

Sexual and Reproductive Health Strategy 2025 - 2030

Feedback from the online consultation

1. Introduction

This report sets out the key findings from Richmond and Wandsworth Councils' consultation on their proposed Sexual and Reproductive Health Strategy 2025 – 2030. This consultation was conducted from 16th September to 25th October 2024.

2. Executive Summary

There were 91 responses to the online consultation, along with an additional 4 responses through the easy read version of the survey.

The majority of the respondents either live, work, study, or socialise in Wandsworth, with 47% of respondents providing a Wandsworth postcode. 15% of respondents provided a Richmond postcode.

The headline feedback is as follows:

- The majority of respondents said that the Strategic Vision Statement has been written in a way that is easy to understand, with over half stating that they agree with the Statement. Several respondents suggested potential changes to the Statement, for example, that more detail should be provided, in addition to being shortened and simplified.
- The vast majority of respondents stated that the Priorities have been written in a way that is easy to understand, with almost three-quarters agreeing with the Priorities. Some respondents suggested that more detail should be provided on how the Priorities will be achieved.
- Across each of the eight intervention areas, more than half of the respondents were either satisfied or somewhat satisfied with the current services offered.
- Respondents provided several suggestions for additional services they would like to see offered. Across the eight intervention areas, respondents frequently mentioned increased support for vulnerable/at-risk groups, provision of comprehensive education, improved accessibility and expansion of services, as well as offering specific requests for additional services.
- This consultation coincided with a separate staff consultation at Richmond and Wandsworth Councils' local integrated sexual health service provider, with views on the staff consultation reflected in some responses.

3. Background

The purpose of this consultation was to allow residents, local groups, stakeholders, and interested parties to help shape the Sexual and Reproductive Health Strategy 2025 – 2030 for Richmond and Wandsworth Councils. Prior to the consultation, needs assessments were conducted in both Richmond and Wandsworth boroughs. These needs assessments informed the development of the draft strategy which was consulted on.

4. Methodology

Data was gathered using an online survey hosted on the Richmond and Wandsworth Council website. An easy read version of the survey was available. The consultation material and questionnaire are included as appendices to this report. Paper copies and additional formats were available on request.

To promote awareness and ensure that everyone had the chance to participate, the Councils promoted the consultation in the following ways:

- Information published on the Councils' websites
- Shared with members of the Sexual Health Strategy Implementation Group (SHIG)
- Shared with members of the following groups:
 - Violence Against Women and Girls (VAWG)
 - Central London Community Healthcare 0-19 Forum
 - Wandsworth Safeguarding Children Partnership & Kingston and Richmond Safeguarding Children Partnership
 - Local Pharmaceutical Committee
 - Community Drug Partnership
 - Disability Partnerships
 - CLICK – Children in Care Council
 - Wandsworth and Richmond Youth Councils
 - Community Empowerment Network
 - Safeguarding Adults Forum
 - Mental Health Stakeholders Forum
- Shared through resident networks such as Richmond Health Champions and the Wandsworth VCS newsletter

The consultation was open to all, and respondents were asked for their full postcode and the capacity in which they were responding, to help the Council understand any impact on people in the local area.

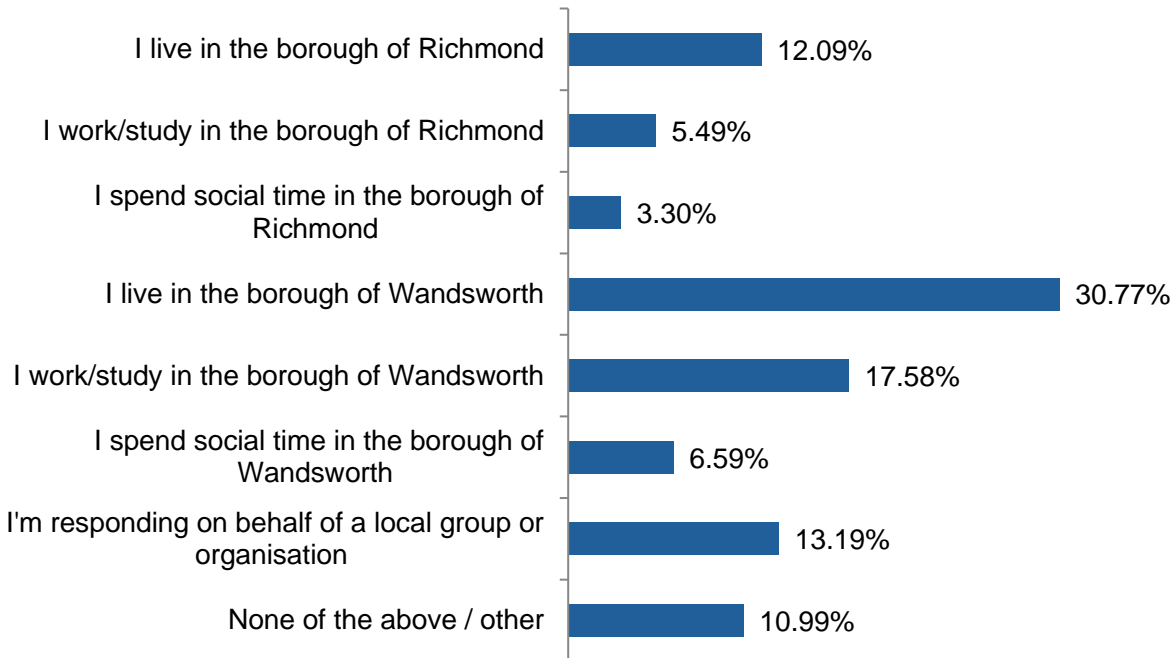
The consultation responses were analysed and reported by the Councils' Consultation Team on an anonymous basis under the guidelines of the Data Protection Act. The Consultation Team are qualified researchers and certified members of the Market Research Society, bound by the MRS Code of Conduct when conducting research.

5. Responses

In total, the Councils received 95 responses to this consultation. 91 of these responses were completed online. A demographic profile of respondents can be found in Section 8 of this report. A further 4 responses were completed via the easy read version of the survey. Further detail of these responses can be found in Section 7 of this report.

6. Results

What is the main capacity in which you are responding to this consultation?



All 91 respondents answered this question. More than half of the respondents (54.94%) said that they live, work, study, or socialise in the borough of Wandsworth. Additionally, one-fifth (20.88%) reported that they live, work, study, or socialise in the borough of Richmond. A quarter (24.18%) of respondents said they were responding on behalf of a local group or organisation, or in an 'other' capacity.

Those who selected '*I'm responding on behalf of a local group or organisation*' in response to this question were provided with a free-text box to specify. 13 people responded, and their answers include the following:

- The Baked Bean Charity
- Falcon Road Clinic
- CNWL Archway Sexual Health Service
- NHS
- Kingston Hospital NHS Foundation Trust
- Spectra C.I.C
- SignHealth
- Part of LPC
- George Shearing Centre
- Absolute Support Leading Light
- Richmond and Wandsworth Council staff member

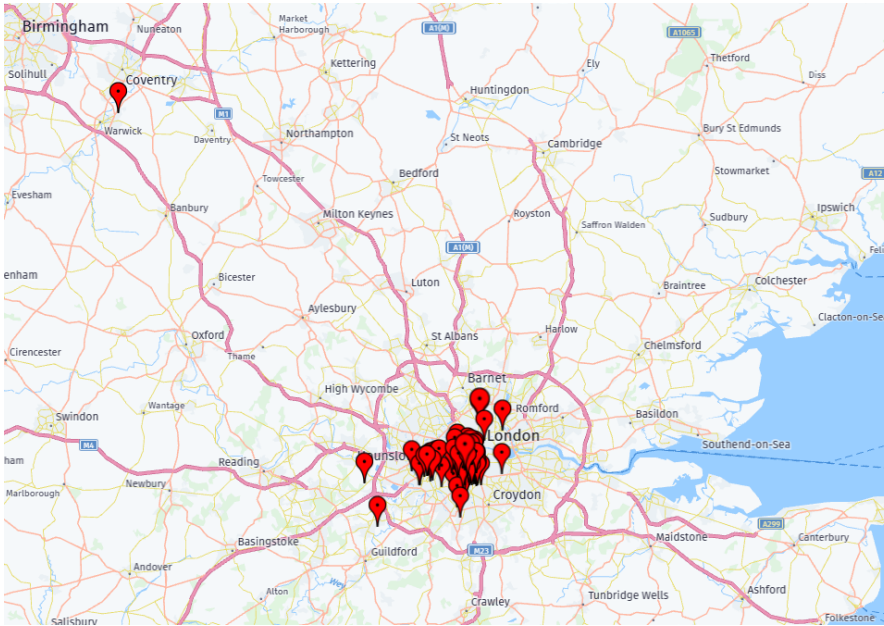
Those who selected '*None of the above / other*' in response to this question were provided with a free-text box to specify. 13 people responded, and their answers fall into the following categories:

- Clinicians at sexual health services within Richmond or Wandsworth
- Clinicians at sexual health services within other London boroughs

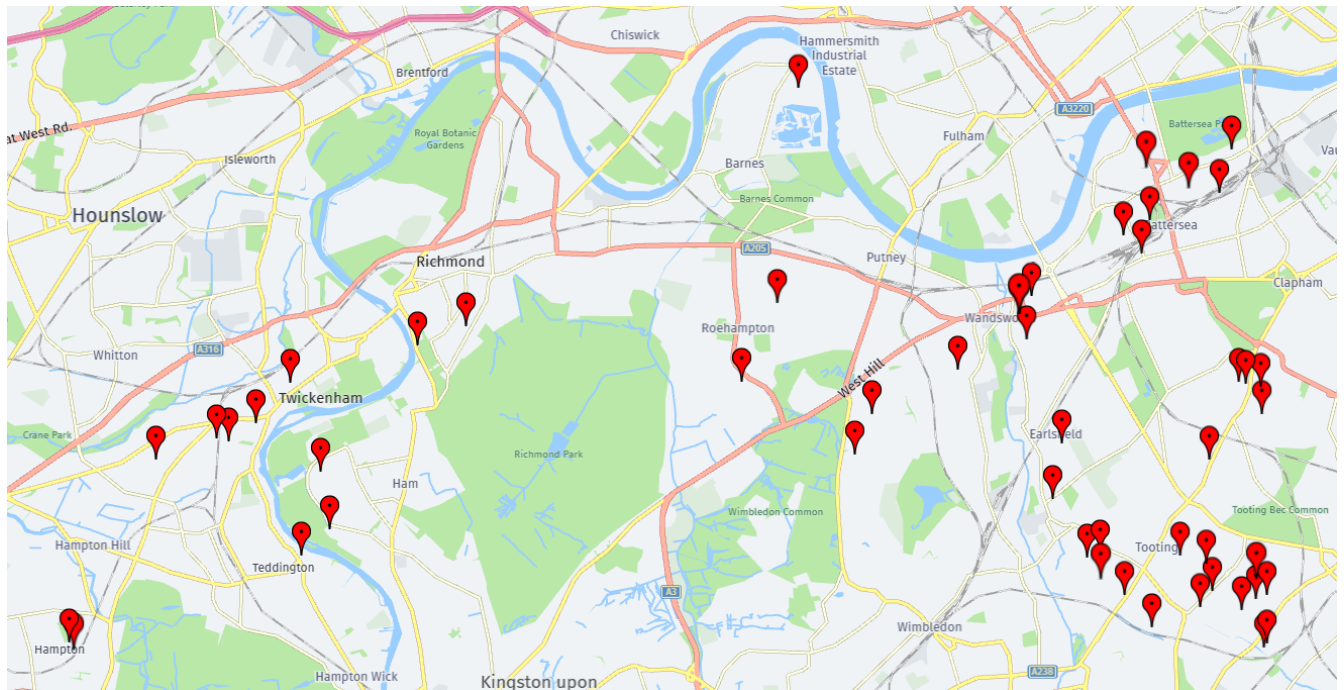
Please tell us your postcode:

There were 79 responses to this question. The postcodes provided were used to create a map illustrating where people were responding from. 43 responses came from postcodes within Wandsworth borough, with a further 14 responses coming from postcodes within Richmond borough. Of the postcodes that were provided, 76 came from the Greater London region.

