

EQUALITIES IMPACT REVIEW OF
24s CONDOM AND
LUBRICANT
SERVICE

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May 2005 (Final Report)

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Background to 24s Service

24s is a free bulk condom and lubricant distribution service for gay and bisexual men in Ealing, Hammersmith & Hounslow. It was launched in September 2002. Membership of 24s at September 2004 stood at 1174 members.

Quarterly analysis of membership and distribution has been in place since the launch of 24s and a comprehensive evaluation¹ of the service was carried out in December 2003, when membership stood at around 750. The aims of the evaluation were to gauge customer satisfaction of the service, to assess accessibility of condom distribution and to review overall coverage and output of the service across Ealing, Hammersmith and Fulham and Hounslow. The Project also aimed to review outputs, coverage and ease of access to 24s, and to review the membership profile of 24s as captured on the database.

The current review will look at all information held relating to the profile of 24s members from an equalities impact perspective. It will seek to review whether certain groups are accessing the service disproportionately and to assess impact on the stated objectives of the intervention.

The Service

Men are less likely to have sero-discordant Unprotected Anal Intercourse (sdUAI) if they have access to condoms and lubricant, and data shows² that 12% of men agree/strongly agree that they sometimes have a problem getting hold of condoms. Just under 18% also agree/strongly agree that they have problems accessing appropriate lubricant.

The EHH Gay Men's Project supplies 24s bags containing condoms and lubricant to a range of venues and services within Ealing, Hammersmith & Fulham and Hounslow that have contact with gay and bisexual men. Initially the service was launched only in gay venues, but was quickly extended to Genito Urinary Medicine clinics (GUMs) and then more broadly to other service providers. In order to improve access to the scheme by Black and Minority Ethnic groups, 24s distribution was targeted outside of EHH, specifically at Club Kali, Exilio and Bhangra (the latter no longer operative), which had higher numbers of men from Black and Minority Ethnic communities than local venues within EHH allowed access to.

24s consists of a branded bag that contains 1 bottle of lubricant and 24 condoms. The aim of the service is primarily to increase access by sexually active gay and bisexual men to free condoms and lubricant and to offer choice of condoms for gay and bisexual men for home use. Accordingly the condoms on offer range from thicker, stronger condoms to standard thickness condoms, and include a larger, shaped variety as well as a textured condom. Information leaflets covering correct use of condoms and lubricant are included in each bag of 24s to increase gay and bisexual men's effective use of them.

Whilst the first bag of 24s given to a member is the standard variety as noted above, subsequent bags can contain any variation of the condoms on offer.

Services currently receiving 24s from the Gay Men's Project are; 3 local GUM Clinics, 3 local LGBT Youth Projects, 4 gay pubs, Club Kali – (Asian nightclub), 1 HIV drop in service (River House), 1

¹ http://www.hounslow.gov.uk/home/a-z_services/g/gaymensproject.htm#24s

² Out and About, Gay Men's Sex Survey 2002 Sigma Research

agency working with men who sell sex (SW5) and 1 agency working with BME clients (Naz Project).

Condom and Lubricant ASTOR

ASTOR TITLE	Condom and Lubricant Distribution
Aims & Intended Outcomes	To maximise gay and bisexual men's access to appropriate condoms and lubricant in EHH To increase EHH gay and bisexual men's access to appropriate condoms and lubricant for home use To increase gay and bisexual men's effective use of condoms and lubricant To offer choice in type of condoms for gay and bisexual men
Setting	Services in EHH working with gay and bisexual men including: GUM/HIV outpatient services, River House, Out on Thursday, Identity, Your Zone, Ealing Gay Group, Globe, SW5, Gay Venues in EHH.
Target Group / Customers	Gay and bisexual men using EHH based services Young gay and bisexual men Gay and bisexual men with HIV Gay & bisexual men with more partners Gay and bisexual men at increased risk of STI/HIV transmission (ie GUM attendees, men from minority ethnic groups) Gay and bisexual men using EHH based venues
Objectives	To distribute bulk packs of 24 condoms and 155 ml lubricant bottles to gay and bisexual men in EHH free of charge To provide 18,000 Freedoms to local services free of charge To distribute a total of 49,000 condoms and 2042 bottles of lubricant - 21,000 via outreach, 20,000 via static sites, 8000 via postal service. To review, develop and support distribution techniques with individual service providers To monitor Freedoms contract delivery and strategy to local venues To develop a database of gay and bisexual men using 24s member sign-ups To provide service users with information on condom and lubricant use and local services To develop a postal service for men resident in EHH.
Resources	Total budget: £12,500 condoms, £1500 publicity (£8900 for 24s condoms and lubricant @£4.34 per bag, assuming 49,000 target, £3600 for Freedoms at 40pp twin pack) Total staff time = 1297 hours
Monitoring	Numbers of condoms distributed Breakdown of need by Service Provider Quantity and range of condoms and lubricant distributed Number and demographics of registered users Costs of condoms and lubricant distributed Repeat orders by condom type, ethnicity and residence
Standards	Identify priority ethnic groups for targeting from under represented groups Monitor access to service by ethnic origin against targets of: Asian 7.3% - 19.8%, Black 2.7% - 8%, Chinese & Other 3.5% - 4.5 %, Mixed 3.4-1.1%, White 65.3 – 81.4% Target venues & services to meet needs of Black and minority ethnic men
Customer Results Indicators	Number of condoms and lubricant distributed to individual providers Number of service users Repeat/new user levels against targets of 50% repeat users for 24s, and 450 new members recruited in year.
Outcome Measures	Total number of freedoms and 24s distributed to local providers Gay and bisexual men's accessibility rating of distribution services (2003/04 vs 2002/03) Overall coverage and output of service Customer accessibility rating of condom distribution services Customer evaluation rating of how service has enabled effective use of condoms

