LONDON BOROUGH OF HAVERING

Sexual Health Needs Assessment 2024

Summary of Engagement with Residents and Professionals

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Context

Engagement with residents and professionals was a critical component of the needs assessment to gather insights about their views and experiences around sexual reproductive health. This insight was used to improve the understanding of local experiences and shape recommendations for addressing the needs of populations in Havering.

Engagement was conducted through the following activities:

1. **Focus groups with young people**

The aim was to gather qualitative data from young people about their experiences with accessing sexual health support and advice in Havering.

2. **Resident survey for the North East London (NEL) sexual health strategy**

The aim is to work collaboratively with residents and partners from across the spectrum of integrated sexual health in order to deliver high quality, easy-access and equitable provision across the whole of North East London, prevent illness and promote healthy relationships at the core of all activity.

3. **Workshop with professionals working in Havering**

Gather insight from local professionals about assets and gaps in the borough, how we can collaboratively as local system to improve joint working and fill any gaps in the offer for sexual and reproductive health services.

Summary of findings

The key themes and priorities identified through these engagement activities are summarised below with further details provided throughout this chapter.

Focus groups with young people

- Young people are willing to talk to people about sexual and reproductive health but this needs to be with people they are comfortable with trust – this includes friends, youth workers, school nurses and doctors.
- Young people would like sexual health services to offer condoms, information in various formats and LGBTQ+ specific information about sex.
- Young people want sexual health services to be easily accessible, inclusive, non-judgemental and maintain anonymity.

NEL sexual health strategy survey

- Residents shared concerns about the location of local sexual health services, difficulties in getting appointments and raised that promotion of sexual health services needs to be improved.
- Residents also shared that additional sexual health services are needed for young people.
- The majority of residents who completed the survey agreed that all of the NEL sexual health strategy priorities are important, particularly “Priority 4: Towards Zero - there will be no new HIV infections in North East London by 2030”.

Workshop with professionals working in Havering

- Professionals identified several assets supporting the improvement of sexual health outcomes in Havering, including programmes and initiatives delivered by Havering Council, voluntary sector organisations (e.g. Positive East) and NHS services.
- Professionals agreed that information about sexual and reproductive health is readily shared between partners when there are concerns around harm and safeguarding.
- However, there is room for improving how information is shared between services and with residents.
- Professionals shared key priorities for improving sexual and reproductive health and wellbeing:
    - Improve access to contraception and testing
    - Improve support for young people
    - Increase awareness of services
    - Improve data and insights

Focus Groups with Young People

Aim

Gather qualitative data from young people about their experiences with accessing sexual health support and advice in Havering.

Methods

Youth workers in the Youth Service in Havering Council invited young people to participate in focus groups in June 2023. Young people were recruited from existing youth groups/clubs based at MyPlace in Harold Hill – GRL Academy, SAFE Youth Club and LGBTQ+ Group.

Three focus groups were arranged and each lasted approximately 60 minutes. A topic guide was developed containing questions to discuss with the young people during the focus groups. The questions aimed to ask young people about their experiences with accessing services and discussing sex and relationships.

Findings

Nineteen young people participated in the focus groups. The demographic information for the young people are shown in Table 1.

Table 1: Demographics of young people in the focus groups

	Focus Group 1 – GRL Academy	**Focus Group 2 – SAFE Club (young men)**	**Focus Group 3 – LGBTQ+ club**
Number of participants	7	8	4
Gender	Female and non-binary* *Two identified as non-binary	Male	Mixed (number of participants for each gender category not reported)
Age range (years)	13-16	13-17	13-18
Ethnicity	White British – 7 Black British - 0 Other - 0	White British – 7 Black British - 1 Other - 0	White British – 4 Black British - 0 Other – 0

The key themes from the responses are summarised below:

Sources of information and talking about sex and relationships

1. Young people shared that they learnt about sex and relationships from various sources, across the three focus groups this was mainly through the **internet, school and friends.**

2. Young people shared that **depending on the individuals**, they would be comfortable discussing sex and relationships with others. Participants in Focus Group 2 shared that they “didn’t mind talking about it with friends, youth workers, teachers and parents”.

3. Focus Group 3 expanded to say that it **depends on their life and cultural experiences**. These individuals need to be **people that they are comfortable with, people they can trust**.

