

Sexual health services in Bradford district

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About us

Healthwatch Bradford and District is the independent champion for people who use local health and social care services.

We're here to listen to the issues that really matter to people in Bradford district. We're entirely independent and impartial, and anything shared with us is confidential. We also help people to find reliable and trustworthy information and advice.

Our sole purpose is to help make care better for people. We're here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services, and the government, know what people want from care
- encourage people running services to involve people in changes to care.



Healthwatch England

Healthwatch is the health and social care champion for anyone using GPs and hospitals, dentists, pharmacies, care homes or other support services.

As an independent statutory body, Healthwatch England has the power to make sure NHS leaders and other decision-makers listen to public feedback and improve standards of care.

There is a local Healthwatch in every area of England with a remit to research and report on what local people want from health and social care services, and advocate for the change they want to see. People can also speak to their local Healthwatch to find information about health and social care services available locally.

Last year, across England, Healthwatch helped nearly a million people have their say and get the support they need.

Healthwatch uses feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure people's experiences improve health and care services for everyone.

About this project

Bradford Council has conducted a sexual health needs assessment and service review to understand what changes need to be made to the service model in preparation for re-procurement of sexual health services.

The council has looked at data on sexual health outcomes and engaged with people who use services and organisations that provide services. This has allowed the council to identify what needs to continue because it works well for residents and what are the key challenges for improving sexual health outcomes, in particular reducing the negative impact of sexually transmitted infections (STI) and improving the positive impact of contraception on the health and wellbeing of Bradford's population.

The council identified from this work that further feedback should be sought from particular groups of interest, and commissioned Healthwatch Bradford and District to provide additional targeted engagement and produce a summary report to inform the future commissioning of services.

This work represents engagement on experiences of using sexual health services and issues that may present for individuals and/or communities. It is not a formal consultation – the council will undertake a separate piece of work to formally consult on any new service model during 2022. The communities with which the council sought additional engagement are:

- LGBTQI+ as a discrete focus with young people, and also as a wider population
- Young people up to 25
- Eastern European community
- South Asian men
- Black African men
- Black African women

Methodology

Healthwatch Bradford and District designed and distributed an online text chat-style survey to young people aged 16-25 following initial work with people in this age group to co-produce the survey questions and format. People in this age group living in Bradford district were reached through targeted social media activity and direct contact with local groups and organisations, while posters were also sent to every provider of post-16 education in Bradford district.

The survey ran from February 1 until March 31, 2022. The survey was accessed by more than 300 people in the target group, with a completion rate of about 15%.

Healthwatch approached voluntary-sector organisations to deliver focus groups with Eastern Europeans, South Asian men, Black African men, LGBTQI+ as a discrete focus with young people and also as a wider population and Black African women. The following focus groups have been held (unfortunately it was not possible to engage all the target groups within the timeframe):

- ◆ **Yorkshire MESMAC** – LGBTQI+
- **Highfield Food Co-operative** – South Asian men and African men
- **Highfield Food Co-operative** – Young people
- **Bradford African Community** – Black African men and women refugees

What our online survey told us



Most respondents used the more traditional methods of accessing sexual health medical support such as GP practices and the family planning clinic.



Convenience is a hugely important aspect to young people in access to sexual health services. Opening times before or after school/college/work are preferred.

Weekend availability is also important, as well as the availability of drop in-clinics. More than 37% of respondents said weekend appointments would work best for them, with more than 32% saying that they would like appointments to be available after school/college/work.



Regarding where would they like to get more information about sexual health, our respondents' top preferences were websites, social networking sites and peer education talks.

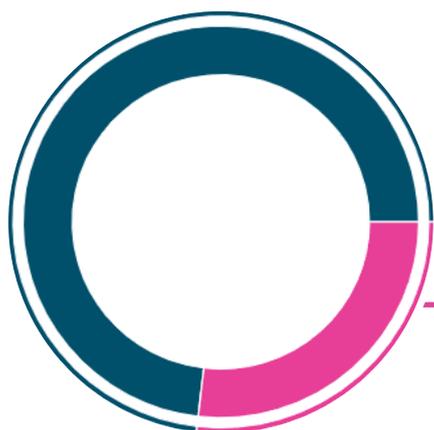


The overwhelming theme from the online questionnaire appears to be that the young people of Bradford district are looking for convenience and, unsurprisingly, confidentiality when accessing sexual health services.



