

## Equality Impact Assessment – Appendix 2: Barnet

### London Sexual Health Transformation Project

#### Service User Survey Results – June 2015

#### Harrow Sexual Health and Contraception Services

##### Introduction, methodology and context

- 1.1 The Barnet Sexual Health and Contraception Services User Survey is part of the wider research activity completed to support the Barnet Sexual Health Needs Assessment and Service Review carried out in April to September 2015. This survey is part of research that has sought to complement the other research being carried out on behalf of the joint Public Health Directorate and will contribute to the prioritisation of commissioning intentions for sexual health services going forward.
- 1.2 This survey was intended to enable data capture from service users in the locality to better inform the borough's needs assessment and service review. The survey was distributed as a paper based and electronic web link survey through service providers in contract with the Public Health Department. Service users were asked to complete and return these surveys, principally whilst attending the service. The survey was designed to identify point of access to local provision, perceptions of the service, awareness of good sexual health, access to, and quality of, sexual health information, influences and barriers to using services, and prioritisation of areas for improvement.
- 1.3 This report will highlight the findings of the research and seek to identify the implications of these findings to inform the Sexual Health Needs Assessment and Service Review and the prioritisation of services for the future.

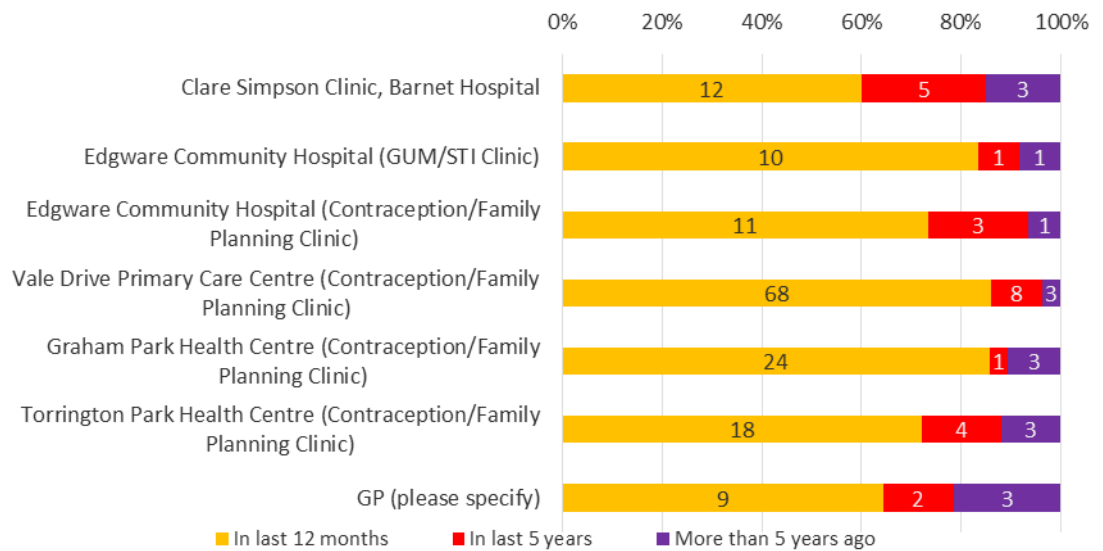
##### Key findings

- 1.4 The survey was open between April and May 2015 and in total 147 responses were collected. This represents a strong sample size.
- 1.5 The first questions sought to identify which sexual health services respondents have ever used in Barnet.

**Figure 1:** Which Sexual Health services have you ever used in Barnet? Please tick all that apply:

Answer Options	In last 12 months	In last 5 years	More than 5 years ago	Response Count
Clare Simpson Clinic, Barnet Hospital	12	5	3	20
Edgware Community Hospital (GUM/STI Clinic)	10	1	1	12
Edgware Community Hospital (Contraception/Family Planning Clinic)	11	3	1	15
Vale Drive Primary Care Centre (Contraception/Family Planning Clinic)	68	8	3	78
Graham Park Health Centre (Contraception/Family Planning Clinic)	24	1	3	28
Torrington Park Health Centre (Contraception/Family Planning Clinic)	18	4	3	25
GP (please specify)	9	2	3	14
Other (please specify)	5	1	0	6
Please specify				20
<b>answered question</b>				<b>129</b>
<b>skipped question</b>			<b>18</b>	<b>18</b>

**Chart 1:** Which Sexual Health services have you ever used in Barnet? Please tick all that apply.



1.6 The majority of respondents have used the Vale Drive Primary Care Centre followed by Graham Park Primary Care Centre and then other localities (some of which are specified below).

- Hampstead Royal Hospital
- Royal Free Hospital (GUM)
- Cherry Tree surgery
- Phoenix practice
- Finchley Memorial Hospital
- Mill Way medical clinic
- Lichfield Grove
- Graham Park Health Centre
- Stag - Holyrood Practice
- Ragweed clinic
- Watling medical centre

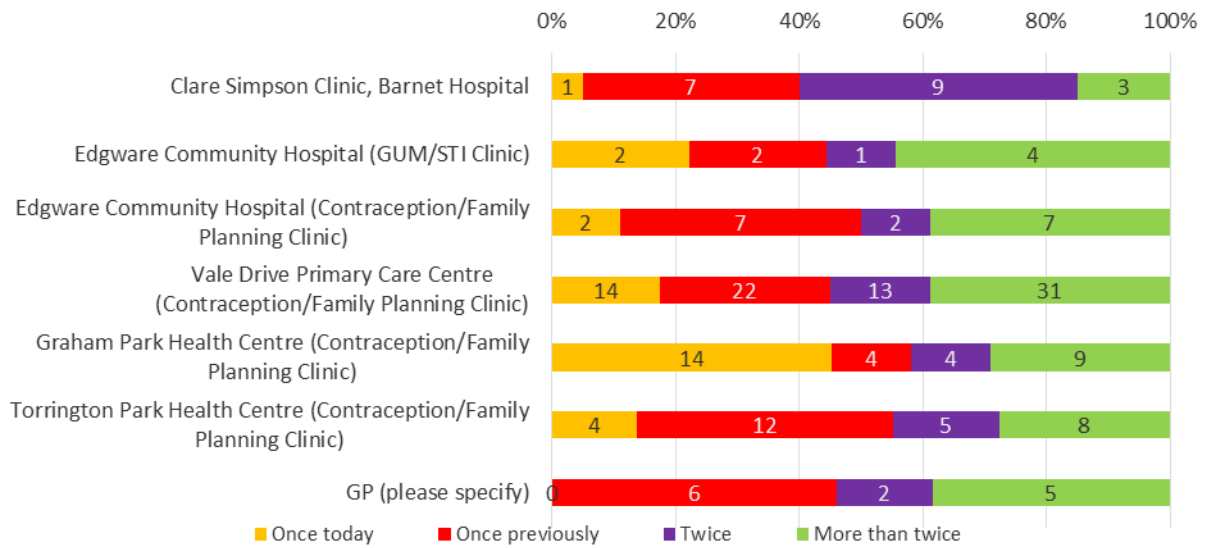
1.7 The next question sought to identify how many times respondents have been to these services/clinics. Service users were asked if they have used named services once today, once previously, twice, or more than twice.

