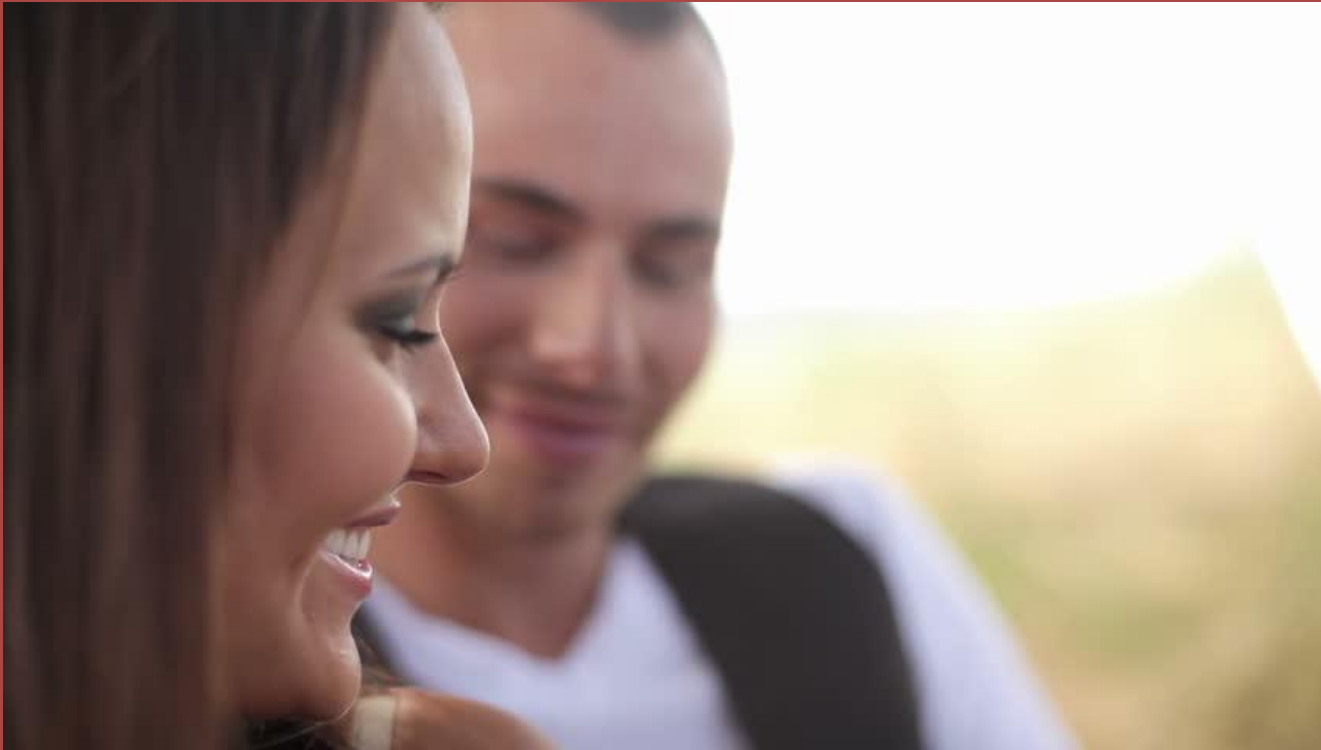


Sexual Health Services



The Experience of Teenagers in Croydon



March 2017

“I think that it is good that this research is being carried out and that the Council is still focused on sexual health services, which are very important.”
(Female, aged 17)

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EXECUTIVE SUMMARY



GIO website

Background

Croydon has some of the highest rates of abortions, repeat abortions, sexually transmitted infections (STIs) and teenage pregnancies in the country. (Croydon Joint Strategic Needs Assessment, Key Dataset 2015/16). Despite efforts to improve sexual health in the borough poor sexual health among young people remains.

The use of sexual health services by teenagers, is influenced by a host of cultural and social and personal factors. Cultural taboos and social embarrassment result in sexual health being a sensitive topic to discuss with a difficult to engage group.

To understand the thoughts and feelings of this underrepresented group, Healthwatch Croydon visited sexual health services in the borough, and asked teenagers directly for their views and experiences of using sexual health services.

As potential and actual users of services, the views of young people are important. Healthwatch Croydon's role is to ensure the voice of teenagers is heard by those who make decisions on service delivery. This report is being produced to support and influence this process in the borough.

Findings

Healthwatch Croydon spoke to a range of young people aged between 13 and 19 years, who were users of sexual health services in the borough, and collected 65 in-depth responses. We categorised these findings into four themes which are outlined below. We believe these are areas that require further consideration by service providers. We would welcome the opportunity to work collaboratively with service providers to agree changes to be implemented.

Areas for consideration by NHS providers

Based on findings from our engagement with teenage service users, Healthwatch Croydon provide the following issues for consideration by commissioners, along with one overarching recommendation

- **Accessibility:** There needs to be faster access, with flexible services fixed around times and locations suited to teenagers such as evenings and weekends and more walk-in appointments. A full range of services should be at each location, especially in places where there is a greater need for sexual health services, such as New Addington.
- **Advertising and awareness:** Ask teenagers for their views on advertising, and then target it in locations that are right for them. Materials need to be varied, not just online, with reassuring messaging. Focused marketing is needed for those

more marginalised groups such as teenage boys, black and minority ethnic groups and non-heterosexuals.

- **Relevant help and support:** Sexual health services should focus on supporting teenagers to make informed choices. They need to recognise that feelings associated with seeking advice, information and treatment are reflected in the design of services, as well as ensuring confidentiality at all times.
- **Service delivery:** Services between providers need to be more joined up, meeting specific needs of teenagers. This includes a more welcoming environment, appropriate staffing, and positive attitude. Involving teenagers in service design will help meet these needs.

Recommendation

We recommend that Croydon teenagers are invited to assist in defining changes and improvements to the design of sexual health services in the borough. A workshop run jointly between Healthwatch Croydon, Croydon Council's Public Health department, and service users of teenage sexual health services will support effective decision-making on the design of future services. It is anticipated that this will deliver services more effectively reflecting teenagers' needs.

PART A

CONTEXT, FINDINGS AND AREAS FOR CONSIDERATION



1. INTRODUCTION

1.1 About Healthwatch Croydon

Healthwatch Croydon is the consumer champion for users of health and social care services. Our purpose is to listen to and understand the needs, experiences and concerns of people who use health and social care services in Croydon. We support patients, residents and service users to voice their views and opinions on services. Healthwatch Croydon works to get the best out of health and social care services by responding to the voice of local people.

1.2 About the borough of Croydon

Croydon is a diverse borough in South London. It has wealthy and deprived areas across its neighbourhoods, along with some of the biggest inequalities in London. The areas where households experience the most disadvantage are in the east, in the borough's big social housing estates, whereas wealthy neighbourhoods are mainly in the south (Croydon Public Health Survey 2015).

1.3 The population of young people in Croydon

Croydon has a higher resident population than any other London borough, it follows that we also have the highest number of children and young people, an estimated 44,400 aged 15-24. (Office for National Statistics, 2009). An estimated 55% are from black and minority ethnic groups (Greater London Authority, 2008).



2. BACKGROUND TO SEXUAL HEALTH AND SERVICES

Sexual health is a public health priority in London. Good sexual health is important to individuals and society but London has the worst sexual health in the United Kingdom (UK), affecting more than three million Londoners each year (Health Protection Agency, 2011).

Between different London boroughs, there is an unequal distribution of sexual ill health. Croydon is one of London's boroughs with poorer sexual health outcomes. Its performance regarding teenage pregnancies both under 18 and under 16, abortions, repeat abortions under 25, pelvic inflammation disease (a cause of which can be STIs) and sexually transmitted infections such as Chlamydia diagnoses under 25s worse than the UK and London average (Croydon Joint Strategic Needs Assessment, Key Dataset 2015/16).

This can have long-term impact on physical and mental health and wellbeing. It also negatively affects public health services and health service finances.

2.1 Croydon Joint Strategic Needs Assessment

In 2010/11 Croydon carried out as part of its Joint Strategic Needs Assessment (JSNA) a special report on sexual health, which showed Croydon to have higher levels of teenage pregnancy, abortions and

sexually transmitted diseases than London and England, see Chaudhury, Crouch, Naish et al. (2011). It said that additional groups of young people who are also at high risk include those being looked after by the local authority, those leaving care, not in education, employment or training and sex workers.

Despite efforts to improve sexual health in the borough among young people, the rates of teenage pregnancy, abortions, repeat abortions, and STIs remain a significant problem. Five years on, the JNSA 2015/16 dataset still places sexual and reproductive health as an area that needs to improve in Croydon, see details below.

2.2 Teenage pregnancy

Teenage pregnancy refers to under-18 conceptions including those leading to live births and abortions. It is associated with poor educational achievement, poor physical and mental health, social isolation and poverty. Unplanned pregnancy and parenthood can have a negative impact on teenagers.

Recent data shows that Croydon has a higher rate of conceptions under 18 years (32.5 per 1,000) than London (21.8 per 1,000) and England (24.3 per 1,000). For conceptions in women 13-15 years, (6.5 per 1,000) than London (4.8 per 1,000) and England (5.5 per 1,000), see Croydon Joint Strategic Needs Assessment dataset, 2015/16.

Public Health England data from 2012-2014 shows Croydon borough wards such as Thornton Heath, Fieldway and New Addington as having higher than average teenage conceptions, see Public Health (2016).

2.3 Abortions and repeat abortions

The termination of an unwanted pregnancy can have lasting emotional and psychological effects. Teenagers who become pregnant have a higher risk of more unplanned or unwanted pregnancies, and abortions.

Repeat abortions as a percentage of all abortions for under 25s is higher in Croydon (36.5%) than in London (32.2%) and England (27%). In context, repeat abortions across all ages are also higher in Croydon (49%), than London (41.9%) and England (37.6%), see Croydon Joint Strategic Needs Assessment, 2015/16. This means that nearly three in four repeat abortions in Croydon are had by women under 25 years.

The JSNA 2010/11 data suggested abortions are noticeably higher in women living in the north and east of Croydon which is consistent with the higher rates of teenage pregnancies in these areas.

2.4 Sexually transmitted infections

As well as unplanned pregnancies, risky sexual behaviour carries the possibility of sexually transmitted infections (STIs). If STIs are left undiagnosed and not treated effectively within a short time, they can lead to serious health problems. STIs are associated with infertility, ectopic pregnancy, recurrent infection, cervical cancer and help the process of HIV transmission.

Croydon has some of the highest rates of diagnosed STIs among those aged 15-24 which are much higher than the London and England average. Diagnoses for Chlamydia of those 15-24 years old was at 2739 per 100,000 for Croydon (compared with 2178 per

100,000 for London and 2012 per 100,000 for England). Chlamydia often has no symptoms and results may therefore mask a higher number of hidden cases. Rates of gonorrhoea and genital herpes were higher than England, lower than London. (Croydon Joint Strategic Needs Assessment, 2015/16 and Croydon Sexual Health Strategy 2011-2016).

2.5 Causes and consequences

The reasons for poor inequalities in sexual health among teenagers are not fully known. However, they may be partly explained by a combination of the following factors that impact upon the choices that teenagers make about their sexual health:

- **Behavioural factors** - such as becoming sexually active at an early age, a higher number of sexual partners and unsafe sex, with poor or inconsistent use of contraception;
- **Social factors** - such as family disruption, peer pressure, early school leaving age, lack of formal qualifications, substance misuse and living in care;
- **Personal factors** - such as inaccurate sexual knowledge, lack of practical, communication and negotiation skills to use contraception and manage sexual decision-making.

2.6 Sexual health services

Sexual health services are important and necessary to support improvements in the health and well-being of young people. They promote positive health through information, confidential advice, counselling and awareness, prevention, diagnosis, testing

treatment and health promotion. They can be found within general health services such as GP surgeries and health centres, exist as stand-alone services such as genitourinary medicine (GUM) and family planning clinics, and also in non-traditional settings such as colleges.

