

NATIONAL REVIEW SUMMARY REPORT 2023-24



 brook

WORKING WITH COMMUNITY GROUPS TO EXPLORE THE EXPERIENCES OF YOUNG PEOPLE OF DIVERSE HERITAGE ACCESSING SEXUAL HEALTH INFORMATION

We asked a young person who participated in the Brook review why they feel this report is important, and how they found the experience of contributing in a sexual health workshop, facilitated by their community group worker.

“I like that this report talks about accessing community groups, like faith groups, it’s really important. There can be a lot of misinformation and misconceptions in the community and it’s important that everyone in the community has access to the right information, adults and young people; as not everyone is getting sex education in school. You need to give young people information where they are, where they want to receive this information and build a rapport with the young people in their communities.

“There needs to be more research with BAME communities, a lot of information online can be more to do with white people, there is not as much research on Black and other minority bodies...the information online needs to be more diverse and connect for everyone.

“I had a good rapport with my health and wellbeing worker, I would be a lot more open with her talking about these topics than with someone I have just met.”

(Young person participant, Liverpool Workshop)

Trigger warning; this document contains reference to topics such as young people experiencing racism

WHAT DID BROOK DO?

Brook wanted to hear what young people think about the information and advice they are receiving related to sexual health during small workshop discussions. Using the findings from this work, we co-produced recommendations with young people and professionals involved in this review to improve access to sexual health information for young people who are often underrepresented in both Brook's participation work and clinical services, with a particular focus on young people of diverse heritage.¹

HOW DID BROOK DO IT?

The Participation Team worked with three organisations, in Liverpool, London and Wales, who work with young people of diverse heritage. We asked the organisations to conduct a workshop on our behalf with small groups of young people who they engage with. To support organisations, we developed a workshop guide, and held pre-workshop meetings with the professionals delivering the Brook workshop.



Following the workshop, we organised interviews with the professionals to gather their views based on their experience of working directly with young people in their communities, and to champion the voices of the young people they work with. This review included the experiences and opinions of four professionals and nine young people of diverse heritage living in Liverpool and London.

1. The term 'young people of diverse heritage' was used based on guidance from Brook colleagues in the Lambeth, Southwark and Lewisham team who work predominantly with Black, Asian and Latin communities. In these practitioners' experiences, many young people do not see themselves as an 'ethnic minority' and using the term 'BAME' in recruitment materials would limit the number and diversity of participants.

The benefits of partnering with organisations in this way, enabled young people to open up about sensitive topics related to sexual health with professionals they know and trust in their local communities.

We enjoyed partnering with local organisations in this capacity, and financially reimbursed the young people and organisation for their time spent working with Brook on this review.

WHY DID BROOK DO IT?



Brook chose to focus on the experiences of young people from Black and Asian communities due to the existing evidence that a number of inequalities in sexual health disproportionately impact people from Black and Asian communities including poorer access to contraception.²

Additionally, sexually transmitted infection (STI) rates have hit record highs in recent years. The impact of STIs remains greatest in young people aged 15 to 24 years, with people of Black ethnicity having the highest rates when compared to other combined ethnic groups. Whilst people of Asian ethnicity saw the lowest rates of STI diagnoses, the proportional rise in diagnoses was the highest of any combined ethnic group between 2022 and 2023.³

2. <https://blogs.bmj.com/bmj/srh/2022/04/11/are-you-listening-black-voices-on-contraception-choice-and-access-to-sexual-health-services/> and <https://srh.bmj.com/content/46/4/287>

3 <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

WHAT DID BROOK LEARN?

Through this review, Brook improved its understanding of how young people of diverse heritage are accessing sexual health information; barriers to accessing sexual health information and care; where they are accessing services; and how Brook can strengthen its approach to engaging underreached communities in sexual health.

WHERE ARE YOUNG PEOPLE ACCESSING SEXUAL HEALTH INFORMATION AND ADVICE?

Relationships and Sex Education (RSE)

The young people across the workshops agreed that they did not have comprehensive RSE but that it would have been beneficial to learn about sexual health in a school setting. One professional highlighted a barrier for young people engaging in RSE and discussed that school exclusion rates are much higher for young people of diverse heritage.

This prevents young people from accessing the right information because they are not in education. The professional also spoke about hearing from the young people they work with about racism in schools and said that racism and bullying is so prevalent that some young people will not go to school, which affects their ability to access information about healthcare services in their local communities.

Online including social media

The young people described accessing online information before any other source of information, including their friends. This was especially true if they thought the topic to be more serious, such as sexually transmitted infections. The groups agreed that researching information independently can feel reassuring, discrete and empowering.

They felt that social media provides anecdotal information, which is important for relatability. One group commented that they will seek out accounts on Instagram and Facebook for people that have the same beliefs and/or demographics to them.

There was a consensus that online sources might not reflect personal experiences, and scepticism existed towards social media due to its subjectivity and potential for misleading content. Despite this, social media influences decision-making.

One group noted the glamorous portrayal of teenage parents on social media, shocked them due to positive comments on these posts like “lovely” and “I want a baby.” Whereas another group of young people viewed TikTok as entertaining but unreliable for medical advice, preferring trusted sources like the NHS website.

All young people emphasised the importance of trustworthy online sources due to the stigma surrounding sexual health discussions.

