



# Who Cares



The health & social care Local Involvement Network for North Lincolnshire

**Service User Experience of Sexual Health,  
Relationship Advice and Contraception for  
young people aged 16 - 25 years.**



**Voluntary Action**  
North Lincolnshire  
*Advancing Local Voluntary Action*

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*Who Cares* is hosted by Voluntary Action North Lincolnshire. To become a member or to take part in any of our activities please contact us using the details below.

**Who Cares: C/o Voluntary Action North Lincolnshire**  
4-6 Robert Street, Scunthorpe,  
North Lincolnshire, DN15 6NG

**Telephone:** 01724 845155  
**Email:** [who-cares@vanl.org.uk](mailto:who-cares@vanl.org.uk)  
**Website:** [www.who-cares-online.org.uk](http://www.who-cares-online.org.uk)



## FOREWORD

Young people are the future of our communities and we all have a duty to ensure that all young people secure a healthy transition into adulthood, including the best opportunities to succeed in their chosen careers and the ability to fulfil hopes and aspirations.

We know that young people who embark on early parenthood, by and large will not have the same opportunities as their non-parent peers, they are more likely to be in poor housing, experience low levels of family income; and be more susceptible to health inequalities and/or engage in behaviours that will prejudice their health in future life. We also know that their children are more likely to struggle with the same inequalities.

Inequalities including health inequalities are a key concern for the public, private and voluntary sector partners who make up the North Lincolnshire Partnership as the gap continues to grow in life expectancy between our most affluent areas and the poorest areas of North Lincolnshire (10.7 years for males and 7.9 years for females).

This concern is shared by the *Who Cares* Primary Care Group who wished to contribute to the finding solutions to improving the situation via primary care provision and therefore settled on sexual health and teenage conceptions as a key indicator of, and cause of inequality as the topic for investigation.

Our findings have been largely positive and I think that North Lincolnshire providers (North Lincolnshire Council, Health Services, Private and Voluntary Sector) and Commissioners have much to be proud of around current provision, most notably the strong partnership and intelligence led approach to commissioning and delivery, however further improvements can be made and these are outlined below.

We hope that Commissioners will find this research useful although probably not a great surprise.

**Carole Phillips**

Chair - *Who Cares* Primary Care Group

# 1. WHO CARES

*Who Cares* is the Local Involvement Network (LINK) for North Lincolnshire. LINKs have their origins in the Local Government and Public Involvement in Health Act 2007. This act requires each local authority to ensure that a network of local people is established in their areas to investigate the quality of health and adult social care services.

*Who Cares* has a membership of over 250 individuals and organisation representatives and a proactive Executive Board of 20. This Young Person's Sexual Health project is the latest to be undertaken by the team and is subsequent to concerns raised by LINK members.

# 2. CONTEXT OF THE RESEARCH

After a number of concerns were raised by *Who Cares* members, and after looking at the statistical information available, the *Who Cares* Executive Board decided to carry out a research project on the accessibility of sexual health service provision for residents of North Lincolnshire aged 16-25.

This would be done by seeking out young people's views on access and availability of sexual health services including an analysis of what support is available and when and where it is available. Some of the questions which the group wanted answering were: Is there any difference in urban and rural provision? Is there a consistent delivery of service and advice?

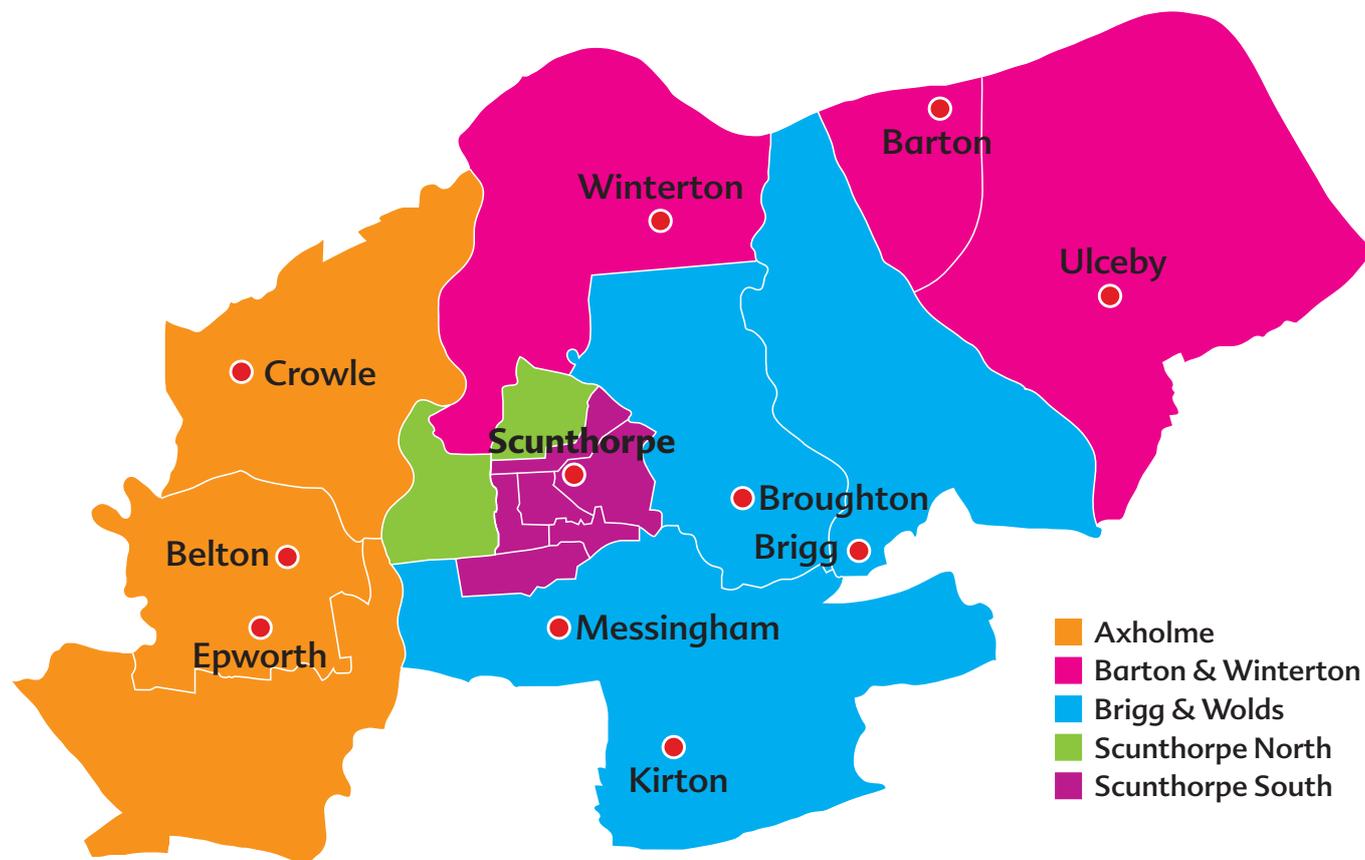
*Who Cares* Executive Group is aware that rising rates of pregnancy are not just restricted to North Lincolnshire. A National Teenage Strategy was launched in 1999 and whilst conception rates have fallen, Britain continues to have the highest teenage pregnancy rate in Western Europe. In the same year the government set an ambitious national target for a 50% reduction in teen conception rates between 1995-8 and 2010.