2.7 Teenagers' use of sexual health services

Teenagers experience more difficulties accessing sexual health services than other groups of people. Their use of sexual health services is linked to a perceived lack of need for services; lack of knowledge of sexual health services; the ability to access services successfully; reluctance due to issues of confidentiality, stigma and embarrassment; and restrictions because of school, college or work commitments. (Parkes, Wight and Henderson M 2004).

2.8 Provision of sexual health services

Croydon has non-specific sexual health services such as General Practice (GP) surgeries and pharmacies as well as specific sexual health services at two specialist sites that serve the borough. They are the Contraceptive and Sexual Health Service (CASH) on Edridge Road, and the Croydon Sexual Health Centre (CSHC) also known as The Point, at Croydon University Hospital.

2.9 Provision of targeted sexual health services for teenagers

There are few specialist services and sessions for young people aged 25 and under.

Online information is available for teenagers on the Getting It On website www.gettingiton.org.uk.

The C-Card scheme allows 13-24 years old Croydon residents to pick up free condoms. They register with a trained professional who will show them how to use a condom, and will answer any questions they might have about their sexual health. These sessions are fully confidential. No name or contact details are taken, allowing users to remain anonymous.

There is a domiciliary contraceptive service for young people run by Croydon Health Services which provides advice and guidance on different methods of contraception, accessible mainly by looked after and other vulnerable groups.

Fourteen schools in the borough in wards with the highest levels of pregnancy benefit from a Young People's Sexual Health team that will discuss sexual health, relationships and choices at a class-size level.

A Health Help Now app for Croydon and Sutton <http://croydonandsutton.healthhelpnow.nhs.uk> launched in November 2016 and has listings for contraception and sexual health advice for young people.

3. THE EXPERIENCES OF TEENAGE SERVICE USERS



Our outreach programme identified a number of key themes. These include:

- **Service accessibility:** Teenagers told us that there are a number of obstacles to accessing services. These included long waiting times, short and inconvenient opening hours

and few appointments for walk-in patients, which discouraged patients from reusing services.

- **Advertising and awareness:** There is a lack of knowledge of where to go to access services. It was felt that there was a need for more effective advertising, with better awareness of confidential services, including in schools and colleges. Advertising has a role to play in reducing awkwardness in accessing services. Information was needed to support sensible decisions about sexual health and relationships so they can take responsibility for their health.
- **Relevant help and support:** Teenagers say they need the right health and support, tailored to their needs, particularly in encouraging the first visit. Fear of being judged, nervousness, awkwardness and lack of confidence are barriers to accessing services. Confidentiality is also a key issue with information being shared with parents or GPs, or an open reception area.
- **Service delivery:** When services went well, teenagers were seen by a health professional when they wanted to, with easy processes and the support they needed. However, services were considered to be slow in places and not always welcoming. There were concerns on how staff treated and understood teenagers, just giving them opinions of lifestyle and choices rather than understanding their needs.

3.1 Service Accessibility

Teenagers told us about some of the obstacles they face when accessing sexual health services. These included: long waiting times; short and inconvenient opening times that can conflict with school/ college and/or work commitments; full appointments with little or no accommodation for walk-in patients, and crowded waiting rooms. When services were accessed and teenagers reported positive experiences, they talked about a quick service where they were seen immediately and appointments not being too long.

However, overall experiences are a lot more negative than positive which may discourage young service users from returning. If teenagers who need to use a service for the first time hear about these issues from their friends, they may be discouraged from making a first visit.

Teenagers want a service that is flexible and easy to access at all times of the day. They also want services to be open more often to accommodate people who work or need emergency contraception, and to reduce long waiting times.

A service user told us that even though she has lived in New Addington for the past 11 years and has registered with a GP at the health centre, she did not know that she can access sexual health services there. She has sought sexual health care elsewhere when she could have done so closer to home. She also said that she did not know that the Fairchildes Children's Centre at New Addington has a sexual health service there.

Comments on accessibility

'The opening times need to be longer' (female, 18)

'Open later, as people who work during the day will not be able to go' (female, 18)

'Because many young people could have infections, STIs need emergency contraception and it is important that these young people can access these services' (female, 17)

'They have short slot times and they can be accessed' (female, 18)

'Quick with seeing patients' (female, 17)

'It was quick' (female, 16)

'Had to wait forever' (male)

'The Edridge Road clinic - they tell me they are fully booked and to come back another day' (female, 17)

'The closing time and waiting time were silly' (female, 16)

'Easy to access' (male, aged 15)

See more comments in Box 1, page 29.

3.2 Advertising and awareness

Advertising: Effective advertising of services more widely across the borough is very important in order to reach out to all teenagers regardless of their background. The comments made by teenage service users below show that they want more advertising, and to be made more aware of confidential services that are being offered in the borough and for this to be done in places like schools and colleges. Teenagers want advertising and awareness to be the norm to reduce the awkwardness that comes with accessing services for many teenagers.

Comments on advertising and awareness

'More advertising about the places offering these services' (female, 16)

'Make it commonly known as more of the norm because it awkward' (female, 17)

'Showing in colleges where we can access it' (female, 17)

See more comments in Box 2, page 30.

Information and advice: Accurate, comprehensive and culturally-appropriate information and advice from schools, colleges and health professionals can help teenagers to access, and use sexual health services when they need to. This can also support sensible decisions about their sexual health and relationships. The

comments in below show that more information about where to go for services is important, especially services local to home that they may not know about. They want more information to be provided to them in schools and colleges where they know that they can get access to it, including a list of numbers and websites. They also said that advice from professionals is important to them.

Teenage service users clearly see information as a route to taking responsibility for their health by helping them to make choices, and also to guide them to express their sexual health needs.

Comments on information and advice- what is important?

'Phone numbers and websites' (female, aged 16)

'More information at school' (female, aged 16)

'More information about where to go, including at places where it is provided, possibly something closer to where you live which you might not know about' (female, aged 18)

'Places to read up about it' (female)

'Advice from professionals' (male, 18)

See more comments in Box 6, page 37.

Knowledge and understanding: Service users said that they want to know more about sexual health services in a way that is easy to understand because it is important to them. They also want to know about sexual health to understand the risks associated with unprotected sex such as 'the severity of STIs'. Teenagers said

that a lack of knowledge about where to go to access services and not knowing how to use contraception correctly to avoid the need to use services, is what would prevent them from accessing services, see comments below.

Comments on knowledge and understanding

'More knowledge about them' (female, 14)

'For everyone to understand the severity of STIs' (male, 18)

'To make it easier to understand' (male, 15)

Comments on what prevents teenagers accessing services?

'Lack of knowledge' (female, 16)

'Not know where to go' (male, 15)

'Effective contraceptive measures' (female, 18)

'Use condoms, other contraception' (female, 17)

See more comments in Box 7, page 37.

A senior health professional at the CSHC said that many of the young people who are seen at the clinic lack the most basic understanding of how their body works.

3.3 Relevant help and support

Help and support: The teenagers say that what is important to them is help with their sexual health needs, persuasion to make

the most of services, and guidance from professionals. Service users had positive experiences when their perceived needs were met and had negative experiences when they were sent away.

Teenagers also want to see improvements in specific areas of help and support from professionals such as building their confidence, so that they can express themselves well about sexual health matters and ask for more personal contact from professionals.

Comments on help and support

'Someone who can help me say' (female);

'Persuasion' (female, 14)

'Guidance from professionals' (male, 18)

'I was given the help I needed' (female, 17)

'Don't help none of them help just send you numbers' (female, 17)

'The Edridge Road, clinic is very useless at helping me with most of my sexual problems I have had - they either tell me they cannot help me and send me somewhere else' (female, 17)

What could be improved?

'More confidence for teens to express themselves' (female, aged 17); 'more personal' (female, 17)

See more comments in Box 5, page 36.

Personal feelings: There is a link to how teenagers we spoke to feel about themselves and their sexual health. We identified that some teenagers are not accessing specific services due to personal feelings such as fear of what might happen and of being judged, being nervous, feeling awkward, lack of confidence and worrying about how staff would act towards them. The comments provided below show that embarrassment was the most commonly reported negative feeling that would prevent the uptake of services. An interesting comment from a male teenager that shouldn't be overlooked is the lack of personal responsibility i.e. 'not caring enough' to bother to try and access services when needed.

Comments on personal feelings as a barrier to access

'Myself, not caring enough' (male, 14)

'Fear' (female, aged 14)

'Embarrassment' (female, aged 16)

'Being nervous' (female, aged 17)

'Preconceived thoughts about how staff would act towards me' (female, aged 16)

'It's awkward' (female, aged 17)

'Confidence' (female, aged 17)

'Fear of judgement' (female, aged 17)

See more comments in Box 8, page 38.

Confidentiality: Confidential sexual health services are essential in promoting good sexual health among teenagers. The main factors that put teenagers off from seeking early sexual health care is fear around confidentiality. The comments provided below show that teenage service users are worried about deliberate breaches of confidentiality such as: services sharing personal information, contacting parents or GP; being seen by people they know; and open reception areas that don't give them any privacy to discuss sexual health issues and may encourage gossip of confidential issues. Also, teenagers worry about confidential issues being intercepted by parents: a young person we surveyed told us that an STI kit was sent to the family home and she felt awkward when the kit was noticed and remarked upon by a parent.

Comments - What prevents teenagers accessing services?

'People I know being present' (male, 18)

'Them sharing personal info' (female, 16)

'Open area' (female, 18)

Comments - Positive experiences of using services

'Confidential' (female, 17)

'Discreet', 'confidential at Edridge Road' (female, 18)

'Everything is confidential' (female, 18)

'Was private and confidential (at my GP)' (female, 18)

See more comments in Box 4, page 36.

The teenagers in Croydon say that what is important to them is a confidential service that does not allow access for parents. Teenagers' uptake of services will only be improved if they can gain complete trust in the confidentiality of service providers.

3.4 Service delivery

Quality of services: The comments below show that what is important to service users are services that have quicker processes, are in local but discreet places and make them feel comfortable. Based on their experiences, when services worked well, they were seen by a health professional when they wanted to, the process of being seen was easy, all screening was done in a day and they got the help that they went for.

Comments on using services

'How easy it was' (female, 17)

'Good positive vibes' (female, 17)

'Always free and no discrimination' (female, 18)

'Always get the help/result to what you came for' (female, 17)

'You can't do every test on the same day' (female, 19)

'They sent me away' (female)

'Got kicked out from Mayday GUM clinic (female, 18)

'You can only travel to Edridge Road to get the contraceptive injection if you asked at Mayday GUM clinic' (female, 18)

What could be improved?

'It's already very good' (female, 17)

'Time could be given to teenager to keep them aware or help their personal situation' (female);

'Cleanliness of the clinic' (male, 18)

'They need to make their service quicker and get more staff' (female, 18)

'More locations, so it could be something you do on the way to somewhere rather than having to put aside two hours and plan a whole journey' (female, 18)

See more comments in Box 9, page 40.

Staff attitude: Croydon teenagers avoid using services where they perceive staff behaviour to be judgemental. What teenagers describe as positive experiences for them are when staff are approachable, friendly, polite, trustworthy, helpful, make them feel comfortable and don't judge or mistreat them. Teenagers reported negative experiences such as rudeness from staff and attitudes from staff to teenagers that judge their sexual behaviour, for example 'they give you opinions about your lifestyle and choices', and convey that they should not be seeking sexual health services. Teenagers also expressed that they reject services when staff fail to take seriously, their need for services and treat him/her without respect. Also, they may refuse to return for any needed service if, for example, staff ask too many questions loudly enough to be heard by others. In such circumstances, young people may give up on using services and/or using contraception to prevent unintended pregnancies and STIs.

A service user said pharmacist in West Croydon judged her sexual lifestyle as a young adult and mother with a baby who has adult responsibilities, when she tried to access services there.

Another female service user told Healthwatch Croydon that she has sought sexual health services and other health issues outside the borough (Ealing) because she found the area and services to be much better than Croydon. She said that she saw a 'male professional who treated her with respect'.

Comments on staff attitude

What is important?

'The way staff act' (female, 17)

'Making people feel comfortable to do so' (female, 17)

'Friendly and trustworthy, not to be judged or mistreated' (female)

What prevents teenagers accessing services?