Across all the focus groups and online respondents, there was an almost 50/50 split response when asked if they felt they understood or knew where they could access sexual health services.

Detailed responses



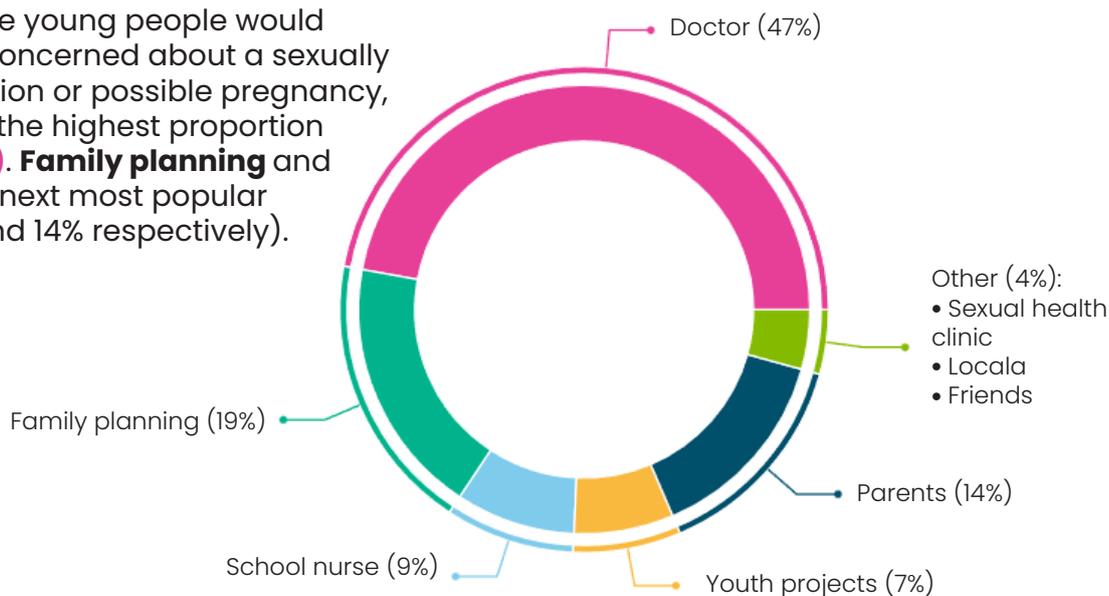
More than a quarter of respondents (27%) said they **did not know that free sexual health services are available to everyone in Bradford district**, including contraception and pregnancy advice, testing for sexually transmitted infections plus general advice and support with sexual health.



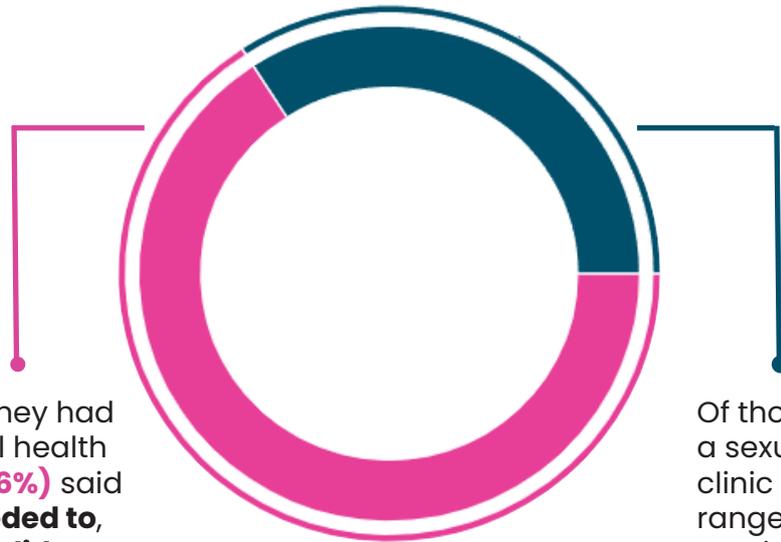
Service for young people in its own building Service as part of another place No preference

Most respondents (54%) said that if they needed to speak to someone about their sexual health or contraception, they would prefer **a service for young people in its own building**. Just under a quarter (24%) would prefer a service as part of another place (like a youth centre, school or GP practice) while 22% had no preference.

