

Young People's Lived Experience

Sexual Health Services Workshop Findings

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These are the findings from a research project commissioned by Camden and Islington Public Health. We are four young people passionate about sex education and sexual health clinics, and after training provided by Angela Newton from *Lived Experience Matters*, we facilitated a series of workshops to gather information about young people's lived experience with sexual health services.

Purpose of Research

The purpose of this research was to create workshops led by young people for young people to feedback thoughts to the Camden and Islington Public Health Commissioner about sexual health clinics and sex education. The CAMISH Network were particularly interested in feedback on:

- the C-Card
- Emergency contraception
- Clinics and outreach
- Sex and Relationships education

Workshop design and structure

We were initially working towards a brief of four workshops, each an hour and a half long. However, after discussions about the importance of providing safe spaces for young people to share identity-specific experiences, we changed this to 8 workshops, aiming for an hour in length. We also decided to split them into age categories (under/over 18) and workshop subject (sex education, sexual health clinics or both). The 8 workshop we envisioned were:

Group	Workshop Subject	Age
LGBTQ+	Sex Education	Over 18s
LGBTQ+	Sex Education	Under 18s
LGBTQ+	Sexual Health Clinics	Over 18s
LGBTQ+	Sexual Health Clinics	Under 18s
Identifying as male	Sex Education and Sexual Health Clinics	Any age
Identifying as female	Sex Education and Sexual Health Clinics	Any age
Anyone – Open Workshops	Sex Education and Sexual Health Clinics	Over 18s
Anyone – Open Workshops	Sex Education and Sexual Health Clinics	Under 18s

We also agreed on the structure of our workshops:

- Introductions: explaining our interest in the work and who we were, explaining the purpose of the work and where participant's information would go
- Working Agreement: creating an atmosphere of respect, emphasising confidentiality and anonymity for participants, encouraging participants to share pronouns when introducing themselves

- Icebreakers: quick scavenger hunt for sexual health related objects or asking people to share a fact about their name
- Poll: closed question poll to ask general questions about participants' interactions with the services
- Three-part experience structure: 1) positive experiences with sex education/sexual health clinics, 2) negative experiences with sex education/sexual health clinics 3) ideal experience – encouraging participants to reflect on the previous two discussions and from this posit what their ideal experience of a sexual health clinic would look like
- Wrapping up: thanking everyone for coming, reiterating what would happen with their information and ideas, providing details of where to claim their vouchers for participating

The Poll's questions were as follows:

1. Have you access a sexual health service?
2. What sexual health services have you accessed?
3. If you haven't accessed a service, why haven't you?
4. How many times have you accessed sexual health services?
5. How old were you when you first accessed a service?
6. Where have you got information for sex education in the past?
7. Do you feel your sex education prepared you for sexual activity?
8. Who do you feel comfortable talking about sex with?

Recruiting Participants

We advertised the workshops through a variety of means, including:

- Social media – our own and organisations such as Brook’s Instagram
- Word of mouth
- Sharing the flyer with friends and family
- Shared flyer with work colleagues and other previous sex ed connections
- Shared throughout the Camden and Islington Sexual Health Network
- Emailed youth services, schools, colleges, career services and volunteer centres

We faced several challenges in our recruitment process. The first of our workshops coincided with a new nationwide lockdown, impacting people’s daily lives drastically, meaning many people were too busy or stressed to do something non-essential. As our research was focused on young people whose exams and schooling are currently constantly changing and unknown, the likelihood of them participating in an extra-curricular workshop went down due to exhaustion, stress and timetable clashes. Schools and organisations we contacted understandably had other priorities at this time as well. We felt we would have had greater turn out during half-term.

We tried to combat these issues by putting on extra workshops and pushing back the dates for greater accessibility but unfortunately our numbers were still limited. We then developed a survey for young people to fill out in their own time, which received a good number of responses.

Summary of Participants

Workshops

15 people got in touch wanting to join a workshop. Of these, 8 people showed up. 3 people came to the LGBTQ+ over 18s session, 2 people came to the female-only session and 3 joined two open sessions.