'Preconceived thoughts about how staff would act towards me' (female, 16)

'Fear of judgement' (female, 17)

Positive experiences of using services

'Was the staff making me feel comfortable' (female, 17)

'I didn't receive any 'looks' or comments and everyone was polite' (female, 16)

'Very comforting, not judging you on why you are there, helpful' (female, 17)

Negative experiences of using services

'Rudeness from staff' (male, 18)

'No time spent knowing service users, they give you opinions about your lifestyle and choices' (female)

See more comments in Box 10, page 42.

4. OUR OBSERVATIONS



4.1 Accessibility

Lack of choice: There seems to be a lack of choice as to where to access sexual health services in the borough. CASH seemed to be the preferred service over The Point (CSHC) which was widely talked about as a 'no go' area. A female teenager told us 'I don't even bother with The Point...waiting time at The Point is ridiculous'.

Healthwatch Croydon learned from outreach at the Turnaround Centre that many young people who turn up to access sexual health

services there are sent to CASH to access the broader range of sexual health services there. The opening times at the Point at CSHC are from 3pm to 5.45pm on Tuesday afternoons. Outside of the dedicated clinics for them, they are advised to go to CASH.

Females are more likely to use services: This research also identified that far more females access services than males. Teenage girls were often accompanied by their female friends for support. We were told by a member of staff at the reception of CSHC that it is mostly females who book appointments there. Indeed the relatively smaller number of male participants in our survey reflected this. Female participants were easier to engage in participating in the research than males.

School terms affect use: Healthwatch Croydon learned from CSHC that the school/college summer term break is a quiet period when teenagers do not access services very much. Use of services picks up in September when the school/college autumn starts. Also, we were told that most of the teenagers who do book appointments do not all attend - maybe one or two will turn up.

Some services keep unusual hours: The Getting it On website and the Croydon Health Service website stated that there is an additional sexual health service at Fairchildes Children's Centre in New Addington. The provision of this service in the local area is not very good because it is a drop-in clinic only, available at an odd time of the day from 3pm-5pm, and only on one day of the week - a Thursday. New Addington is an area in high need for sexual health services, see Annual Public Health Report (2015).

When services are closed: Healthwatch Croydon identified a disclaimer on the Getting It On website as it appeared in late 2016, which lists teenage sexual health services in South West London and information which explains some service details may not reflect real time and last minute changes as the website is not checked on a daily basis. Therefore it advises to contact the service directly to ask questions and/or before travelling. During outreach, we asked a service user what she would do if she needed access to sexual health services for help about an issue when they were closed, she said “I don’t know, they don’t answer the phone.”

4.2 Advertising and awareness

Good information needs to be better displayed and available:

Some quantity of advertising about sexual health services was available for young people at a local GP surgery in New Addington. However, we found that there was no information about services that teenagers could take away to read. This is also at the place where they would go when there is a problem, there was less evidence of where information could be seen and taken away.

Lack of knowledge: The comments made about being seen, getting a free service and getting the help that they went for are surprising given that services are free and available to everyone. This suggests a possible lack of awareness among some teenagers about policies and procedures surrounding how services are provided to them, with low expectations of what to expect. The 2011 *You’re Welcome* quality criteria chapter on sexual and reproductive health services (Department of Health) states that it should be made clear that services and contraception are free.

New Addington services not widely promoted: In addition to comment about opening hours above, we realised that it isn’t widely advertised in the area when we visited during outreach. None of our respondents had mentioned Fairchildes as a place that they were aware of, or had received sexual health services from. It is worth noting that five respondents lived there at the time we surveyed them.

Ignoring the issue: A female teenager said that some teenagers do know when they have an STI but ignore the problem, continue to have unprotected sex and spread the infection. This was not her personal experience. She merely told us what she is aware of among some teenagers.

4.3 Relevant help and support

The right help and support: A group of four female teenagers said that some service staff are approachable, friendly and easy to talk to which makes it easier to open up and talk about personal and sensitive issues. They mentioned that this is what they want when they access services but in their experience it is not the case. One member of the group expressed her frustration about this issue when she said ‘it is so hard, it really is hard’ to get the right help and support. Consequently they tend to just give up because they are not taken seriously. One female service user had her request to remove the coil refused by the sexual health service.

Staffing issues: On a couple of occasions at CASH, we saw that the service was very short-staffed with a number of people waiting to be seen but few health professionals to see them. On one occasion a staff member said that on days when there is just one nurse and one healthcare assistant on duty, it is not likely that those requiring sexual health care will be seen due to a staff shortage.

Emergency contraception: Healthwatch Croydon learned at one pharmacy in New Addington that the rules regarding the dispensing of emergency contraception to young people are complicated. Even though there are a few pharmacists who work there, only one pharmacist has the authority to dispense emergency contraception to young people and that particular pharmacist is not present every day. This creates barriers for teenagers who need emergency care.

4.4 Service delivery

Referral for abortion in school hours: A female service user aged 16 told us that she had to take a week off school to have an abortion because she had difficulties getting a referral to have the procedure. The appointments did not fit in with her school schedule.

Providing feedback: We noticed through the research that many teenagers did not provide any comments to open-ended questions. This suggests that teenagers may need support to be encouraged to give feedback about services that are specifically for them, and to understand that their feedback is a vital part of the relationship between themselves as service users, and services.



5. AREAS FOR CONSIDERATION



Healthwatch Croydon propose a number of areas for consideration for commissioners of services based on our engagement with service users. They address key areas where there is potential for improvements and which we hope will contribute to further discussion and progress.

5.1 Accessibility

Faster access and a one stop shop: Service should provide teenagers with prompt, faster access sexual health services in traditional health care settings. Offer as many services as possible where contraception and infections are dealt with in one place and in easily accessible settings where teenagers want to use services.

Flexibility: Make existing services more flexible for teenagers with longer opening times that are more convenient for them and reflect when they are more likely to visit services. This includes: more appointment spaces reserved for them in the evenings and on weekends to reduce waiting times; and better accommodation for walk-in patients without an appointment.

Targeted provision: Introduce more sexual health clinics for young people in local areas in the borough where there are higher rates of teenage pregnancies, abortions and repeat abortions, and that have the full range of contraception methods available to teenagers at convenient times.

5.2 Advertising and awareness

Ask for views: Include teenagers' views about local sexual health services when advertising and publicising material as this could be a powerful tool in raising awareness and getting messages across, as well as understanding and meeting their specific needs.

More targeted advertising: Ensure effective advertising, publicising and signposting of all types of services in the borough, targeted at young people. All advertising and material should be made available in places where teenagers gather socially such as schools, colleges and youth clubs; in discreet locations such as toilets; at freshers' fairs; on youth-friendly websites (designed by young people), and in health care settings where teenagers go for sexual health care such as family planning clinics, GPs and pharmacies. Targeted services involving teenagers such as Child and Adolescent Mental Health Services (CAMHS) could also be considered.

Range of materials: Communicate messages effectively via a variety of methods including posters, leaflets, flyers, credit-card information, and 'what to do in a sexual health emergency' guidelines, checklist or booklet to reach out to young people from all backgrounds and distribute widely.

Reassurance messaging: Ensure that all services are promoted as free and open to everyone regardless of background. Regardless of the material used, all advertising and publicity material needs to communicate a clear message of welcome and reassurance with regards to confidentiality.

Focus messaging and materials on marginalised: Make a special effort to use communication that reaches out to even more marginalised, vulnerable teenagers who are under-represented in using traditional community-based services such as teenage boys, teenagers from black and minority ethnic groups, and teenagers who are not heterosexual.

Activities-led: Schools, further education providers and health professionals should reach out to teenagers with a variety of activities that make them aware of the importance of sexual health care, informing them about available services particularly targeted at their age group; and assure them of confidentiality.

Better partnership working: Croydon Council should improve its partnerships between health, education and other young people's services as this can support young people friendly health services and good quality sex and relationship education (SRE).

5.3 Relevant help and support

Listen: Determine what teenagers want and need to know, to enable the delivery of better health promotion and sexual health education. To improve the relationship between services and teenage service users, it is important that services invite and support continuous service user involvement and feedback from teenagers, at every point of contact with services, via comment cards, verbally and online. This should be part of Patient and Public Involvement (PPI) strategies for all service providers.

Informed choices: Sexual health service providers should help teenagers to make informed choices that are right for them. They should involve them in the decision-making process about the availability and provision of contraception, screening and testing for STIs, unplanned pregnancies, referrals for abortion and other services so that they get the best out of their visit and leave feeling that their sexual health needs have been met.

Enhanced help and support: This should be given particularly to teenagers with high risk factors such as those who are not heterosexual; some black and minority ethnic groups; those looked after by the authority or leaving care; those not in education, employment or training; those who have disabilities; and sex workers. Young men are also less likely to use services so may need care more appropriate to their needs.

Confidential service is essential: To encourage uptake of services, sexual health service providers should ensure that all teenagers can access confidential sexual health services during the day, at lunch-

time or during free periods to make it easy for them to use services discreetly. Providers of services should also ensure that they always inform them of their right to confidentiality, in accordance with the latest guidelines on confidentiality, especially for those under the age of 16.

Appropriate approach: Teenagers say that personal feelings about accessing services can have a very real impact on the young person because they can affect quality of life and mental health, can deter them from getting testing and treatment for STIs for example, and significantly increase the risk of unintended outcomes such as unplanned pregnancy. It is clear that services need to recognise the feelings most associated with seeking advice, information and treatment among teenagers and reflect it in the design of services.

Increase confidence in schools, colleges and the workplace: Introduce discussions on increasing confidence to talk about sexual health and to use services and other sexual health themes into the school curriculum. This could be included in subjects such as health and social care, media studies and drama. This would encourage a natural way for teenagers to research about various issues surrounding sexual health and services, know how to express themselves when accessing services, build their knowledge base, and encourage a relaxed environment for learning and discussion.

Further education and work-based learning providers can also influence teenagers by developing interventions to build personal resilience and self-esteem as well as build teenagers' confidence in accessing sexual health services in all settings, and help them to overcome barriers such as the fear, stigma and embarrassment that is associated with their experiences of using sexual health services.

5.4 Service delivery

Service design: Involve teenagers in the designing and running of services as they may be more able than adults to accurately identify the needs of their peers, and propose appropriate ways to meet those needs. Consider involving young people as peer educators.

Joined-up services: Ensure smooth patient care pathways are created in primary, secondary and community settings, fully-funded and well-staffed with all the necessary resources, and meet the needs and preferences of all young people, especially those most vulnerable to teenage pregnancy and poor sexual health.

Welcoming environment: Sexual health services should put a lot more effort into providing a comfortable and open environment for teenagers. It should welcome them as individuals, encourage them to discuss sensitive issues, and give them the confidence to ask questions. It also enables them to feedback on the information that they are offered rather than accept their personal feelings as part of the process of accessing services.

Appropriate staffing: Recruit and train more staff, and especially male staff to meet the sexual health needs of young men and improve uptake of services among this group. It is very important that the differing needs of males and females are considered when planning services and interventions. All staff involved in delivering sexual health services to teenagers should be friendly, provided with ongoing training and education in adolescent development, and must be trained in the skills, values and attitudes appropriate for teenagers.

PART B

SURVEY DATA



6. METHODOLOGY

6.1 Service users

Healthwatch Croydon wanted to get a representative sample of teenagers to participate in the project. Therefore, to guide our recruitment of service users, we identified various services and venues in the borough where teenagers go to or gather socially.

These include:

- Sexual health services, particularly those for young people;
- Croydon Colleges in the borough;
- Borough-wide youth projects;
- Youth clubs for young people with learning difficulties, and disability projects;
- the Turnaround Centre (drop-in service to a wide range of services);
- Other activities for young people such as church activities and the TALKBUS (mobile unit);
- Voluntary and community sector organisations such as the Croydon Youth Development Trust (in New Addington) and the Croydon Drop-In (a Youth, Information and Counselling Service for young people).

We paid particular attention to identifying venues in the east and north of the borough where poor sexual health is greatest, with the

aim of engaging with teenagers in those areas. Section 6.3 shows the venues we visited for the survey.