**Figure 2:** How many times have you been to these services/clinics? Please tick all that apply:

Answer Options	Once today	Once previously	Twice	More than twice	Response Count
Clare Simpson Clinic, Barnet Hospital	1	7	9	3	20
Edgware Community Hospital (GUM/STI Clinic)	2	2	1	4	9
Edgware Community Hospital (Contraception/Family Planning Clinic)	2	7	2	7	17
Vale Drive Primary Care Centre (Contraception/Family Planning Clinic)	14	22	13	31	80
Graham Park Health Centre (Contraception/Family Planning Clinic)	14	4	4	9	29
Torrington Park Health Centre (Contraception/Family Planning Clinic)	4	12	5	8	29
GP (please specify)	0	6	2	5	13
Other (please specify)	0	1	0	1	2
Please specify					12
<b><i>answered question</i></b>					<b>133</b>
<b><i>skipped question</i></b>					<b>14</b>

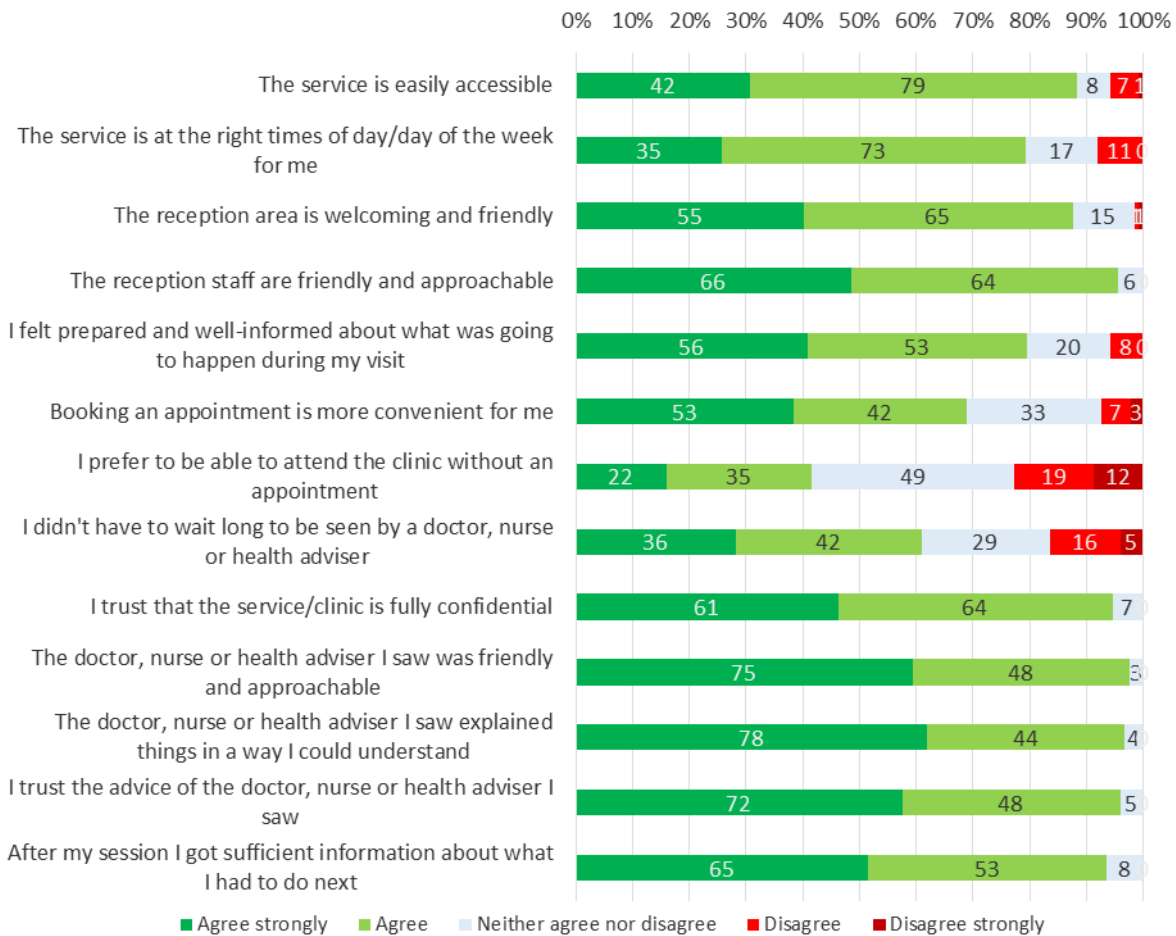
**Chart 2:**

**Chart 3:** How many times have you been to these services/clinics?



- 1.8 It is clear that the majority of respondents, particularly at Vale Drive Primary Care Centre, return to the service on more than one occasion. This could be for regular check-ups, follow up procedures or a wide variety of reasons. What is critical is the need to ensure that access is good and that clients feel welcomed and encouraged to take up services on offer appropriate to their need.
- 1.9 This next question aimed to give people the chance to state whether they either agreed strongly, agreed, neither agreed nor disagreed, disagreed or disagreed strongly with a range of statements. These statements addressed a wide range of issues from accessibility to and awareness of services, perceptions of the facilities services are housed in, attitudes and friendliness of staff, and pre and post visit information.

**Chart 4:** Please mark the extent to which you agree/disagree with the following statements:



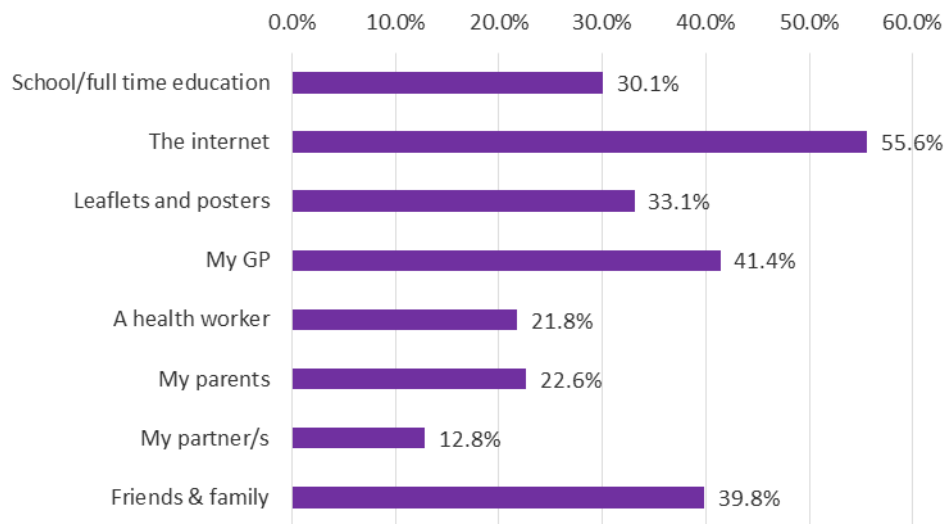
**1.10 Interestingly from the perspective of this research:**

- 98% agreed that 'The doctor, nurse or health adviser I saw was friendly and approachable'
- 97% agreed that 'The doctor, nurse or health adviser I saw explained things in a way I could understand'
- 96% agreed that 'I trust the advice of the doctor, nurse or health adviser I saw'
- 96% agreed that 'The reception staff are friendly and approachable'
- 95% agreed that 'I trust that the service/clinic is fully confidential'
- 94% agreed that 'After my session I got sufficient information about what I had to do next'
- 88% agreed that 'The service is easily accessible'
- 88% agreed that 'The reception area is welcoming and friendly'
- 80% agreed that 'I felt prepared and well-informed about what was going to happen during my visit'
- 79% agreed that 'The service is at the right times of day/day of the week for me'
- 69% agreed that 'Booking an appointment is more convenient for me'
- 61% agreed that 'I didn't have to wait long to be seen by a doctor, nurse or health adviser'
- 42% agreed that 'I prefer to be able to attend the clinic without an appointment'
-

1.11 These responses are strong particularly in service user’s perceptions of the friendliness, trust, accessibility, information explanations, and approachability of staff and confidentiality of services.

1.12 The chart below describes the responses to question 4 which aimed to identify where service users obtained their awareness and understanding of good sexual health.

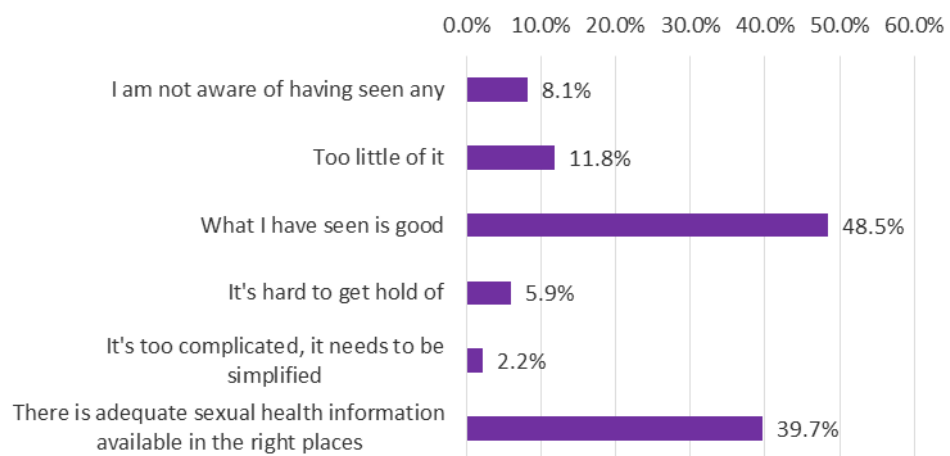
**Chart 5:** Have any of the following helped you understand more about good sexual health? Please tick all that apply.