Friends and family

Friends can be a trusted source depending on the topic, however, stigmatised topics such as STIs can be more difficult to discuss with friends. Friends can also be a source of information to compare experiences.



In both groups of young people, many felt unable to talk about topics related to sexual health with their parents or carers, with some feeling that their parents had conservative views. One group discussed that they thought their parents would not be approachable because of their culture.

However, this group agreed that they would like to have these conversations with their parents. Professionals also highlighted that in certain communities there is stigma associated with sexual health, which would make it more difficult for young people to speak about it with their parents.

Medical Professionals

Some of the young people who took part in the workshops worry about being seen in the community accessing sexual health services. The young people in London prefer sexual health clinics over family GPs to avoid family members finding out, with some young people from Liverpool also having better experiences at sexual health clinics than at their GP.

“Young people prefer a service that is for U25s, they do not want to go to a Dr or a hospital as they can’t trust what eyes on you [in relation to adults being around], they want a safe space for themselves to get the information”

(Professional 1-1 Interview)

The inability to choose the gender of the medical professional or having to see different professionals each visit is also a barrier. Some feel they’re wasting the GP’s time unless it’s for serious issues like STIs or pregnancy scares. Some of the young people also discussed experiencing a lack of care from their GP during the consultation as

well as not having time to discuss potential side-effects of contraception.



“10 mins is not enough to discuss these issues... [GPs] can be dismissive of issues and concerns”
(Young Person Liverpool Workshop)

“Side-effects not explained by GP, I have to rely on my own experience and my friends’ experience”

(Young Person Liverpool Workshop)

Some young people felt they had to be more ‘pushy’ to advocate for their own health needs especially choices around contraception.

WHERE ARE YOUNG PEOPLE ACCESSING SEXUAL HEALTH INFORMATION AND ADVICE?

Young people of diverse heritage discussed barriers related to ethnicity and culture which can play a role in accessing sources of sexual health information. For example, not being able to discuss topics related to sexual health at home, inadequate RSE and not feeling that there are sexual health services in their local areas.

One organisation also described how the history of discrimination faced by the Black community accessing healthcare, can impact on a young person’s decision to seek medical care due to fear of being judged because of their ethnicity.

“The Black community has more discrimination because of history, a Black male is not open to going to the Doctors. [There is] generational trauma embedded as to why not to go and seek medical advice – until it’s too late.”

(Professional 1-1 interview)

The professionals from London discussed that in some parts of the country young people may be reluctant to move between boroughs for services due to gangs and therefore access locally is very important.

They also questioned why sexual health provision for young people was no longer in their local areas, despite high rates of STIs for their age group. Both professionals and young people spoke about services reaching young people of diverse heritage where they are.

HOW CAN BROOK STRENGTHEN ITS APPROACH TO ENGAGING UNDER-REACHED COMMUNITIES IN SEXUAL HEALTH?

The information we received from young people and professionals is rich in knowledge from their lived experience. Brook has reflected on this information in order to strengthen our approach to engaging under reached communities.

The following section looks at recommendations from the young people and the professionals we spoke with during this review.

1. Local access and raising awareness

- Deliver sexual health services and educational workshops in local areas for young people.
- Utilise social media, using short videos get the audience attention, such as TikTok challenges and dancing trends mixed with important information. This is what young people engage with on social media and would help to gain and keep their attention.

“Use Brook’s TikTok to make videos – real people who have had experiences. Show the other side of having a baby – make it so it’s not so glamorous.”

(Young Person London Workshop)



2. Trust

- Building trust with young people is of the utmost importance. It is vital for organisations to engage with young people and build a relationship before talking to them about sexual health.
- Work with professionals within organisations who have an existing relationship and trust with the people you want to engage with. Professionals in the community have a better understanding of the different experiences including the culture and religious backgrounds of the individuals in the group.
- Be conscious that there is still a lot of stigma surrounding healthcare for some Black people, and that for some people they may want more representation of themselves, like their ethnicity and culture, in the healthcare professional in front of them.

3. Build on community work

- RSE workshops in schools should be delivered by someone who really understands the young people, such as someone within the community who can make the workshops engaging and culturally sensitive.
- Identify and learn about existing community programmes to understand how they are inclusive of young people's religion/culture to make sure RSE is relevant and appropriate.
- Utilise key community organisations within the community – like community faith groups – to reach young people. Mosques and churches do a lot of work with youth groups and can help to build relationships as they can share key information with young people.

WHAT WILL BROOK DO NEXT?

The recommendations from young people and professionals are exceptionally important. Brook will consider the findings to establish a two-year implementation plan which will commit Brook to undertaking a review with young people to understand what they want from clinical safe spaces.

As well as strengthening relationships with organisations working with young people from diverse social and cultural backgrounds and ensuring that Brook's website and social media continues to provide trusted, factual information. This plan will ensure our services are inclusive and reflective of the needs of those who access them.

We will also feedback to the young people and professionals we worked with about what we are doing with their input and the changes their contributions have made to our work.

THANK YOU!

We'd like to say a big thank you to all the young people who took part in the small discussion workshops for sharing their views with Brook. As well as the professionals who supported this work, who encouraged the young people they work with that their views are important and for also sharing their own ideas with Brook. We really enjoyed this partnership work.

If you want to get involved or would like further information on the consultation, please contact: participation@brook.org.uk

This review complimented wider research at Brook, if you would like to find out more you can access Brook's [Easy report](#) on the Brook website.