The map below shows the distribution of all responses across the United Kingdom:



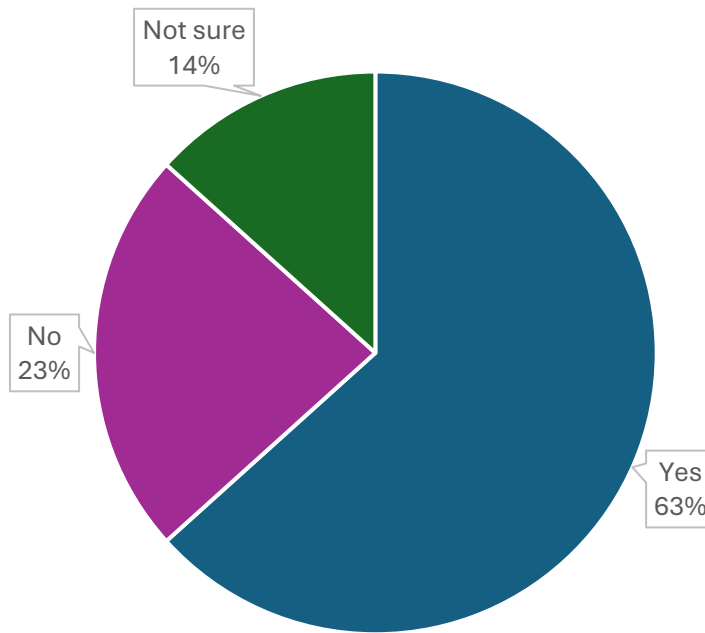
The map below illustrates the distribution of respondents from across Richmond and Wandsworth boroughs:



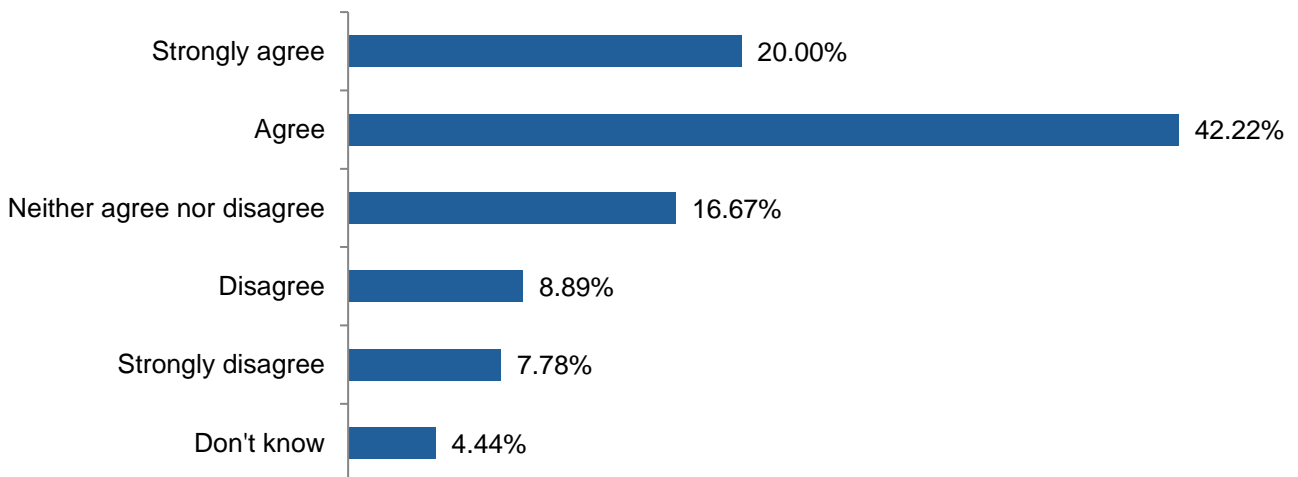
Strategic Vision Statement

Has our Strategic Vision Statement been written in a way that is easy to understand?

90 respondents provided an answer to this question. The majority of respondents (63%) said that the Strategic Vision Statement has been written in a way that is easy to understand. 23% of respondents said that the Statement has not been written in a way that was easy to understand, with a further 14% saying they were not sure.



To what extent do you agree or disagree with our Strategic Vision Statement?



There were 90 responses to this question. Over half (62.22%) of respondents said that they either agree or strongly agree with the Statement. 17% of respondents said they either disagree or strongly disagree with the Statement. A further 16.67% said they neither agree nor disagree with the Statement, with 4.44% of respondents saying they don't know.

If you feel there is anything missing, or would like to make any additional comments regarding our Strategic Vision Statement, please do so...

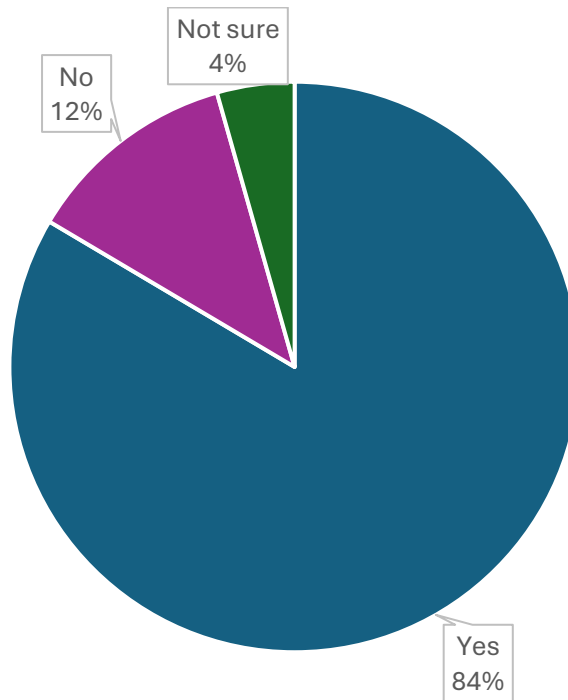
39 respondents provided an answer to this question. While many respondents agreed with the Statement, around one-third of respondents made negative comments on the wording of the Statement. Several respondents suggested that the Statement requires more detail and should clarify how service provision will be impacted. Additionally, people also suggested that the Statement should be simplified and written in a way so that everyone, specifically key target groups, can understand. A number of respondents also mentioned that the Statement is too long.

Many respondents used the open-text box as an opportunity to make general comments about sexual and reproductive health services in Richmond and Wandsworth.

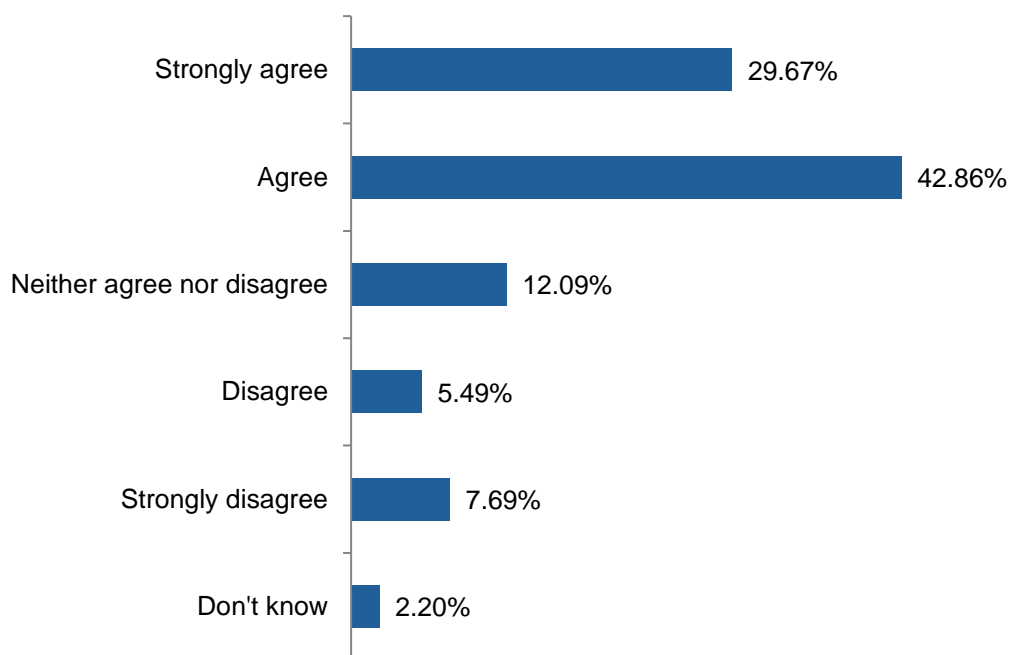
Our Priorities

Have our priorities been written in a way that is easy to understand?

There were 91 responses to this question. The majority (84%) of respondents said that the priorities have been written in a way that is easy to understand. 12% of respondents said that the priorities are not easy to understand, with a further 4% not sure.



To what extent do you agree or disagree with our strategic priorities?



All 91 respondents provided an answer to this question. Almost three quarters (72.53%) of respondents said that they either agree or strongly agree with the priorities. 13.18% of respondents said they either disagree or strongly disagree with the priorities. 12.09% of respondents said they neither agree nor disagree, with a further 2.20% saying they don't know.

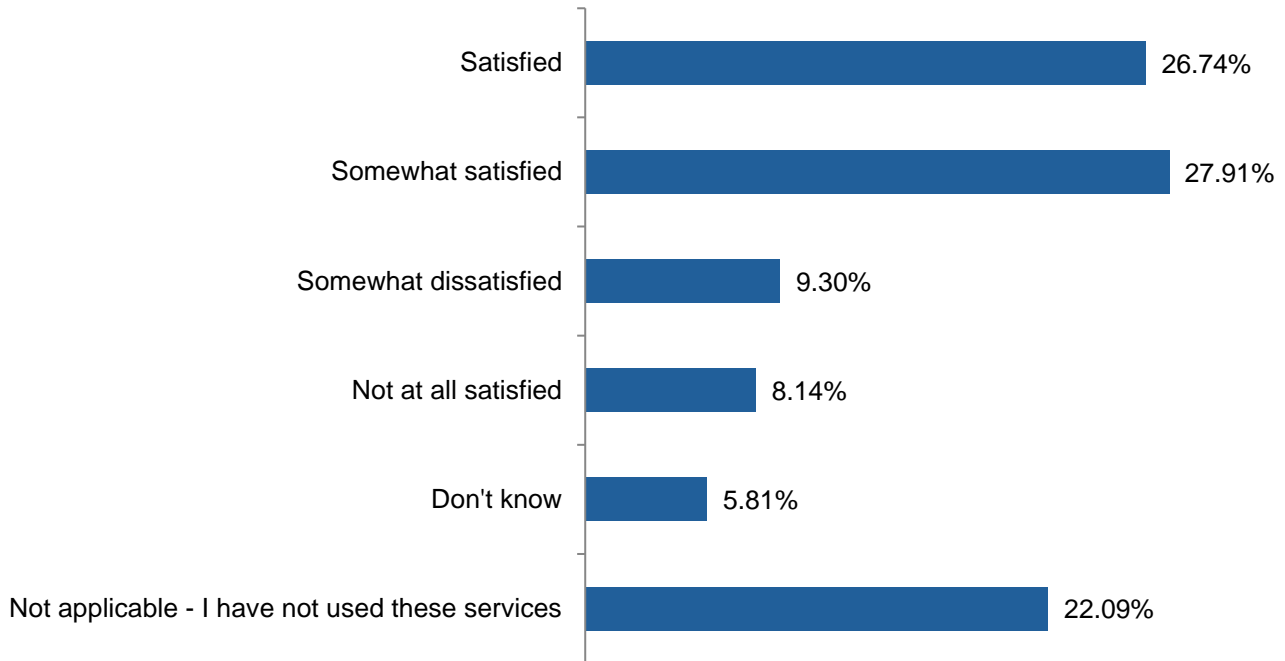
If you feel there is anything missing, or would like to make any additional comments regarding our priorities, please do so...

35 respondents provided an answer to this question. Many of the respondents agreed with the priorities, however, several respondents suggested more detail should be added as to how the priorities would be achieved, and to ensure that the priorities are directly measurable. Several respondents also questioned why there were differences in priorities between Richmond and Wandsworth.

Many respondents also used the open-text box as an opportunity to make general comments about sexual and reproductive health services in Richmond and Wandsworth.

Pregnancy, childbirth, and the first six weeks of life

How satisfied are you with the current services that we offer?