1.13 Clearly the internet is by far the most significant vehicle for helping service users to understand good sexual health. This is followed by friends and family, their GP, school and education leaflets and posters.

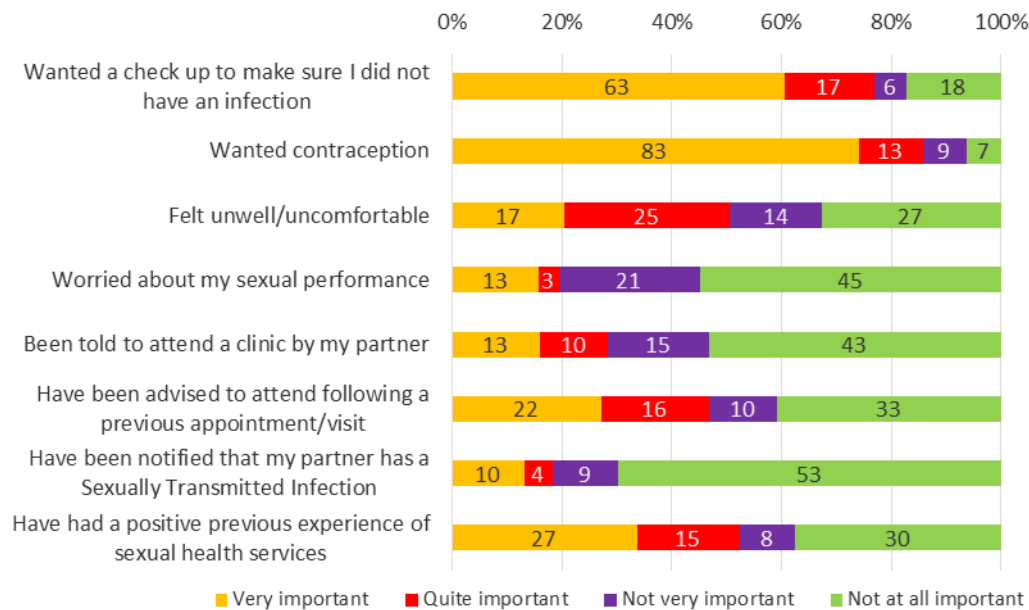
1.14 Question 5 sought to get opinions of what service users feel about the sexual health information available. 48% of respondents felt that the sexual health information they have seen is good, 40% felt there is adequate sexual health information available in the right places.

**Chart 6:** What do you think about the sexual health information that is available? Please tick all that apply.



1.15 Question 6 asked 'What influences you to use this sexual health service?'

**Chart 7:** What influences you to use this sexual health service?

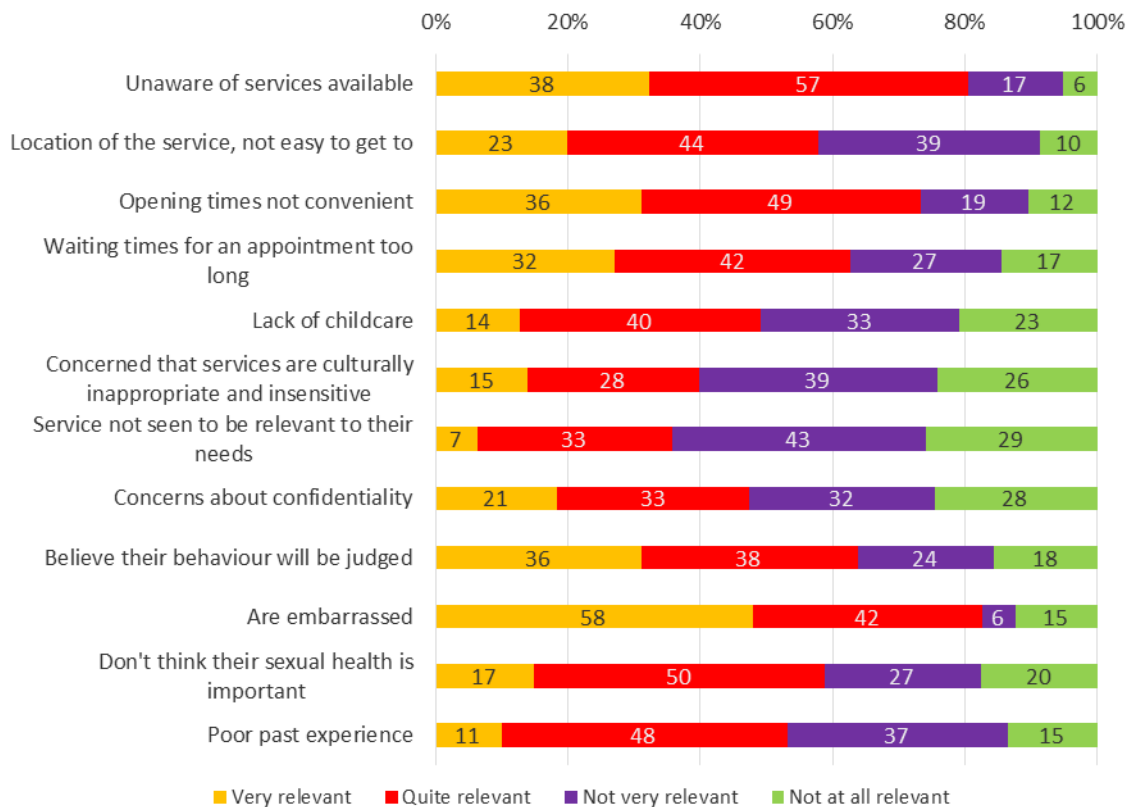


1.16 Taking very important and quite important scores together the following criteria was seen as the most influential to sexual health service users:

- 86% Wanted contraception
- 77% Wanted a check up to make sure they did not have an infection
- 53% Had a positive previous experience of sexual health services
- 51% Felt unwell/uncomfortable
- 47% Had been advised to attend following a previous appointment/visit
- 28% Been told to attend a clinic by a partner
- 20% Worried about their sexual performance
- 18% Had been notified that their partner had a Sexually Transmitted Infection

1.17 Question 7 asked service users what they think are the reasons people don't go to sexual health services. In short this seeks to review the 'barriers' or the perceived barriers to using services from a service user perspective. Indeed to some extent these responses come from people who may have overcome these concerns themselves.

**Chart 8:** What do you think are the reasons people don't go to sexual health services?



1.18 The most significant reasons why people don't take up services is reviewed below by adding together the very and quite relevant responses.

