Scottish IReSH (Interdisciplinary Research in Sexual Health) Network Response to the Healthcare Improvement Scotland Consultation on Standards for Sexual Health Services

Drafted by Nicola Boydell, Sophie Buijsen, Sally Brown, Eric Chen, Jennifer Goff, Julie Riddell and Ingrid Young on behalf of the IReSH Operations Group

The Scottish IReSH Network

The Scottish IReSH (Interdisciplinary Research in Sexual Health) network focuses on cross-sector collaboration and coordination of research activities related to sexual health and blood-borne viruses (SHBBV) in Scotland (www.iresh.org.uk). The network has over 100 members, predominantly based in Scotland, drawing together: interdisciplinary researchers from academic institutions working on sexual and reproductive health (SRH) and social justice research; third sector organisations working with, and comprised of, communities with lived experience (incl. LGBTQ+, people living with HIV, migrant communities, communities of colour, and trans and non-binary communities) that work to support sexual health and wellbeing in communities; health practitioners, including clinicians, who support and deliver frontline NHS SRH services; and policy stakeholders including those working at a strategic level to design, develop and improve SRH health policies and services.

A working group comprised of members of the IReSH network operations group developed this response to the consultation on the Healthcare Improvement Scotland Standards for Sexual Health. Given the nature of IRESH network membership, our aim was to avoid duplicating responses from clinical services and third sector organisations with specific expertise relevant to individual Standards, and to complement this by sharing overarching comments on the draft Standards.

Overarching messages

- In line with the key principles and overall aims underpinning the Standards (namely "to improve access to sexual health care and to improve the quality of care, information, treatment and support for people accessing services"), we suggest that there is a need to explicitly acknowledge the increasingly hostile environment (exacerbated by the COVID-19 pandemic) in relation to sexual and gender rights, racism, immigration, ableism and increased socio-economic inequalities, and emphasise how these impact the availability of, and access to, sexual and reproductive health services [1-7]. This is important because it affects the sexual health and wellbeing of individuals and communities across Scotland, and beyond.
- It is positive that the Sexual Health Standards note the importance of addressing health inequalities, championing human rights and taking a rights-based approach [8 9]. While there is acknowledgment that structural health inequalities mean that some individuals and communities face additional barriers to accessing sexual health services, these are not explicitly outlined. Furthermore, explicit mention of protecting human rights is restricted to the rationale section for Standard 7 on Services for Young People. We suggest that this should be expanded beyond young people, and emphasised across all the Standards with concrete acknowledgement of, and suggested responses to, the structural barriers to sexual and reproductive justice in other areas of service provision[3 5]. We recognise the limits of the Standards, however, we suggest that they do not go far enough; neither naming such issues, nor in providing further guidance on addressing inequalities and ongoing discrimination. In the specific comments below, we seek to draw attention to examples of where there is an absence of this approach, which has potential material consequences for the sexual and reproductive health and wellbeing of communities.
- We note that the implementation and monitoring of the Standards is to be determined at a local level, and the Standards make clear that health boards should collect, analyse and interpret data to enable effective planning and management. In line with participatory engagement

principles[10], we strongly support the need for involvement of key stakeholders (community, third sector, research, clinical) in determining the implementation and monitoring of Standards at a local level. Given the strong emphasis on 'engagement', and recognising the diverse ways in which this term is used and applied, we suggest that more explicit reference is made to using local data to inform meaningful engagement work (and links to guidance on community engagement), so that such work does not inadvertently replicate the inequalities that boards seek to address.

- We recognise the challenges associated with drafting the updated Sexual Health Standards at a time when there are rapid and ongoing changes in local and national policy and current clinical best practice in the context of the COVID-19 response. We suggest that it may be worth revisiting the current structure of the Standards, which represents a mix of broad areas for improvement (leadership and governance, sexual wellbeing, access etc.), service delivery (STI prevention, detection and management, abortion care etc.) and key populations (young people, GBMSM). In particular, we note that this 'siloed' approach, with explicit sections focused on the needs of some key populations (young people and GBMSM), but not others (communities of colour, disabled people, including people with learning difficulties, LGBTQ+ people etc.) could inadvertently lead to further exacerbating inequalities. As such, we suggest that there may be benefits to reframing using an intersectional approach that acknowledges overlapping identities, and intersectional issues that shape availability, access and experiences of sexual and reproductive healthcare [11].