North Lincolnshire had been Red Flagged for the number of Teenage Pregnancies reported.

- North Lincolnshire population is currently approximately 161,000 (Reference 1)
- 15-24 population is 18,700 (Reference 2), 11.61%
- BME population is estimated at 3.5% of North Lincolnshire population (Reference 3)
- There were approximately 155 Teenage Conceptions in the area each year, with 162 in 2009.
- One of the Local Area Agreement priorities is to reduce under 18 conceptions.

Whilst the population density across North Lincolnshire is low in comparison to other areas it highlights the rural nature of the area. The Yorkshire and the Humber rate 3.22 people per hectare whereas in North Lincolnshire the density is 1.81 per hectare, England as a whole is 3.77. The Town Ward of Scunthorpe is 14.18. The two extremes are illustrative of the range of issues which will need to be addressed if residents are to receive services which will continue to see ongoing improvements and reduced teenage conceptions.

## 3. BACKGROUND



Map of North Lincolnshire wards.

It is generally accepted amongst health care professionals and service personnel that high rates of teenage conceptions are associated with higher than average levels of deprivation.

### 3.1. DEPRIVATION LEVELS

North Lincolnshire ranks just above the national median, ranking 132nd out of 354 districts in 2007, with an average IMD score of 21.

The most acute problems of poverty and deprivation remain concentrated in the urban areas of Scunthorpe. Specifically in the Crosby, Westcliff, Riddings, Ashby, Frodingham and town centre areas. There are small pockets of significant deprivation in some rural localities – particularly in parts of Winterton, Barton, Crowle, Keadby, New Holland and Brigg. (Appendix 4)

Average deprivation score by locality (IMD 2007)

Axholme	Barton & Winterton	Brigg & Wolds	Scunthorpe North	Scunthorpe South	North Lincolnshire
15.09	16.66	13.57	33.09	25.30	21.22

Source: Department of Communities and Local Government 2008

### Teenage Pregnancy Rates per 1000 15-17 year old females

Axholme	Barton & Winterton	Brigg & Wolds	Scunthorpe North	Scunthorpe South	North Lincolnshire
30.9	28.7	25.9	86.0	66.9	43.0

Source: JSNA, July 2010, North Lincolnshire Council, NHS North Lincolnshire

### Teenage Conception Rates per 1000 15-17 year old females (2004)

Axholme	Barton & Winterton	Brigg & Wolds	Scunthorpe North	Scunthorpe South	North Lincolnshire
41.5	47.3	63	79	65.9	51.5

Source: Department of Health (YHPHO) Teenage Conceptions in Yorkshire & The Humber. April 2006.

More than a third, some 36% of all teen conceptions 2006 – 09 in North Lincolnshire are accounted for by just three wards. Namely, Brumby, Crosby and Park and Kingsway with Lincoln Gardens (all these wards are in Scunthorpe South) – which rank amongst the most deprived wards in North Lincolnshire.

The highest teen conception rates are in Brumby, Town and Crosby and Park wards, where rates are twice the national average.

It has to be recognised that for some young people becoming a parent is a positive choice. Conversely it

is also an established fact that teenage parenthood continues to be a social disadvantage for both the child and the mother in later life. National research indicates that by 30, those who have been teenage mothers suffered higher levels of both physical and mental health, most of this manifesting itself in partnership breakdown post birth, greater poverty and poor housing due to worklessness (Reference 5). Similar issues affect young fathers. These factors, combined with poor emotional support post birth can also contribute to higher levels of anxiety and depression amongst young Mums.

## 3.2. NORTH LINCOLNSHIRE SERVICES

Currently services are commissioned by NHS North Lincolnshire (Primary Care Trust) and these are then delivered by North Lincolnshire Council, NHS North Lincolnshire (PCT), Northern Lincolnshire and Goole NHS Foundation Hospitals Trust (NLaG), General Practitioners, Pharmacies and independent service providers.

### CHOICES

(Appendix 1 page 18)

CHOICES is a free confidential 'Drop In' service for clients under the age of 25 years in North Lincolnshire, and no appointment is necessary. The clinics are free, confidential, relaxed, accessible, non judgemental and anonymous. Clinics are staffed by trained nurses and youth workers. CHOICES are funded by NHS North Lincolnshire.