There were 86 responses to this question. Just over half (54.65%) of the respondents said they were either satisfied or somewhat satisfied with services offered by the Councils. 17.44% of respondents said they were either somewhat dissatisfied or not at all satisfied with the current services. One-fifth (22.09%) of respondents said they had not used the services previously.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
School health support for those at risk of early, unwanted conception, including increased access to condoms in schools.	41	53.95%
Sex and relationships training for care-experienced young people, foster carers, personal advisers, social workers, and Looked After Children medical teams, with signposting to services.	40	52.63%
Expand home visiting by health visitors and practitioners.	32	42.11%
Targeted support for young fathers, including early engagement, general support, and education on fatherhood and family support.	31	40.79%

Advice, information, and training for parents and carers to enable early conversations and build a strong foundation for RSE and protective behaviours.	27	35.53%
Develop the directory of sexual health services, including online videos, resources, and education for parents, young people, and adults with learning disabilities, promoted through QR codes.	26	34.21%
Better support for women post-miscarriage.	24	31.58%
Specialist training for health visitors and midwives to support antenatal and postnatal care for adults with learning disabilities.	17	22.37%
Utilise new government funding for pelvic health, including direct referrals from Health Visiting to pelvic health services.	14	18.42%
Increase sexual and reproductive health conversations in breastfeeding cafés and through Health Visiting services.	14	18.42%
Targeted pelvic health campaigns.	11	14.47%

Respondents were asked what three additional services they would like prioritised. 75 respondents provided an answer to this question. *'Sex and relationships training for care-experienced young people, foster carers, personal advisers, social workers, and Looked After Children medical teams, with signposting to services'* and *'School health support for those at risk of early, unwanted conception, including increased access to condoms in schools'* were the most mentioned services, with both requested by just over half of the respondents (53.95% and 52.63% respectively).

If you have any additional suggestions for services we could offer, please let us know below:

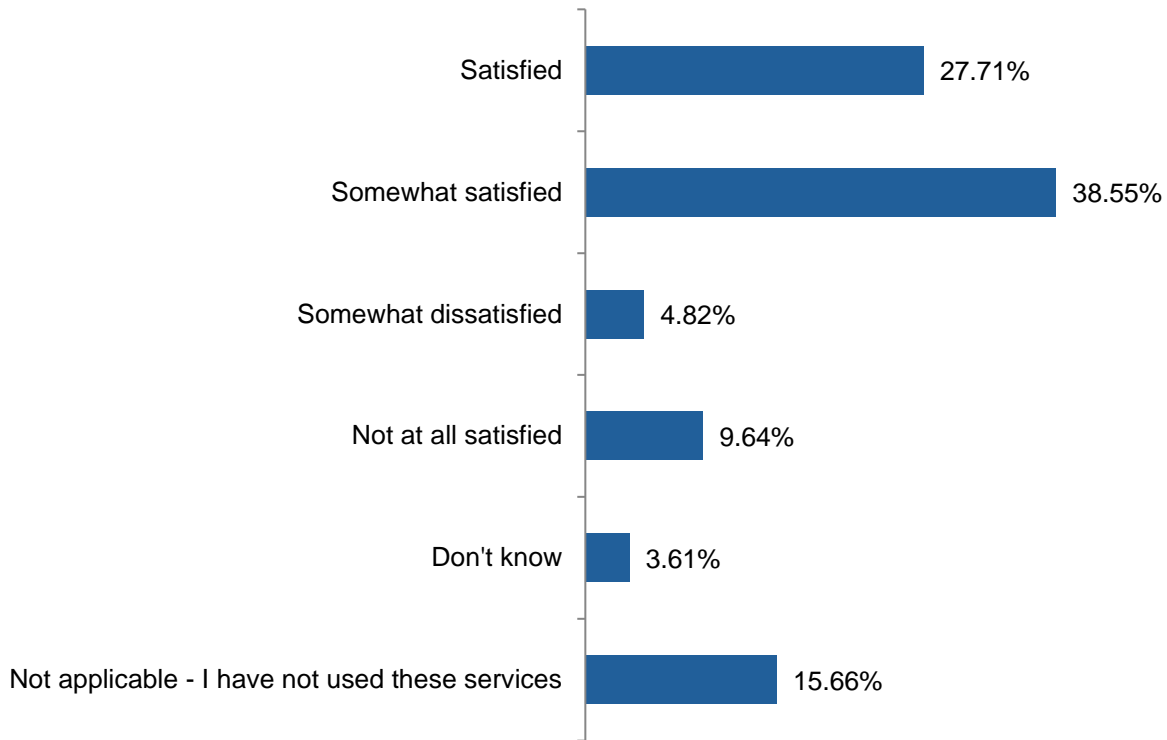
There were 21 responses to this question. Several respondents highlighted the need for services which adequately support women pre-, during, and post-pregnancy. This includes fertility awareness, vaccine programmes, and resources on termination of pregnancies. Within this, it was mentioned that there should be a targeted focus on groups who experience poor health outcomes during pregnancy.

Several respondents suggested that there should be a focus on delivering appropriate education to young people, as well as making sexual health appointments as accessible and visible as possible. Recognising and supporting young people who frequently access emergency contraception was mentioned. A number of respondents also suggested more male-specific services, such as campaigns to support fatherhood.

Many respondents also used this space as an opportunity to make general comments about sexual and reproductive health services in Richmond and Wandsworth.

Comprehensive education and information

How satisfied are you with the current services that we offer?



Out of 83 respondents, two-thirds (66.26%) reported being satisfied or somewhat satisfied with the services offered. Meanwhile, 14.46% were somewhat dissatisfied or not at all satisfied. Additionally, 15.66% indicated they had not used the services.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
Increase access to sex and relationships training for teachers, including local courses and collaboration with sexual health services.	46	59.74%
Increase promotion of sexual health services and RSE with support for people with learning disabilities and their carers.	32	41.56%
Increase outreach and education for vulnerable children and young people in their environments (e.g., Youth Justice, Mental Health Services, Youth Clubs).	31	40.26%
Promote period positivity and reduce period poverty.	31	40.26%
Menopause education for all, including in workplace health.	25	32.47%

Sexual and reproductive health training for parents of children with Special Educational Needs or Disabilities.	21	27.27%
Support people with learning disabilities in using sexual and reproductive products, including period hygiene products.	20	25.97%
Provide cultural competency training for health professionals to build confidence for informal conversations.	20	25.97%
Train health champions to raise awareness of sexual and reproductive health through peer-to-peer support.	17	22.08%
Increase RSE training with special schools, psychology services, and those working with people with challenging behaviour.	16	20.78%
Develop a new Make Every Contact Count module on sexual and reproductive health for workforce training.	15	19.48%
Host a cross-borough youth council forum on relationships and sex education and sexual health.	13	16.88%
Promote www.gettingiton.org.uk using QR codes, especially targeting vulnerable young people missing school.	13	16.88%
Targeted education and support for older people, through age well centres and linking to the dementia strategy.	9	11.69%
Replace Hackett tool for child sexual development with Brook's sexual behaviours traffic light tool.	6	7.79%

Respondents were asked what three additional services they would like prioritised. There were 77 responses to this question. The most requested service was *'Increase access to sex and relationships training for teachers, including local courses and collaboration with sexual health services'*, with almost 60% of respondents requesting this service.

If you have any additional suggestions for services we could offer, please let us know below:

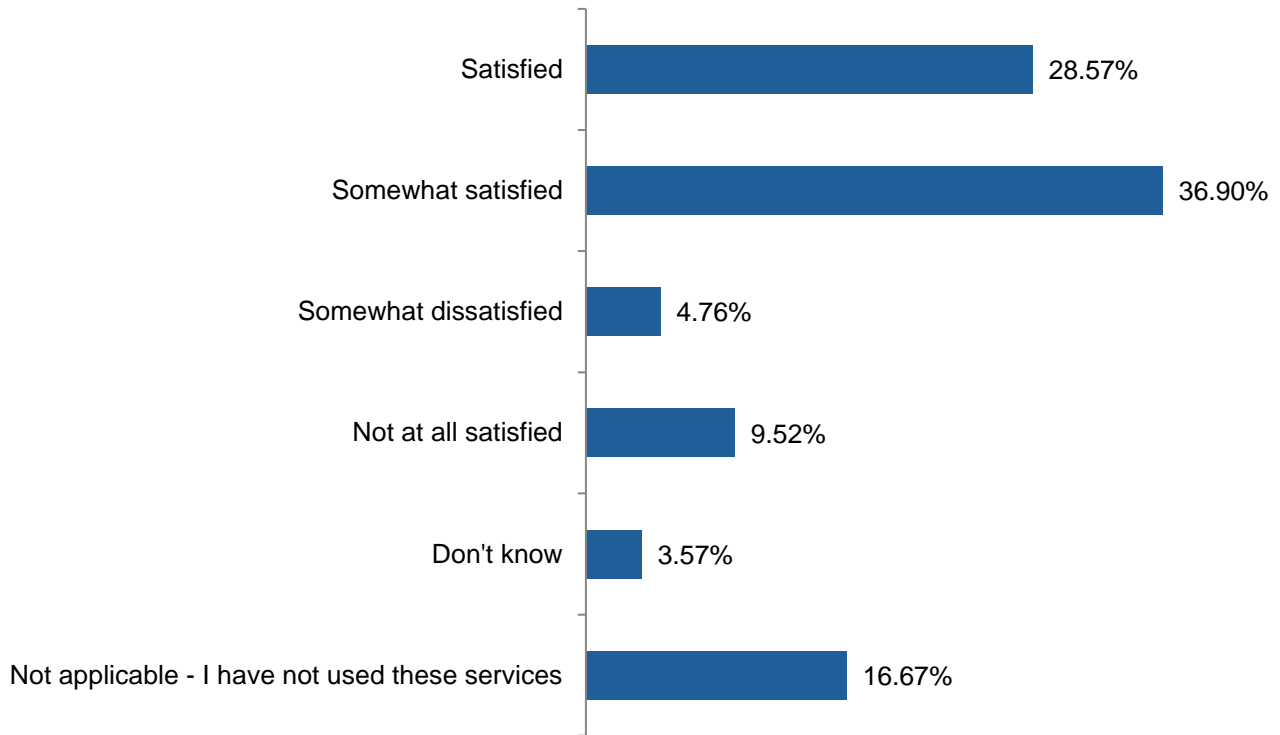
15 respondents provided an answer to this question. A number of respondents suggested that schoolteachers should receive more support in order to deliver appropriate Relationships and Sex Education (RSE) to children and young people. In response to this, several respondents suggested that sexual and reproductive health staff should be more closely involved in delivering RSE in schools, either by delivering classes directly, or by providing education to teachers and schools.

Other suggestions included providing education on healthy relationships and signs of exploitation, and offering specific services and support for vulnerable and at-risk groups.

Many respondents also used this opportunity to make general comments about sexual and reproductive health services in Richmond and Wandsworth.

Contraception counselling and provision

How satisfied are you with the current services that we offer?



84 respondents provided an answer to this question. Almost two-thirds (65.47%) of respondents said they were either satisfied or somewhat satisfied with the services offered. Some (14.28%) respondents said they were either somewhat dissatisfied or not at all satisfied with the current services, with an additional 16.67% stating they have not used the services.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
Promote contraceptive choice availability to priority and underserved groups.	43	56.58%
Encourage LARC accessibility through general practice, including increasing the number of LARC fitters.	30	39.47%
Provide clear, consistent messages about available contraception choices.	29	38.16%
Develop agreements to allow women to access LARC from GPs outside their own practice.	27	35.53%

Roll out the new Pharmacy Contraception Service (PCS).	26	34.21%
Support Richmond and Wandsworth in launching a pan-London online contraceptive service.	26	34.21%
Provide sexual health outreach services to the homeless, e.g., SPEAR Healthlink.	26	34.21%
Streamline the contraception pathway, including LARC, between health providers.	24	31.58%
Link sexual health outreach services with alternative education and 16-19+ college provision.	24	31.58%
Re-focus Condom card provision to services young people are accessing, such as CAMHS, YJS, Future First Office for Care Leavers, and venues with late-night openings.	19	25.00%
Support and review a pilot contraception clinic within a mental health service in Wandsworth.	15	19.74%
Standardise the SWL EHC pharmacy offer, including IT platforms, clinical training, and accreditation to increase access to LARC.	10	13.16%

Respondents were asked which additional services they would like prioritised. There were 76 responses to this question. The most requested service by respondents was '*Promote contraceptive choice availability to priority and underserved groups*', with over half (56.58%) of respondents requesting this service.

This was followed by '*Encourage LARC accessibility through general practice, including increasing the number of LARC fitters*', with 39.47% of respondents requesting this service.