Specific issues

- As noted above, we highlight that absence of an intersectional approach [11 12].
- Gender is only mentioned in relation to gender-based violence, with the exception of reference to the need for staff working with young people to hold competencies in relation to sexuality and gender. We would stress the need for all staff to hold such competencies.
- In line with our overarching comments above, is striking that there is a section that focuses on gay, bisexual and other men who have sex with men (GBMSM), but not a section on services for LGBTQ+ people. While we acknowledge the specific reasons for this focus on the needs of GBMSM (i.e. higher incidence of STIs, experience of prejudice and discrimination in wider society, high incidence of co-occurring emotional and mental health experiences), it is important to highlight that many of these issues affect wider LGBTQ+ people.
- Overall, there is limited mention of trans and non-binary people and a lack of trans and non-binary inclusivity across the Standards; trans and non-binary people are mentioned only in the rationale sections for Standards related to Preventing Unintended Pregnancy and abortion care. Although the Terminology section at the start of the Standards notes that for Standards 9 and 10 "women refers to women and people who are able to become pregnant" we suggest that (a) this should be reiterated within these specific sections to aid people accessing and using the Standards, and (b) that further consideration should be given to inclusive language across the Standards. We acknowledge that Standard 3 on Education and Training notes the importance of training on "lesbian, gay, bisexual and trans (LGBT+) diversity", we suggest that the Sexual Health Standards need an explicit focus on trans and non-binary inclusive services (that addresses transphobia); Sexual Health Standards for Scotland that fail to address this issue will undermine LGBTQ+ equality.
- Across the Sexual Health Standards, there is no explicit mention of race and the specific needs of communities of colour. This is a significant omission, which should be addressed within the Standards. As noted above, reframing the structure of the Standards and using an intersectional approach may be one way to ensure that that the needs of communities or colour are explicitly addressed within the Standards.

Approach to sexual and reproductive justice

- Within the Standards there is explicit reference to human rights, but no explanation as to why and how this is specific to sexual health settings across Scotland, and what services can do to ensure a rights-based approach to service provision.
- Only Standards 7 and 9 that focus on Services for Young People (7) and Preventing Unintended Pregnancy (9) refer to the need for holistic care; the absence of this across other Standards could be interpreted as suggesting that holistic sexual health care is not a priority for all.
- In contrast to the 2016 Faculty of Sexual and Reproductive Healthcare Service Standards for Sexual and Reproductive Healthcare, mention of the needs of sex workers is absent. It is important to recognise the impact of criminalisation of certain practices as barriers to equitable health care.

Settings and structural barriers

- As noted in our overarching comments, we suggest there is a need to not only acknowledge the existence of structural inequalities, but also outline ways in which services can address these issues. This is particularly important with reference to leadership and governance, education and training and access to sexual health care.
- Given that many aspects of sexual health care take place outside of GUM and integrated sexual and reproductive health services settings - for example within primary care settings, pharmacies, community care, residential care, etc – it is important to think how organisations and institutions involved in service delivery can be supported in implementing the Standards while addressing inequalities.
- We wholeheartedly agree with the emphasis on engagement throughout the Standards. However, it is important to recognise that resource constraints across local services mean that it can be challenging to undertake meaningful participatory engagement that advances equity and inclusion work. This can result in tokenistic approach that can serve to replicate inequalities, rather than addressing them effectively. It is therefore essential to link to resources that can support and help services to undertake such engagement. For example, links to community engagement, work around Planning with People and other approaches to participatory public engagement [10] (including, but not limited to coproduction and co-design approaches). IReSH is committed to supporting and advancing work in this area, with many members of the network already undertaking collaborative engagement work [13-16]. We are keen to support conversations around how such work can contribute to the implementation of the Standards across Scotland.

