

Blackburn with Darwen Sexual Health Strategy:

These are relevant responses collated through the digital survey which led to the priorities and objectives within this strategy.

Please comment on any of the challenges or barriers relating to sexual health and the people that you support.

Responses :

- Access to services in their local area.
- Accessibility for YPs unsure other than BROOK where YP can go for advice (other than if they become open to us)
- I have found that the young people I have worked with in the past regarding this have engaged positively.
- Transgender.
- I think that we work really closely with sexual health services and treatment is really accessible especially with the SH 24 service.
- Lack of understanding about consent Limited understanding about child sexual exploitation and the grooming process Limited understanding of children's rights The need to understand Domestic Abuse and inappropriate and controlling behaviour and when a relationship is toxic and damaging
- Low self-esteem / poor mental health as a result of experiences of homophobia, biphobia and transphobia. Asylum seekers and refugees may in addition experience language barriers and, if in a hostel, may be unable to come out as LGBTQ+ for fear of physical attacks and verbal abuse from their own fellow nationals there.
- Reluctance of partners to share relevant information. Need more joined up working and partner buy in especially from the police. Need a mechanism for any incidents in the community/on outreach to be fed back to relevant agencies.
- Lack of awareness, understanding and sexual health often being seen as taboo
- Stigma around going to clinics such as Brook. Young people take on board informal education in relation to sexual health and healthy relationships but still feel there is a stigma around walking into clinics/ nervous about confidentiality etc
- Our remit is not specifically limited to sexual health per se but whenever we have referred/signposted etc there have been no issues.
- Stigma
- Some young people as reluctant to seek help or testing.
- None
- Attitudes of adults/parents/carers of young people who are SEN/Learning Disabilities/Difficulties as sometimes these y.p needs/development are not considered.
- Embarrassment amongst young people in accessing sexual health services; lack of awareness of such services and how to access them; school curriculum being outdated in some ways and needing revising e.g. inclusive of more topics relating to sexual health and behaviours.
- Education on sexual health and where to signpost people to

- LGBT
- Up to date information. Where to access this in order to share accordingly.
- Accessing same day appointments in services such as Brook
- Access to services - knowledge of what is available, confidence to access independently etc. Education - e.g. online, apps, sharing photographs etc. Options available around contraception. Understanding of STIs and pregnancy etc. Healthy relationships, understanding coercive control etc.
- Sometimes it can be difficult to get a young person to engage and be open about their situation/experiences.
- Language is a barrier therefore educating patients can be misinterpreted even though they say they have understood. Fitting LARC needs to be within a cycle and that can put pressure on the practice for future bookings due to illness or annual leave taken last minute which can upset the patient.
- LGBT inclusion
- N/A
- Getting a same day apt at Brook or GP for services such as screening, contraception, emergency contraception etc. When we are in a session and a YP says they want support for an issue they don't want to wait a week for an appointment.
- The great taboo and lack of knowledge of sexual health within the south Asian culture for many of the clients humraaz support acts as an extra barrier and challenge
- Y.P understanding of healthy relationships. Parental attitudes to y.p sexual health, particularly around SEN/Diverse y.p.
- Having access and information to local services
- N/A
- Lack of knowledge about services.
- Significant under education around sexual health and STIs
- Deprived area with a high rate of young pregnancies. As a practice in order for us to dedicate the time to women's health needs to be cost effect for the practice
- When providing outreach many service users and staff report that they don't need support, yet other residents will explain that they are sharing needles or having unprotected sex. It can be difficult to engage with these individuals due to lack of education and understanding. If the need isn't for sexual health we can often signpost and support into other services, so it can often be useful to engage.
- Pitching it at the right level for the groups and needs of the young people.
- N/A
- Workforce and capacity makes it difficult to sometimes connect with primary care. funding around the cost viability of providing larc is also sometimes a challenge
- N/A
- Barriers of child exploitation victims feeling unable to access support due to fear/shame/blame/reprisals from potential perpetrators.
- We are a diverse community. So language barriers will cause issues
- Engagement with Primary Care is declining. Disproportionately affected communities in relation to STIs. Women's Health development.
- The stigma around HIV
- The young people we work with often have difficulties in understanding the complex language used by services or accessing reading material provided by services/organisations
- Lack of resources from partner agencies to support our 7 day offer across 2 sites.