4. Young people in Focus Group 1 and Focus Group 2 shared that they **would not seek advice or discuss important issues about sex and relationships.** However, Focus Group 3 shared that there is a "need to talk more" and that "parents need to be more able to talk to children".

5. Young people shared that **they would have a discussion with a partner about their sexual past**, young people in Focus Group 1 and Focus Group 3 felt that is particularly important because of STIs.

Seeking sexual health advice and contraception

1. Young people shared that if they needed support around sexual and reproductive health, there would:

"Talk to friends"	**"Talk to youth workers"**	**Talk to healthcare professionals** (school nurses and doctors were specificially mentioned)	**"Look on the internet"**

2. Young people expressed that they would like to access contraception from pharmacies, youth centres and retail stores.

Accessing sexual health services

1. Young people would like a sexual health service to offer…

Condoms (via the c-card scheme)	**Information** (in various formats, e.g. leaflets and talks)	**LGBTQ+ specific information** about sex

2. Young people shared what would encourage and put them off going to a sexual health service, this is summarised below:

What would encourage young people to access sexual health services?	What would put them off going to a sexual health service?
• Contracting a STI • "Being active or curious" • "On my doorstep" • Weekly support groups to get information and advice • Drop-ins after school • Mix of professionals (including youth health workers) • "Rainbows on door"	• There is no anonymity - "I wouldn't want anyone to know" "Parents being told" • Judgment • Not inclusive, e.g. "advertised as women's spaces"

NEL Sexual Health Strategy Survey

Aims

Improving sexual and reproductive health is one of the key priorities across NEL. We are in the process of developing a five-year North East London Sexual and Reproductive Health Strategy. The aim is to work collaboratively with residents and partners across integrated sexual health in order to deliver high quality, easy-access and equitable provision across the whole of North East London, prevent illness and promote healthy relationships at the core of all activity.

Methods

Residents across NEL were invited to complete a short online survey to gather their views about sexual and reproductive health. Results for Havering residents were reviewed and analysed.

Findings

78 residents in Havering completed the NEL sexual health strategy survey. The demographic characteristics of the individuals who completed the survey are summarised below.

Demographics

Gender	%
Female	71
Male	27
There are only two genders	1
Prefer not to say	1
Ethnicity	%
Asian/British – Indian	3
Asian/British Asian – Bangladeshi	1
Asian/British Asian – Chinese	1
Black British	1
Black/Black British – African	4
Black/Black British – Caribbean	3
Greek Cypriot	1
Other mix	1
White British – English/Northern Irish, Scottish, Walsh	81
White other	4

Age	%
18-24	9
25-44	31
45-64	45
65+	15
Sexuality	%
Straight/heterosexual	80
Bisexual	6
Gay	10
Pansexual	1
Prefer not to say	3
Long term conditions %	
No	74
Yes, I have a physical disability	13
Yes, I have a physical disability, Yes I am diagnosed with a mental health condition	1
Yes, I am diagnosed with a mental health condition	9
Yes, I am diagnosed with a mental health condition; Yes I have a physical disability	3