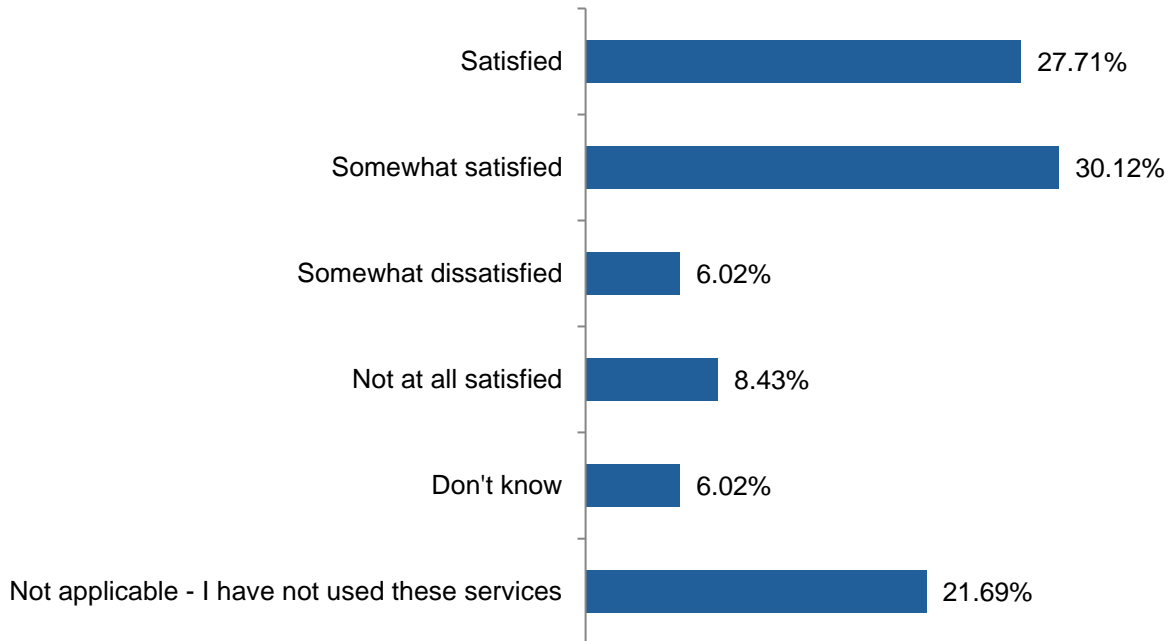
If you have any additional suggestions for services we could offer, please let us know below:

There were 24 responses to this question. There was a strong focus by respondents on the importance of long-acting reversible contraception (LARC) being available and accessible to all, with many suggesting that it should be made easier for GP clinics to deliver LARC to patients. Increasing the capacity of existing contraceptive services, particularly the provision of LARC, was also highlighted by several respondents. Respondents also highlighted the need for awareness and education around contraceptive options.

Many respondents also used the open-text box as an opportunity to make general comments about sexual and reproductive health services in Richmond and Wandsworth.

Gender-based violence prevention, support and care

How satisfied are you with the current services that we offer?



Out of 83 respondents, over half (57.83%) were satisfied or somewhat satisfied with the services offered. Meanwhile, 14.45% were somewhat dissatisfied or not at all satisfied. Additionally, over one-fifth (21.69%) reported they had not used the services.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
Advice and training for the workforce to better identify and support those at risk of or experiencing child sexual abuse (Wandsworth).	31	46.27%
Encourage health professionals to routinely ask about sexual violence and domestic abuse.	29	43.28%
Healthy relationships education and awareness for everyone, not just in schools.	29	43.28%
Advice and training for parents and carers to enable early conversations that build a strong foundation for RSE and protective behaviours throughout life.	24	35.82%
Training for healthcare staff on the needs of sex workers, including confidentiality and harm reduction supplies.	23	34.33%

Healthy relationships training for parents/carers of young people and adults with learning disabilities.	21	31.34%
Gender-based violence support offered by Looked After Children's services and the School Health Service.	19	28.36%
Inclusive pathways and safeguarding protocols for sex workers, with clear support options.	19	28.36%
Increase education and literature on gender-based violence for boys, young men, and older people, ensuring cultural appropriateness.	18	26.87%
Engage with faith groups to reduce stigma.	18	26.87%
Training for professionals on the sexual and reproductive health needs of refugees and asylum seekers.	15	22.39%
Training for staff in hotels and Airbnbs to spot signs of potential exploitation.	15	22.39%
Targeted support for homeless/rough sleepers.	15	22.39%
Learning disabilities training for professionals, with knowledge of support options.	14	20.90%
Specialised support for LGBTQ+ people and Gypsy, Roma, and Traveller communities.	13	19.40%
Safe space havens for young people, such as McDonald's.	12	17.91%

Respondents were asked what three additional services they would like prioritised, with 67 respondents providing an answer. The most requested service by respondents (46.27%) was *'Advice and training for the workforce to better identify and support those at risk of or experiencing child sexual abuse'*.

This was closely followed by *'Encourage health professionals to routinely ask about sexual violence and domestic abuse'* and *'Healthy relationships education and awareness for everyone, not just in schools'*, with both services requested by 43.28% of respondents.

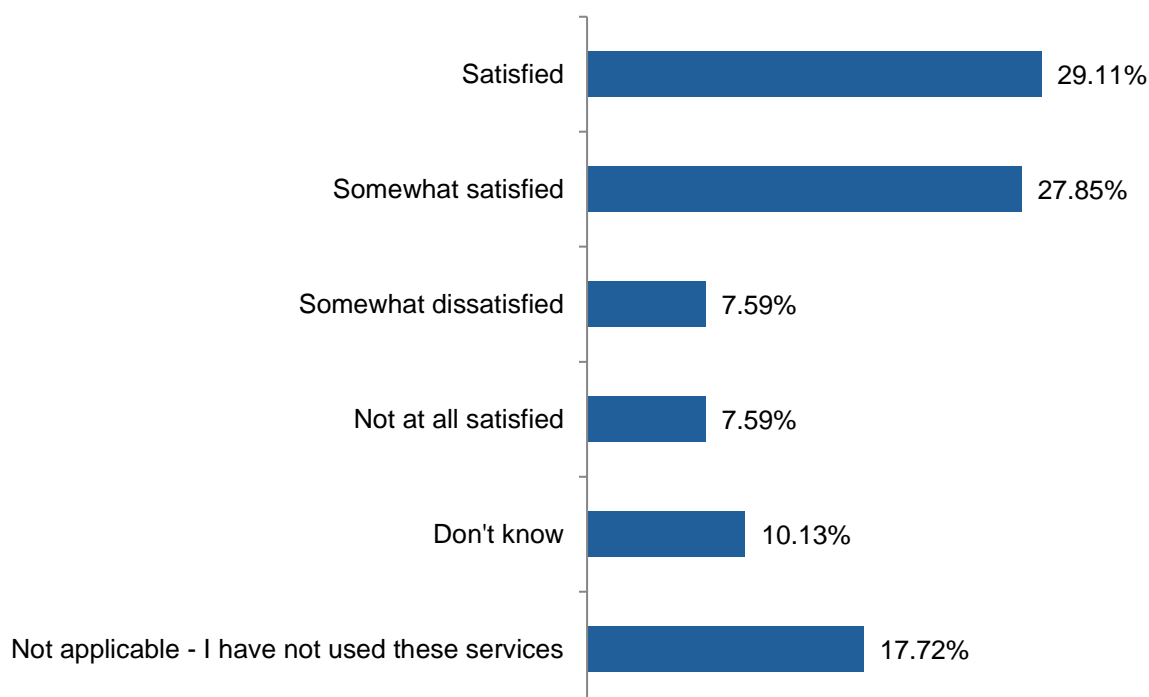
If you have any additional suggestions for services we could offer, please let us know below:

13 respondents provided an answer to this question. Several respondents commented that they found it difficult to choose three additional services that they'd like prioritised and suggested that all services offered should be provided. A number of respondents also highlighted the importance of providing education on healthy relationships and gender-based violence in schools, as well as offering services which appropriately support vulnerable and at-risk groups. Other suggestions included providing drop-in sessions about sexual violence, as well as extra safe space havens in addition to McDonalds.

Some respondents used the open-text box to make general comments about sexual and reproductive health services in Richmond and Wandsworth.

Fertility and reproductive care

How satisfied are you with the current services that we offer?



79 respondents provided an answer to this question. The majority of respondents (56.96%) said that they were either satisfied or somewhat satisfied with the services currently offered. 15.18% of respondents reported that they were either somewhat dissatisfied or not at all satisfied with the services. 17.72% of respondents had not used fertility and reproductive care services previously.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
Increase representation of ethnic minority and lower socio-economic groups in reproductive health services, focusing on fertility, cervical screening, and reproductive cancer prevention and treatment programmes.	41	69.49%
Improve access to menopause support, including Hormone Replacement Therapy (HRT) for ethnic minority groups.	34	57.63%
Normalise men's reproductive and fertility care with clear pathways to access.	33	55.93%
Develop women's health hubs and family hubs to formalise the interconnectedness of sexual and reproductive health.	30	50.85%
Provide training to increase culturally appropriate care.	20	33.90%

Fertility awareness campaign targeting groups with lower take-up.	19	32.20%
Joint action on women's health hubs, steered from national and regional levels.	9	15.25%

There were 59 responses to this question. More than two-thirds (69.49%) of respondents requested that the Council '*Increase representation of ethnic minority and lower socio-economic groups in reproductive health services, focusing on fertility, cervical screening, and reproductive cancer prevention and treatment programme*'.

This was followed by '*Improve access to menopause support, including Hormone Replacement Therapy (HRT) for ethnic minority groups*' and '*Normalise men's reproductive and fertility care with clear pathways to access*', requested by 57.63% and 55.93% of respondents respectively.

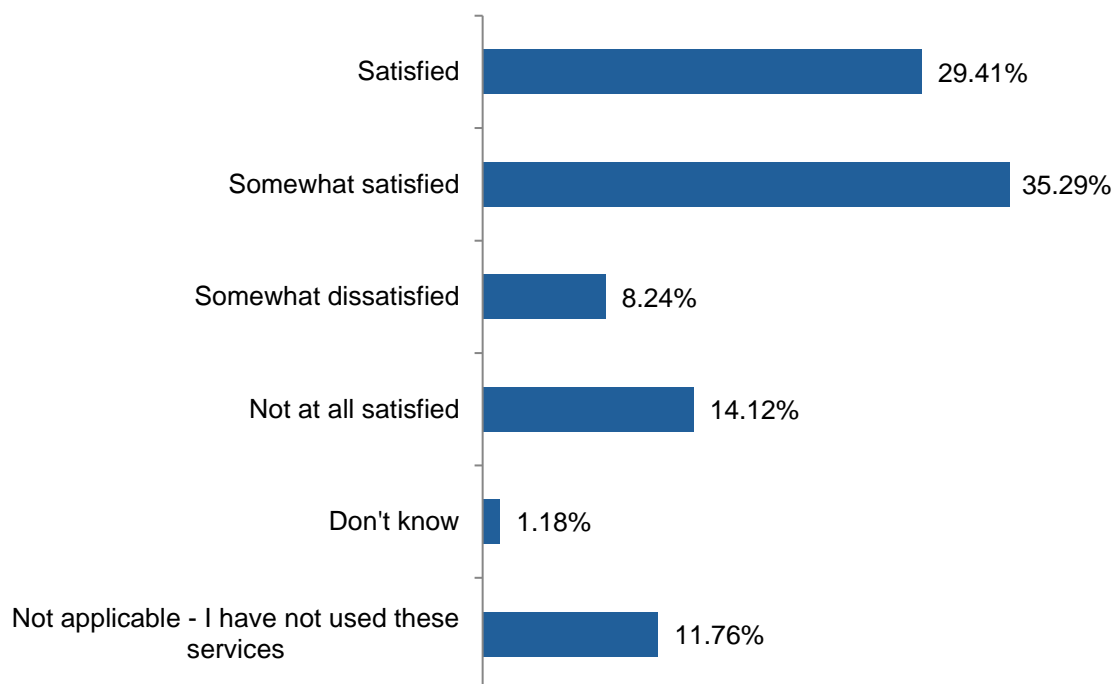
If you have any additional suggestions for services we could offer, please let us know below:

There were 11 responses to this question. Several respondents highlighted the importance of supporting individuals facing fertility challenges or using fertility care services. They specifically mentioned the need for counselling, and improving fertility awareness both generally and within the workforce.

Many respondents also used this space as an opportunity to make general comments about sexual and reproductive health services in Richmond and Wandsworth.

Prevention and control of HIV and other STIs

How satisfied are you with the current services that we offer?