CHOICES provide:

- Advice/information on all aspects of general health
- Act as a 'One Stop' advice centre enabling other services to be accessed appropriately
- Counseling for 'at risk' behaviours e.g. alcohol, drugs, smoking cessation
- Sex and relationship advice
- Information and access to a variety of contraceptive methods
- Issue C Cards which enables young people to pick up condoms from chemists, GP's surgeries and CHOICES
- Pregnancy testing and referral for termination of pregnancy
- Health Promotion offered on a variety of topics

- Signposting to other agencies
- Chlamydia screening
- Full sexual health screening, at Crosby, Ashby and Riddings Clinics
- Emergency contraception

Please see Fig. 1. CHOICES locations, times & services, as of June 2010. (Appendix 1 page 18)

There are 14 CHOICES facilities in North Lincolnshire offering a variety of options although one is restricted to the school's own pupils. Noticeable by absence is provision in the Isle and in the east of North Lincolnshire outside school hours.

In terms of pregnancy prevention the service available from CHOICES in the Isle is restricted to condom provision. Barton has seven of the eight CHOICES services offered but again one lunch hour, one day a week.

### **COAST**

COAST is the Chlamydia Screening Programme covering North Lincolnshire, aimed at sexually active people between 15-25 years old. Free and confidential tests are available to all, and are available through the post, or at a number of testing sites across North Lincolnshire.

The COAST team are located at the Market Hill 8-8 Walk In Centre, Market Hill, Scunthorpe.

Please see Fig. 1. CHOICES locations, times & services, as of June 2010 for COAST testing venues and times. (Appendix 1 page 18)

### **Sex and Relationship Education**

Sex and Relationship Education is commissioned by the Teenage Pregnancy Partnership Board, they and the Schools joint fund the specialist SRE Team who deliver a consistent programme across the Authority.

The current model has been delivered in North Lincolnshire schools since 2001 and provides Year 9 and 10 pupils with eight lessons of sex education over the two years. Each pupil is tracked through the programme by taking a session register. A working group made up of Staff from the SRE Team, Youth Offending, School Nursing and Children's Service are then able to follow up pupils who miss sessions. This aspect has ensured that students, especially the most vulnerable receive consistent messages about risk taking, relationships, sexual health and local service

provision. Provision has been made to ensure parents and carers are comfortable with the programme, and that it operates within the ethos of the Community including Faith Schools and Academies.

Of the 2,250 students that left in Year 11 in the summer of 2010, only 11 had not received over 62% of the Sex and Relationship Education (SRE) Programme. 85% had received 100%

Key to the successes has been the SRE Database. This tool is part of an integrated strategy designed to ensure early intervention and reduce teenage pregnancies. The North Lincolnshire scheme has received national recognition and other Local Authorities have expressed an interest with one (Peterborough) already looking to replicate it.

### **General Practice (GP's)**

GP surgeries can offer a wide range of sexual health services including:

- Information and access to a variety of contraceptive methods
- Pregnancy testing and referral for termination of pregnancy
- Chlamydia screening
- Full sexual health screening
- Emergency contraception

There are 21 GP practices in North Lincolnshire, with each practice having more than one surgery. The distribution of GP practices throughout the five North Lincolnshire localities can be seen below.

- Axholme - 2
- Barton & Winterton - 3
- Brigg & Wolds - 4
- Scunthorpe North - 6
- Scunthorpe South - 6

### **Pharmacies**

Pharmacies can offer a wide range of sexual health services including:

- Information and access to a variety of contraceptive methods
- Pregnancy testing and referral for termination of pregnancy
- Chlamydia screening
- Full sexual health screening
- Emergency contraception

There are 31 pharmacies across North Lincolnshire.

- Axholme - 3 pharmacies
- Barton & Winterton - 3 pharmacies
- Brigg & Wolds - 6 pharmacies
- Scunthorpe North - 7 pharmacies
- Scunthorpe South - 12 pharmacies

### **Scunthorpe General Hospital**

The Centre for Sexual Health is based at Scunthorpe General Hospital, and is run by the Contraception and Sexual Health (CASH) service. CASH is part of the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.

The Centre for Sexual Health is open from 1pm to 5pm, Monday to Friday. The Centre is not open at weekends.

Young people do not require a pre booked appointment to visit the clinic, but can make an appointment if necessary.

Services offered at the clinic include:

- Information and access to a variety of contraceptive methods
- Pregnancy testing and referral for termination of pregnancy
- Chlamydia screening
- Full sexual health screening
- Emergency contraception

### **Street Talk**

Street Talk is a detached youth work scheme, funded through the Teenage Pregnancy Partnership and Integrated Youth Support Service, and hosted by Voluntary Action North Lincolnshire (VANL).

Street Talk works with young people aged from 11-25 across North Lincolnshire, predominantly in the villages, but also in town centre locations (including Barton, Brigg and Scunthorpe). Youth workers proactively go out into targeted areas and engage with young people in their 'comfort zone.' Making contact in young people's chosen setting encourages mutual respect and engagement with hard to reach young people, particularly those in isolated rural areas.

Workers provide information on healthy lifestyle choices, and encourage young people to explore their attitudes towards issues such as alcohol, sex, drugs, self esteem and bullying,

This support helps young people make informed decisions about forming and sustaining a range of relationships, with friends, parents, partners, and the wider community.

Street Talk aims to bridge the gaps in understanding between young people and their local communities, to improve the quality of life in the area.

A key aim is to reduce the number of early/unplanned pregnancies, Sexually Transmitted Infections (STI's) and terminations in young people.

The C Card scheme is operated, and access to condoms if appropriate is available.



## 4. METHODOLOGY

*Who Cares* carefully considered the best methods of approaching young people in order to secure a good representative sample of age ranges, sexual orientation, ethnicity and gender.

Young people were involved throughout the research; undertaking tasks, co-running focus groups and helping formulate some of the scenarios that were used in the mystery shopping sessions.

Questionnaires were used to gather the views of young people, supplemented by bespoke focus groups. These groups proved to be extremely useful as they provided an opportunity to explore a wider range of related issues, including issues not previously considered, providing additional insight into potential solutions.