When asked where young people would turn if they were concerned about a sexually transmitted infection or possible pregnancy, **doctors** received the highest proportion of the votes (**47%**). **Family planning** and **parents** were the next most popular responses (19% and 14% respectively).



Nearly two thirds of respondents (65%) said they had never used a sexual health clinic in Bradford district.



Of those who said they had never used a sexual health clinic, **two thirds (66%)** said they had **never needed to**, while 27% said they **didn't know how to find one** and one respondent said they preferred to speak to a doctor.

Of those who had used a sexual health services clinic in Bradford district, a range of responses were received to the question **"How do you feel the experience could have been improved?"**, as summarised below.



More advertising of options when it comes to where to go, for example, the only place I know if is Locala



I had a male (I'm a female) and this made me uncomfortable



More clinics should be available; also the times to go are quite limited so would like more days that they're open for young people to drop in



Need to bring walk-ins back because it's uncomfortable booking appointments



More availability. Less admin to access sexual health services

 **More times available to get contraceptives e.g. Not just one day a week open for under-25s**

 **More times when young people's health services can be accessed**

 **The clinician I saw was a little bit rude and made me feel a bit uncomfortable**

 **Waiting times for appointments should be shorter and I feel like the environment wasn't comforting for me**

 **If the appointment could have been sooner as I had to wait 3 weeks**

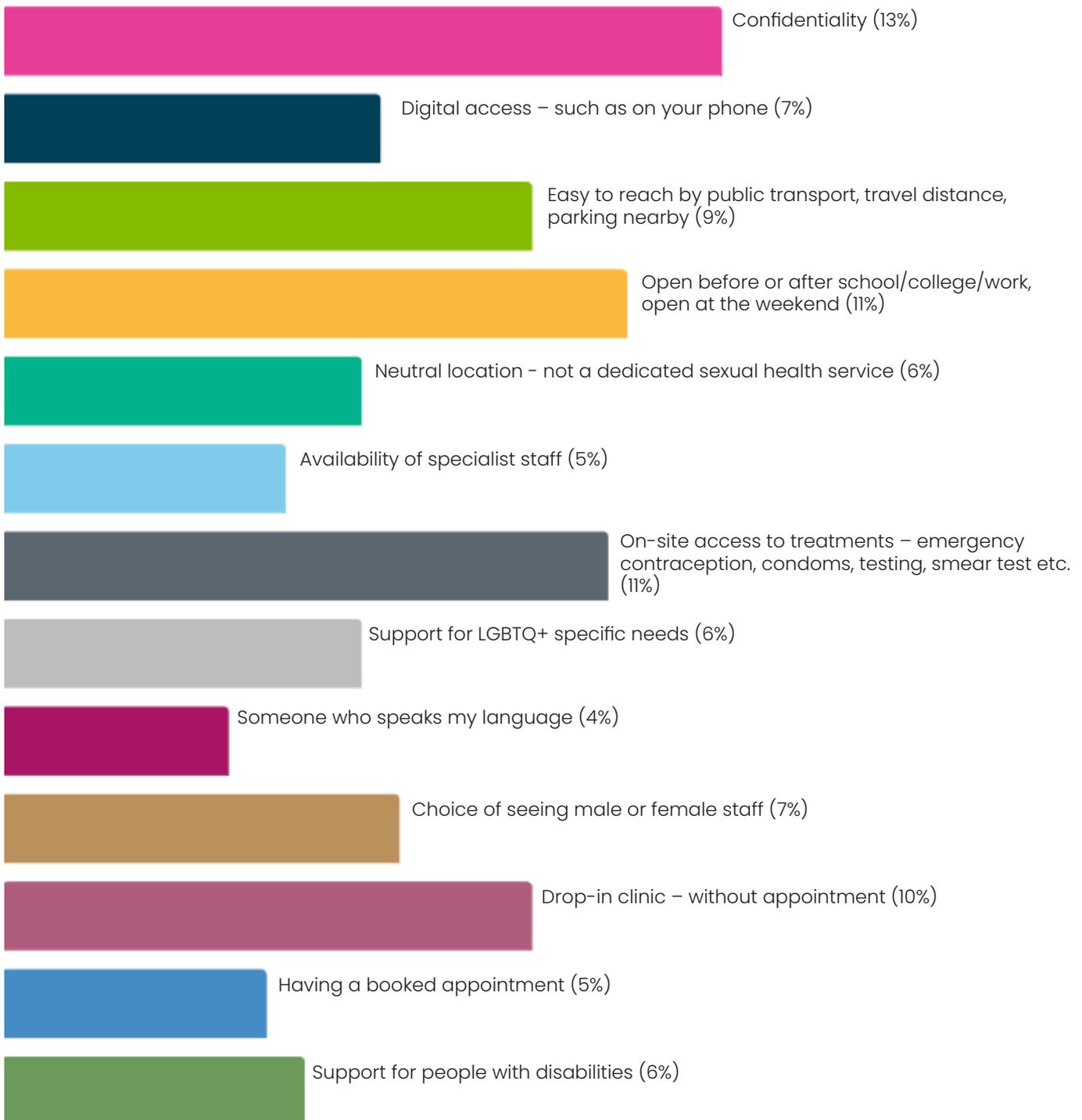
 **If it had better opening and closing times. I arrived one day to get the contraceptive pill as I was due to complete a course for the army's scholarship scheme and was due on my period; however I didn't want to be on my period while I was there and the clinic's opening and closing times were quite strange and I had arrived to it being shut. Another thing is Locala in Bradford becomes increasingly hard to get to if you are a school student as it is not open on a weekend**