Out of 85 respondents, almost two-thirds (64.7%) were satisfied or somewhat satisfied with the services offered. Meanwhile, 22.36% were somewhat dissatisfied or not at all satisfied. Additionally, 11.76% reported they had not used the services previously.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
Provide condoms, chlamydia screening, emergency contraception, and pregnancy testing via school health drop-ins, especially in sixth forms and colleges.	49	59.04%
Re-offer HPV vaccine to eligible individuals when parents have initially declined.	34	40.96%
Expand sexual health services in Richmond.	34	40.96%
Tailor young people's sexual health services to be accessible for the most vulnerable, reducing bureaucratic processes.	31	37.35%
Target late diagnosis and increase access to PrEP among underserved groups.	31	37.35%

Explore extending HIV testing opportunities within general practice to normalise testing.	30	36.14%
Establish a 'hot clinic' – a monthly clinic in substance misuse/homelessness services.	28	33.73%
Promote sexual and reproductive health services using QR codes in private spaces like toilet cubicles.	25	30.12%
Targeted sexual and reproductive health campaign to increase local knowledge and access to healthcare.	22	26.51%
Work with parents to highlight the importance of the HPV vaccine.	21	25.30%
Support disabled young adults to access sexual health services and reproductive/hygiene products.	20	24.10%
Promote a step-by-step guide on what to expect in a sexual health service.	19	22.89%
Develop a resource pack for homeless individuals, those with substance misuse issues, learning disabilities, and asylum seekers.	17	20.48%
Increase training on the sexual and reproductive health needs of women who have sex with women.	16	19.28%

Respondents were asked what three additional services they would like prioritised, with 83 respondents providing an answer. The most requested additional service by almost 20% was *'Provide condoms, chlamydia screening, emergency contraception, and pregnancy testing via school health drop-ins, especially in sixth forms and colleges'*. This was requested by 59.04% of respondents.

40.96% of respondents requested that *'Re-offer HPV vaccine to eligible individuals when parents have initially declined'* and *'Expand sexual health services in Richmond'* be prioritised.

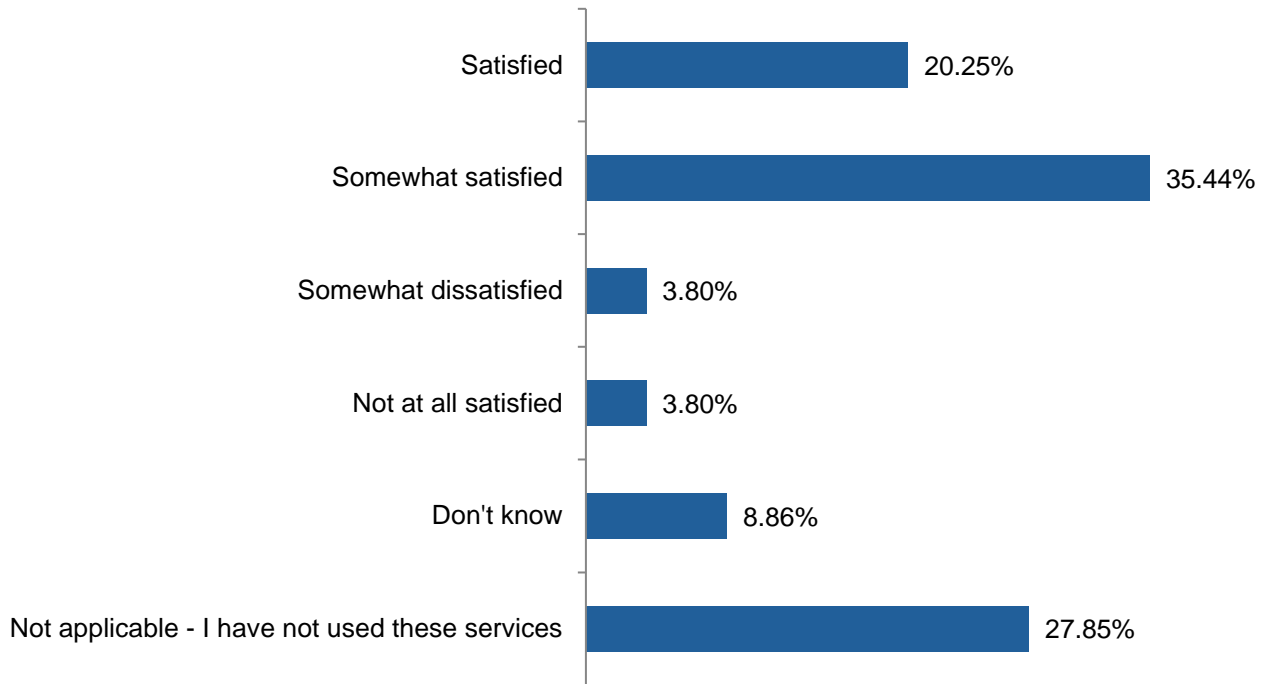
If you have any additional suggestions for services we could offer, please let us know below:

Out of 23 respondents, many highlighted issues such as rising STI rates across London and the need for accessible testing and treatment services. Suggestions included collaboration between sexual health services and organisations, focusing on vulnerable and at-risk groups. Other recommendations were to offer PrEP through pharmacies, enhance partner notification, and conduct workshops for young people and parents.

Other respondents made general comments about sexual and reproductive health services in Richmond and Wandsworth.

Safe abortion care

How satisfied are you with the current services that we offer?



79 respondents provided an answer to this question. Just over half (55.69%) of respondents said that they were either satisfied or somewhat satisfied with the current services offered. Only 7.6% of respondents reported being either somewhat dissatisfied or not at all satisfied. Just over one-quarter (27.85%) of respondents said that they had not used these services previously.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
Improve referral and access to both pre-conception and post-abortion contraceptive options via termination, perinatal, midwifery, and 0-19 health services.	37	59.68%
Increase post-abortion counselling.	35	56.45%
Increase education, particularly for males.	31	50.00%
Provide post-abortion support, especially for those with learning disabilities.	29	46.77%
Increase awareness of culturally appropriate post-abortion support.	24	38.71%

Work with families with children previously removed and those with repeat abortions.	22	35.48%
Provide clear timeframes and interventions for people with learning disabilities.	18	29.03%
Provide education on non-medicalised interventions.	13	20.97%

There were 62 responses to this question. The most requested additional service was *'Improve referral and access to both pre-conception and post-abortion contraceptive options via termination, perinatal, midwifery, and 0-19 health services'*, mentioned by 59.68% of respondents.

This was closely followed by *'Increase post-abortion counselling'*, and *'Increase education, particularly for males'*, requested by 56.45% and 50% of respondents respectively.

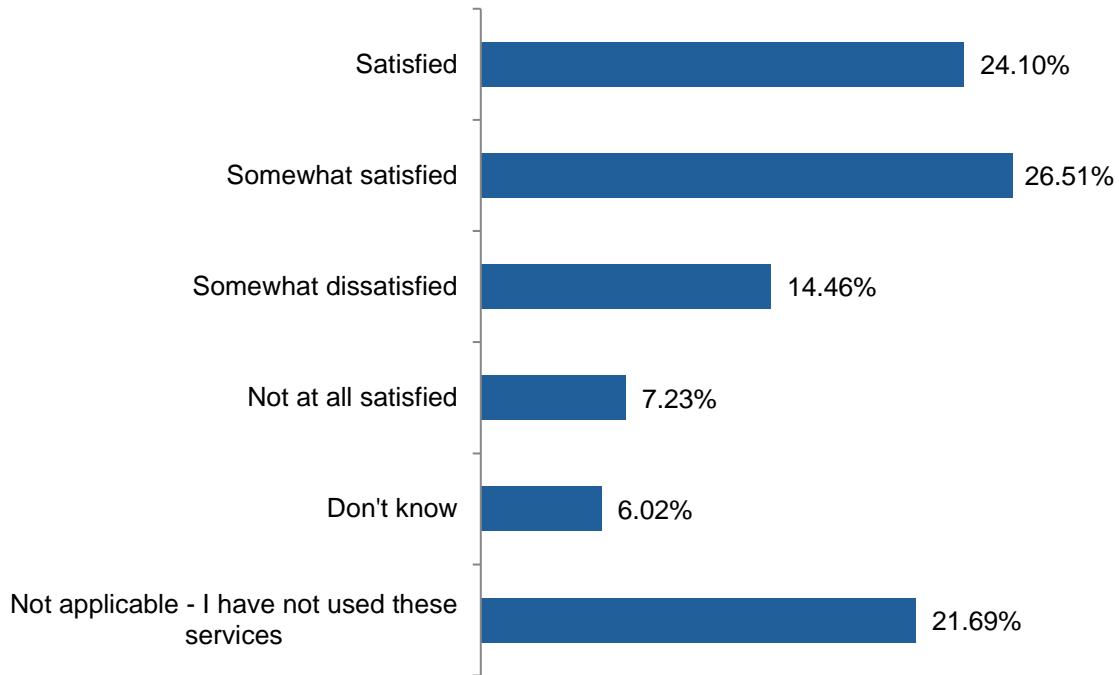
If you have any additional suggestions for services we could offer, please let us know below:

12 respondents provided an answer to this question. Respondents offered several suggestions which included providing clear timeframes and information on abortion services, provision of post-abortion contraception, and to offer appropriate support to people where necessary. The importance of making abortion services easy to access and non-judgmental was also mentioned.

Some respondents used this space to offer general comments and recommendations on the provision of safe abortion services in Richmond and Wandsworth.

Sexual function and psychosexual counselling

How satisfied are you with the current services that we offer?



83 respondents provided an answer to this question. Half (50.61%) of respondents stated that they were either satisfied or somewhat satisfied with the current services offered. One-fifth (21.69%) of respondents reported that they were either somewhat dissatisfied or not at all satisfied with the current services. 21.69% of respondents said they had never used the services offered.

What additional services should we prioritise?

What additional services should we prioritise?		
Response	Number of respondents to this question	Percentage of respondents to this question (%)
Increase psychosexual counselling across both boroughs to reduce waiting lists.	52	69.33%
Increase training for staff in this area.	32	42.67%
Promote services more widely across whole communities, not just in clinical environments.	27	36.00%
Change language around 'psychosexual counselling' to be more accessible.	27	36.00%
Include erectile dysfunction questions or links within NHS health checks.	26	34.67%

Psychosexual counselling offered through women's health hubs.	23	30.67%
Better training for health professionals to support older people.	21	28.00%
Increase awareness of the link between sexual dysfunction, cardiovascular health, dementia, and early death.	20	26.67%
Develop a resource with simple information and support.	19	25.33%
Include service offers in an online directory of sexual health services for both boroughs to support better sign-posting.	17	22.67%
Explore the impact of unpaid caring on sexual and reproductive health.	14	18.67%

Respondents were asked what three additional services they would like prioritised. 75 respondents answered this question, with almost 70% requesting that the Council '*Increase psychosexual counselling across both boroughs to reduce waiting lists*'. '*Increase training for staff in this area*' was the second most requested service, mentioned by 42.67% of respondents.

Just over one-third (36%) of respondents asked for the Council to '*Promote services more widely across whole communities, not just in clinical environments*' and '*Change language around psychosexual counselling to be more accessible*'.

If you have any additional suggestions for services we could offer, please let us know below:

16 respondents provided an answer to this question. Reflecting the most requested service from the previous question, many of the respondents commented on the importance of psychosexual services and called for an increase in counselling to reduce waiting times. Other respondents suggested increasing the provision of services which support erectile dysfunction, as well as systems which support better recognition of sexual violence in older adults.

We welcome your ideas in relation to further actions we can take that we might not have thought about. Please provide any additional ideas or suggestions so we can ensure our next strategy prioritises our local population:

32 respondents offered suggestions for additional sexual and reproductive health services in Richmond and Wandsworth. Many emphasised the need to protect vulnerable groups and highlighted the importance of expanding existing services, particularly at the Falcon Road Clinic. Respondents stressed the importance of securing sustainable funding for Level 3 Integrated Sexual Health Services to address rising STI rates. Suggestions included better use of digital resources, and improving access to contraception, psychosexual counselling, and information services.

7. Other responses received

There were four responses to this consultation received via the easy read version of the questionnaire.

Three of the respondents said that they live in Wandsworth. One of the respondents said that they spend social time in both Richmond and Wandsworth. Three of the respondents are between 20 and 24 years of age.

Respondents were mostly positive about the Statement and the Priorities, and all respondents requested specific services that they would like to see prioritised.