Data collection

One of the aims of the 24s scheme has been to encourage membership by gay and bisexual men who live, work or socialise within Ealing, Hammersmith & Fulham and Hounslow. All men collecting a 24s bag in the venues are obliged to fill out a membership form, with certain minimum data requirements. Similar requirements exist for the Youth Projects, The Naz Project, and for River House. The GUM Clinics and SW5 clients are not required to fill out a membership form in order to receive a standard bag of 24s, however they are encouraged to do so and a membership form and pre-paid envelope for return is placed in each bag for that purpose.

The advantage to the EHH Gay Men's Project of signing up members in this way is that it has provided the Project with a growing database of local gay and bisexual men. This provides an invaluable profile of 24s service users (see Appendix 1, Registration form, for profiling information collected) and affords the Project the opportunity of sending out targeted HIV prevention, surveys and other materials to this group of men.

Quantities and cost of Service

A total of 47,743 condoms have been distributed to gay and bisexual men via 24s since September 2002. The annual cost for this service, excluding staff time, is estimated to be around £8,900 with total staff time at 822.6 hours per annum for 2004/05, which includes management time. Total annual cost, including resources, staff and management time is estimated at £24,306.

Definition of population being targeted

Population Estimates

Homosexually active men

The estimated population of homosexually active men is calculated by several research agencies using the findings of NATSAL 2000 which found an average of 5.5% of adult males in London boroughs to have had sex with another man in the last five years. Using the 2001 ONS data for local boroughs in EHH gives the following projected population of MSM. This is a minimum estimate of the population size, which may be significantly larger due to under reporting of same sex activity.

Borough	Adult males over 15	Number of MSM
Ealing	114793	6314
Hammersmith & Fulham	60045	3302
Hounslow	82359	4530
Total	257212	14146

Ethnicity

Research samples of gay and bisexual men in London have demonstrated a different ethnic profile to the general population. It has been suggested that the migration patterns of gay and bisexual men into London from the UK and outside, may be different resulting in a different ethnic profile of the gay male population to that of the general male population.

The ethnic profile and targets used by the EHH Gay Men’s Project therefore use a range set between the local Census Data and that of GMSS (Sigma Research) London based data. This gives the following ranges for each key ethnic group:

Ethnic Group	Range
Asian	7.3-19.8%
Black	2.7-8.0%
Mixed	3.4-4.1%
Other	3.5-4.5%
White	65.3-81.4%

Age

It is difficult to estimate age profiles of the gay and bisexual male population. Research studies in London continue to demonstrate a consistent pattern in age profiles. The recent Sigma GMSS 2002 Survey had the following profile from London respondents:

Age Band	%
<20	2.3%
20s	29.9%
30s	44.7%
40s	17.3%
50+	5.7%

Needs data regarding HIV prevention suggests that interventions should benefit those men in the younger age groups especially those under 20, those in their 20s and those in their 30s.

HIV Testing History

The latest Sigma Research GMSS 2002 found that 13.6% of London respondents had tested HIV positive, and that 57.4% had last tested negative, and 29.0% had never tested. Local SOPHID 2002 data shows there to be 861 gay & bisexual men living in EHH with diagnosed HIV. This gives an estimated prevalence of 6.1%.

It is expected that HIV prevention services should be more accessible to me living with HIV. We would therefore expect the profile of service users to be somewhere between 6.1-13.6% living with diagnosed HIV.

Disability

The 2001 census data for London suggested that 15.5% of people identified as living with limiting long-term illnesses, health problems or disabilities. We would therefore expect that the profile of gay male service users to reflect this statistic. This may depend on the age range however, of service users, as larger number of older people may fulfil this criteria, and these may not be a priority target group for HIV prevention services.

Religion

There is no reliable source of data on the religious profile of gay and bisexual men in the UK. The only comparison is from the London 2001 Census data which showed the following profile for all Londoners. It is likely that this will not be reflected amongst gay men for reasons of organised religions opposing or discriminating against homosexuality in some form or other.

Religion	% Population
Christian	58.0%
None	15.7%
Not stated	8.6%
Islamic	8.4%
Hindu	4.0%
Jewish	2.0%
Sikh	1.4%
Buddhist	0.7%
Other	0.5%

Educational Qualifications

Sigma Research GMSS 2002 data for London profiled their respondents highest educational qualifications as follows:

Category	Description	%
Low	No qualifications or O'levels/CSE/GCSE	16.8%
Medium	A-levels or equivalent	22.0%
High	Degree or higher	61.2%

Men with low levels of education are seen as in greater need of HIV prevention efforts and should disproportionately benefit from interventions.