Prominent themes in the responses include difficulty in accessing services for under-25s because of the times when services are available, a desire for more availability of drop-in services with less admin and young people feeling uncomfortable in the clinic environment.

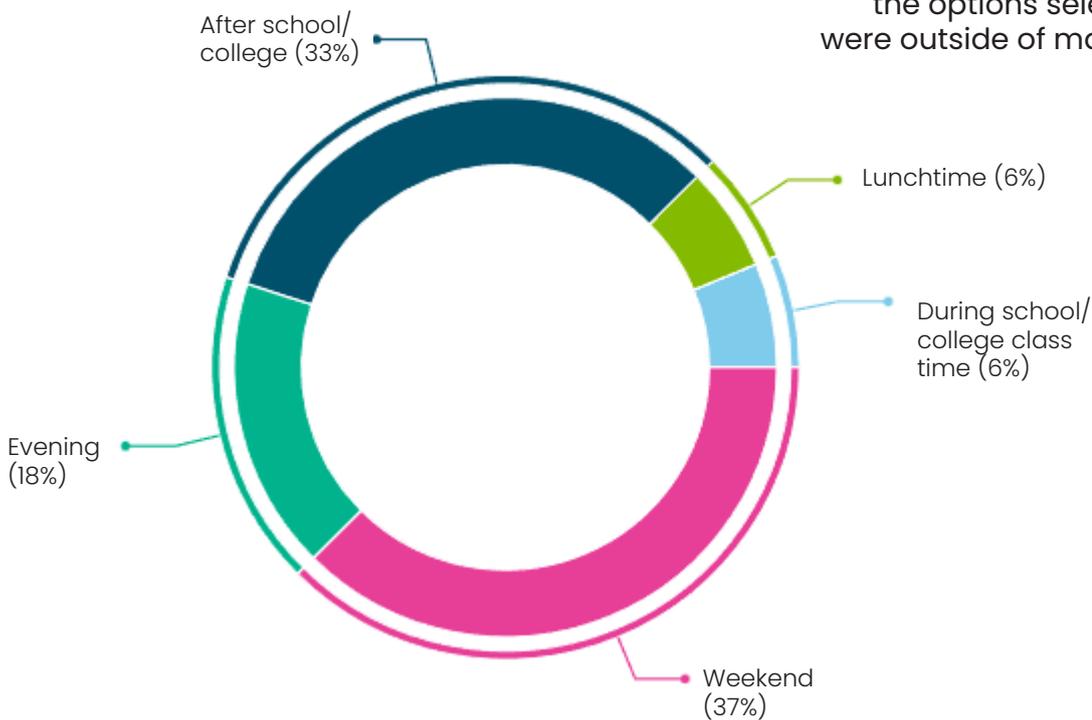
Awareness of exactly which sexual health services are available in Bradford district was also raised as an issue – which, when considered alongside the fact more than a quarter of survey respondents who had never used a sexual health clinic said they didn't know how to find one, suggests that any moves to make more information available to under-25s about sexual health services in Bradford district would be welcomed. A subsequent survey question addresses how respondents would prefer to receive such information.