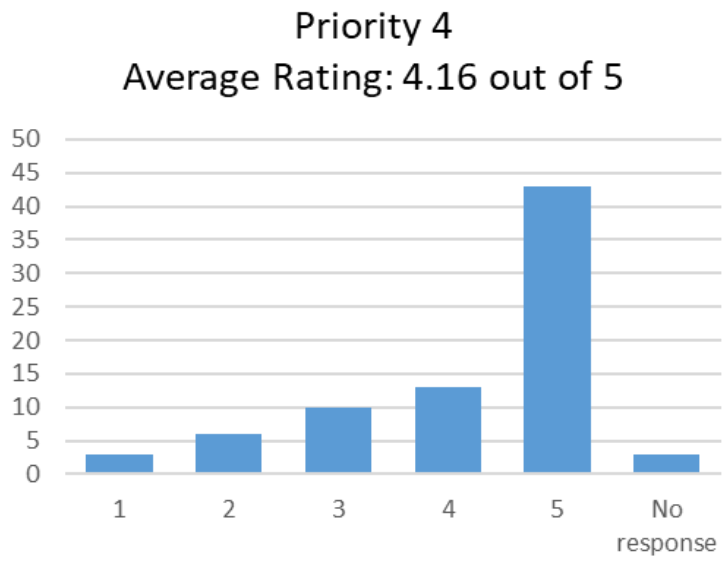
Feedback on NEL priorities

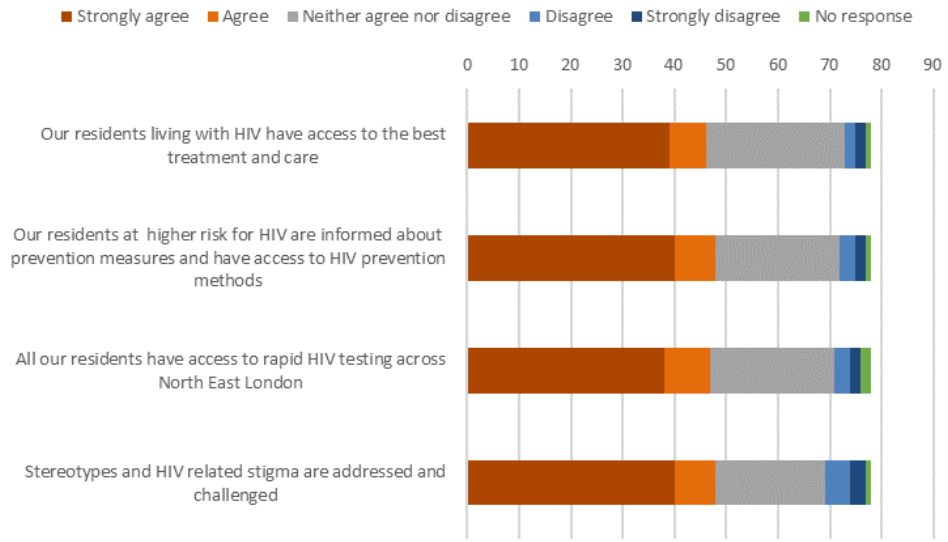
The first part of the survey aimed to gather feedback on the strategy's priorities. Residents were asked how important each priority is for them. They responded using a 1-5 scale where

1 was not important and 5 was very important. We also asked them whether they agree or disagree with the aims identified for each priority.

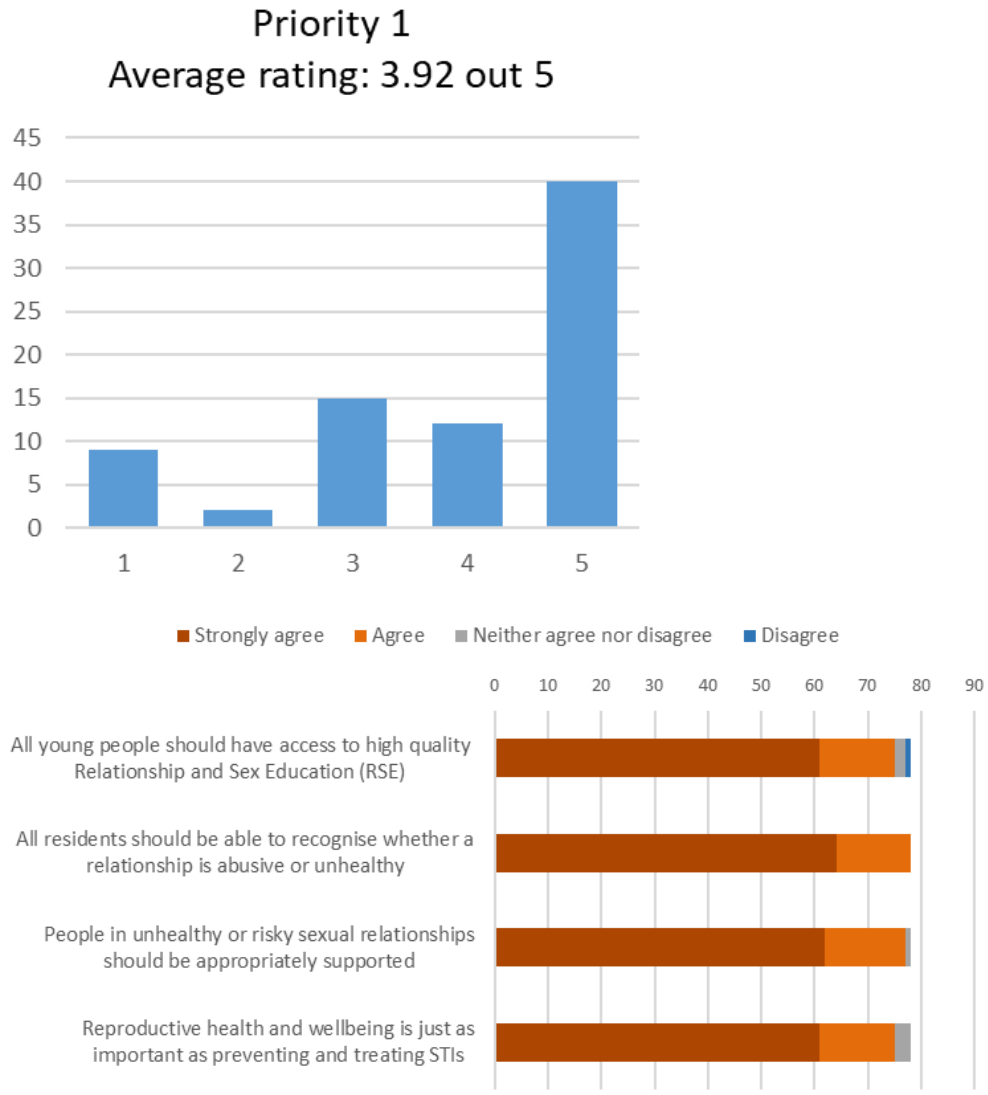
Results for Havering residents are presented below, ranked by the priority with the highest average rating for importance.