Here are the results of the polls in the workshops:

- Everybody who joined the workshops was aged 18 - 22
- 1 person had not used a sexual health service - they didn't need to
- 2 people were under the age of 16, 4 people were aged 16 - 18, and one person was over the age of 18 when they first used a service
- People spoke about their experiences of using Brandon Centre and Brook, and one person spoke about a service they went to when they had an abortion
- 1 person felt too embarrassed to access services and another person didn't know what they were
- 1 person had used a service one time, 2 people had used a service less than 5 times and 4 people had used a service more than 5 times
- Everybody had their sex education from school and felt it do not prepare them for sexual activity, half of the people had also received sex education from a sexual health service
- People felt most comfortable talking with their friends and partner about their sexual health, and most also felt comfortable with this at a sexual health service.

We also consider ourselves participants – as 4 young people who have all used these services – and have included our insights in this research and our recommendations. Therefore, we heard from 12 people in these workshops.

Online Survey

This was put together using the format for the workshops and added when we realised that numbers for the workshops were low. Offered a £50 voucher of your choice prize draw to attract respondents.

A total of 16 people completed the questionnaire, reaching more people than through the workshops, and breakdown of who responded is as follows:-

- 80% of people were age 16 - 18, the remaining 20% were over the age of 18
- 60% of people had used a sexual health services, 30% hadn't used a service and 10% were unsure

- 50% had used service age 14 - 15, 20% had been 16 - 17 years old and the remainder were older or unsure what age they first used a service
- 40% had used Brandon Centre, 20% had used Brook, 20% had used Pulse and remainder were unsure/used another service
- For those that hadn't used a service before, the main reason was because they hadn't needed to, but 2 people said it was because they didn't know how to and 1 person felt too embarrassed and another person didn't know what they were
- 3 people had used a service one time, 5 people had used a service less than 5 times and 2 people had used a service more than 5 times
- The most common reasons for accessing were: to get advice and support about contraception (5 people) or get contraception (4 people), to get tested for STI's (4 people), and to get emergency contraception (2 people). Other reasons were to get advice about sexual abuse and relationships, pregnancy tests or support about suspected pregnancy
- 15 people stated that their sex education came from school, and 8 people had accessed this from a sexual health service. The same number of people (8) accessed it from friends and family too
- 6 people felt that their sex education prepared them for sexual activity, but 6 people said it didn't and 4 people were unsure whether it did or not
- The majority of people (13) felt comfortable talking to friends/their partner about sexual health, 10 people would go to their GP and 12 people would go to a sexual health service

Workshop Findings

We have incorporated the third section of our workshop, Ideal Experiences, into our recommendations so will not list them here.

In our workshops, we saw that the LGBTQ+ community is vastly underrepresented in Sex Education and can feel isolated or judged at Sexual Health clinics. For this reason, we have listed our findings from our LGBTQ+ participants separately.

Positive Experiences – LGBTQ+

Staff

Non-judgemental or presumptuous staff were praised, with participants saying this eased nerves and anxiety and fostered a safe environment to ask questions. They also said staff destigmatising STIs was very positive.

Clinic

Fast STI testing results were praised. A questionnaire before consultation that covered gender identity and sexuality was also seen as helpful to avoid misgendering or other (accidental) micro-aggressions.

C-card

While collecting the condoms with the c-card, a participant recalled helpful and educational conversations about sex.

Sex Education

The Brandon Centre's sex education in schools was praised.

Negative Experiences – LGBTQ+

“As a queer woman I have felt super silenced, super unheard and not represented in my education and sometimes not represented within sexual health services too” – participant

Staff

Receptionists were said to be judgemental and condescending. GPs were also said to be unfriendly and judgemental – one participant said they give off a “don't care vibe”. They said

staff were often shocked when they asked for condoms based on assumptions around their gender expression, and that their sexuality is assumed based on how masculine or feminine their appearance is.

Clinic

Usually there are only women in the waiting room which makes men feel uncomfortable and leads them to wonder how many men are actually being checked for STIs. Clinic waiting areas can feel like a hospital which can make people more nervous.

C-Card

Participants said they were giving leaflets or the C-Card without much information and that it wasn't representative of their sexuality. Others weren't aware that the C-Card was available.

Sex Education

Participants said that sex education is heteronormative and so queer sex was not spoken about, leading to unprotected, "risky" sex.

Positive Experiences – all other workshops

"I was completely put at ease with worry I went in with, and asked how I was feeling generally" - participant

Staff

Participants often said staff were open to questions and comforting. They explained STI testing and other services well. A participant said their symptoms were taken seriously and they felt heard.