Service User Profile Sources

24s has collected, analysed and reported on data from three sources, which this review will make use of:

- The primary source of service user profile information that will inform an equalities impact assessment is the 24s database (see Appendix 1 for details of data collected). Data includes ethnicity, age, residence and disability. As noted previously, whilst all members are required to provide some minimum data about themselves to join the 24s scheme, not all men who receive 24s are members. This is the result of men being able to receive 24s via the GU clinics and SW5 where collection of membership forms and data is more sensitive and therefore not compulsory. Balanced against this is the evidenced need for GUM attenders and the men that attend SW5 (men who sell sex) as being a high priority for need in terms of condoms and lubricant access.
- The second source of client profiling data is collated from repeat users at venues. All those who return to 24s for subsequent bags are recorded by membership number. These repeat users can be linked back to the profiling data they provided on their original membership form and thereby provide the Project with an ongoing picture of continuing service users and their profiles.
- The final source of client data, which is anonymous, was obtained from a survey of members carried out in December 2003 for service evaluation purposes. This survey asked additional questions – primarily about disability, educational qualifications, religion, sexual partners and HIV status and testing history – that are not standard on the membership form, and therefore give us a deeper insight into 24s service users. It also clearly identified service access issues.

Membership Profile and Demographics

Age

Just over 60% of the current membership are in their 20s and 30s, with only 1% under the age of 20, and just over 8% over the age of 50. The age of the membership breaks down as follows:

	24s membership	Repeat Users
Under 20s	1% (12)	0% (0)
20s	25% (288)	10% (16)
30s	36% (413)	31% (51)
40s	20% (229)	28% (46)
50+	8% (93)	14% (23)
Unknown	10% (118)	18% (30)

GMSS data³ indicates that the average (median) age at which men first had sex was 16 years. That means that half had sex by the age of 16, with a mean of 17.4 years. Of those who had anal intercourse (AI) the median age of first doing so was 17 years (mean 20.6). Clearly then, some men wait a considerable time after starting sex with men before having anal intercourse and therefore their need for condoms is correspondingly reduced. GMSS also asked young men whether they had used a condom the first time they had AI and results showed an increase in condom use for first anal intercourse through the 80s and 90s to a stabilised point currently at around 60%.

There is also evidence⁴ to suggest that younger men were least likely to have larger numbers of partners. GMSS found that the number of male partners increases with age, peaking in the 40s. Additionally men in their 20s and younger were less likely to report being in a sero-discordant relationship.

The small number of under 20s is surprising in view of the targeted work done with three local LGBT youth projects, whose membership is all under 25. This pattern is continued in the repeat users profiles, where no men under 20 appear to have used the service for a second or subsequent time. However 24s is reaching men identified by GMSS⁵ as most commonly having sdUAI, and these are men in their 30s, with the second group most likely to have sdUAI being men in their 40s.

Ethnicity

The breakdown of ethnicity of current 24s members shows that 6.8% are Asian and 3.2% are Black. 4.8% are from the 'Other' category, which includes Latin American, Chinese and Other. 4% are of mixed ethnicity and 78.1% are White.

³ Gay Men's Sex Survey 2002, 'Out and About' Sigma Research

⁴ Gay Men's Sex Survey 2002, 'Out and About' Sigma Research

⁵ Gay Men's Sex Survey 2002, 'Out and About' Sigma Research

Ethnic Group	Ethnic Coding	24s Total	24s %	Renewal Total	Renewal %
Asian	Asian British	5	0.4%		
	Asian Indian	36	3.1%	1	
	Asian Other	19	1.6%	3	
	Asian Pakistani	18	1.6%	1	
Asian Total		78	6.8%	5	3%
Black	Black African	8	0.7%		
	Black British	5	0.4%		
	Black Caribbean	16	1.4%	1	
	Black Other	8	0.7%		
Black Total		37	3.2%	1	0.6%
Other	Chinese	14	1.2%	2	
	Latin/South American	36	3.1%	1	
	Other	5	0.4%		
Other Total		55	4.8%	3	1.8%
Mixed	Mixed Other	14	1.2%	2	
	Mixed White & African	4	0.3%		
	Mixed White & Asian	19	1.6%	2	
	Mixed White & Caribbean	9	0.8%	1	
Mixed Total		46	4.0%	5	3%
Not answered	Not answered	36	3.1%	14	
Not answered Total		36	3.1%	14	8.4%
White	White British	647	56.1%	94	
	White Irish	66	5.7%	10	
	White Other	188	16.3%	34	
White Total		901	78.1%	138	83.1%
Grand Total		1153	100.0%	166	100%

The ethnicity targets set for 24s are based on both the Census data and Sigma Research data⁶, balancing what is known about the local population as a whole against what is known about gay and bisexual men in particular. This method expresses ethnicity targets as a broad range percentage, which incorporates the lower and upper range of both data.