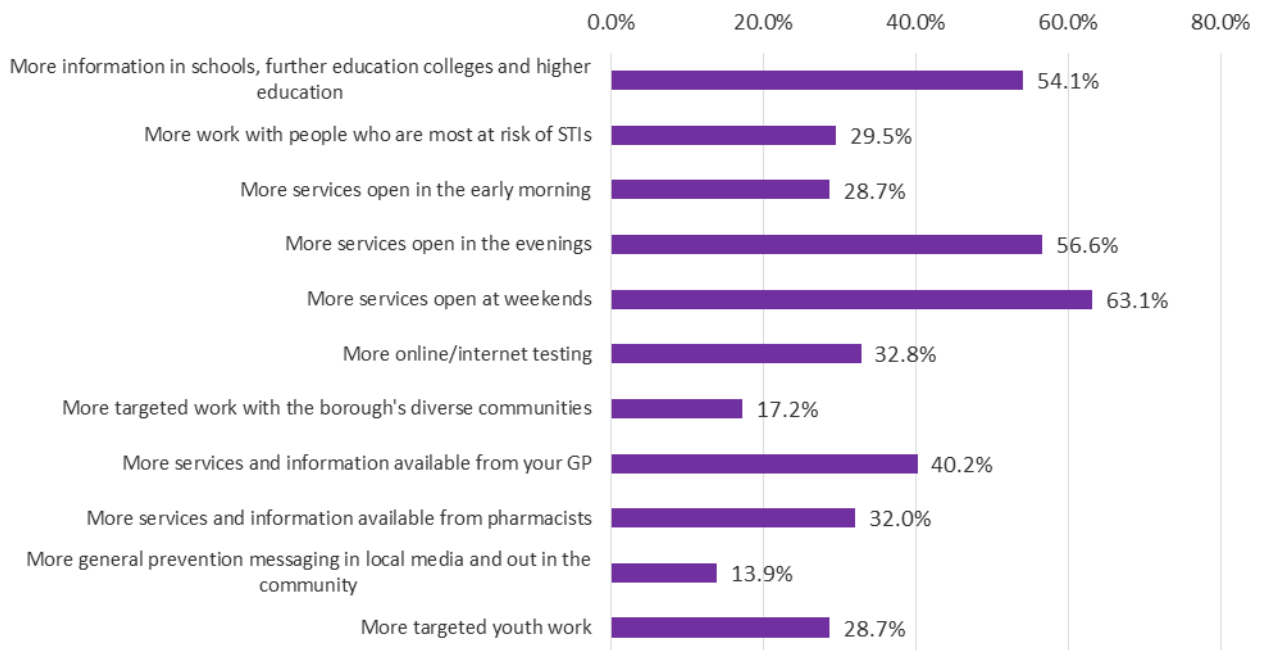
- 83% Are embarrassed
- 81% Unaware of services available
- 73% Opening times not convenient
- 64% Believe their behaviour will be judged
- 63% Waiting times for an appointment too long
- 58% Location of the service, not easy to get to
- 59% Don't think their sexual health is important
- 53% Poor past experience
- 49% Lack of childcare
- 47% Concerns about confidentiality
- 40% Concerned that services are culturally inappropriate and insensitive
- 36% Service not seen to be relevant to their needs

1.19 Clearly the most significant concern is with people's sense of embarrassment, lack of awareness and times not being convenient are the most significant reasons. This is followed by lengthy waiting times, poor locations of services, not thinking sexual health is important and poor past experiences.



1.20 Question 8 sought to identify the most important improvements that service users felt could be made to services locally.

**Chart 9:** Please rate how relevant you think the following barriers are for people to seek the help of service providers?



1.21 Weekends and evening opening times are seen as significant improvements by the 122 service users that responded to this question. This is followed by more information in schools and further and higher education and services available at GPs and pharmacies. These all suggest that service users want services that fit better into their daily lives and around times and places they see as more convenient to them.

1.22 Question 9 gave service users the opportunity to state their preferences for improvements. These have been reviewed and key themes are set out below.

- More walk in clinics
- More accessible services
- Better education and awareness of sexual health
- More awareness and education in schools and colleges
- Better opening times (longer)
- More local and national campaigns
- Using social media

1.23 Questions 10, 11, 12, 13, 14, 15, 16 and 17 sets out the demographic profile of respondents.

- 91% of respondents were women, 9% men
- 35% were aged 25 to 34, 25% 20 to 24, 19% 15-19, 16% 35-44 and 5% 45-54
- 93% were heterosexual, 4% bisexual

- Notably there were no responses from men who identified as gay or bisexual.
- 2.4% of respondents felt they have a disability
- From an ethnicity perspective:
  - 45% were white British and 9% were white other, 9% Black African and 6% Asian British (Indian).
- English is spoken at home by 86% of respondents, 6% Asian Languages (Hindi, Gujarati etc) 6% other European languages and 2% African languages
- 38% of respondents stated their religion/belief was Christian, 12% recorded no religion/atheist, 9% Muslim and 16 preferred not to say

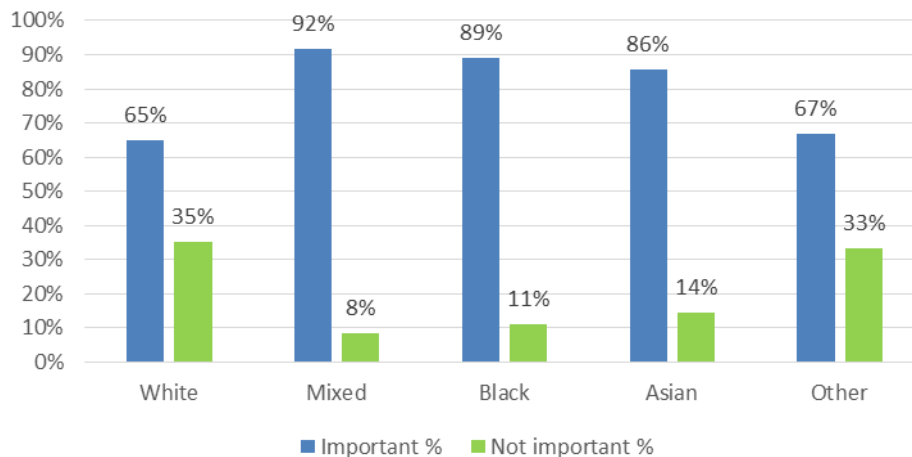
### Cross Tabulations

1.24 As part of the analysis and following discussions with Public Health Commissioners it was agreed that a number of cross tabulations were carried out. For Barnet it was requested for a cross tabulation of age groups 20-44 and the services they have attended in the last 5 months by the categories set out in question 1. Further cross tabulations were requested for age groups and ethnicity for questions 4, 5 and 6. These have all been done and have been provided to the client. However not that much was revealed, further analysis provided the following cross tabulation data sets for presentation in this report.

1.25 The age profile cross tabulations did not provide any specific data what effectively distinguished responses from different age bandings. However this was not always the case for ethnicity as the table below will seek to demonstrate.

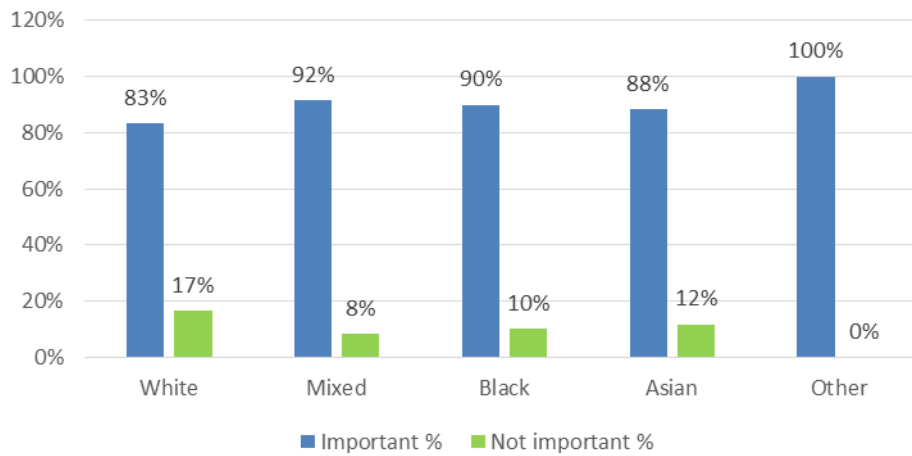
1.26 Motivators to take up services by ethnic sub categories.

**Chart 10:** Wanted a check up to make sure I did not have an infection



1.27 From the chart above it is clear that there is a pretty consistent range of responses from all ethnic categories with a majority stating that wanting a check up to make sure 'I did not have an infection' is an important motivator for taking up services.