Working with the Migrant Advancement Partnership Migrant Development Worker, and the Safer Neighbourhoods Community Researcher, both based in Scunthorpe, we were able to broaden the sample of young people from BME communities. Even so, it was difficult to break through the 'barriers' and gain a sufficient level of trust to be allowed to ask questions of such a personal nature, even though the responses were reported anonymously. Building relationships

to overcome these issues requires regular contact over time, but time restricted research projects have a short window of opportunity to engage. The opportunity to work with other stakeholders was crucial for securing access.

As part of this approach researchers visited mosques to talk to community leaders and elders in an attempt to gain access to young people. A Cultural Evening, which attracted around forty Crosby residents, was organised in conjunction with Safer Neighbourhoods, North Lincolnshire Council and the Migrant Advancement Partnership. This partnership approach allowed all agencies to gather intelligence to contribute to their own respective outcomes. The event raised awareness of a wide range of services available locally, and who residents may contact to engage further.

### **Mystery Shops**

*Who Cares* engaged young people to carry out mystery shopping exercises. Young people visited CHOICES clinics, pharmacies, and the Centre for Sexual Health at Scunthorpe General Hospital. See Section 7 for details of the scenarios used.

## 5. LIMITATIONS

Whilst the survey sample is large, and a broad range of engagement techniques were utilised, there are a number of limitations to the research.

Language barriers when engaging BME groups can be an obstacle, although we tried to address this by having surveys translated into other languages, for example four were translated into Portuguese, with the assistance of the Migrant Advancement Partnership. Whilst every effort was made to overcome the issue of potential misinterpretation of words and phrases from English, we are conscious that in some instances misinterpretation may have occurred.

After initial difficulties in engaging with BME communities had been overcome, we were able to gather the views of around 4.5% of our total sample size. This is marginally higher than the 3.5% make up of the North Lincolnshire population.

Whilst the research brief considers services for young people aged 16-25, the majority of our sample are aged between 16-18 and engaged in full time education at John Leggott College. This leads to an underrepresentation of 19-25 year olds, meaning that

barriers which young people not in full time education may face would not be as heightened.

One of the suggested ways of engaging with young people was to go out with the Street Talk team. However, as Street Talk is hosted by Voluntary Action North Lincolnshire it was suggested that doing this might create a conflict of interests to try and gather unbiased views on the service.

Part of the research involved carrying out Mystery Shop exercises across North Lincolnshire. Despite doing several visits to the Centre for Sexual Health and Pharmacies in central Scunthorpe and the Isle of Axholme, we could not find young people to carry out visits to the Barton and Brigg areas.

A further limitation is that all young people that we engaged who were willing to carry out mystery shopping refused to go to GP surgeries. This was for two reasons. The first reason was that sexual health information would be added to their medical record. As well as this, young people, particularly males simply didn't want to visit their GP for sexual health advice.

## 6. RESULTS

As the range of methodology was quite diverse, so were the results which were gathered.

The total survey sample was 450. This is 2.4% of the total 16-25 North Lincolnshire population. The sample breakdown is illustrated below.

### Questionnaires

- 437 came from questionnaires
- 91.9% were aged 16-18
- 46.2% were male
- 53.7% were female
- 4.5% were from BME communities
- 90.6% detailed their sexuality
- 90.9% were Heterosexual
- 1.2% were Homosexual
- 7.8% were Bi-Sexual

### Focus Groups

- 7 took part in focus groups (Appendix 2)
- 61.5% were male
- 28.5 % were female
- 14.2% were aged 16-18
- 85.8% were aged 18+

### Mystery Shopping

Six people took part in mystery shop exercises, with the majority of participants being involved in more than one visit. Two thirds of participants were aged 16-18, with three males and three female.

### Reviews and Revisions

Initially respondents were asked which Ward they resided in, but this was later modified to postcode because very few were aware that North Lincolnshire was divided into Wards let alone which Wards they

were in. There were also a number of respondents who elected not to provide their postcode.

Most of the young people involved in the focus group research had left school but some were still in education (college). A full age range was represented from 16 through to 25, although the ratio of male to female in the focus groups favoured young males.

An opportunity arose where it became possible to get a batch of questionnaires into a local college and to their new year 12 student intake. In total around 350 useable questionnaires were returned.

The range of responses received from the different approaches and methodologies was able to be grouped into broad topic headings enabling issues to be identified and recommendations to be made.

### Coding

All participants in the research, questionnaire respondents, mystery shoppers and focus group participants have not been identified beyond a simple coding system which provides gender and an approximation of age. E.g. [F:19-21]. Research type response is also coded:

- Q: Questionnaire
- M: Mystery shop
- G: Focus group

### Findings - Issues of Concern

#### Access to and availability of services

- [Q] Females were more likely to obtain contraception from their doctor than any other option. For males they were most likely to get them from CHOICES.
- [G] Interestingly, a couple of males said they found it embarrassing to go into a shop or a clinic and buy condoms as most of the staff were female. One instead ordered his from the internet. When it was pointed out that condoms could be got for free as he was under 25, he said he'd rather pay than be embarrassed!
- [Q] Over 75% of respondents said that it was relatively easy (scoring 7 or above out of 10) to get contraception if and when they needed it.
- [G] Some were not aware that services could be accessed up until the age of 25.
- [Q] 44.3% of respondents detailed no weekend access or availability.

### Barriers to access

- [Q] When asked what barriers there were to accessing emergency sexual health services, over 50% of respondents said that there were NO barriers at all.
- [Q] Only one person raised the issue of services not being open on a Sunday. [Q / G] Age was seen as a barrier, i.e. that once you've left school its hard to access provision unless you go to your doctor, which we have seen is not always the most comfortable scenario.