Clinic

Leaflets were great to read while waiting. Small, colourful waiting rooms were praised as more friendly and less intimidating.

Access

Drop-in appointments are great as appointment waiting times can be long. Home STI testing kits were also praised.

C-Card

A female participant said she consistently was recommended the C-Card, but a male participant had never heard of it but would have used it had he known it was available. Another participant said they recognised the symbol at pharmacies although they never used it.

Negative Experiences – all other workshops

Staff

People said they felt dismissed when seeking help about the side effects of their contraception. They felt there was an assumption that women should take hormonal contraception from a young age without the full ramifications of medication being explained to them. One participant also received information from a staff member about how to take their contraception that contradicted the information on the leaflet, leading to stress and confusion.

Access

People knew clinics existed but were unsure where they were. They said access to information was sparse online. They said a lack of drop-in services resulted in long waits to be seen. One participant said there was no clear signposting to abortion services.

Sexual Education

Sex toys weren't spoken about in sex education and were a huge taboo, particularly among cis straight men. They said sex education was full of fearmongering, warning girls that sex would lead to pregnancy so they should use two different forms of contraception, and warning boys that they should check a woman's age before they have sex with them. They said pleasure – particularly female pleasure – and healthy relationships were overlooked. They said heteronormativity was also damaging for straight young people who then run the risk of seeing queer sex as 'other' rather than normal. They said information needs to balance safety and pleasure so that sex education encourages safe, pleasurable sex when people feel ready. Scaremongering was emphasised by multiple participants.

Positive Experiences – Quotes from the online survey

Staff

“Staff are very friendly, I've never felt uncomfortable to speak to them”

“They were just very good and understanding about everything in general. The staff were very welcoming and I felt very safe.”

“In regards to queries about sexual health, I once had a male nurse who was very explanatory kind and helpful and managed to make me feel at ease in an awkward atmosphere. General admin staff also seemed very helpful patient and considerate

Clinic

“The environment and people were very nice and welcoming, and I felt safe to talk about anything”

Access

“I had very easy access to the contraception and the nurse was lovely!”

“Support and help in choosing contraceptive pill”

C-Card

“Had a C card made accessible via school which (although I lost) was good to keep on me.”

Sex Education

“When getting condoms it was a very smooth service and I was talked to in private about how to use one etc”

“In a workshop/young advisor training program with Brook, I learnt a lot and was able to be part of a very open and accepting team!”

“A few have visited my school, they left us many resources and leaflets. They provided us with a safe environment to talk about sexual health and told us where we could get help if we ever needed it”

“Sex education from a brandon centre visit to school”

“Good educational talks in school”

Negative Experiences – Quotes from the online survey

Staff

“People assuming I’m there for straight sex advice”

Clinic

“It’s quite daunting sitting in the waiting room I think at any clinic, as you get judged a lot because everyone sort of knows why you’re there”

Access

“Unfortunately, waiting times for accessing ointments and medication which can lead to the problems getting worse while waiting”

“Feedback and professionalism of staff is very good although sometimes clarity of which service to go to for certain issues can be confusing.”

“A lot of them are quite busy and have long waiting times (that’s not my experience but my friend’s, as the one time I accessed a sexual health clinic was for them)”

Sex Education

“School does cover some basics but doesn't seem to go into enough detail about STIs.”

“Prepared me for heterosexual sex not same-sex sex”

“Basics at school taught, very little in regard to actual sexual activity. Learning how to put on a condom doesn't necessarily cover knowing that just a condom isn't all that's required for prevention of transmission (i.e dental dams).”

Our recommendations

Based on our findings in both the workshops and the online survey, we have composed the following list of recommendations to be implemented in sexual health services across Camden and Islington.

Specific LGBTQ+ recommendations

- Both sex education and sexual health clinics need to be more inclusive and less heteronormative. Particularly, the definition of sex as penetrative is alienating for queer people and reinforces a cis-normative view of sex. This definition is also be damaging for people with vaginismus for example. In schools in particular, many participants spoke of not even realising their sexuality was “an option” because it was not mentioned at all during sex education, which can led to repression and confusion.
- Condom packs given at sexual health clinics and pharmacies should include dental dams/internal condoms to be more inclusive and address a wider range of needs

Staff

- Train staff to be emotionally attentive to young people. Our findings showed that GPs in particular would benefit from this. It takes a lot to seek help as a young person and it can be damaging to shut down conversations or limit options when it comes to sexual health, especially in terms of contraception choices.
- Train staff to notice warning signs of vulnerable young people including those suffering from abuse or disordered eating – starting with a general “how are you” can make a big difference. Furthermore, although being weighed is a necessary part of getting contraception, this can be triggering for some people, so we would advise staff to discuss with the person if they feel comfortable being weighed, and if not the staff member could ensure that they record the weight without the patient seeing or hearing it.