Priority 4: Towards Zero - there will be no new HIV infections in North East London by 2030

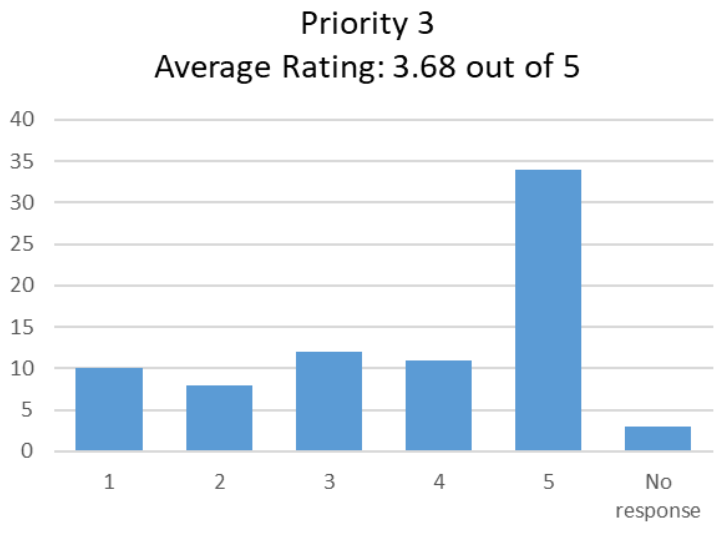


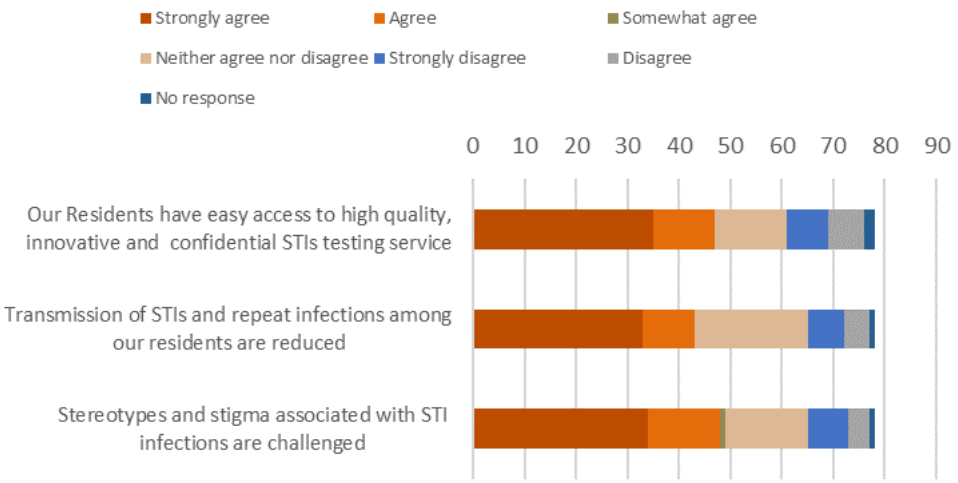


Priority 1: Residents in North East London are able to make informed choices about their sexual and reproductive health