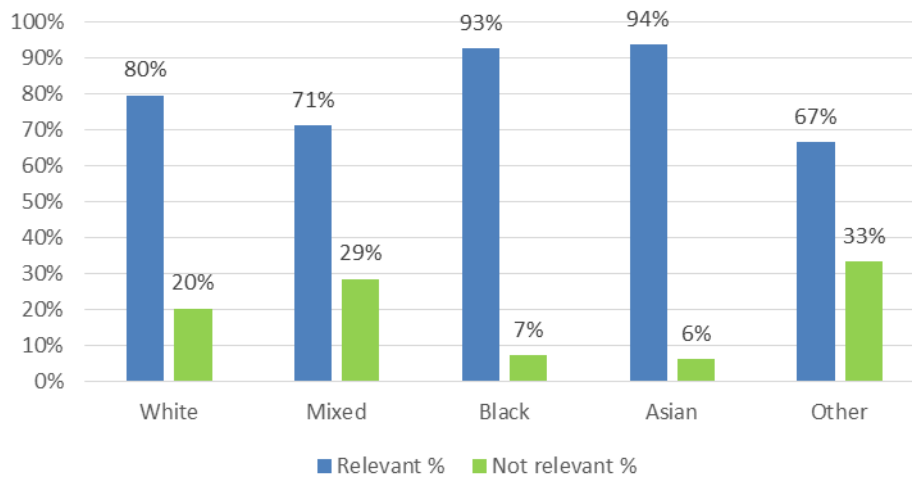
**Chart 11:** Wanted contraception



1.28 There is a similar profile of responses for wanting contraception as a motivator to taking up services. Indeed all ethnic categories show high responses as to tis motivator. Indeed having reviewed all the other motivators there is an equally consistent response by all ethnic groups.

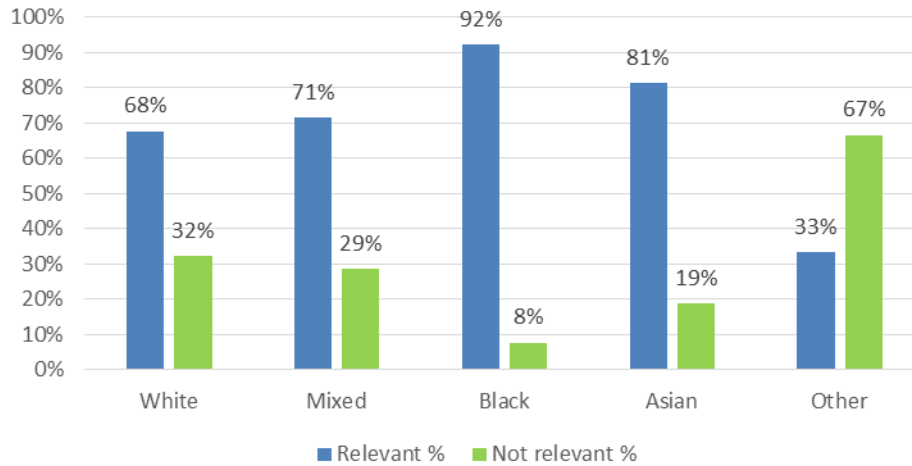
1.29 Barriers to services was a different line of inquiry to motivators to take up services. There were a range of responses available but the key responses focused on here are barriers like, being unaware of service availability, inconvenient opening times, lack of child care and concerns that services are culturally inappropriate /inadequate.

**Chart 12:** Unaware of services available



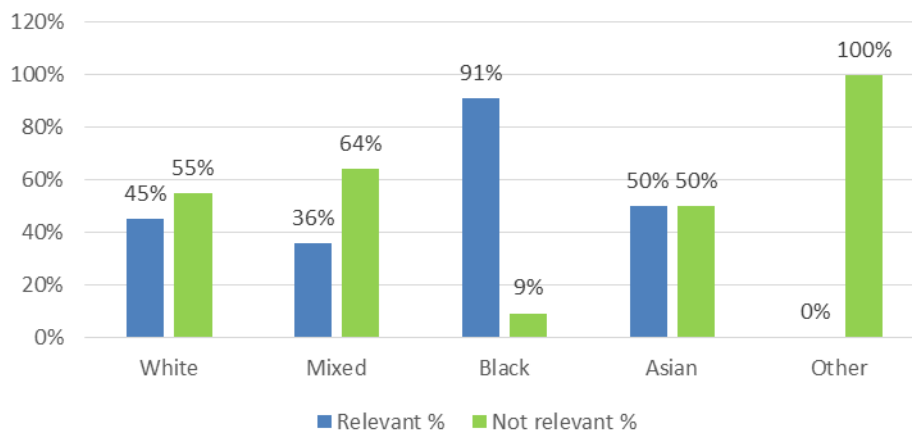
1.30 Lack of awareness of services is perceived by all ethnic groups to be a significantly relevant factor in preventing people from accessing services.

**Chart 13:** Opening times not convenient



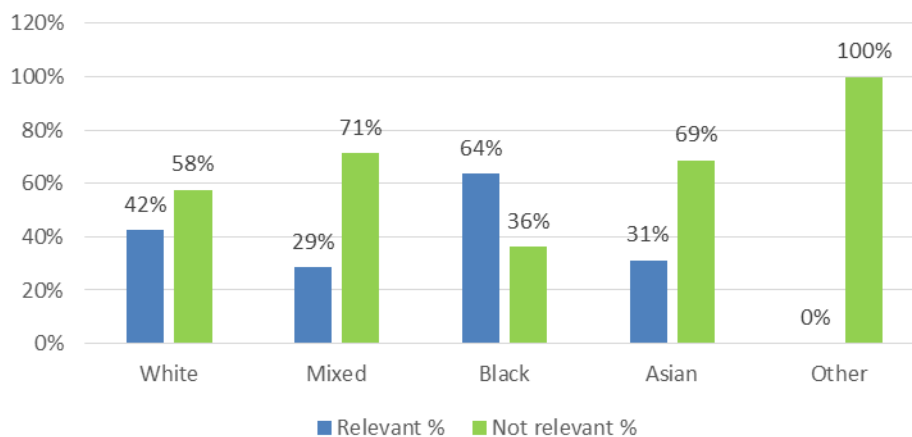
1.31 Opening times is similar as a universally significant factor. However it seems to be a greater factor for the Black community in Barnet.

**Chart 14:** Lack of childcare



1.32 Lack of child care is interesting as for many is not seen as a particularly relevant factor in acting as a barrier to services. However for the Black respondents to this survey detailed that it was a significantly relevant factor.

**Chart 15:** Concerned that services are culturally inappropriate and insensitive



- 1.33 Concerns about culturally appropriate/sensitive services and their likelihood of act as a barrier to services is seen as being relevant for the Black respondents but less so by the other ethnic groups. Nonetheless there were still significant proportions of respondents from other ethnic groups for this to be a factor that needs to be addressed by service providers.

#### Implications for the Sexual Health Needs Assessment

- 1.34 This service user survey has provided a rich insight into the views of service users of Sexual Health services in Barnet. There are essentially a set of clear suggestions emerging which could inform the Sexual Health Needs Assessment, Service Review and key priorities going forward.

- 1.35 The core elements that are seen collectively to be important going forward are:

- Strong sense of support for existing services in terms of the friendliness, trust, accessibility, information explanations, approachability of staff and confidentiality of services
- Doctors, nurses and practitioners explain things well and are to be trusted
- Preferring to attend without an appointment is not such an issue for service users many of who are CASH clients
- The internet is the most significant source of sexual health information
- Sexual health information that has been seen is perceived to be good
- Wanting contraception and wanting a check for an STI are the most significant reasons for attending services
- Service users want services that fit better into their daily lives and around times and places they see as more convenient to them. In particular:
  - More walk in clinics
  - More accessible services
  - Better education and awareness of sexual health
  - More awareness and education in schools and colleges
  - Longer opening times including evenings and weekends
  - More local and national campaigns
  - Using social media
- Service providers need to maintain culturally sensitive and appropriate services to ensure equality of access to provision across the borough diverse ethnic communities.