Confidentiality (13%) emerged as the most important factor when our respondents were asked what mattered to them if they needed to use a sexual health service or clinic.

Again, there was demand for drop-in clinics without appointments, while services accessible both practically (easy to reach by public transport etc) and at times to suit under-25s are also high on our respondents' list of priorities.



When asked what time would work best for them if they needed to use a sexual health clinic, **the weekend** was the most popular option with **37%** of the clicks collected (respondents were able to choose more than one option). **After school/college** was second with **33%**. In total, **88%** of the options selected in this question were outside of main midweek daytime business hours.



Just under half (49%) of respondents said they felt they would benefit from **more education** on sexual health. When asked what sort of things they would like to know about, they submitted a range of free-text responses, including:

Everything. Specifically things such as contraception and consent

More knowledge on sexually transmitted diseases

Even though I have two children I have no idea where a female could go for an STI check or even how long between checks are recommended

Best things to do in case of an unwanted pregnancy

More advice on specific places and times to get sexual health help

When to go for checks, where to go

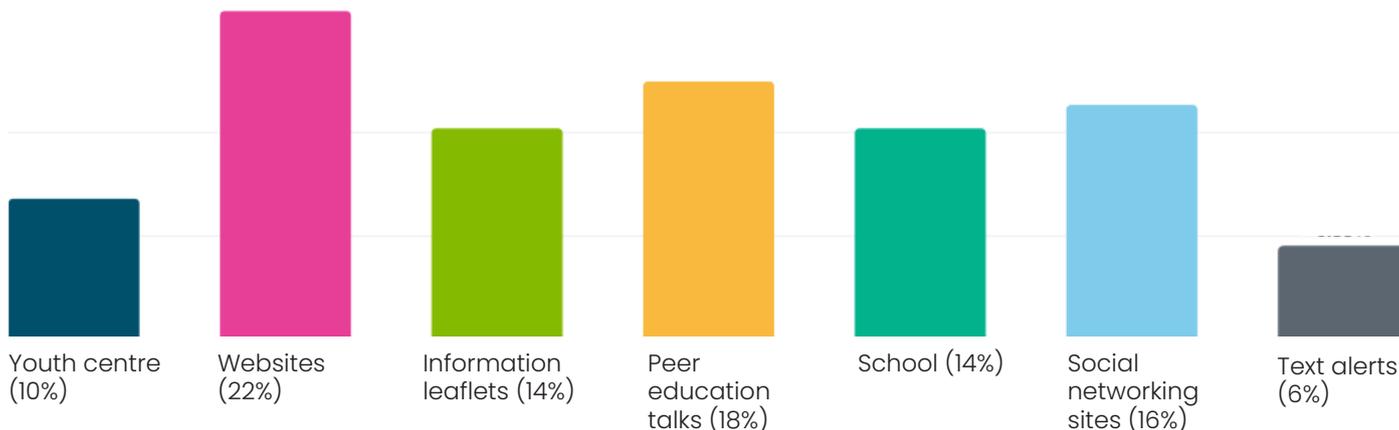
Protection, diseases

Pregnancy options, sexual health and protection myself from disease such as STI,STDs and UTIs

Pregnancy, abusive relationships, what counts as rape or illegal behaviour, less generic talks about peer pressure and more real-life scenarios and experiences told by the victims

How to better access the support

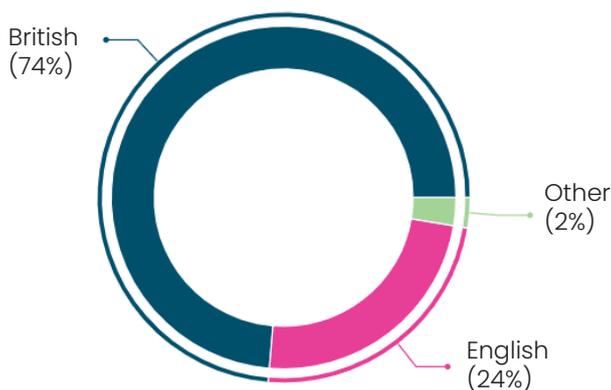
Our under-25 online survey respondents were asked where they would like to get more information about sexual health. The most popular response was **websites (22%)**, while **peer education talks (18%)** were also a popular choice, with respondents able to select more than one answer.



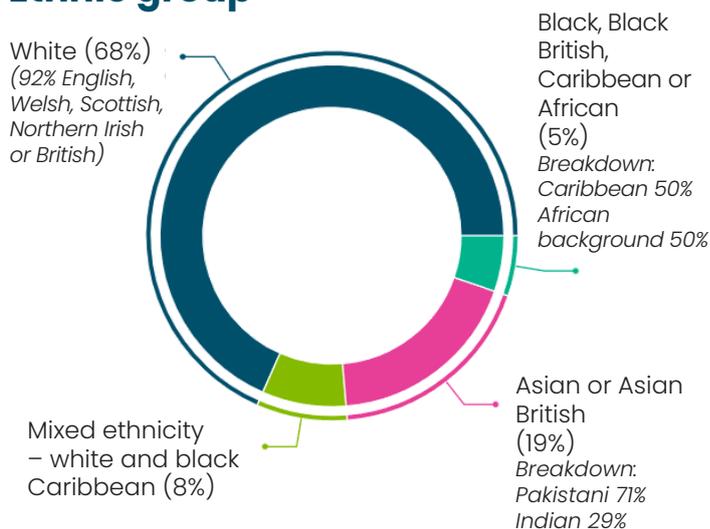
Demographics

We asked our respondents to provide some optional information about themselves. The responses were broken down as follows:

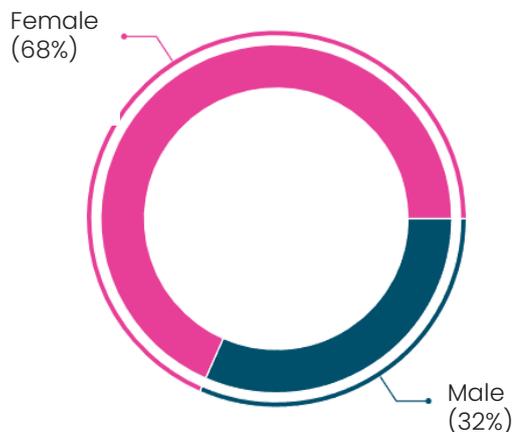
National identity



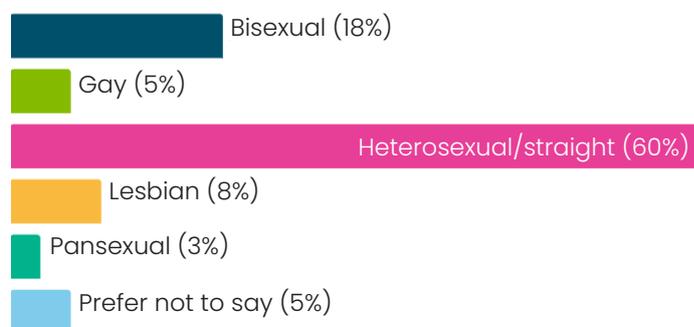
Ethnic group



Gender identity



Sexual orientation



16% consider themselves to be a **carer**

18% consider themselves to have a **disability**

32% consider themselves to have a **long-term health condition**

Focus groups

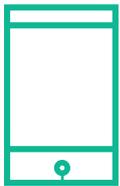


Across all the focus groups and online respondents, there was an almost 50/50 split response to the question of whether they felt they understood/knew where they could access services.