Comparing 2004-2005 ethnicity targets, 24s is under target for Asian men joining 24s (7.3% - 19.8%), within target for Black men (2.7% - 8%), over target for Other men (3.5% - 4.5%), over target for Mixed ethnicity men (2.7 – 3.4%) and within target for White men (65.3 – 81.4%).

For repeat users however the picture is slightly altered, with all ethnic groups other than White decreasing in proportion to the point where all groups are under target except for Mixed (on target). White is over target.

There are however limitations to the significance and accuracy of the repeat users data. As already noted, men accessing 24s via GUM clinics and SW5 are not required to fill out a membership form, though they are encouraged to do so. If they do complete and return a membership form they are sent a membership card that allows them to pick up subsequent 24s bags from any venue the Project operates in. However, if they subsequently go back to the GUM

⁶ Gay Men's Sex Survey 2002, 'Out and About' Sigma Research

clinic for more 24s bags rather than a venue, they may simply request another bag without showing their membership card or having it noted down. We know from the new membership data that Black gay and bisexual men access GU clinics best so this may account for some of the 2.6% drop in Black repeat users. There is no conclusive evidence however that this is the case and this does not provide an explanation for the across the board drop in ethnic groups repeat use level.

One possible explanation for the 3.8% drop in Asian gay and bisexual men accessing 24s as repeat users is that until recently the majority of Asian men joined 24s via Club Kali. Kali is not located within EHH, but in North London, and whilst the venue is targeted by 24s once per quarter, members who joined the scheme here and who want additional bags more frequently would have to travel a significant distance to collect them if they missed the date once a quarter or needed additional supplies.

Since the beginning of 2004 however, 24s has been extended to a local minority ethnic project, The Naz Project, and Asian men should now have more local, regular and culturally appropriate access to 24s via this project.

If we analyse ethnicity for new members further by looking at place of access in relation to ethnic group, it is clear that the majority of men access 24s via the venues. Numbers for men accessing the service via other services are low and therefore significant conclusions cannot be made.

Ethnic Group	Venues	Clinic	Youth Projects	Other Providers	Total
Asian	72 (93.5%)		2 (2.5%)	3 (3.8%)	77
Black	33 (89.1%)	1 (2.7%)		3 (8.1%)	37
Other	52 (94.5%)	1 (1.8%)		2 (3.6%)	55
Mixed	43 (95.5%)	1 (2.2%)	1 (2.2%)		45
Not answered	34 (100%)				34
White	803 (89.1%)	18 (1.9%)	24 (2.6%)	56 (6.2%)	901
Grand Total	1037	21	27	64	1149

Table 1: Ethnicity by total for each agency ie Asian/venue by total of all Asian

Residence

The Project targets those who live, work or socialise in EHH. The majority of members joining 24s are residents of EHH.

Over 50% (583) of members live in Ealing, Hammersmith & Fulham or Hounslow. A further 11% live in the North West Sector – Kensington & Chelsea, Brent, Harrow. 23.5% live in other areas of London, with the remaining 11% resident outside London.

Repeat users of 24s reflect much the same picture. EHH residents account for 54% of repeat users, with other London residents at 25%. North West Sector residents account for 3%, and 7% of repeat users are from outside London. Data was not available for 11% of repeat users.

Disability

There has been no research undertaken in term of HIV needs of disabled gay men and comparison and bench-marking is therefore difficult. The Gay Men's Sex Survey does not monitor disability as part of its survey.

The question of whether 24s service users consider themselves to have a disability was not asked initially in September 2002. It was first asked in December 2003 for the evaluation of 24s. The result of this showed that as a total of all respondents to the evaluation survey, just under 17% said they identified as having a disability. This can be compared to 2001 Census information which suggests that across London 15.5% of people identified as living with limiting long-term illnesses, health problems or disabilities. We can conclude therefore that the sample surveyed for evaluation for 24s were representative of the wider population in terms of disability.

Following that evaluation a standard question on disability has been included on all membership forms as of 2004. To date 5 new members (February to September 2004) have identified as disabled, out of a total of 181 who have answered that particular question. This gives us a 2.7 percentage, clearly under-representing the wider population in terms of disability.

No member who identified as having a disability on their membership form has yet accessed the service as a repeat user.