- Language
- None, we support all that need support.
- Are people confident to discuss sexual health?
- People who are not in care

What priorities or actions do you feel should be included in a sexual health strategy?

- Early intervention, localised delivery of services, education in schools and youth work settings.
- Accessibility for all YPs - for those that do not receive support in school
- I think a priority should be earlier intervention.
- Increased knowledge of sexual health and the signs of possible grooming/ safe relationships
- Engaging vulnerable women, trauma responsive
- Up to date legislation and understanding of this impact on daily work practice and community needs
- Government sexual abuse strategy (due to be updated in Spring/Summer 2023)
- Social media and the internet and Sextortion
- A digital and QR linked access to services and support - immediate crisis led and long term ongoing support and help
- Opportunity for Campaigns with specific focus to enable clarity and specific demographic targets.
- Sexual health needs of LGBTQ+ refugees and asylum seekers.
- Sexual health needs of LGBTQ+ residents from minority ethnic communities who feel unable to speak to anyone from their own community about sexual health, including their GP."
- Accessible sexual health services for all, that meets their needs including at risk groups. Improved partnership working and information sharing. Need to understand what sex working looks like in the borough (on/off street) and need clear guidance around communication and reporting pathways.
- More inclusion for BME women - language issues and lack of understanding of sexual health
- For young people to have the right information to inform their choices.
- Services to be easy accessed.
- Importance of STI screening
- Contraception
- Healthy relationships
- RSE
- From our perspective, education around sex, consent, the law in the modern technology era (modern day pitfalls including sexting / voyeurism / revenge social media pictures etc)
- schools to be up to date and confident in terms of delivering the curriculum appropriately on issues around online safety and consent.
- age appropriate
- More awareness of the high levels of STI amongst y.p and adults, and ease of access to services.
- Education around age of consent and the Law, appropriate healthy relationships.
- Increased education in schools, improved access to sexual health services, harmful sexual behaviour, increased awareness & education amongst professionals.
- Safeguarding / education / signposting services

- Reduce STI's, reduce unintended pregnancies, Promote healthy sexual behaviour, reduce risky or preconceived sexual behaviour as seen on social media / TV as acceptable.
- Access to services in an emergency situation
- providing info to parents and children from a younger age including healthy relationships, porn awareness, exploitation etc.
- Education around Healthy relationships and same sex sex
- Understanding risks - e.g STI's and pregnancy
- Accessible services - including online support
- LGBT support and services
- Early education/intervention
- Provide GP practices with free condoms without the need to take any information from the patient i.e. postcode as previous scheme. This free service worked really well via our receptionists. At the same time provide leaflets on safe sex and transmissions explained.
- N/A
- Allowing engage team priority apts when required due to nature of CYP we support, i.e. accessing support when needed.
- Educating and raising awareness of sexual health amongst BME women
- High level of STI within BwD and access to testing treatment.
- Young person's voice paramount to be included, co-produced by young people.
- N/A
- Heavy emphasis on education aimed specifically at late teens/ early adults. Schools do not provide enough information about sexual health and the importance of using the correct protection. I believe this to be as bad if not worse in the LGBTQ+ community.
- To be aware who is providing service in the area
- Easy referral system to services
- Cost effectiveness to attract more people to get involved and make it worthwhile for practices"
- How young people should take care of themselves and about relationships.
- Include voice of young people
- Education around counselling in LARC to ensure footfall, alongside updates and fitter forums. ensure access to training and possible financial support for the training such as the OTA
- N/A
- Boys sexual education around sexual health and healthy relationships. I find girls seem to know about services and support, however many of the boys I have worked with are not. Sadly I have seen an increase in peer on peers cse. Particular in respect of sending/requesting indecent images.
- To target children who are NEET
- Accessibility and Inclusivity for all who need the services.
- better education around HIV and to break the stigma
- Language which is simple and easy to understand by all. Reading material which is dyslexia friendly
- 1.Young peoples lack of awareness on where and how to access support, 2.Young people not understanding the risk factors associated to poor sexual health 3.How to strengthen knowledge in marginalised communities and understanding the barriers to access "
- Healthy Relationships

- Consent
- All the above
- For sexual health questions to be ask in every assessment.
- More information to be out there about PREP.
- Access to care for people living with HIV stigma around sexual health including HIV