## Young People's Survey

### Barnet Sexual Health and Contraception Services Young People's Survey - June 2015

#### Introduction, methodology and context

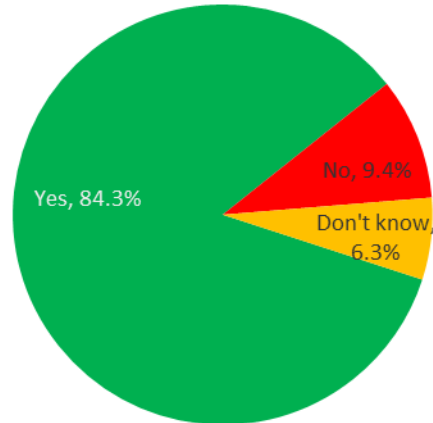
- 1.36 The Barnet Sexual Health and Contraception Young People's Survey is part of the wider research activity completed to support the Barnet Sexual Health Needs Assessment and Service Review carried out between April and September 2015. This survey is part of research that has sought to complement the other research being carried out on behalf of the joint Public Health Directorate and will contribute to the prioritisation of commissioning intentions for sexual health services going forward.
- 1.37 This survey was intended to enable data capture from young people in the locality to the borough's needs assessment and service review. The survey was distributed as a paper based and electronic web link survey through partner agencies, youth organisations, schools and colleges that have been in contract with the Public Health Department. The survey was designed to identify young people's experience of sexual health education, knowledge and awareness of local sexual health provision; points of access to local provision, preferences of how services could be delivered, awareness of good sexual health, access to sexual health information, influences to use services and prioritisation of areas for improvement.
- 1.38 This report will highlight the findings of the research and seeks to identify the implications of these findings to inform the Sexual Health Needs Assessment and Service Review and the prioritisation of services for the future.

#### Key findings

- 1.39 The survey was open in May and closed in June 2015 and in total 135 responses were collected. This represents a strong sample size.
- 1.40 In terms of the demographic profile of respondents 35% were women, 57% men, with the remainder preferring not to say. Most interestingly 58% were aged 13, 19% - 14, 17% - 15, 3% - 16, 0% - 17, 0% - 18, and 1% 19-24 with 3% preferring not to say. This means that this cohort was predominantly younger people from 13-14 years of age and predominantly male suggesting that this cohort is potentially less experienced in sex and sexual health services as they are predominantly post pubescent adolescents.
- 1.41 80% were heterosexual, 3% bisexual and 2% Gay/lesbian, 8% were unsure and 8% preferred not to say. 5.2% of respondents felt they have a disability.
- 1.42 From an ethnicity perspective 19% were white British, and 18% Black African, 17% were white other, 7% were Asian other and 6% were mixed white Black African.

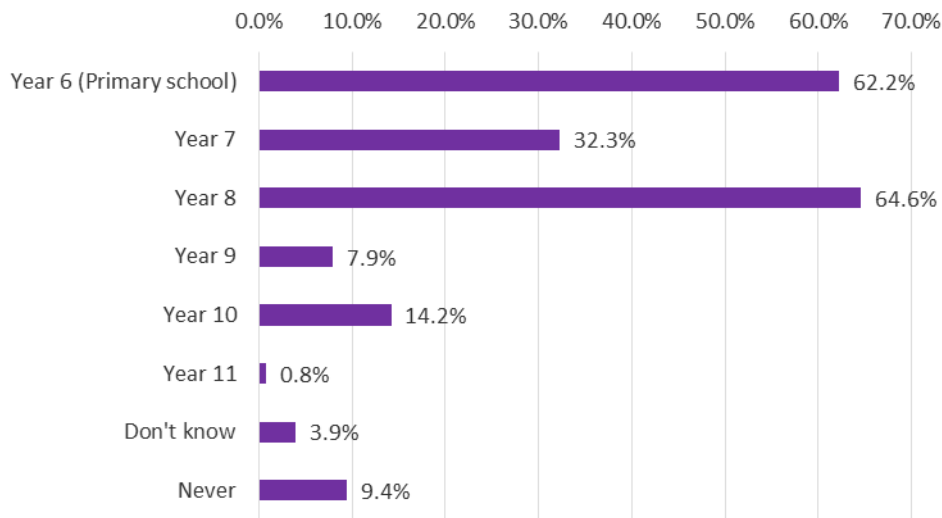
1.43 The first questions sought to establish if respondents have had any sex and relationship education whilst at school.

**Chart 16:** Have you ever had any sex and relationship education in your school? Please tick all that apply.



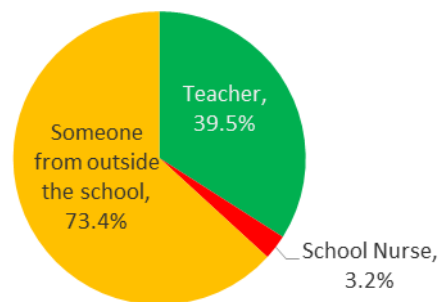
1.44 The second question asked in what school year did you have sex and relationship education in school (please tick all that apply).

**Chart 17:** In what school year did you have sex and relationship education in school (please tick all that apply)?



1.45 Question 3 sought to find out who delivered the sex and relationship education. 40% stated it had been a teacher, 73% someone outside school and 3% a school nurse.

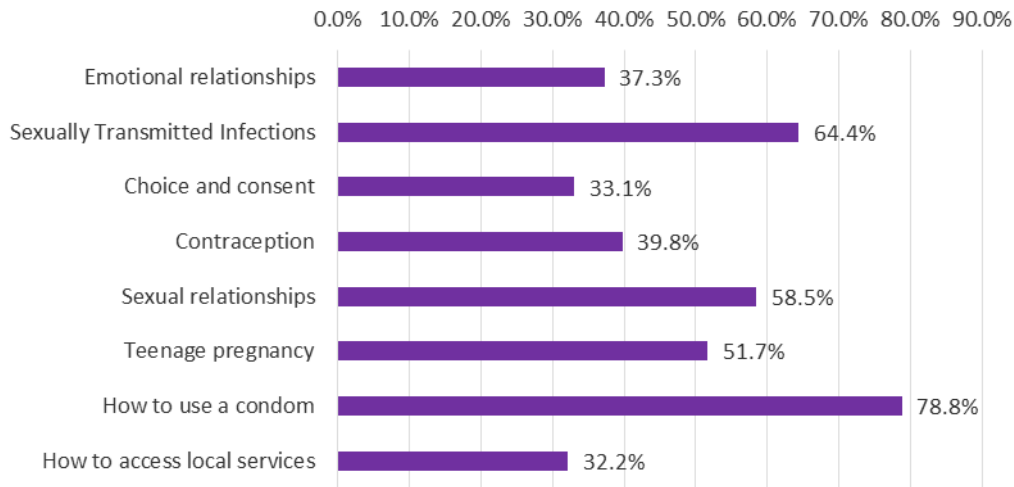
**Chart 18:** Who delivered the sex and relationship education? (Please tick all that apply)



1.46 Question 4 sought to identify the component subjects within the sex and relationship education content. How to use a condom and STIs were the highest elements. With 79% and 64% respectively.