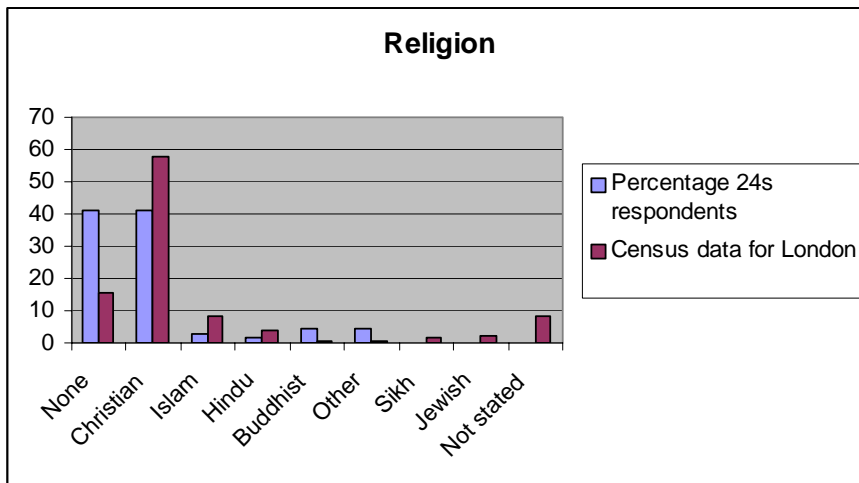
In addition to the question 'Do you consider yourself to have a disability?' the membership form asks service users whether they have any need to receive information in other formats. If they do have a need they are encouraged to clarify the nature of the need on the form. 'Do you have any other access needs for this service (eg large print, tape, Braille)? If you have any other disability access requirements, please contact us.' So far there has been no identified need expressed.

The membership form itself has, in large print (20 point, Arial font) at the top, contact details for those who would like the form in another format.

Current procedures do not however include contacting as a matter of course all those who identify as disabled to establish the nature of the disability and any access requirements.

Religion

The 24s Evaluation asked respondents (n=66, equivalent to 9% of the membership at the time) how they identified in terms of religious belief. The results were compared with data from the 2001 Census. It is clear that 24s members are less likely to identify with a religious group or belief than the general population, with over 40% of respondents selection 'none' as an option to the question 'What is your religion?' Respondents were also more diverse in their religious beliefs, with less Christians than in the census based responses and more Buddhist and 'Other'.



The responses to the Evaluation survey suggest that 24s is likely to have less religious members in comparison to the census data, except for Buddhist. 24s is correspondingly more likely to have members identifying as having no religious belief. There is no research looking at differences in HIV need by religious belief, nor any comparison for gay or bisexual men’s religious beliefs from which we could make inferences about how representative 24s is in this respect.

Educational Qualifications

Sigma suggest⁷ that men with lower levels of education are more likely to engage in sero discordant unprotected anal intercourse (sdUAI) and should therefore disproportionately benefit from services aimed at sexual health promotion and HIV prevention. The table below sets out the educational qualifications of the sample group who responded to the evaluation questionnaire.

Educational qualification	Frequency	Percentage
Low	18	27.3%
Medium	15	22.7%
High	26	39.4%
Other (not specified)	3	4.5%
Not answered	4	6%

Responses from the Gay Men’s Sex Survey⁸ indicated that 61.3% of those surveyed by Sigma had high levels of education, compared to the 39.4% of 24s respondents. High levels of education are categorised by Sigma as educated to degree level or greater. Low educational qualification was classified as those with no qualifications up to GCSE level. The rest were classified as medium educational qualifications.

Those with low educational qualifications account for 27.3% of 24s respondents, compared to 16.8% of GMSS men in London and 25.8% of men at a national level.

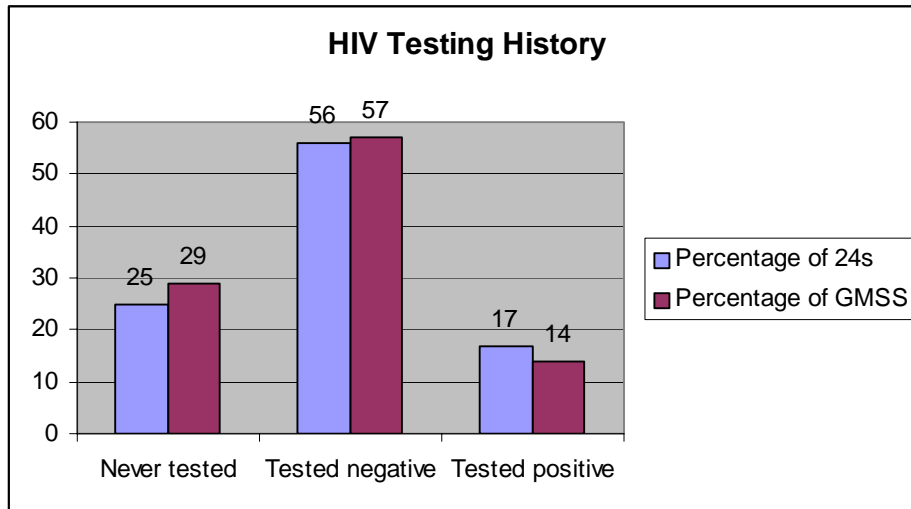
⁷ Gay Men’s Sex Survey 2002, ‘Out and About’ Sigma Research

⁸ Gay Men’s Sex Survey 2002, ‘Out and About’ Sigma Research

Thus compared to national surveys of gay men the respondents to this survey were less likely to have high levels of education and more likely to have low levels of education. 24s is therefore reaching high levels of men with the greatest need.

HIV Testing History

Evaluation respondents who said they were HIV positive accounted for nearly 17% of all responses. This is slightly higher than the London data for the GMSS of 13.6%. One quarter (25%) of the sample had never tested for HIV, which is lower than the London data for the GMSS respondents of 29%.