Our focus groups discussed how they would prefer to get or find information about sexual health and contraception.

Our African refugee, male and female participants, South Asian men and African men's groups all particularly highlighted the need for better bilingual leaflets (Swahili, Arabic, Amharic, Somalian, Hindi, Bengali, Punjabi) and online information (including videos).



They discussed the option of telephone conversations rather than face-to-face meetings as a preferred method of accessing appointments and information.



The men's groups all highlighted stigma, peer pressure and a lack of education as barriers to accessing services, and felt that education was the best way to tackle this.

They also all discussed the need for more training to be provided within school, college and community settings.



The need for service providers to be more culturally aware was also raised in all the groups as an issue.

Focus Group 1 – LGBTQ+

Accessing advice and information

- Young people felt that the youth group was a safer space to talk about sexual health because **schools were focused on heterosexual issues**.
- They feel comfortable at MESMAC as information is displayed throughout the building and they know the staff will be experienced with LGBTQ+ people and **discreet**.
- They would like to find information online and services like MESMAC which are **not judgemental**.

Accessing services

- There was conversation about the lack of services for young trans people who do not identify as LGB.
- All would access sexual health services via MESMAC because it is a service they trust.
- All agreed that **mainstream services need to be more LGBTQ+ appropriate**, but mainly trans-aware.
- All focus group participants wanted services for LGBT+ people. They were not sure if sexual health services should provide long-term support, but said they should be places where people feel **comfortable** reporting.



I would prefer to talk to someone I trust I think



I think there needs to be more trans-specific clinics



I prefer to gain knowledge in a safe environment where people are open



Schools need to be more inclusive and include non hetero relationships or non-cis relationships



There should be clearer links with gender services

Themes

- Schools/sexual education to be less focused on heterosexual relationships
- Importance of voluntary sector services as a safe and trusted space
- Need for trans-specific clinics
- Sexual health services could have an important role in supporting victims of domestic abuse

Focus Groups 2&3 – South Asian men and African men

Cohort: 21 men of South Asian heritage and 4 African, aged 21–68

- The South Asian and African men's group recognised **shame and a lack of understanding** was a significant barrier to them accessing services, leaving them and their partners at risk.
- However, even understanding that risk, they still felt that **fear/stigma** would stop them using services even if they were displaying symptoms.
- They all felt that combating stigma through **community education** was their best option.

Cohort: 18 young people aged 16–25

- This group highlighted '**street cred**' and peer pressure as potential barriers to services.
- Many of them, however, felt comfortable as part of this group setting to express that they would like to learn more about sexual health services and felt that **education as part of school and college** was key to battling personal perceptions, peer pressures and stigma.
- Interestingly, this group also brought up the subject of sexual health services offering support and education to families.



I would prefer to receive information about sexual health and contraception by email and phone



I didn't know these services were there



Sexual health services could be more culturally aware by having workers from my heritage



I feel too scared to ask for information and advice on sexual health and contraception



I would prefer to get information in a non-medical setting – like this group

Focus Groups 4&5 – Young Black African men and women refugees

Cohort: 12 young women, 3 young men aged 16–25

- This group gave a mixed response when asked if they knew how to access advice and information on sexual and contraceptive health. The general feeling was they could find information at college and that **information felt readily available**.
- On discussing their experiences regarding contraceptive choices and information, they raised the need for information to be **translated** into different spoken African languages.
- Interestingly, the group identified that sometimes they would like to discuss their contraception with the pharmacist. However some said private rooms were not available to accommodate a discreet conversation, leading to **uncomfortable encounters** and putting them off asking for advice and information.
- When our African refugee group was asked about experiences of accessing and receiving STI and chlamydia testing, worryingly the response was that: “Many of the participants were reluctant to give feedback... mainly because they have not heard of these sexually transmitted infections. They are aware of HIV/AIDS as it is mainly talked about.”