References

1. Bateson DJ, Lohr PA, Norman WV, et al. The impact of COVID-19 on contraception and abortion care policy and practice: experiences from selected countries. *BMJ Sexual & Reproductive Health* 2020;46(4):241. doi: 10.1136/bmjsrh-2020-200709
2. Lindberg LD, Bell DL, Kantor LM. The sexual and reproductive health of adolescents and young adults during the COVID-19 pandemic. *Perspectives on Sexual and Reproductive Health* 2020;52(2):75-79. doi: https://doi.org/10.1363/psrh.12151
3. Addlakha R, Price J, Heidari S. Disability and sexuality: claiming sexual and reproductive rights. *Reproductive Health Matters* 2017;25(50):4-9. doi: 10.1080/09688080.2017.1336375
4. Endler M, Al-Haidari T, Benedetto C, et al. How the coronavirus disease 2019 pandemic is impacting sexual and reproductive health and rights and response: Results from a global survey of providers, researchers, and policy-makers. *Acta Obstetricia et Gynecologica Scandinavica* 2021;100(4):571-78. doi: https://doi.org/10.1111/aogs.14043
5. Kluge HHP, Jakab Z, Bartovic J, et al. Refugee and migrant health in the COVID-19 response. *The Lancet* 2020;395(10232):1237-39. doi: 10.1016/S0140-6736(20)30791-1
6. Mitchell KR, Lewis R, O'Sullivan LF, et al. What is sexual wellbeing and why does it matter for public health? *The Lancet Public Health* 2021 doi: 10.1016/S2468-2667(21)00099-2
7. Finnerty F, Azad Y, Orkin C. Hostile health-care environment could increase migrants' risk of HIV and prevent access to vital services. *The Lancet HIV* 2019;6(2):e76. doi: 10.1016/S2352-3018(19)30004-9
8. Starrs AM, Ezeh AC, Barker G, et al. Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. *The Lancet* 2018;391(10140):2642-92. doi: 10.1016/S0140-6736(18)30293-9
9. Shaw D, Cook RJ. Applying human rights to improve access to reproductive health services. *International Journal of Gynecology & Obstetrics* 2012;119(S1):S55-S59. doi: https://doi.org/10.1016/j.ijgo.2012.03.018
10. Erikainen S, Boydell N, Sethi N, et al. Participatory public engagement in digital health and care: Moving beyond conventional engagement methods. Edinburgh: Nesta, Scottish Government and Centre for Biomedicine, Self and Society (CBSS), University of Edinburgh, Forthcoming.
11. Kapilashrami A. What is intersectionality and what promise does it hold for advancing a rights-based sexual and reproductive health agenda? *BMJ Sexual & Reproductive Health* 2020;46(1):4. doi: 10.1136/bmjsrh-2019-200314
12. Dasgupta J, Schaaf M, Contractor SQ, et al. Axes of alienation: applying an intersectional lens on the social contract during the pandemic response to protect sexual and reproductive rights and health. *International Journal for Equity in Health* 2020;19(1):130. doi: 10.1186/s12939-020-01245-w
13. Lewis R, Blake C, McMellon C, et al. Understanding young people's use and non-use of condoms and contraception: A co-developed, mixed-methods study with 16-24 year olds in Scotland. Final report from CONUNDRUM (CONdom and CONtraception UNDerstandings: Researching Uptake and Motivations). Glasgow: MRC/CSO SPSHU, University of Glasgow, 2021.
14. Young I, Calliste J. PrEP and Women in Scotland Roundtable: A Community Report. PrEP and Women in Scotland Roundtable. Edinburgh Centre for Biomedicine Self and Society, 2019.
15. Maund O, McKenna R, Wain O. 'There needs to be care throughout': Exploring the access of non-binary people, trans men and trans women to sexual health services in Scotland. Edinburgh Waverley Care and Scottish Trans Alliance, 2020.
16. Smith K, Sparling N, Hirono J, et al. THPED530: Developing a national strategy for addressing HIV stigma in Scotland: An effective tool in addressing HIV stigma. 22nd International AIDS Conference (AIDS 2018). Amsterdam, Netherlands 2018.