### Education

- [Q] Sex education in school was considered to have been minimum and not seen as relevant at the time it was delivered (M and F respondents aged 16-19). It was seen as information based and was regarded as something of humour and treated as a joke.
- [G] The quality of sex education at school appeared limited although there was an element of recognising their own immaturity and tendency to be easily bored or distracted by making jokes during delivery. The focus appeared to be on the biological aspects and little by way of relationship advice.
- [G] Older respondents felt that advice, services and education was now much better than what they had, but had left them short of knowledge now.
- [G] In the main those having been through college were aware of CHOICES but it was seen as a condom supplier not an option to consider for advice.

### Knowledge of Services, types and provision

- [Q] Most males thought only free condoms were available through CHOICES.
- [Q] Females had more of an understanding about the range of services available at clinics e.g. advice and other forms of contraception.
- [M: 20+ / G] One respondent admitted that until it was explained to him he had not been aware of CHOICES clinics or the options available to young people through them.

### Types of contraception and effectiveness

- [Q] Males scored themselves highest on their own knowledge of sexual health, but in reality they could not name many forms of contraception, or many different places where advice/interventions

could be obtained. Females were much better at this, despite scoring themselves lower for their knowledge.

- [Q] More females than males were aware that the implant is the most effective form of contraception.
- [G] Some respondents said that they found most of their information out from the internet, and noted that NHS CHOICES website was good. People would rather go on the internet than seek face to face advice/ask friends etc. Confidentiality and anonymity came up time and time again through many questions.
- [G] Heterosexual use of condoms was, conversely, seen as a pregnancy prevention consideration supported by comments such as “I don’t wanna be a dad!” This was also supported by results from the questionnaire
- [G] One gay male, when younger admitted not appreciating the STI risk but through increased awareness and subsequent knowledge now saw the importance of the health aspect of unprotected sex.

### Attitudes

- [Q] The question of who should take responsibility for contraception in a relationship provided very varied answers. The most popular answer was ‘yourself’ (54.4%) ‘both’ (21.1%) ‘the other partner’ (7.5%)
- [G] “STIs aren’t a problem, I don’t sleep with slags” was an interesting perspective in so far as an increase in the number of partners might be perceived as an indication of risk of STIs.
- [G] One gay male, when younger admitted not appreciating the STI risk but through increased awareness and subsequent knowledge now saw the importance of the health aspect of unprotected sex.
- [M: 25 / G] One respondent commented that the questionnaire was not clear in separating the sexual health issue from contraception, i.e. pregnancy prevention in question 9. In reality, whilst there may have been a failure to convey whether it was a health issue or a pregnancy prevention issue, the questionnaire was structured in such a way that led from sexual health service through to the pregnancy prevention issue, this subtlety may not have been noticeable by respondents.

### Mystery Shopping visits

A number of scenarios were devised in order to maintain the consistency of the research and give volunteers confidence with a believable case to present to the service provider.

After the exercise had been conducted the volunteer gave the staff a letter from Who Cares which explained the research. Despite being offered the opportunity to contact Who Cares staff none of the venues made contact to explore the issues in any greater depth or request a copy of the findings relating to their premises.

### Riddings Youth Centre

**Scenario: A couple have had sex within the last 48 hours, they used a condom but it split. They are anxious and worried about potential implications and risks, seeking advice. Bit panicky.**

When entering the youth centre, the volunteer was met by a Youth Worker, who offered to put music on. Both were asked to complete a COAST Questionnaire. Shortly after a nurse came in the participant began to feel that she ‘was being looked up and down’ and the friend accompanying her was asked to leave because they ‘preferred it to be private’ the volunteer was left feeling more uncomfortable and scared. The nurse was also described as ‘being more bothered about the registration process than offering advice’. The volunteer was offered the morning after pill and was also offered the coil. [No detail about locations where it could be fitted.] Overall the experience was described as being ‘quite formal and not comforting’. Interestingly the volunteer felt that the better advice was forthcoming after the staff were notified of the ‘mystery shop’.

### Lloyd’s Pharmacy, Frodingham Road

**Scenario: Homosexual male unprotected sex with long term partner. Visited gay pride festival and had sex with several other men. Now worried about STIs.**

Whilst the member of staff showed sympathy and a private consultation room was used, the staff member did not demonstrate a practical awareness of what to do next. It was the volunteer who had to ask about testing for STIs rather than a suggestion being made. When asked, the volunteer was told that it was possible through Family Clinics, CHOICES and GP Surgeries but no information or contact details were provided.

**Garner's Pharmacy, Frodingham Road****Scenario: Heterosexual couple had unprotected sex.**

Taken into a private consultation room, the member of staff was described as being very helpful, informative and 'really nice'. They were advised to use emergency contraception as soon as possible and the possible side effects and effectiveness of it were explained.

**Centre for Sexual Health, Scunthorpe General Hospital (opens at 1pm)****Scenario: Two males had unprotected sex with one female together. Female is now 4 weeks pregnant. She wishes to continue the pregnancy if the child is fathered by her partner, but not if by the second male.**

The member of staff dealing with the enquiry was reported as being very helpful and honest, the member of staff had not previously had to deal with this scenario (5) before in a professional situation but demonstrated empathy by relaying friends going through a similar experience which put the enquirer at ease. The quality of advice was good and the participants went away feeling reassured.

One participant saw her stepdad at the hospital and felt very uncomfortable being around the area.

**Lloyds Pharmacy, Church Lane – Church Lane****Scenario: Gay couple (s) unprotected casual sex. What type of advice will they be offered?**

The staff member was very helpful and concerned. The volunteer felt that all the information that was needed was given and would be happy to go again. Information was given on who the participant needed to talk to and what they needed to do next. Was offered a Chlamydia test, and also offered literature (CHOICES leaflet) and contact numbers. Rated as the best out of the ones this participant had done in all aspects.