Easy read responses have been considered alongside online questionnaire submissions during the evaluation of the consultation feedback.

8. Demographic Profile

Demographic	Sample base	Proportion (%)
What is your sex?		
Male	58	63.74%
Female	26	28.57%
Prefer not to say	7	7.69%
<i>Base: 91 respondents</i>		
Is the gender you identify with the same as your sex registered at birth?		
Yes	81	91.01%
No	1	1.12%
Prefer not to say	7	7.87%
<i>Base: 89 respondents</i>		
What was your age last birthday?		
19 and under	1	1.10%
20 – 24	0	0.00%
25 – 34	16	17.58%
35 – 44	19	20.88%
45 – 54	26	28.57%
55 – 64	19	20.88%
65 – 74	3	3.30%
75+	0	0.00%
Prefer not to say	7	7.69%
<i>Base: 91 respondents</i>		
Do you consider yourself to have a disability?		
Yes	12	13.19%
No	69	75.82%
Prefer not to say	9	9.89%
<i>Base: 90 respondents</i>		
Which of the following best describes your sexual orientation?		
Straight/Heterosexual	59	64.84%

Jewish	0	0.00%
Muslim	0	0.00%
Sikh	0	0.00%
Prefer not say	7	7.69%
Any other religion, write in	1	1.10%
<i>Base: 90 respondents</i>		
How would you describe your ethnic group?		
White	59	64.84%
Mixed/multiple ethnic groups	7	7.69%
Asian or Asian British	4	4.40%
Black/African/Caribbean/Black British	8	8.79%
Other ethnic group, please specify:	2	2.20%
Prefer not to say	11	12.09%
<i>Base: 91 respondents</i>		
Gay or Lesbian	14	15.38%
Bisexual	2	2.20%
Prefer not to say	15	16.48%
Other sexual orientation, write in	0	1.10%
<i>Base: 90 respondents</i>		
What is your religion?		
No religion	48	52.75%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	30	32.97%
Buddhist	1	1.10%
Hindu	3	3.30%

NB Respondents who did not provide answers to the demographic questions are not included in the above table.

9. Appendix 1 – Consultation material

Overview

Richmond and Wandsworth Councils are currently developing new sexual and reproductive health strategies which will set our priorities and guide local action over the next five years. This consultation will enable those who live, work, or socialise in Richmond and Wandsworth to help shape our Sexual and Reproductive Health Strategy 2025-2030.

Sexual and reproductive health is an important public health issue, with social, economic, and health impacts that can affect the population throughout their lives. Equitable access to sexual and reproductive health services is essential to improve the health and well-being of individuals and populations.

Poor sexual and reproductive health can lead to issues like STIs, HIV, unintended pregnancies, and psychological harm from sexual abuse. These problems can have lasting and costly effects on individuals and society, impacting education, job opportunities, and long-term health. Certain groups, such as young people, LGBTQ+ individuals, people in poverty, some ethnic minorities, and those living with HIV, often experience worse outcomes in sexual and reproductive health.

Encouraging people to take care of their sexual health and providing good health education can lead to better outcomes by promoting safer sex and regular testing. Using condoms correctly and consistently greatly reduces the risk of getting STIs. Vaccinations, screenings, and tests, along with easy access to diagnosis, treatment, and contact tracing, help lower STI rates. However, there are still inequalities in reproductive health that affect access to prevention and treatment services.



Shortcode: factbank

Factbank Title: What has shaped our draft strategy so far?

Factbank Content:

The new strategies will reflect the UK's commitment to reducing STIs and achieving zero new HIV infections, and zero AIDS and HIV-related deaths in England by 2030. They will also reflect the commitment set out in the first [Women's Health Strategy for England](#), which highlighted the importance of promoting positive reproductive health. Our strategies will be informed by the comprehensive sexual and reproductive health needs assessments which were recently conducted within Richmond and Wandsworth.

The strategy will look at health and well-being throughout a person's life, considering how biological factors (like genetics), social influences, and behaviours affect health. It will also consider how these factors work together and how this influences health and well-being for individuals and across generations. Sexual and reproductive health is important at every age and for every community. It plays a key role in overall health, personal identity, well-being, and relationships. Please click the links below to find out more about our life course approach.

Shortcode: factbank

Factbank Title: Early years

Factbank Content:

A life course approach might include positive parenting from a very early age to create the social and emotional foundations on which healthy and safe relationships can be built. Positive parenting may include setting personal boundaries and building self-awareness that can help prevent exploitation or abuse.

Shortcode: factbank

Factbank Title: School years

Factbank Content:

During the school years, evidence-based education in the classroom equips children to develop the knowledge and skills to grow into healthy adults seeking healthy relationships that are free from exploitation and abuse.

Shortcode: factbank

Factbank Title: Working years

Factbank Content:

People of working age go through many important life events like getting married, having children, and experiencing changes in their bodies. To maintain good sexual and reproductive health, they need access to services that provide contraception, support during pregnancy, options for terminating a pregnancy, and diagnosis and treatment of STIs.

Shortcode: factbank

Factbank Title: Older years

Factbank Content:

As people get older, they might become more socially isolated due to leaving work, developing health issues, or losing loved ones. While sexual activity often decreases with age, many older adults continue to have active and satisfying sex lives, adapting to any disabilities or illnesses they face. Not all older people want an active sex life, but for those who do, sexual problems can greatly affect their mental health and well-being. Sexual dysfunction isn't a guaranteed part of aging for either men or women, however, it can often be influenced by stressors throughout life.

How have we engaged with the community so far?

We recently conducted a comprehensive needs assessment within both boroughs. The development of the needs assessment and priorities for the draft strategy were driven by stakeholder and community consultation. The development process included:

Shortcode: factbank

Factbank Title: Community engagement activities

Factbank Content:

Throughout 2023 and early 2024, workshops and focus groups were conducted with various community groups, including young people, older adults, individuals with learning disabilities, LGBTQ members, and ethnic minorities. Over 70 participants shared their lived experiences and provided input on sexual and reproductive health priorities and actions.

Shortcode: factbank

Factbank Title: Residents and staff surveys

Factbank Content:

Surveys were done with residents and staff to help plan the integrated sexual health service and understand their needs. The results were used to create the needs assessment and guide the main recommendations and priorities.

Shortcode: factbank

Factbank Title: Engagement with strategic partners

Factbank Content:

The results of the needs assessment and main priorities were shared with important groups from the council, health, and community sectors. This included CVS forums, safeguarding partnerships, pharmacy providers, health provider forums, disabilities partnerships, council consultation groups, mental health provider forums, and drug service partners.

Shortcode: factbank

Factbank Title: Key stakeholders workshop

Factbank Content:

In July 2024, a workshop was held with key partners to help shape the priorities and actions for this consultation. Partners from health, social care, schools, and community and voluntary services worked together to develop and agree on priority actions to support underserved and disproportionately affected groups.

At every stage, feedback was taken on board and the draft strategy amended. An Equality Impact Needs Assessment (EINA) was drafted in line with corporate council requirements, to assess the impact of this draft strategy on the 9 protected characteristics laid out in the Equality Act (2010). The draft Richmond and Wandsworth EINAs will be completed following the outcome of this consultation.



Why take part in the consultation?

The purpose of this consultation is to enable those who live, work, or socialise in Richmond and Wandsworth borough to have a say on the ideas and priorities that have emerged through our extensive engagement thus far. By taking part you will get a feel for what we already offer and be able to shape:

Shortcode: factbank

Factbank Title: Our draft strategic vision statement

Factbank Content:

In Richmond and Wandsworth, our vision for sexual and reproductive health is one that embraces the holistic wellbeing of our community. Aligned with the World Health Organisation's definitions, our strategy is rooted in acknowledging the interconnectedness of sexual and reproductive health with physical, mental, and social well-being. We are committed to fostering an environment where people who work, live, or go to school in the borough can achieve optimal health outcomes that are free from violence and coercion across the life course. By improving education and access to information, we hope that communities will be empowered to make informed choices about their sexual and reproductive lives.

While our vision for comprehensive sexual and reproductive health services is ambitious, we recognise the constraints of limited resources. By focusing our efforts on those who experience disproportionately poorer sexual and reproductive health outcomes, and on those who are seldom heard, we aim to maximise the impact of our resources and create a more equitable and accessible healthcare landscape for everyone. In line with the National HIV Action Plan for England, we will continue to work towards achieving zero or minimal HIV transmission at a local level.

As we move forward, we are committed to remaining flexible and responsive to feedback from our community. We recognise that the landscape of sexual and reproductive health will continue to change and evolve, driven by changes in our population and its diverse needs. In collaboration with stakeholders who are committed to taking ownership and responsibility for the successful implementation of this strategy, we aim to continue to meet the evolving needs of our community and ensure that our sexual and reproductive health services are inclusive, effective, and responsive to the diverse needs of our population.

Shortcode: factbank

Factbank Title: Our six strategic priorities (our goals)

Factbank Content:

- Promote relationships and sex education (RSE), and sexual and reproductive health education through the life course, targeting disproportionately affected and underserved groups.
- Improved prevention of STIs and HIV, and rapid, targeted diagnosis and access to treatment for STIs and HIV.
- Improved HIV prevention including the increased uptake of PrEP (medicine taken to prevent HIV) amongst underserved groups.
- Increased reproductive choice and prevention of reproductive related ill-health.
- Increased role of the wider community in promoting positive sexual and reproductive health, recognising its links to emotional health and well-being.
- Increased sexual health service provision and access (Richmond only)
- Identification of child sexual abuse that recognises links to longer term health outcomes (Wandsworth only)

Shortcode: factbank

Factbank Title: Our eight key areas of focus for the next five years

Factbank Content:

- Pregnancy, childbirth, and the first six weeks of life
- Comprehensive education and information
- Contraception counselling and provision
- Gender-based violence protection, support and care
- Fertility and reproductive care
- Prevention and control of HIV and other STIs
- Safe abortion care
- Sexual function and psychosexual counselling

Have your say

The information you provide will enable us to finalise our strategy and ensure we are providing services that work toward meeting your needs.

If you live, are educated in, socialise, or work in, or for, either Richmond or Wandsworth boroughs (or both); this consultation is for you!

Please give us your feedback using the Online Survey link below. If you need to request a paper questionnaire or any other format, please contact PublicHealth@richmondandwandsworth.gov.uk.

To access an easy read version, please [click here](#).

What happens next

This consultation will be open for 6 weeks, after which results will be analysed and taken into consideration. The final strategy will be approved by the respective councils and will be made available on our council websites. An implementation group will be convened to ensure the agreed actions are taken forward by officers and partners.

Your privacy

All the information you provide will be treated in strict confidence and will only be used for the purposes of this consultation. Richmond and Wandsworth Council will do all we can to respect your privacy and to protect the personal information we acquire through responses to our consultations. You can read the Council's Privacy Notices [here](#):

[Richmond Council Privacy Notice](#)

[Wandsworth Council's Privacy Notice](#)

By clicking below you agree to participate in this activity and to the use of your response as described above.

[Click here to begin the questionnaire \(Required\)](#)

Alternatively, if you do not wish to participate in the activity, please close your browser.

Your response

What is the main capacity in which you are responding to this consultation?

If more than one option applies to you, please select the one which is most applicable.

(Required)

Please select only one item

- I live in the borough of Richmond
- I work/study in the borough of Richmond
- I spend social time in the borough of Richmond
- I live in the borough of Wandsworth
- I work/study in the borough of Wandsworth
- I spend social time in the borough of Wandsworth
- I'm responding on behalf of a local group or organisation
- None of the above / other

Please tell us your postcode:

Your response continued

In what other capacity are you responding to this consultation?

Local group or organisation

Which group or organisation are you responding on behalf of?

Our Strategic Vision Statement

Our partners have drafted a comprehensive vision statement that will guide the work that we will take forward over the course of this strategy.

Shortcode: factbank

Factbank Title: [Click here to read our Strategic Vision Statement](#)

Factbank Content:

In Richmond and Wandsworth, our vision for sexual and reproductive health is one that embraces the holistic wellbeing of our community. Aligned with the World Health Organisation's definitions, our strategy is rooted in acknowledging the interconnectedness of sexual and reproductive health with physical, mental, and social well-being. We are committed to fostering an environment where people who work, live, or go to school in the borough can achieve optimal health outcomes that are free from violence and coercion across the life course. By improving education and access to information, we hope that communities will be empowered to make informed choices about their sexual and reproductive lives.