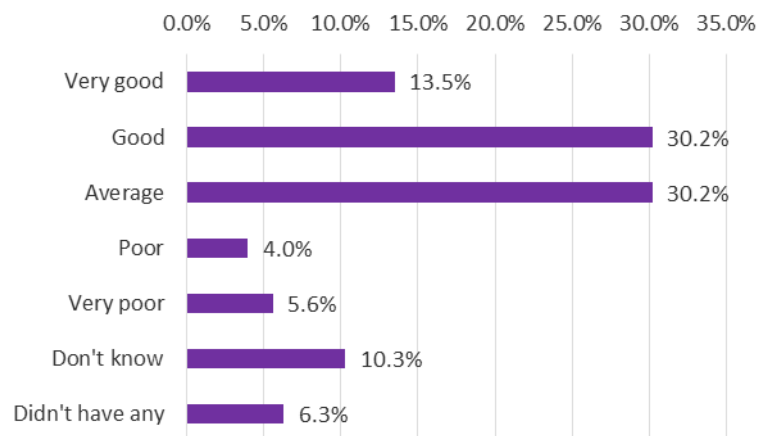


**Chart 19:** What did the Sex and Relationship education include? Please tick all that apply.



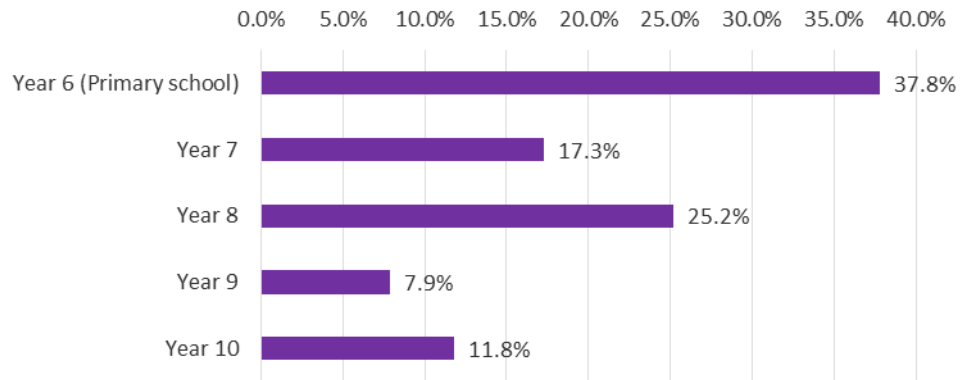
1.47 Question 5 asked respondents to rate their experience sex and relationship education. The majority rated their experience as either good or very good at 44% collectively and 30% felt the education was average. 9% felt it was poor or very poor.

**Chart 20:** How would you rate the sex and relationship education in your school/college?



1.48 The next question (Q6) asked respondents in which school year they felt sex and relationship education should start. Year 6 was the highest response with 38% of responses followed by Year 8 (25%) and year 7 (17%).

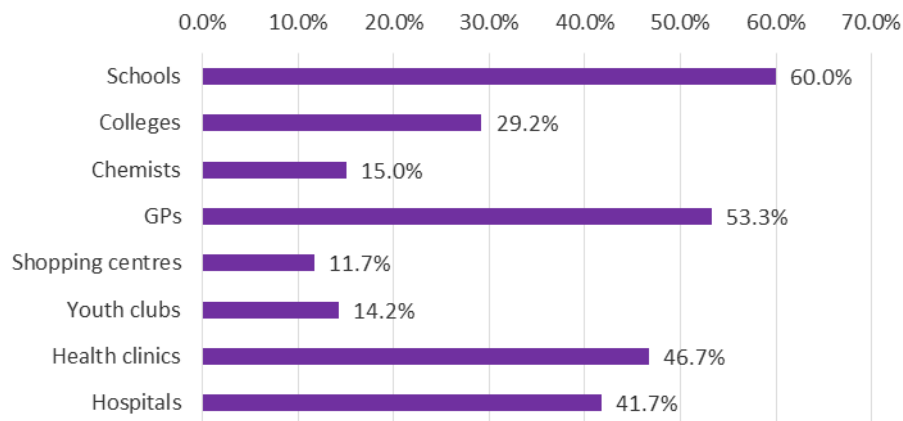
**Chart 21:** In what school year do you think sex and relationship education should start?



1.49 Question 7 asked whether respondents know where their local sexual health and contraception clinics were. 33% stated that they did, 38% stated they didn't, and 28% did not know. This response is likely to be a reflection of the higher proportion of young males in the sample.

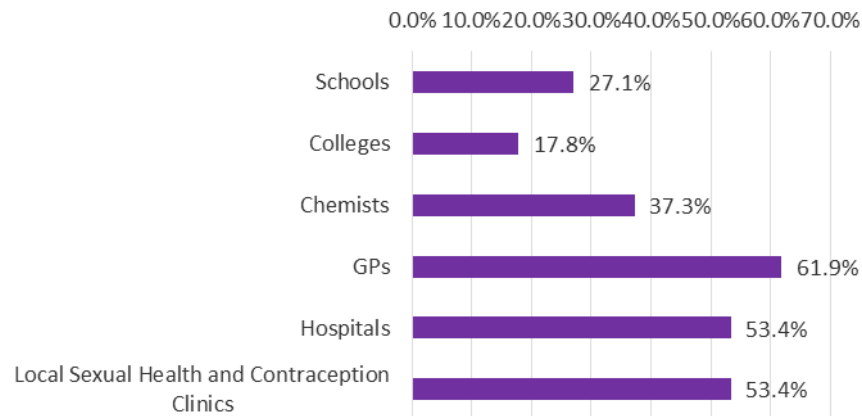
1.50 Question 8 asked respondents where they would like sexual health and contraception services to be provided and, asked respondents to tick all that applied. 60% responded schools, 53% GPs and 47% health clinics.

**Chart 22:** Where would you want sexual health and contraception services to be provided? (Please tick all that apply)



1.51 Question 9 asked young people where they would like to access Emergency Hormonal Contraception (Morning after Pill) 62% felt it should be available at GPs, 53% local sexual health and contraception services and 53% local hospitals.

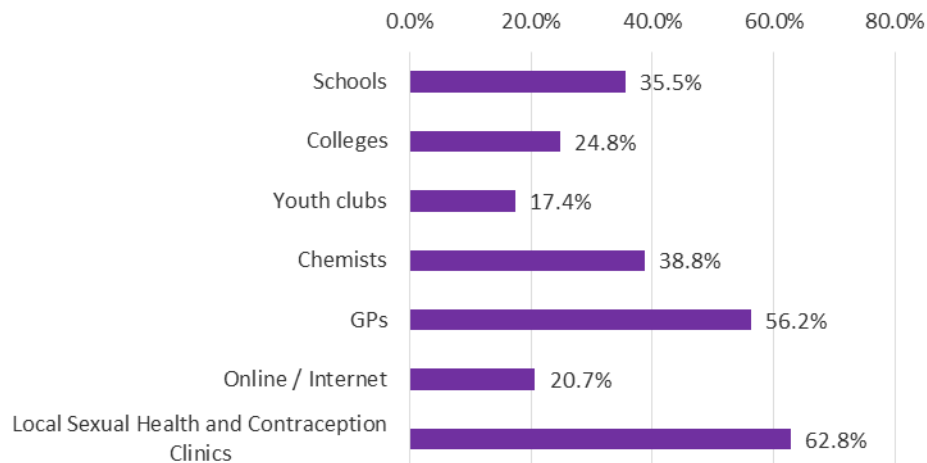
**Chart 23:** Where would you want to get Emergency Hormonal Contraception from? (Please tick all that apply)



1.52 Question 10 asked where young people would like to access oral hormonal contraception (the Pill). This resulted in the same broad profile of responses as the previous question; with very slight variations were returned, with the highest responses suggesting GPs (62%), Local Sexual Health and Contraception Services (56%), Hospitals (55%), Chemists (41%), Schools 23% and Colleges 14%.

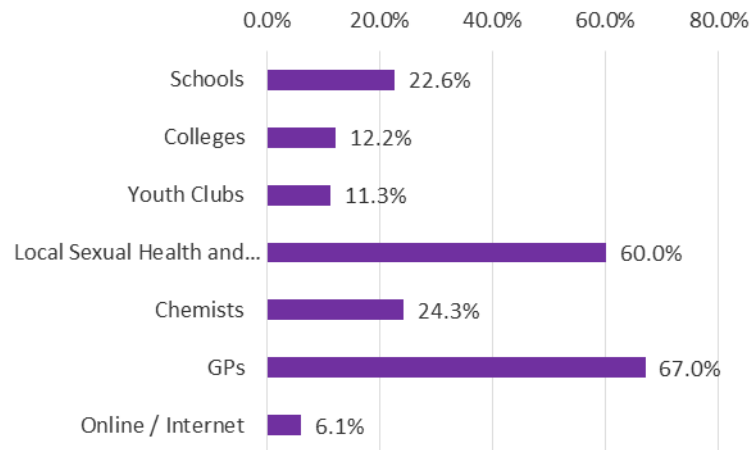
1.53 Question 11 asked young people where they would want to be able to collect free condoms.