This finding suggests that 24s is being accessed well by men living with HIV, and that those who responded to the questionnaire were representative of other gay and bisexual men surveyed by Sigma Research in terms of testing negative for HIV. Since 24s seeks to specifically target men with HIV as being in greater need for access to condoms, this result is both expected and welcome.

Preferred language for communication with the EHH Gay Men's Project

Following the Evaluation of 24s a further question about preferred language for communication with the Project was asked. The purpose of this was to make the service more accessible to those whose mother tongue was not English and who might find language a barrier to receiving sexual health information and resources.

Of those who have answered this question (introduced in 2004) 92% have stated that they would like communication in English, 2.7% (n=2) in Portuguese and 1.3% each (n=1) for the following languages: Chinese, French, German, Polish.

Owing to 24s targeted work with the Latin American groups at the Naz Project London, 24s information is currently available in Latin American Spanish and Portuguese.

Restrictive Factors

External restrictions:

The remit of the EHH Gay Men's Project is to work with gay, bisexual and MSM within set geographical boundaries. This places restrictions on its work in terms of its target groups, objectives and scope.

- It does not target women. This is because the Project is commissioned to deliver service to gay and bisexual men. The Project does not receive funding for groups outside of this remit.
- It is geographically restricted to EHH unless there is a significant reason to target work in specific venues outside of that area. Currently there are two such exceptions – Club Kali - to increase access to Asian men and SW5 - to increase access for men who have high numbers of sexual partners. Work at Club Kali forms part of the Project's responsibility under the Race Relations Act to provide its services in a way that encourages access by all ethnicities and in culturally appropriate ways.
- It does not work with heterosexual men. The Project is commissioned to deliver services to men who have sex with men only.
- Certain groups of men with evidenced increased need are specifically targeted. These include men living with HIV, men with a high number of sexual partners (over 30 per year), young men, and GUM attenders.

Internal restrictions

The structure of the Project and that of the organisations it works with determine, and in some cases restrict, the way in which 24s operates and its collection of monitoring and qualitative data.

- Working with other service providers, whose work focus is broad and time pressures are great, has led the Project to tailor 24s to suit the particular needs of each service. Whilst the benefits of this are a flexible and sensitive service, this has led, inevitably, to inconsistency in data collection. For example,
 - (i) not all men taking 24s bags via GU services or SW5 fill out a new member form, therefore the profiling and demographics data is not available to the Project
 - (ii) no repeat user data is available from any GU service, youth projects or SW5. This limits the Project's ability to evaluate access and repeat access rates for these agencies.
- Other service providers do not necessarily have the time or practical space to offer the 24s refill bags that the venues offer (via outreach workers). This means that for those men who prefer to collect their 24s bags from a service provider rather than a venue (pub/club), they are likely to be restricted in choice of condoms to the standard bag of 6 of each of the 4 types of condom.

Equalities Impact Issues Raised

With total membership of 24s at 1174, and an estimated 14,146 homosexually active men in EHH, 24s is currently reaching 8.3% of its target population.

Sigma data⁹ indicates that in a month 28% of men would have receptive anal intercourse and 29% insertive anal intercourse per month. This means that in terms of condom needs of gay and bisexual men resident in Ealing, Hammersmith & Fulham and Hounslow there are 24,189 acts of anal sex per month, giving an annual total of 290,268 per year. This is 20.5 instances of anal intercourse per year per homosexually active resident in Ealing, Hammersmith & Fulham and Hounslow. 24s annual distribution of condoms in 2003/04 was 31,831, giving a total of 2.3 condoms per gay man in EHH last year.

GMSS¹⁰ data identified certain sub-groups of men with greater needs in terms of sexual risk behaviour and HIV prevention needs. Any interventions designed to reduce the incidence of condom failure should disproportionately benefit the following men: Men with diagnosed HIV infection, younger men, men with lower levels of education, men with larger numbers of sexual partners, behaviourally bisexual men and those who use Class A drugs. Additionally, those most likely to have sdUAI are men in their 30s and 40s.

Moreover, condom access needs should be prioritised to the following groups of men: those under 20, those with lower levels of education, Asian men and behaviourally bisexual men.

By age, men under 20 and those in their 20s had the greatest need in relation to access to condoms and information about correct condom and lubricant use. 26% of 24s members fall into these age categories. This means that the service is targeting some of these men. However, improvements could be made in accessing men under 20, currently only 1% of 24s new members and 0% of repeat users – despite all local LGBT youth groups participating in 24s. However, when compared to the numbers of under 20s accessed by ‘What do you think...? 2004’ (WDYT)¹¹, which amounted to 0.90% (n=2 out of a survey of 223 gay and bisexual men), the 1% of 24s appears to be consistent and to reflect research discussed earlier about first age of anal intercourse for young gay men, and first age of condom use. In other words, it is likely that men under 20 are either not having anal intercourse, or else not having it very often and when they do they may not be using condoms.

24s is accessed well by men at greatest risk of having sdUAI according to Sigma Research. Men in their 30s account for 36% of the membership and men in their 40s account for 20%.