Clinics

- Clinics, particularly waiting rooms, would benefit from being more relaxed and friendly. Even colourful waiting room furniture makes a big difference. One participant also suggested pen and paper for people to draw with or colouring books to distract from anxiety while waiting.

Access

- We received mixed feedback on the idea of a shared entrance with over 25s. Some people said as long as waiting rooms would be separate, they felt this would be fine.

Others felt that when they were younger this could have been intimidating. More research is likely needed to determine young people's thoughts on this.

- A QR code system like restaurants have where you can scan the code at the entrance and be texted when your appointment is ready. This would prevent people from having to wait in the waiting room, the part of accessing services many said they found the most anxiety-inducing.
- Home test kits for oral chlamydia
- An app that would show a map with information on services in your area, their opening times and contact information.
- Estimate the wait for drop-in appointments on arrive to avoid long waiting times and let people come back another day.
- Phone appointments or online consultations would also help access issues, particularly at the moment with Covid-19.

Contraception

- GPs should be encouraged to refer patients to sexual health clinics so that people can access the widest possible range of contraception options.
- Ensure no single contraceptive option is being pushed in sex education and in clinic consultations. The pill is often the first port of call for GPs, sex educators and clinicians despite the damaging side effects. These side effects should also not be normalized and should be taken seriously. Staff should encourage patients to review their contraception and seek help if something doesn't feel right, advising that it can take a while to find the right contraception for each individual.
- More long-term support and check-ups for individuals would be great, especially for those on hormonal contraception. Side effects such as depression or anxiety could prevent someone from seeking help, so an appointment to check-in could make a big difference. Even sending an email with clinic contact details after someone has had a procedure such as an IUD insertion or abortion could reassure them support is still there.

C-Card

- Better explanation of how the C-Card works when delivering sex education workshops as there was a lot of confusion about this.
- When someone comes to collect a pack, staff should make a habit of asking people when they arrive what they would like (e.g. dental dams, condoms, internal condoms, lube) rather than assuming. The current pack is very heteronormative. A system with multiple packs with different things in would be better, so people don't end up with things they won't use or feeling their sexual needs have been marginalized.

- An app where you could ‘order’ what you would like and when you’ll collect it would be great. This would be more inclusive – people could order packs with dental dams but no condoms for example – and Covid-safe, as pharmacies and clinics would know who is coming, for what and when. This would also save people from having to specify vocally what they would like in their pack, as some people might feel uncomfortable doing this.

Sexual Education

- From our findings, we feel a complete review of sex education workshops is needed, focusing on how they are delivered and by who. Sex education needs to be more inclusive and delivered to young people by young people/sexual health practitioners rather than teachers they already have an existing relationship with.
- The topic of pleasure needs to be introduced into sex education workshops as well as discussion of how to navigate first sexual experiences and relationships in general. Consent is also vital in sex education discussions.
- Although prevention of pregnancy and STI transmission are undoubtedly important, the amount of fearmongering around these subjects is damaging for young people’s sexual growth and confidence.

Abortion services

“There’s so much fear mongering and resources around not getting pregnant, but when it actually happens, where are the services?” – participant

- Clear and open signposting to abortion services is needed. This would reduce the stigma and subsequent shame around abortions and prevent people searching independently for services which adds further stress.
- Pregnancy option discussions offered by clinics are important, but a clear and direct path to abortion services should also be offered.

Final Thoughts

This project has illuminated a variety of issues within sex education and sexual health services, and we are grateful for all the young people who shared their thoughts and experiences with us. As young people and service users ourselves, we are also immensely grateful that this work was commissioned as it has given young people a voice. The opportunity to impact sexual health services and education, an area that we all care so deeply, about has been wonderful. The people were met throughout this project have truly inspired us – Angela from *Lived Experience Matters*, Natalie and all the other health commissioners, as well as various other professionals we met during the presentation who are each working to better these vital services.

Thank you so much for letting us be a part of this.