**Chart 24:** Where would you want to be able to get free condoms from? Please tick all that apply.



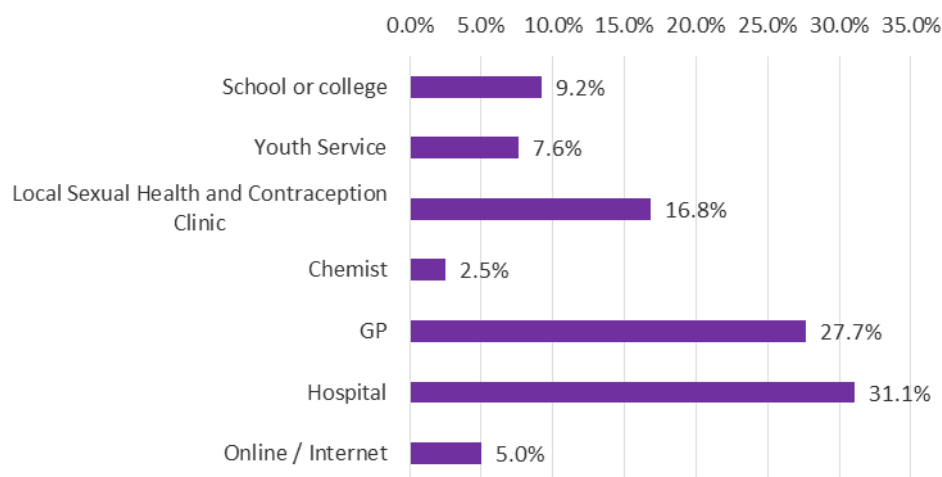
1.54 Question 12 asked young people where they would want to be able to have tests for sexually transmitted infections. GPs scored the highest with 67%, Local sexual health and contraception services 60%, Chemists 24% and Schools 23%.

**Chart 25:** Where would you want to be able to have tests for sexually transmitted infections? Please tick all that apply.



1.55 Question 13 asked young people, if they had a query or concern about their sexual health, where do they think they would go to get help first. Hospital and GPs scored significantly higher than other options with 31% and 27% respectively, the next highest response was local sexual health and contraception clinics with 17% of respondents.

**Chart 26:** If you had a query or concern about your sexual health where do you think you would go to get help first?

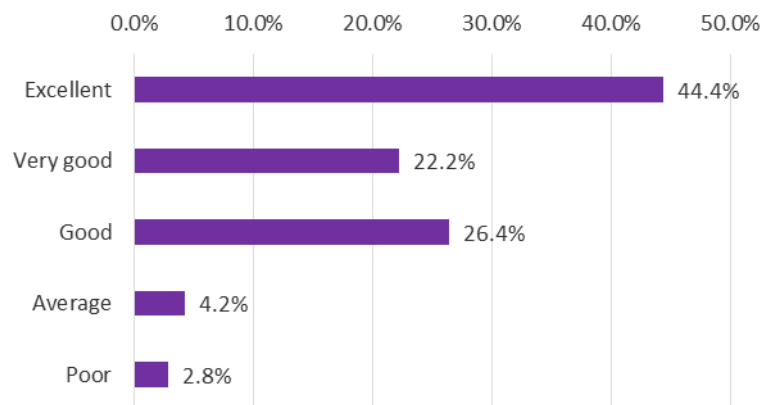


1.56 Question 14 asked young people if they had ever used a sexual health/contraception service or clinic. 6.5% said they had and 85% said they hadn't with 8% preferring not to say. This is a direct reflection of the younger age groups of this sample.

1.57 Question 16 asked young people if they had ever used a sexual health or contraception service to rate their experience. 60% of those that responded to the question (36 young people) stated that their experience was either excellent (28%),

Very good (14%), and or Good (17%). This is a strong endorsement of the current service provision by young people who have used these services.

**Chart 27:** If you have used a sexual health or contraception service, what was your experience?

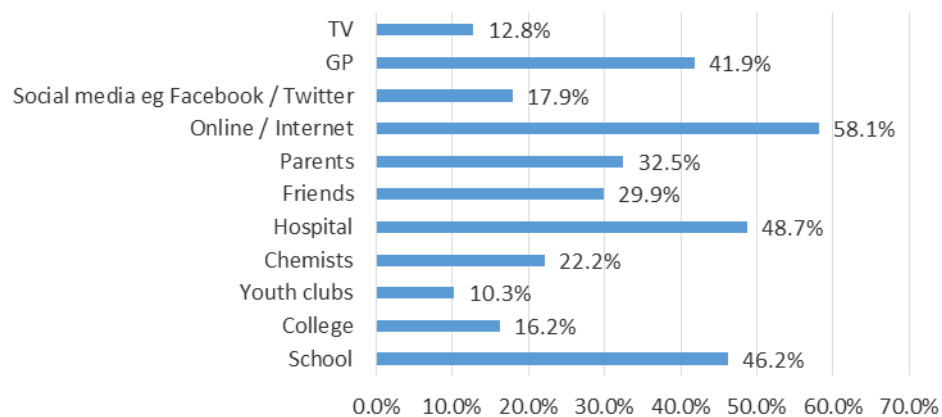


1.58 Question 17 asked young people when would be the most convenient times to assess sexual health and contraception services. Afternoons were identified as the most popular time of day to access services with 43%, early evenings with 32% and lunchtimes at 19%. Preferred days of week to access services were Monday to Friday with 52%, 49% preferring Saturdays and 34% preferring Sundays.

1.59 Question 18 asked young people what they think is needed to improve the sexual health of young people in Barnet. 53 young people responded to this open ended question. The overwhelming response was to improve sex education/information, followed by greater awareness of underage sex and sexually transmitted diseases. Other responses included free condoms, concerns that under 16 sex is illegal and more clinics.

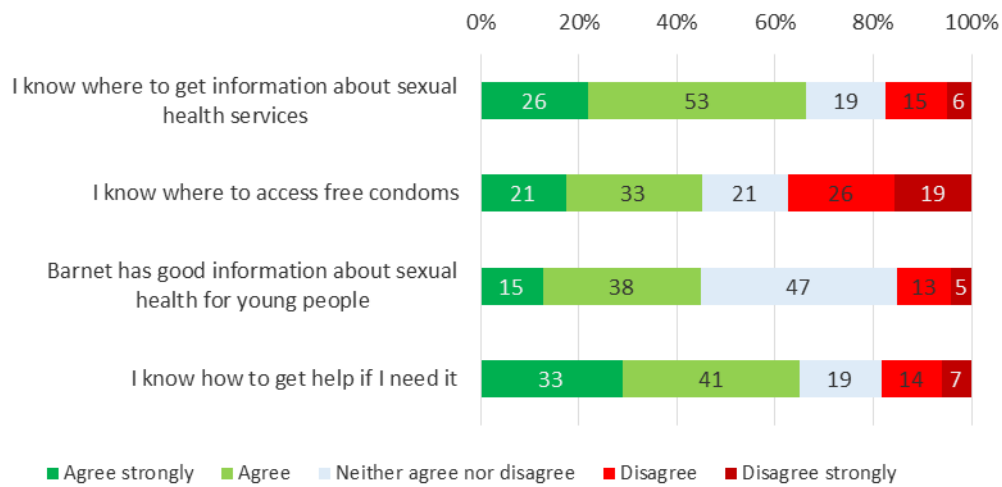
1.60 Question 19 asked young people how they would like to access information about sexual health. Online/internet was the highest response with 58%, followed by Hospitals 49%, school 46% and GPs 42%.

**Chart 28:** How would you access information about sexual health? Please tick all that apply.



1.61 Question 20 asked respondents to review four statements and to state if they agree strongly, agree, neither agree nor disagree, disagree or disagree strongly.

**Chart 29:** Thinking about sexual health, do you agree/disagree with the following statements



1.62 Question 21 asked which of the following improvement they were most likely to support. The most significant response was for more information about sexual health in schools and colleges - 68%, free and easily available condoms - 49% and more information for young people in general settings e.g. chemists, libraries preventing unplanned pregnancies 38%.

**Chart 30:** Which of the following would help improve sexual health and contraception services in Barnet? Please tick all that apply.