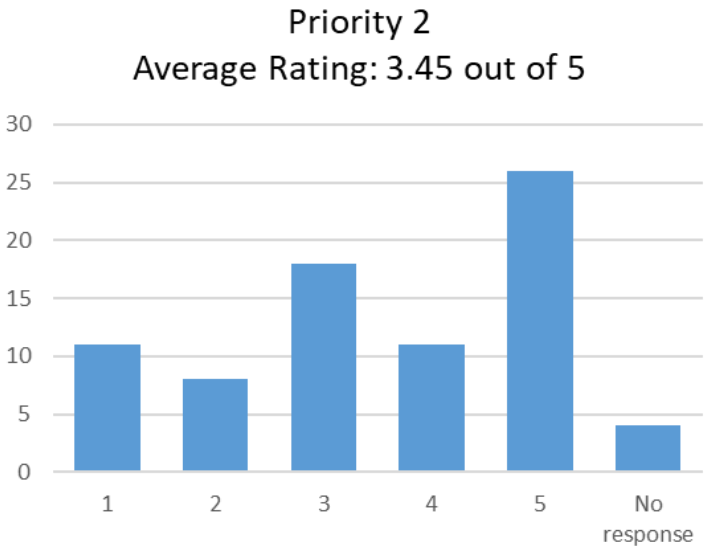


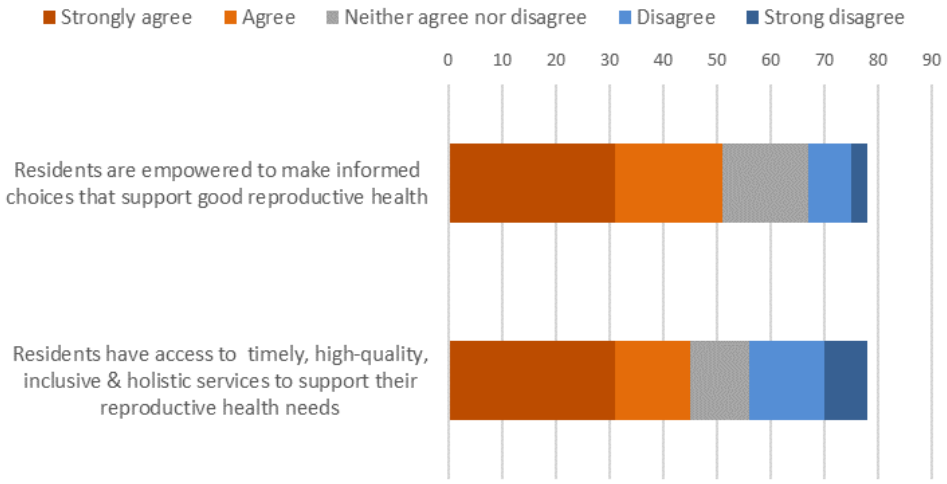
Priority 3: Residents of North East London have access to high quality and innovative testing and treatment for Sexually Transmitted Infections (STIs)





Priority 2: Residents of North East London have good reproductive health across the life course





Residents were also asked if anything is missing from the NEL sexual health strategy priorities. Feedback from residents in Havering is summarised below, key themes were identified, these being accessibility and services for young people.

Accessibility (proximity and opening times) of sexual health services, including STI testing

"Lack of provision of sexual health within havering by having to travel to Barking for symptoms"

"I would like to be able to see a health service closer to where I live so i don't have to travel so much. Maybe doctors could let us know more about contraception they have."

"Easier access to clinics in havering not having to travel out of Borough or ring at 8am for an appointment. (this isn't practical for anyone or if u work) by 8.15 all appointment s gone ! Had a nightmare for past 2 years getting contraception."

"Access to sexual health in havering in is paramount. There are no services in close proximity for young person and vulnerable adults to access. Long wait lists for reproductive health as no presence in havering. The STI rates are rocketing and this needs to be supported for the residents of havering. There a presence of sexual health and reproductive health in surrounding boroughs but no havering"