**Centre for Sexual Health, Scunthorpe General Hospital (Phone Call)****Scenario: Saturday A&E visit: Reluctant to provide name because a family member works in Hospital.**

An anonymous phone call was made to The Centre for Sexual Health. The caller was looking for contraceptive advice, and the possible administering of contraception – to both male and female.

The caller expressed concern over confidentiality as the female partner's father works within the hospital. The operator explained that the Centre for Sexual Health use a different computer system to the main hospital database. All information would remain confidential.

The operator informed the caller that she wasn't sure if contraception could be administered (at the Centre for Sexual Health) due to the callers age. It was explained that for areas in North East Lincolnshire contraception was available for anyone under the age of 25, but in North Lincolnshire this was only available for under 20's. The operator conferred with a colleague and confirmed this information.

The caller then explained that the options available to obtain contraception would be through GP's and CHOICES. The caller was asked whether he could get contraception from local chemists. The caller responded by saying they were not sure.

The caller asked for the contact number of CHOICES which was given. The operator was very good at reassuring the caller and said that if CHOICES couldn't help then to ring back.

To find the phone number the participant visited the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLaG) website. Whilst the number is clear and highly visible, the website does not list the opening hours of the centre. This creates difficulty for young people wishing to access the service.

**Weldricks Pharmacy, Epworth****Scenario: Heterosexual couple had protected sex within the last 48 hours and condom had split.**

Female member of staff, consultation room (no issues). Staff member was said to be helpful and knowledgeable. Signposted on to further help and provision.

Participant came away feeling reassured and happy.

**Weldricks Pharmacy, Crowle****Scenario: Gay couple (s) unprotected casual sex. What type of advice will they be offered?**

The only occasion a male member of staff (pharmacist) gave the consultation. The room was noted as being very small. Participant was given information on his nearest CHOICES clinic, and staff



member was said to be helpful. Participant was left for 10-15 minutes whilst contact number was found. No literature was given.

Participant had to tease out the CHOICES information, but the staff member didn't explain what CHOICES was and what services were on offer. Staff member mentioned screening option, but assumed participant had prior knowledge as he had raised this point.

When staff member was told of mystery shop exercise he felt he hadn't done the scenario justice.

*None of the volunteers undertaking Mystery Shops' felt able to approach GP surgeries, this reluctance which was a strong one, was as a result of being known in the area and the likelihood that the visit would filter through to parents.*

### **Public Awareness Campaigns**

Who Cares staff took part in a focus group organised by the Contraception and Sexual Health (CASH) service.

Those attending the event and representing Who Cares felt that the aim was to assess the effectiveness of an advertising campaign designed to reach sexually active young people.

However, subsequently Claire Phillips Service and Business Development Manager for Maternity, Gynaecology and Sexual Health, NLaG has provided the following clarification provided verbatim:

*"[This focus group was part of] a rebranding exercise for the GUM clinic launching the centralized booking line, we did not take away CHOICES marketing or*

*literature, with the aim to be for the older person. A wide consultation project was undertaken with members of the public, existing users etc."*

There was a consensus in the group that the poster designs shown to the focus group were typical of statutory marketing departments, a feeling which was re-enforced when the posters were shown to other colleagues and young people away from the group.

It was felt that the message and associated contact information should be the primary driver rather than ensuring that the brand logo of the service provider is prominent.

Perceptions need to be tested for audience feedback before publication. This would be best achieved through community based engagement to ensure that the consultation reached its target audience.

### **Winterton Community Research 2010**

Who Cares helped conduct community research in Winterton, carried out by Voluntary Action North Lincolnshire during April 2010. The research covered a broad range community issues such as leisure activities, young people, health, volunteering. Who Cares primary focus were young people's views. There was a general feeling that The Ark and the Youth Centre were 'only for younger kids' meaning that older teens would not access the sexual health services available at these venues.

Four teenage males raised the issue of a need for GPs to engage with young males more effectively. This echoed the results that young males are reluctant to visit their GPs in general.

# 7. RECOMMENDATIONS

Topic	Issues	Recommendations
<b>Access and availability</b>	<ul style="list-style-type: none"> <li>Limited venues available, restricted opening hours.</li> <li>Poor access and availability in rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>Extend existing provisions (including types available at each outlet) opening hours (Evening/Weekends)</li> <li>Mobile service or through community based setting</li> <li>Proactive outreach through Youth and Sports Clubs. Corporate employers might also be approached to assist.</li> <li>Increased use of the internet and social networking opportunities to allow service provision to evolve</li> <li>There is still a need for face to face contact to ensure that relationship advice is tailored and bespoke to an individuals needs.</li> <li>New technologies provide an opportunity to deliver factual information and details of local service provision (including venues, clinic times etc) through a website which might also have a blog style question and answer facility for ongoing engagement between professionals and young people.</li> </ul>
<b>Barriers</b>	<ul style="list-style-type: none"> <li>Opening hours.</li> <li>Limited venues, particularly in rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>See above</li> <li>Mobile health clinic provision</li> <li>Encourage GP's to promote their services more, particularly for males.</li> <li>Outreach through Youth &amp; Sports Clubs. Engagement with corporate employers. Better &amp; increased use of social media</li> </ul>
<b>Education</b> <b>Advertising and promotion beyond schools and colleges.</b>	<ul style="list-style-type: none"> <li>Seen as a joke.</li> <li>Perceptions: pregnancy prevention and or STIs.</li> <li>The approach and style of delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Whilst acknowledging improvements in recent years, there needs to be sustained effort to maintain and improve the numbers reached for those above 18.</li> <li>Increased advertising of the range of services to the 18+ range as many young people are simply not aware of the services available to them eg. COAST results by Text. More emphasis on STI's and prevention. Integrated multi-agency approach.</li> <li>Set up an internet based e-clinic where access to a qualified SRE practitioner would be available for young people to chat and obtain advice. This could be delivered as an open forum, moderated by the service provider.</li> </ul>

