinic or drop-in for young people; 17% report they go to a clinic or drop-in.
- 55% of young men reported they know where to find a sexual health clinic or drop-in for young people; 12% report they go to a clinic or drop-in.
When it comes to a broader point about the best way for young people to get what they need when it comes to sexual health advice or support:

- Approximately 1 in 5 young people - 18% of young women and 17% of young men - identified attending a sexual health clinic or drop-in for young people would be the best way.
- Only 15% of young women, but 27% of young men, identified school as the best place to seek advice or support.
- 14% of young women and 15% of young men identified online sources as ‘the best way to get what they need’, this is despite almost a third of young men and women suggesting they would go online to get information about sexual health.
- 8% of young women and 4% of young men identified a trusted/older adult as a way to get advice or support.
- Approximately 1 in 8 young people (12% of young men and 13% of young women) responded ‘don’t know’ or ‘unsure’ when asked to identify the best way to get what they need when it comes to sexual health advice or support.

You go where you feel comfortable.
(Young people’s focus group)

I don’t know people at the big clinic, I know people here at our drop-in. It’s embarrassing if you don’t know them. It’s done privately here. I can talk to (worker) here, he’d understand.
(Young people’s focus group)
Findings: Feelings and Relationships

Practitioners

- Interviewees recognised that any approach to sexual health should start with a general conversation. For practitioners, the relationship with the young person is key.

- Interviewees highlighted that young people’s sexual health services have always been holistic and attended to the broader wellbeing of young people, including information and support around mental health, drugs and alcohol. Some expressed concern that the broader, holistic focus of their service or drop-in is harder to maintain in light of cuts to local services.

- Interviewees are very concerned about, and can be overwhelmed by, young people presenting with mental health concerns – anxiety, stress, depression, self-harming. There is a need for more of an early and preventative focus on mental health and wellbeing in primary schools.

- Interviewees expressed concern that for some young people sex is becoming increasingly disassociated from feelings and relationships – from love. Alongside this, young people in relationships are feeling increased pressure to have sex.

It’s all about relationships with workers. We are often in schools and talking about stress, mental health, decision making, some stuff on relationships. It’s good to be a holistic service with a holistic approach. If you start a conversation about how a young person is feeling it will be a way in.

(Practitioner interview)

In every aspect of their relationships young people are requiring more one-to-one support rather than group support. This is a pressure.

(Practitioner Interview)
Every young person has a story. We need to create the space to hear it. They don’t always tell you first time, in that first chat. But you build their confidence, feeling of safety.

(Practitioner Interview)

I worry that for some young people sex is disassociated from love, from feelings. There is pressure to ‘do it’.

(Practitioner Interview)

Talking about feelings and relationships can be more embarrassing for young people than about sex.

(Practitioner Interview)

Young people can wait a year for relevant counselling support. And that’s not even CAMHS.

(Practitioner Interview)
Young people
When reflecting on how young people are informed and supported when it comes to feelings and relationships young people who participated in discussion groups highlighted the following:

• Some young people reported they would go to a family member in the first instance.
• Young people said that a professional person would need to have empathy and trust before they would consult them.
• Views on whether a teacher/guidance teacher would be someone to talk to range from yes based on a good personal relationship with a named person, to “not an option”.
• Young people reported that in some school settings more focus is being given to mental wellbeing and how we can understand and support people. However there needs to be more attention paid to young people’s mental health and the provision of support in school.
• There were varied views on whether young people would speak to their GP about feelings and mental wellbeing.
• Young people agreed that they can never be sure online information is good/reliable.
• For young people who need more specialist support, local counselling services and CAMHS were mentioned, waiting lists are a problem.

The young people’s online survey highlighted the following when considering best source of information about feelings and relationships

- 31% of young women and 15% of young men identified friends.
- Family is identified by 37% of young women and 26% of young men.
- School is identified by 17% of young women and 17% of young men.
- 19% of young women and 11% of young men cited online/social media sources.

When considering who to talk to:

- 55% of young women and 36% of young men identified friends as someone to talk to about feelings and relationships.
- 52% of young women and 51% of young men would talk to a family member.
- Fewer identified school as a place where they would ‘go to talk to’ about feelings and relationships: only 7% of girls and 7% of boys.

Fewer than 5% of young people identified other sources (youth club/worker, sexual health clinic, GP, counsellor) as either a place for information or to talk about feelings and relationships. Because the young people’s discussion groups were hosted in community settings the young people who came to focus groups placed a high value on their relationships with these ‘other sources’. The comparatively low results from the young people’s online survey could perhaps mean that survey respondents are not connected to community-based provision, or that it is not available to them.
In response to the open question ‘if you need to talk about feelings or relationships where would you go?’ nearly 1 in 10 (9.5%) of young men responded with ‘don’t want to, don’t need to or no-one’; there were no responses of this nature from young women.