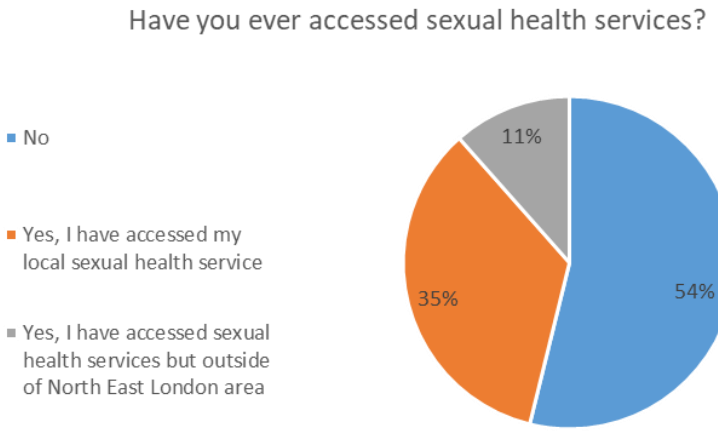
Services for young people

"Sexual health drop-ins are needed for teenagers in the local area (not having to travel to Barking). Pregnancy testing/sexual health advice/relationship advice could all be provided to under 25s at myplace"

"Get more clinics open for the young people. There is no easy access at present for havering residents"

Accessing local sexual health services

Residents were asked if they access local sexual health services – 54% of respondents shared that they have not ever accessed sexual health services.



Residents were asked about (1) what could be improved in their local SRH provision and (2) what has stopped them from accessing their local SRH provision. Many residents shared that they felt that they have not needed to access SRH services. Themes for Havering residents were similar across both of these questions and are summarised below.

What could be improved in your local SRH provision?		
Location	**Appointments**	**Promotion / Awareness**
“easier location to get to” *“Have clinics at Queens and myplace”* *“Better access to sexual health services across all of the boroughs not just in some.”* *“More local provision for young people”*	*“There must be walk-in on the day testing and treatment for STIs. The morning after pill should be immediately available.”* *“More appointments”* *“Easier to make appointments”* *"Longer opening hours at local sexual health clinics. Majority of appointments are during the day when people are at work and may struggle to attend those. Most appointments should be available in the evenings and weekends when most people are free.*	*“Should be more widely advertised”* *“Letting people know more easily where they are”* *“I haven't seen any advertising or targeted support in Havering. I hadn't really thought about it until I saw this survey.”*
What stopped you from accessing your local SRH service?		
Location	**Appointments**	**Promotion / Awareness**
“It's so difficult to find a service; more should be done in the community (outreach testing etc..)” *“Too far away.”* *“Local access to services, too far to travel.”*	*“difficult to get to and get appointment.”* *“Could not get an appointment ”* *“no appointments left”* *“Timing of appointment. + Difficulty of booking the appointments - calling in the morning to try and get a place is too stressful and waste so much time. Unfortunately as I already start work during that time, I cannot be on the phone for hours to try to book an appointment. There should be an online booking system.”*	*“Letting people know more easily where they are”* *“not knowing what’s available* *“Don’t know how to or what services they offer. Stigma around talking about clinics so haven’t asked friends or family about them”*

Workshop with professionals working in Havering

Aim

Gather insight from local professionals about assets and gaps in the borough, how we can collaboratively as a local system to improve joint working and fill any gaps in the offer for sexual and reproductive health services.

Methods

Professionals were invited to attend the online 3-hour workshop in July 2023. Group discussions were used to gather information from professionals, exploring the use of data, assets and gaps and communication between services. Discussions covered the following topic areas included within this sexual health needs assessment:

- Sexually transmitted infections & contraception
- Conception, abortion & maternity, teenage pregnancy

Findings

Seventeen partners attended the workshop, representing Early Help LBH, Safeguarding LBH, Community Safety LBH, Public Health LBH, Positive East, Community Pharmacies and BRHUT.

Findings from the group discussions are summarised below:

Assets and gaps

	Assets	Gaps
Sexually transmitted infections & contraception	• Community pharmacy programme for contraception – no waiting list, but only up to age 25. • Sexual health clinics in Barking, Loxford and Queens - able to offer screening for all STIs and management. • Good relationships with businesses in Rainham and Romford. • LGBTQ+ forum in Havering to connect with disproportionately affected community. • Assets in community groups – supporting people from racialised minorities; connect with these groups to work better with. • Schools / RSE / DSLs. • Positive East – outreach across Havering to do HIV testing, STI screening, LARC referrals, condom distribution (MSM & BAME), provide resources, and operate out of community and commercial venues. Staff and volunteers represent different demographics.	• Community pharmacy programme for contraception - not beyond 25 years • Access to copper coil fitting appointments and referrals • Availability of appointments and not being able to meet current demands; locations limited; replicate what doing in Barking hospital in other sites will be challenging with staffing capacity • Not many GPs offering LARC services; only one trainer in LARC fitting available. • Gap around ethnicity and sexuality, presenting with HIV/STI. • Limited provision of STI testing kits in pharmacies – particularly important for the new UTI testing service. • Being able to talk with older people about sexual orientation. • Educating young people about what is a healthy relationship is. • Lack of awareness about the c-card scheme and a reduction in outlets. Can utilise good relationships with businesses to have pop-up C-card centres during the evenings and weekends.