Topic	Issues	Recommendations
<b>Knowledge level</b>	<ul style="list-style-type: none"> <li>• Attitudes differed widely from the perception of well informed young people. The questionnaire response suggested differently</li> </ul>	<ul style="list-style-type: none"> <li>• The apparent increased use of the internet by young people to access information provides an opportunity to develop a website/blog</li> <li>• Development of an information pack with more information being included about emergency contraception, STIs, family planning including adoption. Details would include phone numbers, where, when &amp; how &amp;c. in the pack. This would be distributed across all venues/clinics</li> </ul>
<b>Types of contraception</b>	<ul style="list-style-type: none"> <li>• Emergency contraception not fully understood across the age range.</li> <li>• High proportion of respondents see condoms primarily as pregnancy prevention rather than prevention of STI.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness on the types of contraception through the aforementioned information packs/online resources etc</li> </ul>



## 8. RESPONSES

As a matter of courtesy copies of the report were sent either electronically as a pdf or paper copies to all the statutory service providers in North Lincolnshire. These included all 21 GP Practices, North Lincolnshire Council Children's Services, Commissioning Team for NHS North Lincolnshire (NHS NL) and Commissioning Team for North Lincolnshire and Goole Hospital Trust (NLaG).

Some of these service providers responded to the draft report and those responses are included below. It is not until the report is made final and published that service providers are required under the Local Government and Public Involvement in Health Act 2007 to provide an acknowledgement of receipt of the report, they are also required to explain reasons for not implementing any recommendations made within the final report.

Acknowledgements and receipts have been received back from Winterton Medical Practice and Riverside Practice.

NLaG Head of Governance and Trust Secretary response *"There is nothing within the report that the Trust would take issue with and we will consider and act upon the recommendations, as appropriate"*.

A helpful response was also received from the Chairman of the Clinical Executive Committee for NHS NL, Dr Margaret Sanderson and thanks are extended for the amendments provided.

Claire Phillips Service and Business Development Manager for Maternity, Gynaecology and Sexual Health, NLaG also provided helpful clarification.

It was pleasing and useful to receive a detailed response from the Director of Public Health for North Lincolnshire, provided in its entirety overleaf. This is understood to represent an organisational response made on behalf of all the NHS NL Commissioning Managers.

NHS North Lincolnshire welcomes the report from *Who Cares* on “Service User Experience of Sexual Health, Relationship Advice and Contraception for young people aged 16 – 25 years” produced November 2010. NHS North Lincolnshire acknowledges that the report adds further insight from the target audience, highlighting their views and making recommendations for change to improve Choices services. The recommendations from this document will enhance the approach to the clinical service development of Choices, some of which is already being undertaken by the provider organisation.

NHS North Lincolnshire can only respond to the recommendations that are directed to the service it commissions and in response to these recommendations would submit the following statement.

NHS North Lincolnshire commissions integrated sexual health services for North Lincolnshire residents. Choices clinical services are delivered as part of this integrated specification. Choices services provided outside of these clinical sites are commissioned separately through the Teenage Pregnancy Partnership and act as a wrap around service to young men and women under 18, supporting North Lincolnshire to achieve a reduction in its teen conception rates.

There are currently five clinical sites delivered as part of the integrated sexual health service, these are delivered in:

- 1: Crosby Health Centre
- 2: Ashby Children’s Centre
- 3: Ridding’s Clinic
- 4: North Lindsey College
- 5: Centre for Sexual Health

The majority of these clinical services run session 52 weeks of the year and are open to all ages. In April 2010 the clinical arm of Choices transferred from the community service provider to Northern Lincolnshire and Goole Hospital Foundation Trust as part of the commissioned integrated sexual health service. The specification for this service expects the provider to deliver the following outcomes:

- The number of teenage conceptions and repeat conceptions is reduced.
- The number of terminations and repeat terminations is reduced.

- Screening rates for Chlamydia increase in line with National Chlamydia Screening Programme requirement
- Uptake of screening for Sexually Transmitted Infection’s increases and the prevalence of Sexually Transmitted Infections (STIs) within North Lincolnshire resident population reduces
- HIV transmission is reduced.
- The number of women choosing a Long Acting Reversible Contraceptive (LARC) method is increased.
- To offer 100% of patients a choice of appointments within 48 hours and to see 90% of patients within 48 hours.\*

This type of service is a CASH (contraceptive and sexual health) service providing access to a defined level of service. In all clinical Choices services currently delivered by the provider this means service users can expect at a minimum the following to be offered:

- A personal history, including, sexual health, contraception, alcohol and substance misuse.
- The provision of health promotion around sexual health behaviour change, risks, STIs and unwanted pregnancy.
- Access to the full range of contraceptive methods, including LARC.
- The provision of emergency contraception, including post-coital Intrauterine Device / Intrauterine System insertion and referral for specialist insertion where necessary.
- Access to condoms and lubricant during all sessions.
- To provision of pregnancy testing with management of post result, follow up and referral.
- Referral to abortion services without delay.
- The provision and promotion of STI testing to all patients.
- A routine offer of Chlamydia screening to all service users aged 15-24 years as an ‘opt out’ programme.
- Treatment for STIs and health advice on the avoidance of re-infection
- Partner notification and treatment where possible.
- The provision or referral as appropriate for psychosexual counselling
- The offer of Hep B screening and vaccinations to all high risk groups including men who have sex with men, sex workers, IV drug users, people from areas

where HIV is endemic and for their partners.

- To encourage and offer HIV screening to all high risk patients

To support the provider to achieve these, the specification for the service has been developed to:

- Allow the provider to innovate to improve service delivery and development
- Ensure clinical governance between the levels of service and between pathways of care
- Ensure quality and consistency across all services
- Ensure the workforce is maintained through dual training across contraception and Genito-urinary medicine.

The specification also places a requirement on the provider to market the service appropriately, using insight from the groups to be targeted, ensuring clear links with the wider social marketing consortia in North Lincolnshire to support this.