While our vision for comprehensive sexual and reproductive health services is ambitious, we recognise the constraints of limited resources. By focusing our efforts on those who experience disproportionately poorer sexual and reproductive health outcomes, and on those who are seldom heard, we aim to maximise the impact of our resources and create a more equitable and accessible healthcare landscape for everyone. In line with the National HIV Action Plan for England, we will continue to work towards achieving zero or minimal HIV transmission at a local level.

As we move forward, we are committed to remaining flexible and responsive to feedback from our community. We recognise that the landscape of sexual and reproductive health will continue to change and evolve, driven by changes in our population and its diverse needs. In collaboration with stakeholders who are committed to taking ownership and responsibility for the successful implementation of this strategy, we aim to continue to meet the evolving needs of our community and ensure that our sexual and reproductive health services are inclusive, effective, and responsive to the diverse needs of our population.

Has our Strategic Vision Statement been written in a way that is easy to understand?

Please select only one item

- Yes
- No
- Not sure

To what extent do you agree or disagree with our Strategic Vision Statement?

Please select only one item

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you feel there is anything missing, or would like to make any additional comments regarding our Strategic Vision Statement, please do so in the space below.

Our Strategic Priorities

We chose six important priorities for each borough. After further testing them, these priorities became our main goals.

Shortcode: factbank

Factbank Title: [Click here to see our priorities \(our goals\)](#)

Factbank Content:

Promote relationships and sex education (RSE), and sexual and reproductive health education through the life course, targeting disproportionately affected and underserved groups.

Improved prevention of STIs and HIV, and rapid, targeted diagnosis and access to treatment for STIs and HIV.

Improved HIV prevention including the increased uptake of PrEP (medicine taken to prevent HIV) amongst underserved groups.

Increased reproductive choice and prevention of reproductive related ill-health.

Increased role of the wider community in promoting positive sexual and reproductive health, recognising its links to emotional health and well-being.

Increased sexual health service provision and access (Richmond only)

Identification of child sexual abuse that recognises links to longer term health outcomes (Wandsworth only)

Have our priorities been written in a way that is easy to understand?

Please select only one item

- Yes
- No
- Not sure

To what extent do you agree or disagree with our strategic priorities?

Please select only one item

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you feel there is anything missing, or would like to make any additional comments regarding our priorities, please do so in the space below.

Our eight key areas of focus

The strategy will adopt the World Health Organisation's framework for delivering positive sexual and reproductive health across the life course. There are eight key areas which make up the framework:

- Pregnancy, childbirth, and the first six weeks of life
- Comprehensive education and information
- Contraception counselling and provision
- Gender-based violence protection, support and care
- Fertility and reproductive care
- Prevention and control of HIV and other STIs
- Safe abortion care
- Sexual function and psychosexual counselling



The framework recognises that the eight key areas are connected and that good sexual and reproductive health supports physical, emotional, mental & social well-being.

The following pages will set the scene for what we are already doing and the actions we would like to take over the next five years. You do not need to answer all of the questions for all of the areas of focus, but can skip to the ones most important to you.

Pregnancy, childbirth, and the first six weeks of life

If you do not wish to answer this section, press 'Continue' to go to the next page: Comprehensive education and information

Pregnancy, childbirth, and the first six weeks after childbirth are critical times for maternal and newborn survival. High quality care during these times is essential to ensuring the well-being of women and their infants.

Shortcode: factbank

Factbank Title: [Click here to see what services we currently offer](#)

Factbank Content:

- Targeted antenatal visits for vulnerable individuals identified by midwives.
- Support for young people under 18 with social care, prebirth assessments, and specialist midwives and health visitors.
- Signposting to post-partum contraceptive care during and after pregnancy.
- Free emergency contraception available in pharmacies across the borough.
- Contraceptive advice after termination of pregnancy.
- Shared learning between sexual health and 0-19 practitioners.
- Family Nurse Partnership for young women under 24, offering emergency contraception, contraceptive information, and access to Long-Acting Reversible Contraception (LARC) (Wandsworth only).
- CLCH provides health visitors and perinatal mental health visitors, linking to safeguarding midwives.

Share Community supports adults with learning disabilities, including signposting to GPs for advice and education (Wandsworth).

Healthwatch offers post-natal care for black and minority ethnic communities.

SWL Perinatal Service.

St George's Hospital Birth Trauma Clinic.

Postnatal contraception offered at hospitals, including LARC at C-section, implants, and contraceptive pills.

[Get You Better app](#) for post-partum support.

General Practice offers mother and baby health checks post-pregnancy.

Contraceptive advice after miscarriage.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Expand home visiting by health visitors and practitioners.
- Targeted support for young fathers, including early engagement, general support, and education on fatherhood and family support.
- Targeted pelvic health campaigns.
- Utilise new government funding for pelvic health, including direct referrals from Health Visiting to pelvic health services.
- Sex and relationships training for care-experienced young people, foster carers, personal advisers, social workers, and Looked After Children medical teams, with signposting to services.
- School health support for those at risk of early, unwanted conception, including increased access to condoms in schools.
- Develop the directory of sexual health services, including online videos, resources, and education for parents, young people, and adults with learning disabilities, promoted through QR codes.
- Specialist training for health visitors and midwives to support antenatal and postnatal care for adults with learning disabilities.
- Increase sexual and reproductive health conversations in breastfeeding cafés and through Health Visiting services.
- Advice, information, and training for parents and carers to enable early conversations and build a strong foundation for RSE and protective behaviours.
- Better support for women post-miscarriage.

If you have any additional suggestions for services we could offer, please let us know below:

Comprehensive education and information

If you do not wish to answer this section, press 'Continue' to go to the next page: *Contraception counselling and provision*

Comprehensive education gives clear and current information about sexuality and reproduction, covering physical, mental, and social aspects. It helps people understand sexual and reproductive health, corrects wrong ideas, and fills in knowledge gaps. This education also encourages positive attitudes, values, and healthy behaviors.

Shortcode: factbank

Factbank Title: Click here to see what services we currently offer

Factbank Content:

[School health services](#) in Richmond and Wandsworth offer information and guidance on relationships and sexual health as part of the Healthy Child Programme.

State schools in Wandsworth must follow national guidance on Relationships, Sex, and Health Education (currently under review).

Public health enhances RSE with targeted theatre programs in primary and secondary schools.

Healthy schools programme led by public health includes RSE training and policy development.

Targeted sexual health outreach supports RSE in schools, alternative education, and colleges.

ICB leads engagement sessions with the voluntary and community sector.

Metro provides training for GPs and pharmacists on sexual health and consent for young people.

Free 2 B LGBTQ+ service in Wandsworth & Richmond offers sessions in schools.

Spectra schools offer services, including for boys and young men.

Interagency support helps healthcare staff qualify as contraception fitters in GP surgeries.

Adhoc learning through various healthcare forums, including nursing forums.

Off the Record provides a walk-in information service for young people.

Youth Justice Service offers prevention work in schools, police summer camps, and colleges (Wandsworth).

Evolve provides prevention sessions on sexual and reproductive health.

[Getting it on website](#) offers information on sexual health and other public health areas for young people.

United Response runs a sex and relationships project for adults with learning disabilities.

RSE training for professionals working with people with disabilities.

Health information available through [Healthier Together](#) and [Richmond and Wandsworth council websites](#), with language translation.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Increase access to sex and relationships training for teachers, including local courses and collaboration with sexual health services.
- Increase outreach and education for vulnerable children and young people in their environments (e.g., Youth Justice, Mental Health Services, Youth Clubs).
- Host a cross-borough youth council forum on relationships and sex education and sexual health.
- Replace Hackett tool for child sexual development with Brook's sexual behaviours traffic light tool.
- Promote www.gettingitton.org.uk using QR codes, especially targeting vulnerable young people missing school.
- Increase promotion of sexual health services and RSE with support for people with learning disabilities and their carers.
- Sexual and reproductive health training for parents of children with Special Educational Needs or Disabilities.
- Support people with learning disabilities in using sexual and reproductive products, including period hygiene products.
- Increase RSE training with special schools, psychology services, and those working with people with challenging behaviour.
- Develop a new Make Every Contact Count module on sexual and reproductive health for workforce training.
- Train health champions to raise awareness of sexual and reproductive health through peer-to-peer support.
- Provide cultural competency training for health professionals to build confidence for informal conversations.
- Promote period positivity and reduce period poverty.
- Menopause education for all, including in workplace health.
- Targeted education and support for older people, through age well centres and linking to the dementia strategy.

If you have any additional suggestions for services we could offer, please let us know below:

Contraception counselling and provision

If you do not wish to answer this section, press 'Continue' to go to the next page: *Gender-based violence prevention, support and care*

Contraception is a very cost-effective health measure. It prevents unintended pregnancies and unsafe abortions, reducing risks for mothers and newborns. By avoiding unintended pregnancies, contraception helps girls stay in school longer, improving their economic status and overall well-being.

Shortcode: factbank

Factbank Title: Click here to see what services we currently offer

Factbank Content:

Integrated Sexual Health (ISH) Services at Clapham Junction (Wandsworth) offer a full range of contraception.

ISH service training increases the number of Long-Acting Reversible Contraception (LARC) fitters in general practice.

Free emergency contraception is available to women across the borough through pharmacies.

Targeted campaigns raise awareness of how to access contraception, including LARC.

Off the Record (Richmond) provides condoms and chlamydia testing 6 days a week for 11-24-year-olds as part of a free and confidential service.

Community and school nurses have one-to-one conversations about contraception.

Condom card scheme allows young people quick access to free condoms.

Weekly 'pit stop' service for sex workers in Wandsworth to access contraception.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Roll out the new Pharmacy Contraception Service (PCS).
- Support Richmond and Wandsworth in launching a pan-London online contraceptive service.
- Standardise the SWL EHC pharmacy offer, including IT platforms, clinical training, and accreditation to increase access to LARC.
- Encourage LARC accessibility through general practice, including increasing the number of LARC fitters.
- Develop agreements to allow women to access LARC from GPs outside their own practice.
- Streamline the contraception pathway, including LARC, between health providers.
- Promote contraceptive choice availability to priority and underserved groups.
- Support and review a pilot contraception clinic within a mental health service in Wandsworth.
- Re-focus Condom card provision to services young people are accessing, such as CAMHS, YJS, Future First Office for Care Leavers, and venues with late-night openings.

- Provide sexual health outreach services to the homeless, e.g., SPEAR Healthlink.
- Link sexual health outreach services with alternative education and 16-19+ college provision.
- Provide clear, consistent messages about available contraception choices.

If you have any additional suggestions for services we could offer, please let us know below:

Gender-based violence prevention, support and care

If you do not wish to answer this section, press 'Continue' to go to the next page: *Fertility and reproductive care*

Gender-based violence (GBV) includes physical, sexual, and emotional abuse, often linked to gender identity or sexual orientation. Health services can help by spotting GBV early, providing support, and offering treatments like emergency contraception, STI treatment, and mental health care.

To reduce GBV, we need to educate secondary school students, empower women economically, change views on masculinity, and improve child safety with home visits. Being free from violence leads to safer sexual relationships, lowers the risk of STIs, and improves access to contraception and maternal health care.

