

Adolescent Special Interest Group Statement on Engaging Young People (YP) during times of restricted clinic access

July 2021

Background and Purpose of statement

Sexual health services needed to adapt during 2020-2021 due to the COVID-19 pandemic.

Restrictions to face-to-face services and the reduction of walk-in clinics limited access for patients during this time¹. Some of these new ways of working are being carried forward in the next phase of the COVID response/recovery.

Young people have experienced additional barriers with school and youth centre closures and a decrease in support services, some of which have not been able to reopen in the ways they were working before.

The Adolescent Special Interest Group has produced this statement in response to enquiries about access for young people with some examples of what has worked well from across the UK. As a group (and as a specialty) we still continue to learn as new service models develop and evolve. There is a little published evidence as yet to support these suggestions but this document gives an illustration of some approaches that have been tried across the country. Access to clinics will vary according to local clinical arrangements and guidelines.

Statement

When physical access to spaces where sexual health and contraceptive services for young people are provided is restricted, there is a potential risk to the delivery and access of those services to young people. In particular, the ability to assess young people for any safeguarding concerns poses additional challenges. Where services are altered in response to COVID guidelines or

restructured following COVID, consideration should be made as to how these changes will impact access to sexual health services by young people. In other words, we suggest taking time to consider how any changes will affect access and the service provided to young people and vulnerable adults.

Issues around access

It has been shown previously that young people often, although not universally, like to access services on an ad hoc basis through walk in^{2,3} and that this flexibility enables young people to access services at times and places that suit them around their other commitments; school, friendships, family commitments, or other more serious pressures e.g. gang commitments, pressure from peers. Recent survey work has indicated that young people prefer face-to-face rather than phone or video consultation⁴.

During times where traditional flexibility of access is lost, it is important to try and make access for young people as easy as possible despite these challenges.

Other avenues of access to services and support may also be restricted e.g. closure of schools during the COVID pandemic resulted in limited or no access to school nursing support; closure of youth drop in services and support from third sector providers; limited physical contact with social workers; and key workers that young people usually would have access to who might support accessing sexual health clinics.

Closure of schools during COVID meant many young people were schooled from home, often surrounded by parents and siblings also working from home. Young people often find it hard to find a safe or confidential space to talk via phone/video consultation and the anonymity of attending clinics after school or on the way home has been and for some continues to be no longer possible.

Clinic attendance

Young people may struggle to adhere to social distancing guidelines, which can make clinic attendance more challenging, but not impossible. For example, some clinics advise YP over the phone to attend alone, or asking friends to wait outside for them. Some clinics have a 'slot' system where YP are allocated a time to return to be seen during a 'walk-in' clinic.

Innovate ways for young people to contact services have been tried throughout recent months, and it is those that we hope to share in this document.

There is no 'one size fits all' way to approach delivery of young peoples' services. The following suggestions may be useful both now and in the future for the provision of young peoples' services.

1. Use of 'What's App' on a dedicated young peoples' phone to enable an easy point of access. Once YP have made contact with the service, a health care professional can then direct the YP for appropriate advice or arrange a clinic visit. Local information governance advice should be sought.
2. Use of a dedicated telephone line (mobile or landline) for initial contact as above.
3. Ability to walk in for <16s or <18s depending on the local service (i.e. walk in service not advertised but if a YP turns up at clinic they will not be turned away).
4. YP walk in services are open but young people are asked to socially distance outside while waiting or a timed slot system has been used to avoid overcrowding.
5. YP can book an online appointment slot for either a call back or an appointment time to come in (without having to phone the main clinic telephone line).
6. Online test kit requests (this is almost universal now). In many centres' clinics have an alert or brief risk assessment tool when a YP <16 or <18 requests a test and they can then be followed up with a phone call to address any safeguarding concerns.

7. Outreach nurses or other healthcare professionals may be able to offer home or school/college visits to vulnerable young people who find it harder to access regular services.

Issues around telemedicine/video consultation

Once YP have engaged with the service, assessment poses further challenges. YP may not be in a safe space to speak, may have no phone credit, poor phone signal, or limited private time in which to talk.

Some YP do not like to have a consultation over video calls, and some do not like telephone consultation.⁴ If possible it is important to ask what the YP prefers and to arrange a face to face appointment if that is most appropriate.

Sending of images

Careful consideration should be made by services that provide remote intimate examinations e.g. photo diagnosis pathways.

ASIG do not advise these pathways are used for <18s.

In addition BASHH advises that 'Digital images are only being suitable for >18s 'due to legal aspects of the risk of distributing underage images.

We hope that this information useful and we would welcome any further information about what is working (or not working in your specific clinics/areas) so we can build up a fuller national picture.

If you require any further information or would like to discuss with a member of ASIG please contact Sophie Herbert (interim chair and secretary) via BASHH who can put you in touch with the most appropriate person.

References

1. Thomson-Glover R, Hamlett H, Weston D, et al. Coronavirus (COVID-19) and young people's sexual health- *Sex Transm Infect* 2020;96:473–474.
2. Nwokolo N, McOwan A, Hennebry G, *et al* Young people's views on provision of sexual health services - *Sexually Transmitted Infections* 2002;78:342-345.
3. Sexual health services and education: Young people's experiences and preferences. [Health Education Journal](#) 65(4):368-379 December 2006
4. BHIVA/BASHH Spring conference 2021: P140 Sexual health services for young people during Covid-19 - Dr Sinead Cook, Ms Lauren Mackie, Dr Daniela Brawley, Ms Elaine McConnachie