The provider has been during the first six months of 2010, working to implement the commissioned service specification. It has recently undertaken a public / stakeholder consultation to understand how Choices could be developed to enhance provision and ensure its continued acceptability and accessibility to the wider target audience. It is worth noting that under the new specification Choices has been made available to all men and women regardless of age, thus ensuring equality of access to all forms of contraception, but with particular reference to free condom provision to males. The results of this consultation will be made available shortly once analysis is completed.

Yours sincerely

**Frances Cunning**

**Director of Public Health for North Lincolnshire**

## ACKNOWLEDGEMENTS

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Dr Margaret Sanderson too was particularly helpful in the early stages of the project development and made many helpful suggestions which allowed us to explore a number of opportunities.

Most of all a big thank you to all of the young people who took the time and effort to fill in questionnaires and attend focus groups.

## REFERENCES

Cunning & Hyde (2010) Teenage Conceptions in the North Lincolnshire Context. [NHS North Lincolnshire & NL Council].

Voluntary Action North Lincolnshire (2010) Winterton 2010, Community Research Report

1. Source:

<http://www.northlincolnshire.nhs.uk/healthintelligence/lookingahead/>

2. Source

<http://www.northlincolnshire.nhs.uk/healthintelligence/lookingahead/>

3. Source: Pharmaceutical Needs Assessment, pXXX, NHS North Lincolnshire, August 2010

4. Source JSNA 2010 p2

5. Source: Teen Conceptions in North Lincolnshire — Factsheet, Feb 2010

<http://www.northlincolnshire.nhs.uk/healthintelligence/maternalandchildhealth/>

6. <http://www.northlincolnshire.nhs.uk/your-health/sexualhealth/> Accessed Nov 11th 2010

# APPENDICES

Appendix 1 - Fig. 1 CHOICES locations, times & services, as of June 2010.

Location	Address	Staff	Opening hours	Implant	Contraceptive injection	Oral contraception (the Pill)	Emergency Contraception	Chlamydia screening (COAST)	C.Cards	Condoms	Health advice & info
Ashby Childrens Centre	DN16 2SZ	Clin. RYW (LA) x2	Tues 5-7pm	*	*	*	*	*	*	*	*
Crosby Parkinson Avenue Clinic	DN15 7JY	Clin. RYW (LA)	Mon 5-7pm & Thurs 3.30-5pm	*	*	*	*	*	*	*	*
North Lindsey College	DN17 1AJ	Clin.. Rec.	Mon 12-2pm & Thurs 1-2pm	*	*	*	*	*	*	*	*
John Leggott College	DN17 1DS	Clin. YW (VANL)	Fri 12.45 - 1.45pm		*	*	*	*	*	*	*
Riddings Youth Centre	DN17 2NF	Clin. YW (LA)	Wed 3-5pm		*	*	*	*	*	*	*
Baysgarth School		Clin. RYW (LA)	Tues 12.30-1.30pm			*	*	12.30-1.15pm (Pupils) 1.15-2pm (18-25yr olds) 12.30-1.30pm (Sixth Form)	*	*	*
Brigg Youth Centre	DN20 8AF	Clin. YW x2 (LA)	Thurs 12.20-1.20pm			*	*	*	*	*	*
Fred Gough School	DN16 3NG	Clin. Sch. Nrs & YW (VANL)	Weds 12.15-1pm				*	*	*	*	*
Brumby Engineering College	DN16 1NT	YW (LA)	Mon 2.45-3.45pm					*	*	*	*
Kirton Lindsey Youth Centre	DN21 4NQ	YW (VANL)	Tues 6-7pm					*	*	*	*

Location	Address	Staff	Opening hours	Implant	Contraceptive injection	Oral contraception (the Pill)	Emergency Contraception	Chlamydia screening (COAST)	C.Cards	Condoms	Health advice & info
Winterton Youth Club	DN15 9XT	YW x2 (LA)	Weds 5.30-6.30pm					*	*	*	*
Melior Community College	DN17 1HA	Clin. RYW (Sch.)	Weds 12.05-12.45pm					*	*	*	*
Vale of Ancholme College (Term-time only & Vale pupils only)		Clin. YW (LA)	Mon 12.30-1.10pm					*	*	*	*
North Axholme School	DN17 4HU	YW (VANL)	Tuesdays 12.30-1.30pm					*	*	*	*

## Appendix 2 – Focus Group Questions

Two of these were convened through the Vinvolved project. Whilst broad ranging in their scope, topics discussed included:

- What quality and quantity of sex education did you receive whilst in education / at school?
- What age did the sex education begin?
- Can you recall if it was of any practical use or helpful?
- Can you recall asking for any additional information?
- After leaving school, what options were available to you? Were you made aware of these before you left?
- [Start of sexual activity]
- Did you consider your peer group to be promiscuous or were you sensible/stable?
- Whose responsibility for sexual health?
- Whose responsibility for avoiding pregnancy?
- What if any are cost implications are there/have you experienced to practicing safe/responsible sex?
- Have you ever found yourself having to advise others in your peer group or perhaps younger friends?
- What do you see as being the biggest risk in terms of unprotected sex?
- Where would you go for advice?
- In general are the staff approachable?
- In general are the staff knowledgeable?

The feedback from the first focus session was quite revealing. A full age range was represented from 16 through to 25, although the ratio of male to female was 4:1.

All participants had left school but some were still in full time education (16-18 College).



# Who Cares



Voluntary Action  
North Lincolnshire

*Advancing Local Voluntary Action*



**NAVCA  
Quality  
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E-mail: [whocares@vanl.org.uk](mailto:whocares@vanl.org.uk)  
Website: [who-cares-online@vanl.org.uk](mailto:who-cares-online@vanl.org.uk)

## **VANL**

4-6 Robert Street  
Scunthorpe  
DN15 6NG  
Phone: 01724 845155  
Fax: 01724 281599