We need trust and reliability. So, to trust the people and the place you go to and the information you get. And what they tell you needs to be reliable, accurate. Places like here.

(Young people’s focus group)

You wait a long time for CAMHS. And it’s difficult to find the right counsellor.

(Young people’s focus group)
Key Considerations for Healthy Respect

Based on the evidence gathered in this small scale Review these key considerations are identified.

1. Develop and maintain a network of local service provision

   “Our drop-in is about quality not quantity. Young people get a good service, this does mean one-to-one and so even one or two young people can take a lot of time. This is worth protecting”. (Practitioner interview)

   “If you need something you go where you are comfortable with. A person you can trust”. (Young people’s focus group)

   Young people and professional colleagues value local provision which includes STI testing, pregnancy testing and support and information on any matter relating to sexual health and relationships. While an emphasis on holistic services that engage young people across health and wellbeing concerns is welcome, local services need to maintain a focus on sexual health, particularly in communities and for young people who we know experience health inequalities and difficulties in accessing centralised services. This will require ongoing work to identify and fill gaps in service provision as well as an ongoing programme of support and training for practitioners.

   “Peripheral clinics can do more. They matter to marginalised communities”. (Practitioner interview)

2. Making access to condoms easier

   “When it comes to condoms we need to drive it more, there is a market to reach. Young people are probably still buying, do they know they can access c:card? Promotion is key, if you don’t, young people forget about you.” (Practitioner interview)

   Promoting condom use means removing those barriers within the scope of Healthy Respect and the c:card service. Current systems and procedures were established to monitor provision, support professionals in their role as providers, and safeguard young people, but have become cumbersome or a block to provision. Some young people are choosing to purchase condoms because they see the interface with a provider as problematic or they prefer the anonymity. A simplification of systems, with easier and extended access, does not mean young people cannot still have information and support when they need it.

   “Young people need to be able to access condoms from workers doing outreach and streetwork. Under 16s too, I wonder if restrictions with c:card plus remain relevant”. (Practitioner interview)

3. Making condoms available in schools

   There is disconnect between young people’s knowledge acquisition (mainly in school) and access/supply of condoms (currently from shops, clinics, pharmacies). An observer might reasonably question why the place where young people get information about condoms is not the place where they are provided, steps to progress this should be investigated.
4. Enhancing the links between RSHP education and service provision

“Even SHARE trained teachers can lack confidence and so what we provide matters”. (Practitioner Interview)

The Review has evidenced the link between inputs about services in the classroom (as part of RSHP education) and the subsequent increase in use of those services. Regular information and promotion of services provided in the community can be supported by Healthy Respect, but this also points to the need to remove barriers to service access and enhance what is available in the school setting.

5. Improving RSHP education in school and other settings

“You get a couple of lessons in S3. Not enough”. (Young people’s focus group)

In this, and other engagement work commissioned by Healthy Respect, young people have expressed their views on RSHP education in school and where this needs to be improved. Healthy Respect is already engaging in development work with secondary school partners, and this can progress in the context of the impending work on the development of a national curriculum for RSHP education. This Review also reminds us that informal community-based settings also support learning about sexual health and relationships; again, Healthy Respect is already engaged in supporting work in non-mainstream, alternative, residential and special school settings, work which should also continue.

6. Supporting parents and carers

“Parents don’t have the worries we have. You wouldn’t speak to your family about sexual health. They’d probably kill you!” (Young people’s focus group)

Few young people cite parents or family as a source of information or support when it comes to condoms or sexual health. Where parents and family appear to be important is in terms of providing young people with information and support, and someone to talk to about feelings and relationships. There may be scope for Healthy Respect to support building parental confidence and capacity to support young people around condoms and sexual health.

7. Information and support online

“I probably go to the internet because I can find information from people that have similar experiences to mine and I won’t get shamed”. (Young people’s focus group)

Of this Review’s three thematic surveys, online sources/social media is most identified in relation to a source of information about sexual health. The challenge is to make sure young people are going to reliable sources. Healthy Respect, amongst other services, already has an online presence. Working with partners to ensure adequate promotion of online sources of information and support, as well as developing online information, would be a useful area of work to progress.

“Healthy Respect and c:card is the foundation that we need”. (Practitioner interview)
APPENDIX 1

Detail on the Interviews, Discussion Groups And Surveys

A: Practitioner Interview

Healthy Respect staff approached workers in the field and asked if they would be willing to participate in the Review. On receiving contact details, TASC shared information with interviewees in advance of the interviews. Interviews began with clarification of the purpose of the Review, discussion of anonymity and confirmation of consent to take part. The following questions structured the interview.

1 Condoms:
   • What do you know about how young people get to know about condoms?
   • What’s your impression of the best source of information about condoms that young people currently have?
   • What do you know about how young people currently access condoms - any specific places or people they go to?
   • What do you think is best/not good about these sources?
   • What’s working well about the work you do in terms of condom provision?