There is enough advice and information out there but would like more information to be translated in the different language spoken in the African communities



I went to a sexual health clinic, and they showed me the various options. What's better is that I filled in a quick form to know what best suits my lifestyle



More sessions on sexual health and contraception need to be introduced in school, colleges and community centres



Have events for young people to attend, make it fun and interactive



Community centres need to be trained to provide information on the subject



A culture must be developed where people are feeling empowered to talk about sexuality and raise concern about safety. A lack of awareness of culture could lead to a bad practice of sexual safety and this could put people at risk of harm



More privacy, most pharmacies do not have a room where you can communicate such information. They tend to engage in conversation at the counter and that put off a lot of young adults

The role of services in preventing abuse

- There were some thoroughly enlightening conversations in our African refugee group when discussing the question: "Do you think sexual health services has a role in supporting victims of domestic or sexual violence, if 'yes' how?"
- The group felt all health services have a significant contribution to make in **identifying children and young people at risk of sexual exploitation**.
- They also felt that schools/colleges and community settings all need **more training to support victims of domestic and sexual abuse**.
- Sexual and domestic abuse and violence against men was discussed, specifically the stigma and shame resulting in suicidal thoughts, and the lack of emotional support.
- The group felt that education and the offering of more training covering these subjects would make a 'massive difference', including pushing early prevention, using organised events and sessions to help perpetrators change their views.



As we live in a multicultural society, we will attract more people to participate. If sessions are culturally aware, it will attract more individuals to participate and raise their concern, e.g. marital rape is not known within the African community. It is believed that if a man wants to have sex with the wife, he does not need consent from the woman. Also, most women are not allowed to be contraceptive, as this is seen as a taboo with the African community. Therefore, the more providers are aware of the different cultural beliefs, the more they can support more individuals.

Summary

Healthwatch Bradford and District would like to thank everyone who participated in our online survey and focus groups about sexual health services.

Some clear themes emerged across the cohorts that were identified for additional engagement on the future of sexual health services in the district, particularly around the desire for services to be more tailored to the specific needs of our diverse communities.

For young people in particular, convenience of access to future sexual health services was a priority, in the form of weekend access and more drop-in clinics, while the prospect of more remote appointments was raised in our focus groups.

The need for more training for those responsible for delivering services was raised repeatedly by our groups, with young people saying they sometimes felt uncomfortable in clinic settings. Services tailored to the specific needs of LGBT+ and particularly trans people were highlighted as a priority, along with more cultural awareness of ethnically diverse communities when supporting them with their sexual health.

A lack of awareness of both sexually transmitted diseases and exactly how and where to access support emerged across our survey and focus groups, along with a desire for more education and information about issues including consent, rape and abuse and tackling stigma around accessing services.

Our respondents identified a range of ways in which they would like to access vital education and information about sexual health issues and access to services, including in schools and colleges (with an increased focus on non-heterosexual issues) and direct engagement with communities through events to provide education and tackle stigma through material available in a range of community languages and formats, including video.

Healthwatch Bradford and Public Health at City of Bradford Metropolitan District Council have taken a new and innovative approach to engaging with communities whose views often go unheard. The council has encouraged Healthwatch to take a leading role in identifying groups for engagement, and empowering communities to have conversations in ways that work best for them. Our role, as the independent champion for those served by health and care services in Bradford district, is simply to help amplify those voices through this report.

We feel the project has been hugely positive, not just in the quality of information that has been produced but also in the new ways of working that have been established and the potential that exists for further future collaboration. We are indebted to the work of the following organisations for supporting this project:

Highfield Food Co-operative



Yorkshire MESMAC



28 Chapel Street, Little
Germany, Bradford, BD1 5DN

Bradford African Community



Quaker Meeting House, Russell
Street, Bradford BD5 0JB

We also thank Race Equality Network for their support.

Council response

The feedback provided by diverse members of our communities, through Healthwatch working with local groups and organisations, adds valuable new insights to our sexual health needs assessment and service review.

These insights will help ensure that future sexual health services in Bradford district are designed and delivered to meet the needs of all who need to access them.

We are grateful to the individuals, groups and organisations that played a part in ensuring these experiences and views were shared as part of this process.

Bradford Council Public Health Team



healthwatch

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