	• C-card scheme – 13-24 years. Condoms and sexual health and advice and onward referrals. Online registration has been launched to increase reach of the c-card scheme.	• Positive East mainly operates in urban areas, e.g. Romford. Challenges in parking when using the Health Bus.
Conception, abortion & maternity, teenage pregnancy	• Early Help Strategy contains an area about teenage pregnancy: *"Key activity - To increase sharing of information, feedback loops and co-delivery of services between Children's Centres and Maternity Services to ensure effective and robust systems.* *Lead agency - Children's Centres* *BHRUT Maternity Services* *NELFT Health Visiting* *Intended outcome - All expectant mothers are offered support and teenage mothers are identified for targeted support* *Indicators of impact - % increase in number of teenage parents who are supported"*	• Lack of awareness about services and support available in this area. • Lack of easy-access contraception – access from services. • NHS-led services – youth friendly/led services required.

Communication and engagement – What is working well?

Information is readily shared between partners relating to harm and safeguarding.

How local services are promoting preventative messages

Includes:

Positive East

- Working with residents on the individual level
- When someone comes in for testing share preventative message
- Go into communities – training and talks with community groups and professionals.
- Share messages on social media, e.g. 'Do It London' and promotion of national campaigns.
- Share messages about mental and emotional wellbeing and sexual choices.
- Supporting women with HIV relating to trauma.

Community Safety Service

- Community safety roadshows and coffee mornings – cover various topics including safety for women and girls.
- Regularly signpost to other services

Designated Safeguarding Leads (DSLs)

- DSLs are reactive to emerging concerns
- Deliver surveys about harmful sexual behaviour in schools to potentially inform RSE lessons

Communication and engagement - How can we make improvements?

Between services	With residents
• Develop comprehensive guide about local services. • Sexual health forum to share resources and services and improve joint working. Could help with progressing the sexual health strategy. • Could be encouraged to co-produce together – statutory and voluntary sector services have excellent skills. • Improve communication with community pharmacies and data-sharing systems between pharmacies and other systems (e.g. GP systems). • Joint working for greater economies of scale – think outside the line on the map. For example, Tower Hamlets and Hackney have joined resources for monkeypox resources and testing.	• Digital media whilst recognising digital poverty. • QR codes are really useful – leave flyers on tables with QR codes. • More video-based/YouTube 30 second videos. • Going out to people not expecting them to come to you - community reps. • Train up community reps, gatekeepers, housing association staff, train peer educators. • Use of social media, e.g. TikTok.

Top priorities for improving SRH and wellbeing

Priorities	Recommended actions
Improve accessibility to contraception & testing	• Addressing inequity and inequality in access to services for minority communities. • Copper coil walk in service - 7 days a week. STD kits via pharmacies. • Increase number of pharmacies to provide services. • Increase access to services across the borough.
Improve support for young people	• Increase awareness of the C-card scheme - sharing information, training, communications and engagement. • Increase uptake of the C-Card scheme across youth and early intervention services. • Increase outlets for the C-Card scheme (schools, pharmacies, afterschool clubs). • Educate young people about sexual consent. • Teenage pregnancy support in-line with the early intervention strategy. • Identify and share real-life case studies to help young people relate to the topic and make informed decisions. • Workshops for young people and parents outside of schools.
Increase awareness of services	• Ensure that the range of available services is shared with schools - to improve signposting. • Active signposting for LGBTQI children & adults.

	• Have accessible and easily understood information available. • Increase awareness of services available through community pharmacies.
Improve data and insight	• Share information to enable real time safeguarding. • Support areas of deprivation, mapping out capacity in the area so we understand gaps. • Ensure that approaches and models are driven by community insight. • Develop a community-led and based service offer. • Analyse data to identify areas requiring performance improvement from current providers.