2 Sexual health services:
   • What do you know about how young people get to know about sexual health services?
   • What’s your impression of the best source of information about sexual health that young people currently have?
   • What do you know about how young people currently access sexual health advice or support - any specific places or people they go to?
   • What do you think is best/not good about these sources?
   • What’s working well about the work you do in terms of sexual health support and advice?

3 Feelings, wellbeing and relationships:
   • What’s your impression of the best source of information about feelings, wellbeing or relationships that young people currently have?
   • What do you know about how young people currently access any support on these issues - any specific places or people they go to?
   • What do you think is best/not good about these sources?
   • What’s working well about the work you do in terms of information or support on these issues?
4 Thinking ahead:
Putting to one side how things currently are, what do you think would be the best way for young people to get what they need when it comes to:

- Condoms?
- Sexual health advice or support?
- Feelings/wellbeing or relationships?

B: Discussion groups with young people:
The following invitation was shared with young people in advance of sessions. This describes the questions to be put to young people. At the outset of the meeting itself the facilitator explained the purpose of the session and how anonymity would work. The facilitator also checked that everyone knew what topics were to be covered, and checked consent to continue. In each setting the local worker stayed throughout the session. *The invitation read as follows:*

Healthy Respect wants to make sure that the information and services Healthy Respect provides for young people are relevant and up-to-date.

Healthy Respect has asked Colin Morrison at TASC to run some discussion groups with young people to find out more about the kinds of information and support young people need.

The discussions are confidential, nothing embarrassing, it’s all about what you think works best for you and other young people.

If you come along to a group with Colin this is what you’ll talk about:

- **When it comes to feelings and relationships:** What’s your best source of information and support? If you need someone to talk to about feelings or relationships, where would you go – and why there?
- **When it comes to condoms:** How did you get to know about condoms and where would you go for them? What would be the best way for you and your friends to get what you need when it comes to condoms?
- **When it comes to sexual health:** What’s your best source of information about sexual health? What do you think about the clinics that young people can go to? What would be the best way for you and your friends to get what you need when it comes to sexual health advice or support?

Colin will also tell you about some online surveys that are happening. As a thank you for your time you will get a £10 Amazon voucher.

If you have any questions before you come along, or after, Colin’s email is: colin@tascagency.co.uk
Young People’s Online Surveys

3 online surveys were available for young people to complete at https://healthyrespectsurveys.com/ The initial information on the landing page read as follows:

Healthy Respect provides information, advice and support for young people.

The surveys here are to help make sure Healthy Respect is getting it right for you and for other young people. There are 3 surveys, you can do as many as you like. Its confidential, we don’t ask your name.

- Condoms
- Sexual Health
- Feelings and Relationships

On this home page there was also a link to more information about Healthy Respect, local clinics and drop-in services.

After clicking through to one of the surveys young people were asked for some basic demographics including age, which of the Lothian Local Authorities they live in, and gender. The questions on each of the short surveys were as follows:

Condoms
- How did you get to know about condoms?
- If you use them or wanted to, would you go to a specific place or person for condoms? Why there?
- What would be the best way for you and your friends to get what you need when it comes to condoms?

Sexual Health
- What’s your best source of information about sexual health?
- Do you know where to find a sexual health clinic or drop-in for young people? YES/NO
- Do you go to a specific clinic or drop-in? YES/NO
- If YES, why there?
- If you know about a Sexual Health Clinic or drop-in for young people, how did you find out about it?
- What would be the best way for you and your friends to get what you need when it comes to sexual health advice or support?

Feelings and Relationships
- What’s your best source of information about feelings or relationships (tell us why)?
- If you need to talk to about feelings or relationships, where would you go (tell us why)?
## APPENDIX 2
### Online Survey Responses

Information on age, the Local Authority where respondents live and gender follows.

### Condoms: 522 responses

#### 1. Your Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
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<td>14</td>
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<td>15</td>
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<td>17</td>
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<td>1.34%</td>
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<td>19</td>
<td>0.19%</td>
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<tr>
<td>8</td>
<td></td>
<td>20</td>
<td>0.77%</td>
</tr>
<tr>
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<td></td>
<td>21+</td>
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#### 2. You live in

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<tbody>
<tr>
<td>1 East Lothian</td>
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<td>69</td>
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<tr>
<td>2 Edinburgh</td>
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<td>234</td>
</tr>
<tr>
<td>3 Midlothian</td>
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</tr>
<tr>
<td>4 West Lothian</td>
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#### 3. You are

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<th>Gender</th>
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<tbody>
<tr>
<td>1 Male</td>
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<td>15</td>
</tr>
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### 1. Your Age

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<tbody>
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<tr>
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<tr>
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<tr>
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Answered: 517

### 2. You live in

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</tr>
<tr>
<td>Edinburgh</td>
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Answered: 517

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Answered: 517
## Feelings and Relationships: 558 responses

### 1. Your Age

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<tbody>
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### 2. You live in

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### 3. You are

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