Shortcode: factbank

Factbank Title: [Click here to see what services we currently offer](#)

Factbank Content:

- Guide for parents and carers on identifying and supporting children at risk of exploitation.
- Age-appropriate theatre programs to help children identify signs of exploitation and abuse, with information on how to get help.
- Violence Against Women and Girls (VAWG) strategy, including a community forum.
- Young people's website with social media campaigns on getting help and information on sexual harassment
- Dedicated sex worker support service.
- AFC Richmond Youth Council podcasts on topics like masculinity and domestic violence.
- SPECTRA workshops for parents and group work on masculinity in schools.
- Richmond Council podcast on public sexual harassment.
- Elays Network in Battersea provides services for Somali communities, including those with SEND.
- Mushkil Aasaan in Tooting promotes female and family-focused Muslim community advocacy.
- Off the Record in Twickenham offers counselling and psychotherapy for young people (11-24).
- Multi-cultural Richmond supports the Black, Asian, and Minority Ethnic community, including older people and youth clubs.
- 2nd Voice focuses on street safety for the Autism Spectrum Disorder community and their families.
- MOPAC toolkit and training on ending gender-based violence, promoted to schools.
- NSPCC's Hackett toolkit on understanding sexualised behaviour in children, promoted across Richmond and Wandsworth.
- Cassandra Centre provides advice, support, and counselling for families and young people in abusive relationships.
- Health advisor team within Integrated Sexual Health Service supports those who have experienced sexual violence, with referrals to [The Havens](#) rape crisis centre.
- Support for refugees and asylum seekers in [Richmond](#) and [Wandsworth](#).
- Hestia Life Beyond Crisis provides refugee support and Independent Domestic Violence Advocates.
- Training and wellbeing on safety for adults with learning disabilities.
- Safeguarding partnerships for adults and children to keep residents safe from harm.
- Support for those affected by Female Genital Mutilation (FGM).
- South West London LGBTQ+ Police Community Liaison Officer.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Advice and training for parents and carers to enable early conversations that build a strong foundation for RSE and protective behaviours throughout life.
- Advice and training for the workforce to better identify and support those at risk of or experiencing child sexual abuse (Wandsworth).
- Safe space havens for young people, such as McDonald's.
- Gender-based violence support offered by Looked After Children's services and the School Health Service.
- Encourage health professionals to routinely ask about sexual violence and domestic abuse.
- Healthy relationships education and awareness for everyone, not just in schools.
- Training for healthcare staff on the needs of sex workers, including confidentiality and harm reduction supplies.
- Inclusive pathways and safeguarding protocols for sex workers, with clear support options.
- Healthy relationships training for parents/carers of young people and adults with learning disabilities.
- Learning disabilities training for professionals, with knowledge of support options.
- Training for professionals on the sexual and reproductive health needs of refugees and asylum seekers.
- Training for staff in hotels and Airbnbs to spot signs of potential exploitation.
- Targeted support for homeless/rough sleepers.
- Increase education and literature on gender-based violence for boys, young men, and older people, ensuring cultural appropriateness.
- Engage with faith groups to reduce stigma.
- Specialised support for LGBTQ+ people and Gypsy, Roma, and Traveller communities.

If you have any additional suggestions for services we could offer, please let us know below:

Fertility and reproductive care

If you do not wish to answer this section, press 'Continue' to go to the next page: *Prevention and control of HIV and other STIs*

Infertility is defined as not becoming pregnant after 12 months of regular, unprotected sex. It can have significant emotional impacts and may lead to gender-based violence. Access to fertility care, however, is easier for some ethnic groups and those in higher socio-economic groups.

Menopause usually affects women between the ages of 45 and 55 but can also happen earlier, or following surgery to remove the ovaries or uterus. Symptoms can include anxiety, mood swings, hot flushes, and irregular periods. These symptoms can continue for a considerable time before and after periods cease. These symptoms can have a big impact on health (including sexual health), life, relationships, and work.

Shortcode: factbank

Factbank Title: [Click here to see what services we currently offer](#)

Factbank Content:

Fertility, miscarriage, and menopause are included in mandatory RSHE schools guidance.
 School nursing in Wandsworth and Richmond provides education on fertility and reproductive health, with specialist Public Health nurses in pupil referral/youth justice services and special schools.
 Promotion of cervical screening for targeted groups, such as women attending Mushkil Aasaan service.
 Prostate cancer screening available in General Practice.
 Prostate cancer awareness campaigns linked to national campaign days.
 Council promotion for those who haven't been screened, offering a £10 voucher scheme.
 Pilot cervical cancer screening program with [Richmond](#) and [Wandsworth](#) Councils to understand barriers to uptake.
 IVF and fertility preservation commissioned by the ICB, with all SWL patients entitled to fertility investigation by GP.
 Encouraging public employers to make adjustments for people going through menopause, e.g., menopause policy in United Response.
 Easy read resources for adults with Learning Disabilities.
 Information for trans people and training for staff.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Fertility awareness campaign targeting groups with lower take-up.
- Joint action on women's health hubs, steered from national and regional levels.
- Develop women's health hubs and family hubs to formalise the interconnectedness of sexual and reproductive health.
- Normalise men's reproductive and fertility care with clear pathways to access.
- Provide training to increase culturally appropriate care.
- Improve access to menopause support, including Hormone Replacement Therapy (HRT) for ethnic minority groups.
- Increase representation of ethnic minority and lower socio-economic groups in reproductive health services, focusing on fertility, cervical screening, and reproductive cancer prevention and treatment programmes.

If you have any additional suggestions for services we could offer, please let us know below:

Prevention and control of HIV and other STIs

If you do not wish to answer this section, press 'Continue' to go to the next page: *Self abortion care*

Sexually Transmitted Infections (STIs) can affect mental, social, and financial well-being, as well as overall health, fertility, and sexuality. They can be prevented by delaying sexual activity, using condoms, getting vaccinated for HPV and hepatitis B, circumcision to reduce HIV risk, and using HIV prevention medications.

STIs can be managed with early detection and treatment, proper case management, encouraging healthcare visits, notifying partners, and preventing complications like pelvic inflammatory disease. While there's no cure for HIV, effective treatments help most people with the virus live long, healthy lives. Early diagnosis and treatment can prevent AIDS-related illnesses.

Young people, gay, bisexual, and men who have sex with men (GBMSM), and Black and minority ethnic groups often have poorer sexual health and HIV outcomes.

Shortcode: factbank

Factbank Title: [Click here to see what services we currently offer](#)

Factbank Content:

- Development of a 'Chat Health' website for young people to communicate with the School Health Service.
- Free condom distribution for targeted groups, e.g., Richmond Youth services' C-card service at Heatham House.
- Off The Record sexual health clinic for young people in Richmond.
- Spectra STI prevention project in schools.
- HPV vaccination in schools.
- Integrated sexual health services using a hub and spoke model.
- Sexual health 'high risk' outreach service.
- SH-24 online testing and screening for STIs and HIV with rapid referral to specialist services.
- Pharmacies offer chlamydia screening and treatment in the borough.
- Kings and St Georges opt-out HIV testing service in A&E.
- Child Sexual Exploitation workers within AFC in Richmond.
- Integrated Sexual Health (ISH) service provides follow-ups, partner notification, repeat testing, and emotional wellbeing support.

Contribution to London HIV prevention service, including HIV point of care testing and PrEP referrals.
 Education and provision of PrEP during sexual health consultations.
 HIV and STI testing in General Practice.
 Involvement in Fast-Track Cities 'getting to zero' London HIV programme.
 Communication campaigns for HIV testing week and World AIDS Day.
 'Find and treat' programme for TB and other STIs.
 HPV vaccine provision for Gay, Bisexual, and Men who have sex with men (GBMSM) aged 18-45.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Tailor young people's sexual health services to be accessible for the most vulnerable, reducing bureaucratic processes.
- Provide condoms, chlamydia screening, emergency contraception, and pregnancy testing via school health drop-ins, especially in sixth forms and colleges.
- Re-offer HPV vaccine to eligible individuals when parents have initially declined.
- Work with parents to highlight the importance of the HPV vaccine.
- Promote a step-by-step guide on what to expect in a sexual health service.
- Expand sexual health services in Richmond.
- Target late diagnosis and increase access to PrEP among underserved groups.
- Explore extending HIV testing opportunities within general practice to normalise testing.
- Promote sexual and reproductive health services using QR codes in private spaces like toilet cubicles.
- Targeted sexual and reproductive health campaign to increase local knowledge and access to healthcare.
- Support disabled young adults to access sexual health services and reproductive/hygiene products.
- Establish a 'hot clinic' - a monthly clinic in substance misuse/homelessness services.
- Develop a resource pack for homeless individuals, those with substance misuse issues, learning disabilities, and asylum seekers.
- Increase training on the sexual and reproductive health needs of women who have sex with women.

If you have any additional suggestions for services we could offer, please let us know below:

Safe abortion care

If you do not wish to answer this section, press 'Continue' to go to the next page: *Sexual functioning and psychosexual counselling*

Safe abortion care involves providing information, counseling, medical or surgical abortion services, managing complications from unsafe abortions, offering post-abortion contraception if desired, and having referral systems for higher-level care.

Shortcode: factbank

Factbank Title: Click here to see what services we currently offer

Factbank Content:

NHS termination of pregnancy services include contraceptive services or sign-posting, accessible through GP, Integrated Sexual Health Service (ISH), or self-referral. Chaperone service offered by SPECTRA.
 Off The Record Monday Sexual Health clinic provides termination referrals and counselling for young people.
 NHS central booking phone service for terminations.
 Pharmacies offer morning after pills/emergency contraception.
 Information and advice for young people available on www.gettingitton.org.uk.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Provide post-abortion support, especially for those with learning disabilities.
- Increase awareness of culturally appropriate post-abortion support.
- Provide clear timeframes and interventions for people with learning disabilities.
- Increase post-abortion counselling.
- Provide education on non-medicalised interventions.

- Provide education on non-medicalised interventions.
- Increase education, particularly for males.
- Work with families with children previously removed and those with repeat abortions.
- Improve referral and access to both pre-conception and post-abortion contraceptive options via termination, perinatal, midwifery, and 0-19 health services.

If you have any additional suggestions for services we could offer, please let us know below:

Sexual function and psychosexual counselling

If you do not wish to answer this section, press 'Continue' to go to the next page: *Additional comments*

Sexual function involves a mix of physical, psychological, and interpersonal factors. Sexual dysfunction refers to difficulties in having satisfying sexual experiences. Addressing sexual concerns and providing treatment for dysfunction are key parts of sexual health care.

Psychosexual counseling offers support and specific advice to help patients with their sexual concerns, aiding in the return to satisfying sexual activity.

Shortcode: factbank

Factbank Title: Click here to see what services we currently offer

Factbank Content:

Psychosexual counselling is offered as part of the Integrated Sexual Health service.
 Spectra provides a counselling service for young people and trauma-informed training for school staff
 GPs are the first point of access for sexual function and can refer on to services
 SLAM provides national psychosexual counselling.
 CAMHS offer trauma-focused therapy for young people affected by sexual assault
 ISH service conducts in-house assessments and can refer to GPs if interventions are non-therapeutic.

How satisfied are you with the current services that we offer?

Please select only one item

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know
- Not applicable - I have not used these services

What additional services should we prioritise?

Please select up to three additional services that you would like to see offered.

Please select all that apply

- Psychosexual counselling offered through women's health hubs.
- Increase psychosexual counselling across both boroughs to reduce waiting lists.
- Increase training for staff in this area.
- Promote services more widely across whole communities, not just in clinical environments.
- Change language around 'psychosexual counselling' to be more accessible.
- Include erectile dysfunction questions or links within NHS health checks.
- Include service offers in an online directory of sexual health services for both boroughs to support better sign-posting.
- Develop a resource with simple information and support.
- Increase awareness of the link between sexual dysfunction, cardiovascular health, dementia, and early death.
- Better training for health professionals to support older people.
- Explore the impact of unpaid caring on sexual and reproductive health.

If you have any additional suggestions for services we could offer, please let us know below:

Additional comments

We welcome your ideas in relation to further actions we can take that we might not have thought about. Please provide any additional ideas or suggestions so we can ensure our next strategy prioritises our local population:

About you

The following optional questions will help the Council to improve its services and be fair to everyone who lives in the borough. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

Why do we ask the 'About you' questions?

The Council asks Equality Monitoring questions at the end of all of our public consultations. It might not seem obvious why they're relevant to each individual consultation, but we need to be sure that we're being fair, and considering the impacts of any possible changes on any groups with protected characteristics. The Council is required to do this under Equalities legislation.

The questions help us to:

- identify residents' needs and whether the services we provide are right for them
- be better positioned to know whether we are providing fair and equal access to all groups of people who need our services
- identify how we can improve services to make them more accessible and inclusive
- understand who is or is not responding to our consultations

The questions are optional - if respondents don't feel comfortable providing this information they are under no obligation to do so. All monitoring data is classed as personal data and is treated as confidential, in line with Data Protection requirements.

There is a helpful guide by Stonewall on this issue called 'What's it got to do with you?' which you can read by clicking [here](#).

What is your sex?

Please select only one item

- Female
- Male
- Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

Please select only one item

- Yes
- No, please write in gender identity below
- Prefer not to say

What was your age last birthday?

Please select only one item

- 19 and under
- 20-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

Do you consider yourself to have a disability?

Please select only one item

- Yes
- No
- Prefer not to say

What is your ethnic group?

Please select only one item

- White
- Mixed/multiple ethnic groups
- Asian or Asian British
- Black/African/Caribbean/Black British
- Prefer not to say
- Other ethnic group, please specify

Which of the following best describes your sexual orientation?

Please select only one item

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Prefer not to say
- Other sexual orientation, write in

What is your religion?

Please select only one item

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Any other religion, write in