In terms of ethnicity, 24s has achieved its targets amongst its membership for Black, and White men. We exceeded the target for ‘Other’ and Mixed men and were under target for Asian men. Contrary to Sigma’s group of men identified at greater need of improved access to condoms, ‘WDYT 2004’¹² identifies Asian men as having the best access to condoms (both 24s and Freedoms), although for all ethnic groups other than Black, access to Freedoms was greater than access to 24s. This indicates that 24s would benefit from greater publicity and coverage.

By comparison to respondents to the London data of the Gay Men’s Sex Survey (GMSS) we see that 4.8% were Black (1.5% of 24s respondents), 3% Asian (4.5%), Mixed race, 1.4% (1.5%), White 84.9% (89.4%), Chinese 1.4% (1.5% Chinese and Other), Other 2.2%. This means that 24s

⁹ Social Aspects of AIDS, 1993, Sigma Research

¹⁰ Gay Men’s Sex Survey 2002, ‘Out and About’ Sigma Research

¹¹ What Do You Think...? 2004, EHH Gay Men’s Project

¹² What Do You Think...? 2004, EHH Gay Men’s Project

has been more effective in recruiting members with Asian and Mixed ethnicities than the GMSS was in London. This would appear to indicate that the targeted outreach sessions have been effective.

15% of 24s respondents had no qualifications compared to a 4.8% national figure from the GMSS and 6.2% from WDYT 2004. GMSS data suggests that men with no formal educational qualifications are most in need in terms of experiencing discrimination and physical assault, with those of high education the least likely to be in need on these grounds. Additionally, men with low education were identified as the most naïve in terms of expectations of HIV disclosure i.e. they expected men with HIV to tell potential partners of their HIV status before sex. The data collected shows that 24s has been more effective in recruiting respondents to this survey from lower educational backgrounds than the GMSS or WDYT, but this data is not collected routinely and there is no obvious way in which to target this group of men consistently.

Bisexual men accounted for 6.1% of the 24s Evaluation survey, compared with 2.6% of WDYT male respondents, which suggests bisexual men are accessing 24s reasonably well. However there is currently no standard question on the 24s membership form about sexual orientation or identification so whilst we may be providing services to bisexual men, we are not able to quantify this. There is no targeted recruitment of bisexual men via venues or other service provider.

24s has been effective in targeting men with higher numbers of sexual partners (30+), with a higher proportion of survey respondents reporting 30 or more partners in the last year compared to the GMSS, which corresponds to those surveyed for WDYT 2004 (16%).

In terms of HIV status, 17% of 24s respondents had tested positive for HIV. Local SOPHID data puts the prevalence rate at 6.1%. This also compares to 13.6% of GMSS men in London, 13.9% from WDYT 2004 and just 4% of the GMSS nationally. 25% of 24s respondents had never tested for HIV (29% GMSS London Data, 16.1% WDYT 2004). This highlights that 24s has been effective in targeting men living with HIV. 'Diagnosed HIV positive men had higher numbers of partners than men who had tested HIV negative....¹³' as well as being more likely to be in a sero-discordant relationship¹⁴. This group are therefore potentially in greater need of free condoms and access to outreach services.

Identified problem areas that have been addressed already include:

- Adding a question to the membership form for those who identify as having a disability
- Offering all 24s information in other formats, and advertising this in all 24s bags and in large print at the top of all membership forms
- Offering the membership form in Latin American Spanish and Portuguese for the Naz Project (and any identified others)
- Sending reminders of when the outreach workers will be at each venue via email and snail mail, quarterly
- Surveying and researching the option of text messaging. This option was dropped when there was too little interest in this means of communication from those we could not already contact via email
- Adding a question about preferred language of communication to the membership form.

¹³ Gay Men's Sex Survey 2002, 'Out and About' Sigma Research

¹⁴ Gay Men's Sex Survey 2002, 'Out and About' Sigma Research

Questions for Consultation

The following questions were sent out for broader consultation to agencies the Project works with and to 24s members.

General

1. What else could the Project do to address problem areas as they are identified?

Access

- 2 Does access to men under 20 need to be improved? If so, how could access to men under 20 be improved – particularly as regards repeat use?
- 3 Does access by BME men need to be improved. If so, how could it be improved under the 24s scheme – particularly as regards repeat use?
- 4 How could access to the service for disabled gay and bisexual men be improved?
- 5 How can bisexual men's access to condoms be improved? Should there be more focus on this group of men? How could this be achieved?
- 6 What could 24s do in order to improve access to free condoms and lubricant by men with no or low formal educational qualifications? How important is it to target these men?
- 7 Currently no monitoring or targeting is done with Class A drug users. Should this work be taking place? How could this be done?
- 8 Do you have any specific recommendations around religious belief?

Process

- 9 For those identifying as having a disability, what, if any, follow up should occur?

Responses to the Consultation Questions

Three responses were received to the consultation questions – all from agencies the Project works with. Their comments are incorporated below:

Does access to men under 20 need to be improved? If so, how could access to men under 20 be improved – particularly as regards repeat use?