We included in our sample of potential participants, all teenagers aged between 13 and 19 years, both males and females, of any sexuality, faith and ethnicity. Also, we included teenagers who live in all parts of the borough, and those who live outside of the borough but have accessed services in Croydon. We also included teenagers with disabilities that did not affect their ability to complete the survey, and those without a disability.

6.2 Survey

Healthwatch Croydon designed a survey with 10 questions to gather responses and comments from service users.

The questions covered areas such as where sexual health services have been accessed; sources of knowledge about services; and whether teenagers know where to go for different sexual health needs. The survey also included questions about advertising and awareness of services; alternative ways to access services; what teenagers think is important when accessing services; what prevents them from accessing services; the positive and negative aspects of their experiences and what could be improved.

Before Healthwatch Croydon began their outreach, the survey was pilot tested with 13 teenagers at different venues in Croydon including the Carers Support Centre, Centrale Shopping Centre and surrounding areas, Croydon Central Library, outside 31 High Street, the Whitgift Shopping Centre and Thornton Heath Recreation Ground. This was so that our target group could give us feedback about our method of collecting responses, the time taken to

complete, the design and layout, and the questions we asked them. We also invited Healthwatch Croydon volunteers (some who are teenagers and BA Public Health and Social Care students from University College Croydon) to contribute to the final survey by giving staff feedback.

The final version of the survey was promoted on the Healthwatch Croydon website using a link to Survey Monkey. Additionally, the project and the survey was advertised in all libraries in the borough, and the survey was promoted using social media.

6.3 Outreach

During a programme of outreach, Healthwatch Croydon travelled to different venues across the borough to engage with teenagers who have accessed sexual health services in the borough, and get feedback from them about their views and experiences of using services. We engaged teenagers who live in the borough and those who came from other boroughs to access services in Croydon. From the list of sources shown in 6.1 we visited the following venues: CASH, CSHS, Croydon Pride Festival, Turnaround Centre, Croydon High Street and the New Addington Shopping Parade.

To maximise our response rate, we made contacts with representatives from other organisations who work with young people during events not related to the project such as the Croydon Health and Employment Partnership Launch Event at the Volunteer Centre, Centrale Shopping Centre. We attempted to engage with all colleges including contact with a representative at the Cotelands Referral Unit attached to John Ruskin College, and youth clubs in the area. We made contact with the Boomerang Youth Club and Special Blend Youth Club via email and telephone. We also emailed

The Bridge Youth Group 16-21, JAGS Foundation, Young Carers Support Project, and Turning Point), sending them either a copy of the survey, or the link to circulate the survey via Survey Monkey.

We contacted seven other Croydon based young people's services and left messages. We asked that if the survey was deemed to be suitable for their service, we would come and deliver it to their group. We spoke to a representative from five youth groups who said that the survey would not be suitable for them.

6.4 Data collection and limits of the research

All survey and outreach data took place between 1 August and 17 October 2016 and the report was compiled between October 2016 and January 2017. It is therefore reflective of the services and information available both online and in print at that time.

7. FINDINGS

It is important to note that the findings presented in this section are not a representative portrayal of the views and experiences of all the teenagers who have accessed sexual health services in the borough. It provides only a snapshot of what we were told by service users on the days that Healthwatch Croydon engaged with them during outreach.

7.1 About our service users

Sixty-five teenage service users took the time to complete our survey and tell us what their views and experiences are using services.

The modal age of service users was 17 (17 out of 65) and the majority were female (45 out of 65 or 69%) compared to 13 out of 65 (20%) males. Sixty teenagers (92%) reported not having a disability and 2 out of 16 (3%) did. The ethnicity of the teenagers who we surveyed were mostly White British (20 out of 65 or 31%), followed by Black or Black British-Caribbean (10 out of 65 or 15%) Christianity was the most commonly reported faith (26 out of 65 or 40%) followed by 20% who reported no religion (16 out of 65). The majority of service users reported being heterosexual (44 out of 65 or 68%), followed by 14% service users who are bisexual (9 out of 65).

Within the borough, 12 (18%) survey users live in south of the borough, followed by 11 (17%) living in central Croydon and 8 (12%)

in north Croydon. An interesting finding was that 8 (12%) of the teenagers who we spoke to had come from outside of the borough to access sexual health services in Croydon. Figures 1, 2, 3, 4, 5, 6 and 7 below summarise the information about the service users.

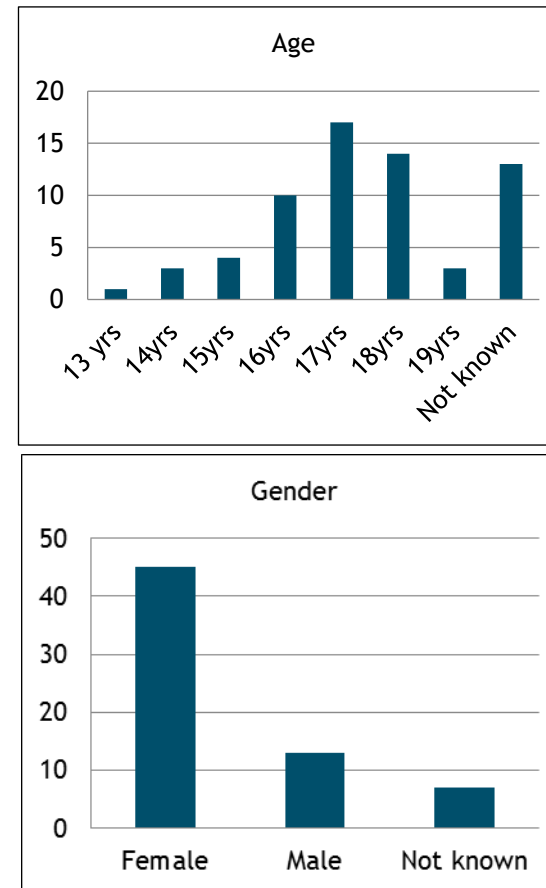


Figure 1: Graph to show the age of teenager service users

Figure 2: Graph to show the gender of teenage service users

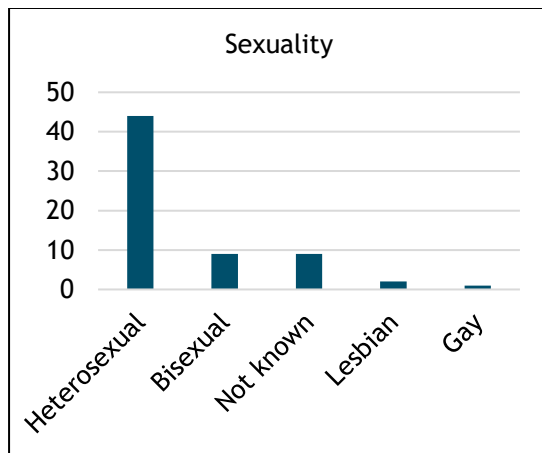
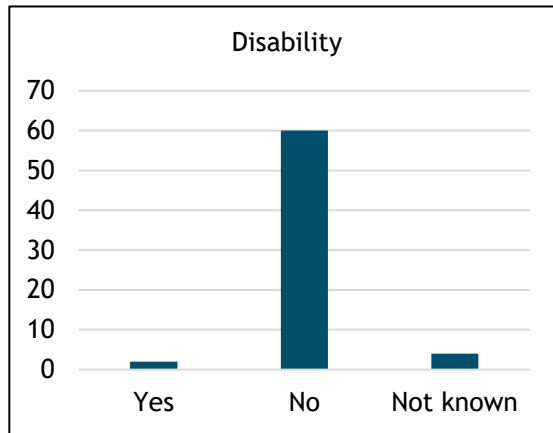


Figure 3 (right): Graph to show the number of teenage service users who do/don't have a disability

Figure 4 (right): Graph to show the sexuality of teenage service users

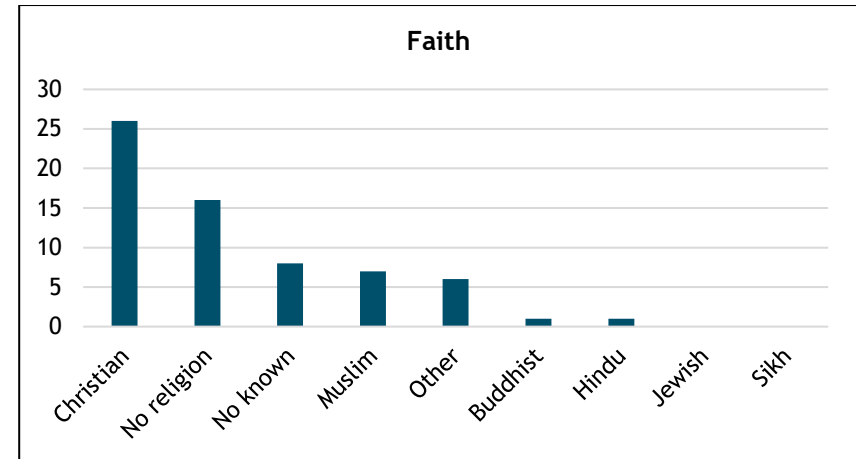


Figure 5: Graph to show which faith our teenage service users have

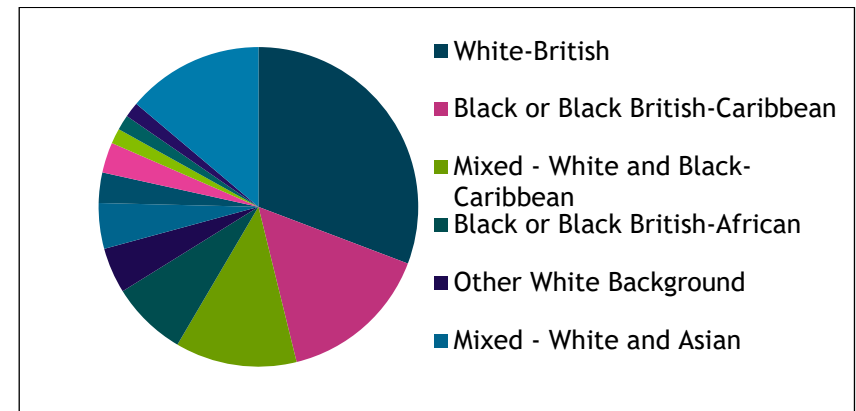


Figure 6: Pie chart to show the ethnicity of teenage service users

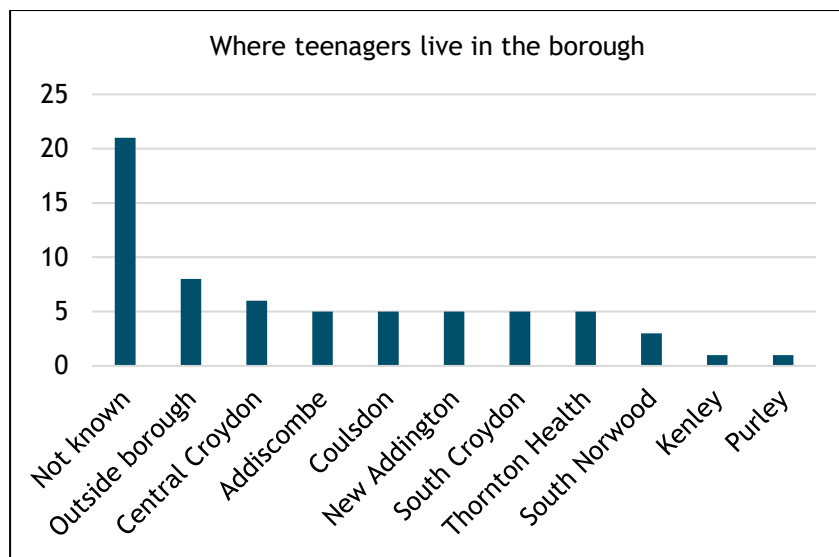


Figure 7: Graph to show where teenage service users live in the borough of Croydon

7.2 Where have teenagers accessed services?

As part of our outreach, Healthwatch Croydon wanted to know where teenage service users have accessed sexual health services. The first question that we asked them is: ‘Where have you accessed sexual health services in the borough of Croydon?’ (Question 1).

The results show that 29 (45%) of the service users said that they have accessed services at traditional healthcare settings including CASH followed by 20 (31%) at The Point at Croydon University Hospital, 13 (20%) at a GP surgery, and 11 (17%) at a pharmacy.

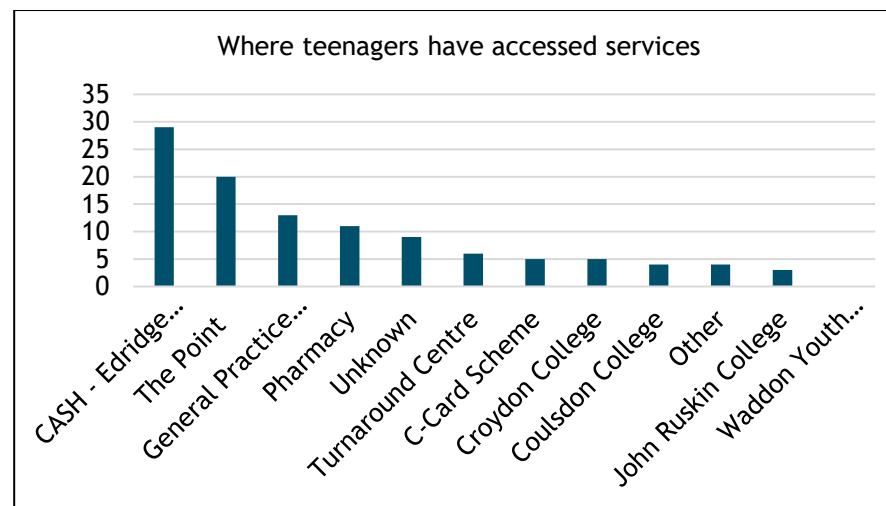


Figure 8: Graph to show where teenagers have accessed sexual health services

Sexual health service	Number and % of responses		Sexual health service	Number and % of responses	
CASH - Edridge Road	29	45%	C-Card Scheme	5	8%
The Point - Croydon University Hospital	20	31%	Croydon College	5	8%
General Practice (GP)	13	20%	Coulsdon College	4	6%
Pharmacy	11	17%	Other	4	6%
Unknown	9	14%	John Ruskin College	3	5%
Turnaround Centre	6	9%	Waddon Youth Centre	0	0%

Table 1: Where teenagers have accessed sexual health services

Please note that figure in the tables may not always add up to 100% since respondents may have made multiple choices in answers.

Comments from service users
<p>What is important to teenagers? <i>'open more often'</i> (female, aged 17); <i>'longer opening times'</i> (female, aged 18, female, aged 17, male, aged 17); <i>'less waiting time'</i>; <i>'extending their service times'</i> (female, aged 18); <i>'opening earlier'</i> (female, aged 17); <i>'flexible times'</i> (female, aged 19); <i>'ques not to be so long'</i> (female, aged 18); <i>'24 hours clinic centre'</i> (female, aged 18); <i>'the opening times need to be longer'</i> (female, aged 18); <i>'open later, as people who work during the day will not be able to go'</i> (female, aged 18)); <i>'Because many young people could have infections, STI's need emergency contraception and it is important that these young people can access these services'</i> (Female, aged 17)</p> <p>What prevents teenagers accessing services? <i>'clinic being closed, clinics being too busy, clinics being too far'</i> (female, aged 17); <i>'short time of opening, and ridiculous waiting time'</i> (male, aged 18); <i>'if it was access or if close by locations closed down'</i> (female, aged 18); <i>'busy'</i> (male, aged 16); <i>'too many people'</i> (female, aged 18); <i>'travel e.g. oyster'</i> (female, aged 18); <i>'close early'</i> (male, aged 17)</p> <p>Positive experiences of services <i>'they have short slot times and they can be accessed'</i> (female, 18); <i>'quick with seeing patients'</i> female, aged 17); <i>'it was quick'</i> (female, 16); <i>'seen quickly'</i> (female, aged 19); <i>the actual appointment wasn't too long'</i> (female, aged 17); <i>'I was seen immediately'</i> (female), <i>'local'</i> (female, aged 18)</p> <p>Negative experiences of services <i>'Had to wait forever'</i> (male); <i>'always full'</i>; <i>'the Edridge Road clinic - they tell me they are fully booked and to come back another day'</i> (female, aged 17); <i>'normally very busy'</i> (female, aged 17); <i>'usually waiting times'</i> (female, aged 19); <i>'wait was long'</i> (female, aged 17); <i>'very long wait times and not reliable to be open and available'</i> (female, aged 18); <i>'waiting time and</i></p>

<p><i>consideration'</i> (female, aged 17); <i>'very long wait times'</i> (female, aged 18); <i>'always fully booked'</i> (female, aged 17); <i>'the wait time is quite long'</i> (female, aged 16); <i>'the closing time and waiting time were silly'</i> (female, aged 16); <i>'took long to be seen'</i> (female, aged 18); <i>'they are very time consuming'</i> (female, aged 17); <i>'too packed'</i>; <i>'but the opening times are a problem'</i> (female, aged 18)</p> <p>What could be improved? <i>'easy to access'</i> (male, aged 15); <i>'should be able to access it at all times of the day'</i></p>
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Box 1: Access to services

7.3 Knowledge of sexual health services

Where teenagers get their knowledge about sexual health services can affect their uptake of them. Also, some sources of knowledge such as health professionals are more reliable and be expected to be main sources of knowledge compared to others such as friends. The second question that Healthwatch Croydon asked teenagers service users is: **'Where did you get your knowledge about sexual health services from?'** (Question 2)

They said that they received their knowledge mostly from school/college (33 out of 65 or 51%), followed by friends (31 out of 65 or 48%), parent (19 out of 65 or 29%), internet search engine/website (16 out of 65 or 25%) and 22% (14 out of 65) for both Leaflet/booklet and health professional. An interesting finding is that friend(s) is a more common source of knowledge than health professionals which suggests that health professionals may need to have a greater role in educating young people about services in the borough as they are best placed to provide teenagers with comprehensive, knowledge, information and advice about services, and are likely to be a more reliable source of knowledge than

friends. Table 2 and figure 9 below summarises the findings to question 2.

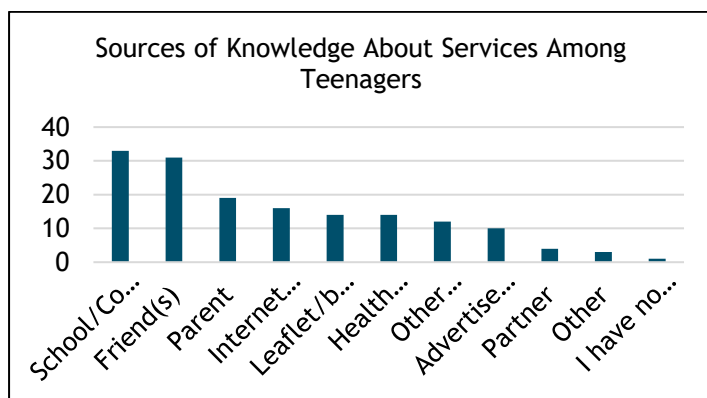


Figure 9: Graph to show where teenagers have received their knowledge about services

Source of knowledge	Number and % of responses		Source of knowledge	Number and % of responses	
School/College	33	51%	Other family member	12	18%
Friend(s)	31	48%	Advertisement/media	10	15%
Parent	19	29%	Partner	4	6%
Internet search engine/website	16	25%	Other	3	5%
Leaflet/booklet	14	22%	I have no knowledge	1	2%
Health professional	14	22%			

Table 2: Where teenagers have received knowledge about sexual health services

Comments from service users
What is important to teenagers? <i>'Advertisement'</i> (aged 16); <i>'Awareness'</i> (male, aged 18); <i>'more advertising about the places offering these services'</i> (female, 16); <i>'make it commonly known as more of the norm because it awkward'</i> (female, aged 17); <i>'showing in colleges where we can access it'</i> (female, aged 17); <i>'advertisement, classroom talking'</i> (female, aged 18); <i>'places to read up about it'</i> (female); <i>'better awareness about confidentiality'</i> (female, aged 17)
What prevents teenagers accessing services? No comments
Positive experiences of services. No comments
Negative experiences of services No comments
What could be improved? <i>'more awareness'</i> (male, aged 18)

Box 2: Advertising and awareness

7.4 Different sexual health needs

Teenagers' knowledge about where to go for different sexual health needs is an important part of accessing the right service and getting the right help. Teenagers should know where to go for a broad range sexual health needs. An additional question that Healthwatch Croydon asked service users is: **'Would you know where to go in the borough of Croydon if you needed help for any of the following sexual health needs?'** (Question 3)

The findings are summarised in table 3 and figure 10. It shows that a high number (55 out of 65 or 85%) know where to go for contraception and contraceptive advice but the number was far lower for 60% (39 out of 65) for emergency contraception. These figures compare to just 40% for a smear test. During outreach, we were asked to clarify, for some teenagers, what a smear test is. The low number for smear test is a concern for sexually active females as they are likely to require this service in the near future. We found that not enough teenagers know where to go for emergency contraception; advice testing or treatment for STIs; HIV testing and/or treatment and advice about pregnancy. Also, more than a quarter did not give us a response to almost all of the sexual health needs apart from contraception and contraceptive advice.

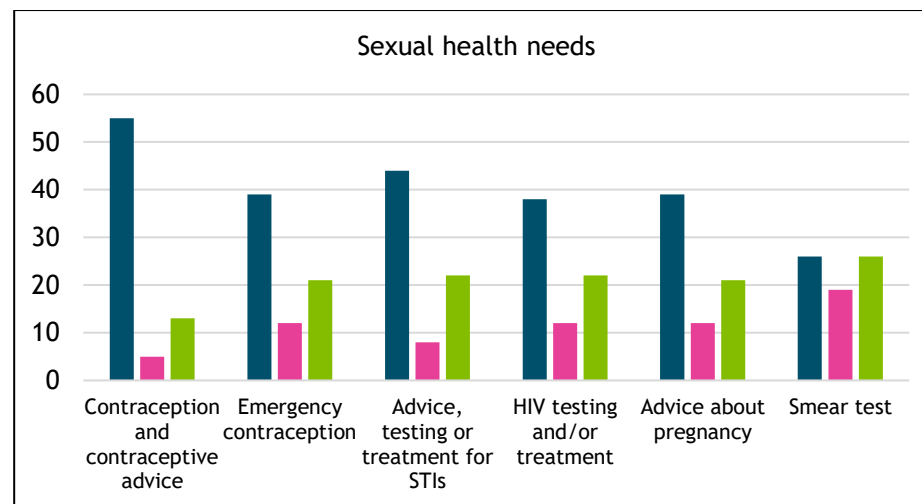


Figure 10 (right): Graph to show if teenagers know where to go for different sexual health needs

Table 3 (right) Do teenagers know where to go for different sexual health needs?

Sexual health needs	Number and % of responses					
	Yes		No		No response	
Contraception and Contraceptive Advice	55	85%	5	8%	13	20%
Emergency Contraception	39	60%	12	18%	21	32%
Advice, testing or treatment for STIs	44	66%	8	12%	22	34%
HIV testing and/or treatment	38	58%	12	18%	22	34%
Advice about pregnancy	39	60%	12	18%	21	32%
Smear test	26	40%	19	29%	26	40%

7.5 Advertising and awareness

Effective advertising and promoting awareness of sexual health services widely across the borough is necessary, especially in places where young people gather. Also, it can reach out to young people of all backgrounds and greatly influence the uptake of services when they need them. Healthwatch Croydon asked teenagers the following question: ‘Do you think that there is enough advertising and awareness about sexual health services in the borough?’ (Question 4).

The findings in table 4 and figure 11 show the responses to question 4. The majority of teenagers (29 out of 65 or 45%) said that there is only ‘a little’ advertising and awareness about sexual health services for teenagers in the borough, while 20 (31%) of them said that there is ‘some’ advertising and awareness about services. Just 2% of teenagers said that they think that there is ‘a lot’ of advertising and awareness. These results suggest that there is a need to improve current advertising and publicity about sexual health services, particularly about targeted services for young people. It should be more widely known to teenagers that services are a good source of information and not only there for when they have a sexual health need.

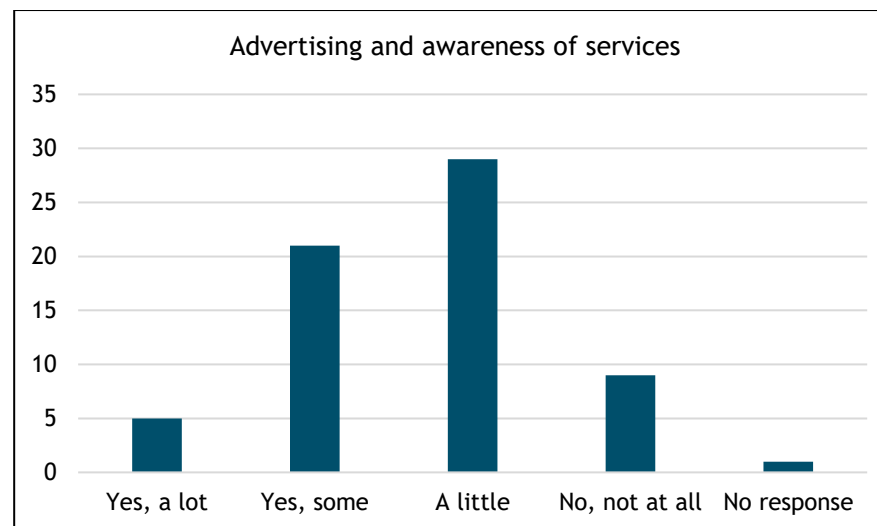


Figure 11: Graph to show what teenagers think about advertising and awareness of services

Advertising and awareness	Number and % of responses	
Yes, a lot	5	2%
Yes, some	20	31%
A little	29	45%
No, not at all	9	14%

Table 4: What teenagers think about advertising and awareness of services

7.6 Alternative sexual healthcare services

In order for teenagers to make full use of sexual health services, they need to know about all the available options to them and how to go about accessing them. Therefore we asked service users the following question: ‘If you needed to access sexual health services for help about an issue when they were closed, what would you do?’ (Question 5).

Healthwatch Croydon were surprised to identify that the majority of teenagers (22 out of 65 or 34%) said that they would wait rather than try to access another service where only 26% (17 out of 65) said they would. Only 6 out of 65 (or 9%) would try to access a pharmacy. It is not only a surprise but also a concern because delaying care for sexual health could lead to problems escalating to more serious ones. It is also a particular problem for those teenagers who would have the greatest difficulties accessing services such as those who would not attend for reasons of ignorance, fear, or a perception that they do not need services. The findings suggest that many teenagers may not know much about the full range of options available to get access to services, instead opting to wait when they may not have to do so. Therefore, they may require more comprehensive education about all the possible options to get access to services when needed. Table 5 and figure 12 below summarises the findings to question 5. The comments that teenagers made in response to question 5 are show in box 1 below.

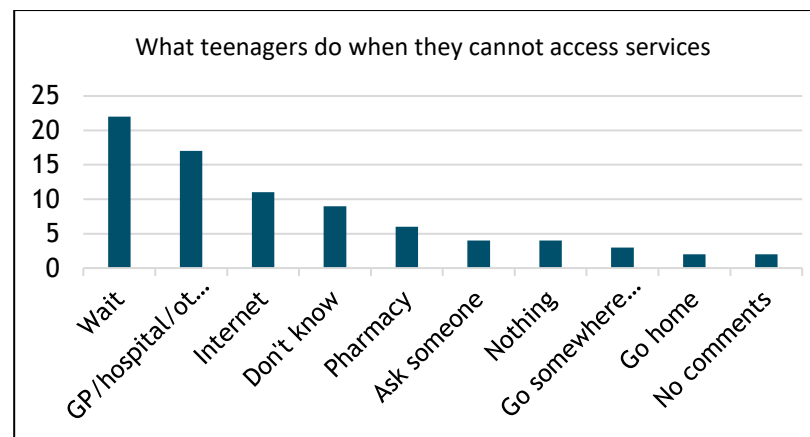


Figure 12: Graph to show what teenagers said they would do if they could not access sexual health services when they needed to.

Alternative services	Number and % of responses		Alternative services	Number and % of responses	
Wait	22	34%	Ask someone	4	6%
GP/hospital/other health service	17	26%	Nothing	4	6%
Internet	11	17%	Go somewhere else	3	5%
Don't know	9	14%	Go home	2	3%
Pharmacy	6	9%	No comment	2	3%

Table 5: What teenagers would do if they cannot access services?

Comments from service users

Wait

'Wait until they are open' (female, aged 14); 'Wait until they're available' (female, aged 16); 'wait and go when its open' (female, aged 17); 'wait til the clinic was open' (female, aged 18); 'wait til the next day'; 'Next day - wait til they open' (female, aged 16); 'Go the next day (female, aged 18); 'Wait til their open' (male); 'Wait the next day' (female, aged 17); 'Go tomorrow' (female, aged 16); 'wait till the next day'; 'come back the next day seeing as most of these places close and open at very similar times' (female, aged 18); 'call back another time unless emergency' (female, aged 17); 'wait nervously' (female, aged 18); 'wait until the morning. Go then' (female, aged 17); 'Wait for the upcoming day' (female); 'wait until they are open' (female, aged 17); 'wait until another day if it's not too important' (female, aged 18)

GP/hospital/other health service

'Call 111' (female, aged 17); 'Go to my doctor' (female, aged 16); 'Go to my GP' (male, aged 18); 'Helpline?' (female, aged 16); 'Hospital' (female, aged 17); 'Go to a close hospital' (male, aged 15); 'Go to a clinic' (female, aged 15); 'Call Marie Stopes Helpline 24 hrs' (female, aged 17); 'GP or call the emergency contact number' (female, aged 18); 'Go to the doctors'(female, aged 17); 'hospital if emergency' (female, aged 19); 'If emergency go to A&E' (female); 'make a doctor appointment '(male, aged 17); 'try to find another service' (female, aged 17); 'I would go to hospital' (female, aged 18)

Internet

'Internet' (male, aged 18, male, aged 15, female, aged 19, female, aged 16); 'go online' (female, aged 17); 'Google it' (female, aged 17); 'Go on the internet' (female)

Don't Know

'I wouldn't know what to do' (female, aged 14); 'I'm not sure' (male); 'I don't know nothing' (male, 18); 'Dunno' (female, aged 17); 'I don't know, they don't answer the phone' (female); 'not too sure' (female, 16)

Pharmacy

'Go to pharmacy'; 'Farmacy' (female, aged 19); 'Try a pharmacy otherwise I don't know' (female, aged 18); 'If emergency go to chemist'(female); 'Buy over the counter' (female, aged 17)

Ask Someone

'Talk to parents' (female, aged 16); 'Ask for some help' (female, aged 13); 'Ask my mum' (female, aged 19); 'Ask parents' (female)

Nothing

'Do nothing'(male, aged 14); 'No'(female, aged 17); 'Nothing' (female, aged 18)

Go Somewhere Else

'Go to another place' (female, aged 17); 'I would find another clinic' (female, aged 17); 'Try to find a place that is open' (female, aged 18)

Go Home

'Stay home and panic' (female, aged 16); 'Home' (male, aged 16)

Box 3: Comments from service users in response to question 5

7.7 What is important to teenagers when accessing services?

A very important question for Healthwatch Croydon was finding out from teenagers what is important to them when they access sexual health services. This was necessary to give us ideas about what a typical sexual health service targeted for young people may look like, to be suitable for them. It is also an important factor in attempting to improve the uptake of services among this age group, and tackle the problem of unintended sexual health outcomes. We asked service users to tell us: **‘What is important to make it easier for you to access sexual health services?’** (Question 6).

The results are shown in table 6 and figure 13. Not surprisingly, service users said that the most important factor is to do with accessibility (18 out of 65 or 28%). Out of the 18 responses for accessibility, opening times was mentioned by 12 teenagers and 2 said waiting times. The next most important factors are information and awareness (12 out of 65 or 18%), advertising (8 out of 65 or 11%) and staff attitude (7 out of 65 or 11%). Also, aspects about how services are delivered and provided was also important to service users (10 out of 65 or 15%). They cover areas including how services are delivered, the quality of services, facilities and staffing. Three teenagers mentioned family members e.g. ‘Family’, ‘my parents’, ‘Parent contact’. No response was one of the top responses which suggests that teenagers need to be advised on what they can and should expect from services so that they are better placed to feedback and comment.

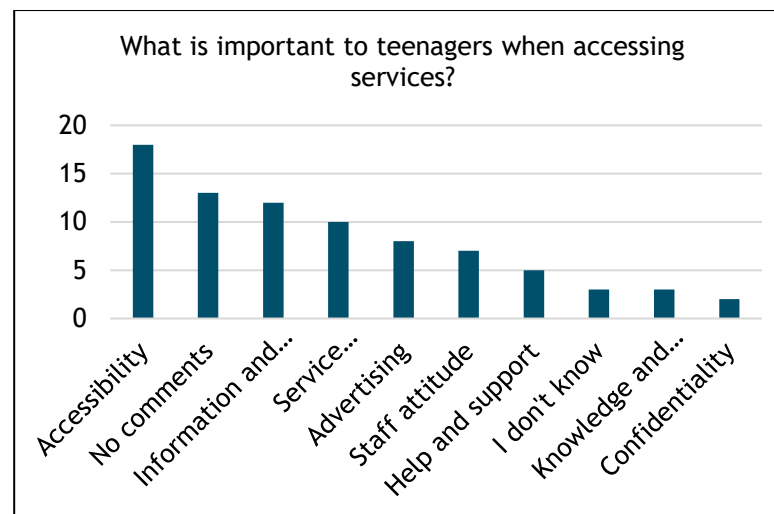


Figure 13: Graph to show what is important to teenagers when they access services

What is important to teenagers?	Number and % of responses	
Accessibility	18	28%
No comments	13	20%
Information and awareness	12	18%
Provision/delivery of services	10	15%
Advertising	8	11%
Staff attitude	7	11%
Help and support	5	8%
I don't know	3	5%
Knowledge and understanding	3	5%
Confidentiality	3	5%

Table 6: What teenagers think is important when accessing services

Comments from service users
<p>What is important to teenagers? <i>'no access for parents'</i> (male, aged 17); <i>'confidential'</i> (female, aged 17)</p> <p>What prevents teenagers accessing services? <i>'people I know being present'</i> (male, aged 18); <i>'them sharing personal info'</i> (female, aged 16), <i>'open area'</i> (female, aged 18); <i>'if they contacted parents or GP'</i> (female, aged 17)</p> <p>Positive experiences of using services <i>'confidential'</i> (female, aged 17); <i>'discreet'</i>, <i>'confidential at Edridge Road'</i> (female, aged 18); <i>'everything is confidential'</i> (female, aged 18); <i>'was private and confidential (at my GP)'</i> (female, aged 18)</p> <p>Negative experiences of using services <i>'no confidentiality'</i> (female, aged 18)</p> <p>What could be improved? No comments</p>

Box 4: Confidentiality

Comments from service users
<p>What is important to teenagers? <i>'Someone who can help me say'</i> (female); <i>'persuasion'</i> (female, 14); <i>'support'</i> (female, 16); <i>'guidance from professionals'</i> (male, aged 18)</p> <p>What prevents teenagers accessing services? No comments</p> <p>Positive experiences of using services <i>'supportive'</i> (female, aged 14); <i>'eventually help you'</i> (female, aged 17); <i>'I was able to get the help that I needed'</i> (female, aged 18); <i>'you receive help and assistance with things'</i> (female, 19); <i>'helpful staff'</i> (female, 18); <i>'I got the help I needed'</i> (female, 17); <i>'helpful'</i> (male, aged 16); <i>'I was given the help I needed'</i> (female, aged 17); <i>'more confidence for teens to express themselves'</i> (female, aged 17); <i>'more personal'</i> (female, aged 17)</p> <p>Negative experiences of using services <i>'don't help none of them help just send you numbers'</i> (female, aged 17); <i>'the Edridge road, clinic is very useless at helping me with most of my sexual problems I have had - they either tell me they cannot help me and send me somewhere else'</i> (female, aged 17)</p> <p>What could be improved? <i>'more confidence for the teens to express themselves'</i> (female, aged 17); <i>'more personal'</i> (female, aged 17)</p>

Box 5: Help and support

Comments from service users
<p>What is important to teenagers? <i>'phone numbers and websites'</i> (female, aged 16); <i>'more information at school'</i> (female, aged 16); <i>'more information'</i> (male); <i>'more information about where to go, including at places where it is provided, possibly something closer to where you live which you might not know about'</i> (female, aged 18); <i>'showing in colleges where we can access it'</i> (female, aged 17); <i>'more information'</i> (female); <i>'places to read up about it'</i> (female); <i>'Advice from professionals'</i> (male, aged 18)</p> <p>What prevents teenagers accessing services? No comments</p> <p>Positive experiences of using services <i>'advice'</i> (female, aged 16); <i>'They give good advice'</i>; <i>'Enough information is always given. Advice'</i> (female)</p> <p>Negative experiences of using services <i>'No advice was given'</i> (female)</p> <p>What could be improved? <i>'more information'</i> (females, aged 17); <i>'simple words/information'</i> (female)</p>

Box 6: Information and advice

Comments from service users
<p>What is important to teenagers? <i>'more knowledge about them'</i> (female, aged 14); <i>'for everyone to understand the severity of STIs'</i> (male, aged 18); <i>'to make it easier to understand'</i> (male, aged 15)</p> <p>What prevents teenagers accessing services? <i>'lack of knowledge'</i> (female, aged 16); <i>'Not know where to go'</i> (male, aged 15); <i>'Effective contraceptive measures'</i> (female, aged 18); <i>'Use condoms, other contraception'</i> (female, aged 17); <i>'Waiting on a natural way to find out about myself'</i> (female, aged 17)</p> <p>Positive experiences of using services No comments</p> <p>Negative experiences of using services No comments</p> <p>What could be improved? No comments</p>

Box 7: Knowledge and understanding

7.8 What prevents teenagers from accessing services?

We know that young people often do not use sexual health services when they need to and face many barriers to access support for sexual health care. There are many reasons for this. Healthwatch Croydon asked teenage service users a question to explore the reasons why they are prevented from using services. The following question was asked; **‘What would prevent you from accessing sexual health services?’** (Question 7).

Our engagement identified a number of key issues. They are summarised in table 7 and figure 14. Not surprisingly, the most commonly reported factor is to do with difficulties accessing services (21 or 32%) such as opening/closing times (7 or 11%). Personal feelings such as embarrassment, feeling nervous and awkward, and being judged was the next most reported factor. Also, (7 out of 65 or 10%) relates to aspects of services including the quality of service, service delivery and the facilities. The negative attitude of service providers was also a top response.

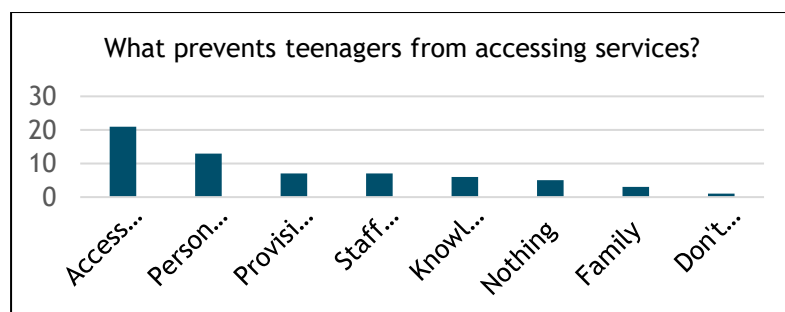


Figure 14: Graph: What prevents teenagers from accessing services

What prevents teenagers from accessing services?	Number and % of responses	
Accessibility	21	33%
Personal feelings	13	21%
Provision/delivery of services	7	11%
Staff attitude	7	11%
Knowledge and awareness	6	10%
Nothing	5	8%
Family	3	5%
Don't know	1	2%

Table 7: What prevents teenagers from accessing services?

Comments from service users
What is important to teenagers? No comments
What prevents teenagers accessing services? 'Myself, not caring enough' (male, aged 14); 'fear' (female, aged 14); 'Embarrassment' (female, aged 16); 'Personal reasons' (male, aged 15); 'Being nervous' (female, aged 17); 'Preconceived thoughts about how staff would act towards me' (female, aged 16); 'It's awkward' (female, aged 17); 'Confidence' (female, aged 17); 'Embarrassment' (female, aged 17); 'fear of judgement' (female, aged 17); 'Embarrassment' (female)
Positive experiences of using services No comments
Negative experiences of using services No comments
What could be improved? No comments

Box 8: Personal feelings

7.9 Where teenagers would prefer to access services

It has been thought that teenagers would prefer to access sexual health service in non-traditional settings that are perceived as user-friendly, convenient and culturally appropriate for them such as a youth club. Healthwatch Croydon wanted to find out whether this applies to teenagers in Croydon. We asked them: ‘Would you prefer to use sexual health services at any of the following places?’ (Shown in the table? below) (Question 8).

The findings in table 8 and figure 15 show that teenagers are more comfortable with healthcare settings to access sexual health care. By far the most popular is a sexual health clinic for 50 out of 65 service users (77%), followed by pharmacy for 48 out of 65 service users (74%) and GP or medical centre for 45 out of 65 service users (69%). Just under half of teenagers we surveyed prefer to access services at school or college. Accessing services at a youth club was also not that popular (12 out of 65 / 18%) and the supermarket and library were even more unpopular (14% and 9% respectively). Clearly, teenagers want to receive care, information and advice in places that they trust and are traditionally known for providing health care rather than those who are not.

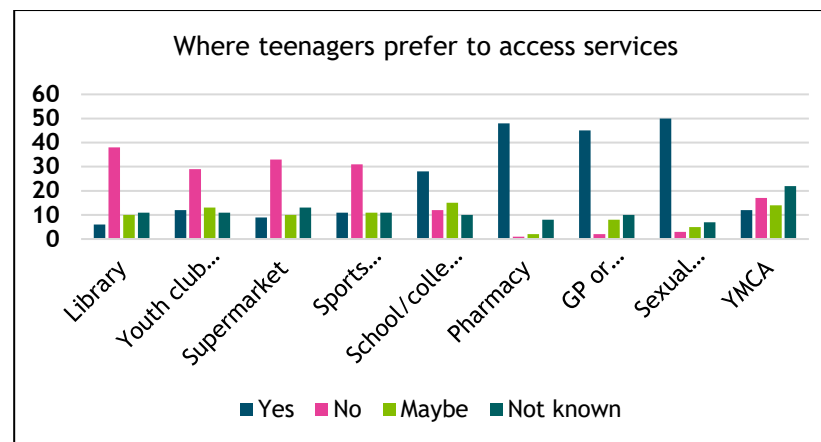


Table 8: Where do teenagers prefer to access services?

Preferences	Number and % of responses							
	Yes		No		Maybe		Not known	
Library	6	9%	38	58%	10	15%	11	17%
Youth club or centre	12	18%	29	45%	13	20%	11	17%
Supermarket	9	14%	33	51%	10	15%	13	20%
Sports club/leisure centre	11	17%	31	48%	11	17%	11	17%
School/college	28	43%	12	18%	15	23%	10	15%
Pharmacy	48	74%	1	2%	2	3%	8	12%
GP or medical centre	45	69%	2	3%	8	12%	10	15%
Sexual Health Clinic	50	77%	3	5%	5	8%	7	11%
YMCA	12	18%	17	26%	14	22%	22	34%
Other	0	0%	0	0%	0	0%	0	0%

Figure 15: Graph to show where teenagers prefer to access services

Comments from service users

What is important to teenagers?

'Make the process quicker' (female, aged 18); *'local but discreet places'*; *'making people feel comfortable to do so'* (female, aged 17); *'making sure they are hidden'* (female, aged 17)

What prevents teenagers accessing services?

'Services (sometimes)' (female, aged 17); *'the customer service'* (female); *'poor service'* (female, aged 18); *'less staff'* (male, aged 17)

Positive experiences of using services

'How easy it was' (female, aged 17); *'good positive vibes'* (female, aged 17); *'they provided it for me'* (male, aged 15); *'they did what I needed'* (female, aged 17); *'mainly good service'* (female, aged 18); *'all screening done in a day'* (female, aged 18); *'Always free and no discrimination'* (female, aged 18); *'You get seen'* (female, aged 16); *'free condoms'* (female, aged 18); *'Always get the help/result to what you came for'* (female, aged 17)

Negative experiences of using services

'You can't do every test on the same day' (female, aged 19); *'they sent me away'* (female); *'got kicked out from Mayday GUM clinic'* (female, aged 18); *'Very basic'*; *'Not that comfy'* (female, aged 17); *'You can only travel to Edridge road to get the contraceptive injection if you asked at Mayday GUM clinic'* (female, aged 18)

What could be improved?

'it's already very good' (female, aged 17); *'more available'* (female, aged 16); *'could give more places to go'* (male, 15); *'time could be given to teenager to keep them aware or help their personal situation'* (female); *'Cleanliness of the clinic'* (male, aged 18); *'availability'* (female, aged 18); *'have more staff'*; *'More workers for the process to work faster'* (female, aged 16); *'could give more places to go to'* (male, aged 15); *'More seats'* (female, aged 17); *'They need to make their service quicker and*

get more staff' (female, aged 18); *'More locations, so it could be something you do on the way to somewhere rather than having to put aside 2 hours and plan a whole journey'* (female, aged 18); *'more staff'* (female, aged 17); *'Precision with blood tests'* (female, aged 17); *'more staff'*; *'More nurses to limit time'* (female, aged 17); *'Bigger places for example more nurses so there will be less waiting time'* (female, aged 18); *'Patients to be called more rapidly'* (female); *'maybe more people to talk to so the waiting time isn't so long'* (female, aged 18)

Box 9: Provision/delivery of services

7.10 What is positive and negative about services?

Healthwatch Croydon wanted to find out from teenagers what they think is positive and negative about sexual health services that they have used to know what works well and what doesn't for them. We therefore asked them the following question: **'What do you think is positive and negative about the services that you have accessed?'** (Question 9).

A summary of the results for this question are shown in table 9 and figures 16-17. The findings show that what teenagers said was positive about the services include the way in which they are treated by staff (15 out of 65 or 23%). This was the top response among those who gave responses. Factors related to how services are provided and delivered was the next most commonly reported positive aspect of the services accessed (11 out of 65 or 17%). Among the total for services, 5 mentioned the delivery of services, 5 reported the quality of services and an additional comment was made about privacy. Help and support was the next most popular response for 10 out of the 65 teenagers surveyed (15%). Not far behind was the accessibility of services (9 out of 65 or 14%) and out of this total, 7 service users mentioned waiting times.

The most negative aspects of services for service users is the difficulties of accessing services where 19 out of 65 teenagers (29%) commented on this. Among this total, 12 mentioned waiting times and 3 mentioned opening and closing times. The remaining number relates to other individual issues to do with access. The next most negative factor after accessibility is issues to do with the services alone (7 out of 65 or 11%) including the delivery of services for 5 service users and the service facilities for 2 of them. This is followed by the attitude of staff where 8 out of 65 (12%) reported issues in this area.

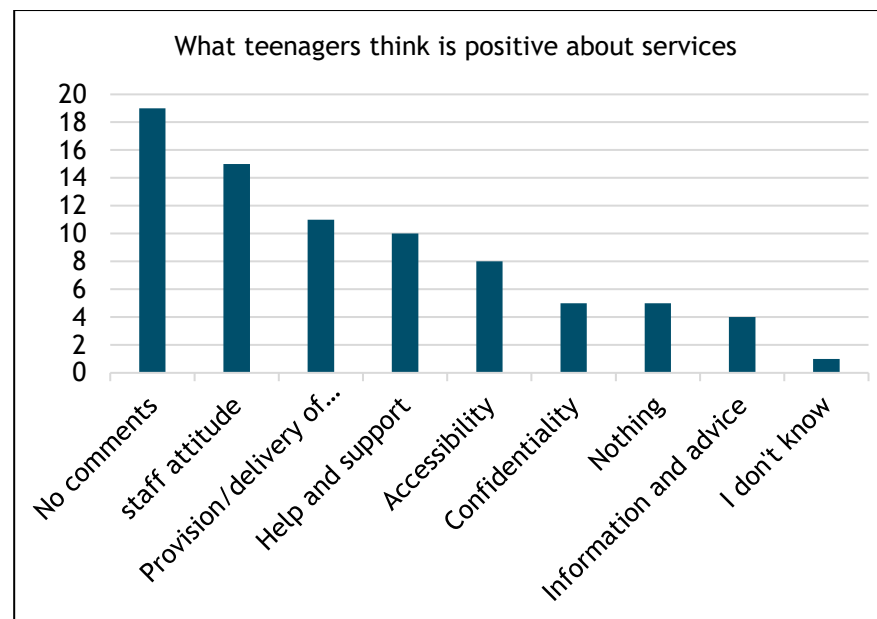


Figure 16: Graph to show what teenagers think is positive about services

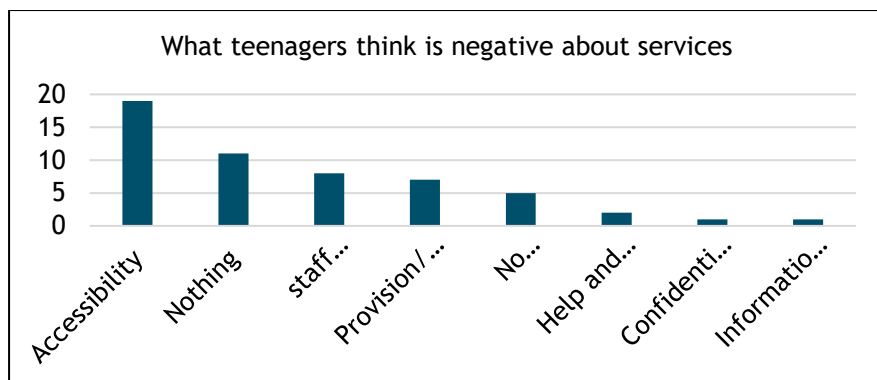


Figure 17: Graph to show what teenagers think is negative about services

What is positive?	Number and % of responses		What is negative?	Number and % of responses	
No response	19	29%	Accessibility	19	29%
Staff attitude	15	23%	Nothing	11	17%
Provision/delivery of services	11	17%	Staff attitude	8	12%
Help and support	10	15%	Provision/delivery of services	7	11%
Accessibility	8	12%	No response	5	8%
Confidentiality	5	8%	Help and support	2	3%
Nothing	5	8%	Confidentiality	1	2%
Information and advice	4	6%	Information and advice	1	2%
I don't know	1	2%			

Table 9: What teenagers think is positive and negative about services

Comments from service users
What is important? <i>'The way staff act' (female, aged 17); 'Making people feel comfortable to do so' (female, aged 17); 'Friendly and trustworthy, not to be judged or mistreated' (female)</i>
What prevents teenagers accessing services? <i>'Preconceived thoughts about how staff would act towards me (female, aged 16); 'Fear of judgement' (female, aged 17)</i>
Positive experiences of using services <i>'Was the staff making me feel comfortable' (female, aged 17); 'friendly staff/approachable' (female, aged 19) 'I didn't receive any 'looks' or comments and everyone was polite' (female, 16); 'Very comforting, not judging you on why you are there, helpful' (female, 17)</i>
Negative experiences of using services <i>'bad staff/don't help none of them help just send you numbers' (female, 17); 'rudeness from staff' (male, aged 18); 'no time spent knowing service users, they give you opinions about your lifestyle and choices' (female)</i>
What could be improved? <i>'They need to care more and be more helpful' (female, aged 17); 'attitude from staff' (male, aged 18); 'staff need to be polite and not judgemental, mocking' (female, aged 18); 'The communication, staff attitude towards teenagers/young adults' (female)</i>

Box 10: Staff attitude

7.11 Improvements to services

The final question that Healthwatch Croydon asked service users was about the improvements that they think could be made to sexual health services as they are best placed to tell us what they want to meet their sexual health needs rather than adults. Healthwatch Croydon asked teenage service users: ‘**What do you think could be improved about the services that you have accessed?**’ (Question 10).

In response to the above question, which is summarised in table 10 and figure 18 the majority of the teenagers we surveyed (30 out of 65 or 46%) said that access to sexual health services is what could be improved for them. This includes waiting times (11 out of 30) and opening times (7 out of 30). The next most reported area where service users think there could be improvements is aspects to do with the provision and delivery of services (22 out of 65, or 34%). This includes 10 out of 22 (45%) who reported improvements with staffing, 3 (14%) who commented about the availability of services, facilities, and quality of services respectively. Two service users reported service efficiency and 1 person mentioned clinical treatment/tests. The other improvements out of 65 responses include help and support (6%), staff attitude (6%), communication (3%), information (3%) and awareness (2%).

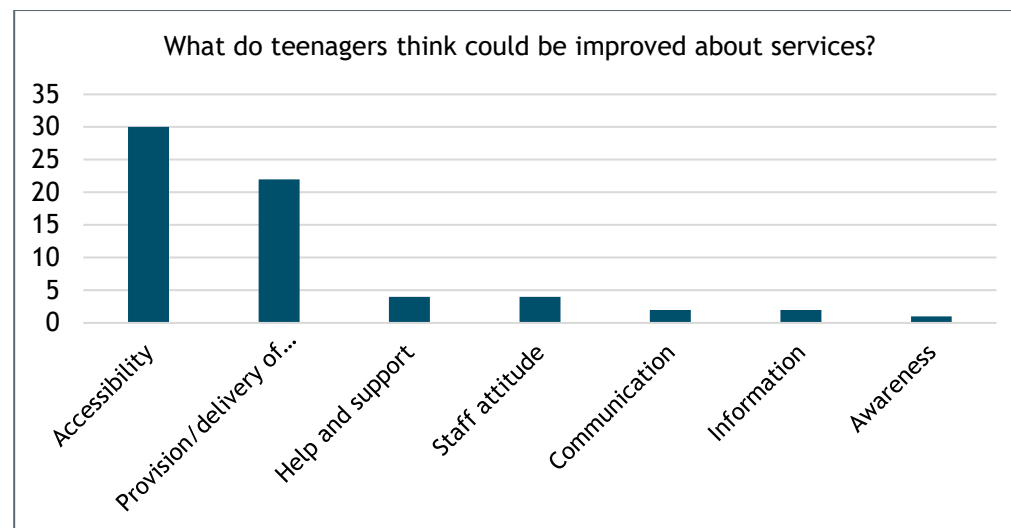


Figure 18: Graph to show what teenagers think could be improved about services

Improvements to services	Number and % of responses	
Accessibility	30	46%
Provision/delivery of services	22	34%
Help and support	4	6%
Staff attitude	4	6%
Communication	2	3%
Information	2	3%
Awareness	1	2%

Table 10: What teenagers think could be improved about services

7.12 Piloting

Before our programme of outreach, Healthwatch Croydon piloted (tested) the survey with 13 teenagers in the borough. We asked them some questions in addition to what was asked during outreach. We identified some interesting findings based on feedback from 11 completed surveys as a group of 4 teenagers completed 2 surveys between them.

One of the questions that Healthwatch Croydon asked is ‘**Please tell us what you know about sexual health services?**’ Teenagers gave us some interesting comments which are shown in box 2 below. The comments suggest a lack of adequate knowledge about sexual health services among young people.

Comments from service users
<p>Teenagers told us the following:</p> <ul style="list-style-type: none"> • ‘They’re there to provide advice to young people’ (female, aged 17) • ‘I know about two in Croydon, one in Mayday and the walk-in. I know that they’re free and confidential’ (female, aged 17) • ‘Nothing’ (female, aged 16) • ‘I am not really sure, I’ve been once with a friend’ (female, aged 19) • ‘There free and confidential and are easily accessible’ (female, aged 17) • ‘Minimum necessary’ (female, 18) • ‘Nothing’ (male, aged 15) • ‘Not a lot’ (female, aged 16)

Box 11: Knowledge of sexual health services

Healthwatch Croydon also asked teenagers: ‘**How much knowledge do you think you have about sexual health services in the borough of Croydon?**’ The findings are shown in table 11 below (left). Most teenagers said ‘not a lot’ which reflects in the comments given to the previous question above.

A related and relevant question to the above was to ask teenagers ‘**Would you like to know more about sexual health services?**’ of which just 5 said ‘yes’. The findings are shown in table 12 below (right). The lower response than expected may imply, among other reasons that some teenagers do not think that it is important to know, especially if it isn’t a relevant part of their lives.

Knowledge that teenagers think they have	Number of responses
A lot	2
Not a lot	5
Not too much or too little	1
A little	3
Nothing at all	0

Table 11: Amount of knowledge that teenagers think they have about services

Would teenagers like to know more about sexual health services?	Number of responses
Yes	5
No	3
Maybe	3

Table 12: Would teenagers like to know more about services?

Teenagers were invited to tell us their thoughts about suitable, targeted sexual health services for teenagers to access in the borough. Healthwatch Croydon asked teenagers: **‘Do you think that there are suitable sexual health services for teenagers to access in the borough?’** The findings are shown in table 13 (below). Surprisingly, most teenagers said that they think there are *‘some’*, see table 13 (below).

Given the huge presence of social media in the lives of many teenagers, Healthwatch Croydon was interested to find out from them, whether social media could help them to get advice that they wanted about services. We asked teenagers: **‘How likely would you be to use social media to get advice about sexual health services?’** An equal number said *‘very likely’* or *‘likely’* - 3 for each response. This is shown in table 14 (right).

Suitable sexual health services for teenagers	Number of Responses
Yes, a lot	2
Yes, some	6
A little	2
No, not at all	0
No response	1

Table 13: Suitable services for teenagers

Using social media to get advice about services	Number of responses
Very likely	3
Likely	3
Neither likely nor unlikely	1
Unlikely	1
Very unlikely	2

Table 14 (right): Using social media to get advice about services

Healthwatch Croydon also asked teenagers: **‘How would you like to get information and advice about sexual health services?’** They gave responses that show that they would like to get advice and information in a variety of ways. These are shown in box 3 below.

Comments from service users
Teenagers told us the following: <i>‘text’</i> (Female, aged 17); <i>‘in school or at my GP/hospital’</i> (Female, 17); <i>‘online’</i> (Female, aged 19); <i>‘tv, (then you know and you don’t have to look if you don’t)’</i> (Female, aged 17); <i>‘don’t know’</i> (Male, aged 15); <i>‘social media’</i> (Male, aged 17); <i>‘through schools, professionals coming in and talking about it’</i> (Male, aged 17)

Box 12: How would teenagers like to get information and advice about services?

Another question that Healthwatch Croydon asked teenagers is: **When you have accessed sexual health services, did you feel that your sexual health needs were met?** Three said that 'all of their needs were met', 3 said 'some of their needs were met', 0 teenagers said that 'none of their needs were met' and 4 did not give a response.

In addition to the responses that teenagers gave to the above questions, 1 teenager made a positive comment about our project and a couple of them recommended questions that Healthwatch Croydon should ask, but were outside the aims and objectives of this project. They include the following:

- 'I think that it is good that this research is being carried out and that the Council is still focused on sexual health services, which are very important.' (female, aged 17).
- 'We should ask questions about sexual violence, consent, rape and services related to them.' (female, aged 18).
- 'We should ask them if they know when they need to go to a clinic.' (male, aged 15).

ACKNOWLEDGEMENTS AND REFERENCES

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A special thank you to all the teenagers who took the time to engage with Healthwatch Croydon, complete our survey, and share their thoughts, ideas, views and experiences. Also, thank you to the 13 teenagers who patiently piloted our 25 question survey and gave us useful feedback.

We would also like to say thank you to the Healthwatch Croydon volunteers (including teenagers and Public Health students who contributed to the development of the survey, or assisted Healthwatch Croydon staff during our piloting and outreach programme engaging with teenagers in different parts of the borough.

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“We (Healthwatch) should ask them (teenagers) if they know when they need to go to a clinic.” (Male, aged 15)



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