1 response was received:

- Under 20s are an important target group because this is when they begin their sexual careers and the more preventative messages that are given the better for the long term.

Does access by BME men need to be improved. If so, how could it be improved under the 24s scheme – particularly as regards repeat use?

2 responses were received:

- Yes access does need to be improved. Continue with sub-contracting arrangements with organisations such as Naz Project who already have an established BME linkage rather than setting up new and potentially competitive service structures. Partner with BME initiated and led groups as the first priority.
- Use more inclusive photographic branding of men (so all images are not of white men etc).

How could access to the service for disabled gay and bisexual men be improved?

3 responses were received:

- Re-brand photos to have people who identify themselves as disabled.
- Rather than asking disabled clients to contact 24s, ask for their access requirements to be noted on the forms. Check all premises have disabled access. Offer postal service for those with mobility difficulties.
- Clarify whether men living with HIV/AIDS are included in the disability category. They should be. Could be more focus on these men by working with existing organisations with expertise, in partnership.

How can bisexual men's access to condoms be improved? Should there be more focus on this group of men? How could this be achieved?

2 responses were received

- Bisexual men seem more common in BME communities, so work with partner agencies in BME agencies applies.
- Re-brand 24s as 'Condoms for Men who have sex with Men'? Single labeling often leads to inclusivity/exclusivity arguments.

What could 24s do in order to improve access to free condoms and lubricant by men with no or low formal educational qualifications? How important is it to target these men?

2 responses were received:

- Going by recent statistics it is obviously helpful for this target group to become and remain a priority but since lower formal education is often linked to poor literacy rates, the challenge

of advertising to men who have dyslexia or poor literacy is considerable. Advertising using images rather than words, characters or photographs of people that the target group can identify with may perhaps prove useful.

- It is important to target men with LEQs but we have no suggestions for how.

Currently no monitoring or targeting is done with Class A drug users. Should this work be taking place? How could this be done?

3 responses were received:

- Ask about usage on the registration form.
- Monitor IDU, since this is a transmission route. Start by getting some anecdotal evidence from partners about the extent of the problem amongst MSM and then follow this with a survey if it is warranted.
- I don't think Class A drug users should be targeted as it may be seen as just another negative image for this client group to see themselves portrayed as. We should look beyond their habits and diagnoses and treat them as any other target group – defined by their wish to have sex.

Do you have any specific recommendations around religious belief?

2 responses were received:

- Due to religious reasons much of the (Muslim) advocacy material is often implicitly homophobic and needs to be counterbalanced and challenged.
- Keep gathering this information as specifically as you can. Among BME communities it is a key issue. However, working with faith leaders – while politically important – has limited strategic value. It will make more sense to work with non church/mosque/temple based organisations, including BME ones, that are culture sensitive. MSM of faith, even the BME ones, tend to look elsewhere than to faith leaders for their faith/spirituality support.

For those identifying as having a disability, what, if any, follow up should occur?

1 response was received:

- None. Allow these service users to have their autonomy.

Please complete this form to register for your free condoms and lube

If you would like to have this form in large print or another format (eg tape or Braille), please contact 24s on 020 8583 2476 or 24s@dial.pipex.com

Personal Details:

The following personal details will be used solely for the purpose of registering and contacting you for 24s. Your details will not be shared with any other organisation.

Name:

Postal Address:

Postcode:

EMAIL:

(For emails about where we will be and when for you to collect more 24s bags)

Mobile phone number:

(For text alerts of where we will be and when for you to collect more 24s bags). This service is not yet operational but is planned for the near future.

Can we add your details to the EHH Gay Men's Project Client Database?

(separate from 24s, to send you details of similar projects that could be of interest to you)

Yes

No

Monitoring Details:

These details will be used for internal monitoring purposes only, to help us assess whether we are reaching all groups. These details will not be used, except in anonymous format, outside the EHH Gay Men's Project. They may be shared with funders in the NHS.

Date of birth:

Borough of residence:

Please turn over

Do you consider yourself to be disabled?

Yes

No

**Do you have any other access needs for this service (eg large print, tape, Braille)?
If you have any other disability access requirements, please contact us.**

Ethnicity:

What is your ethnic group? (Please tick or write where necessary)

Asian...

- British
- Indian
- Pakistani
- Bangladeshi

Other Asian (specify) -----

Black...

- British
- Caribbean
- African
- Other Black (specify) -----

Mixed...

- White / Asian
- White / Black Caribbean
- White / Black African
- Other Mixed (specify below)

Other...

- Chinese
- Arab
- Latin / South America
- Other (specify below)

White...

- British
- Irish

Other White (specify) -----

What is your preferred language for communication?

- English
- Spanish
- Portuguese

Other (please specify)

Data Protection Act 1998

Under the Data Protection Act you have the right to access your personal data held by the Project. If you want to review this data contact the data controller: Karen Randall 020 8583 2476, Fax: 8583 247 24s@dial.pipex.com

I agree to the EHH Project holding the above data for the purposes outlined on the form and for monitoring access to this service.

Signed:

Date: