Sexual and reproductive health

Sex workers, asylum seekers, Latin American migrants and people with learning disabilities

Southwark's Joint Strategic Needs Assessment

Public Health Division

Children & Adults Department

December 2023

GATEWAY INFORMATION

Report title:	**The sexual and reproductive health needs of four vulnerable groups: Sex workers, asylum seekers, Latin American migrants and people with mild to moderate learning disabilities in Southwark and Lambeth.**
Status:	Public
Prepared by:	N Sutton
Contributors:	R Sinnott, I Mansfield, K Chapman, C Miller, L Glover, A Pangayatselvan, C Williamson
Approved by:	S Leahy
Contact details:	publichealth@southwark.gov.uk
Date of publication:	December 2023

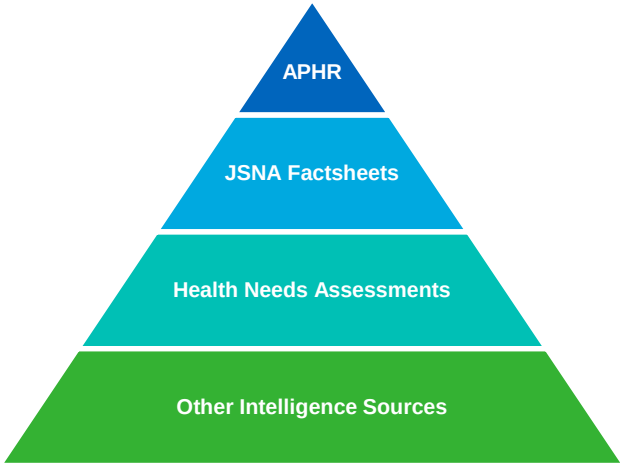
Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.

- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This needs assessment aims to identify the sexual and reproductive health needs of four vulnerable groups

AIMS & OBJECTIVES

The aim is to identify the sexual and reproductive health needs of four vulnerable and marginalised groups (sex workers, asylum seekers living in initial accommodation centres (IACs), Latin American migrants and people with mild to moderate learning disabilities) to inform the commissioning of potential future outreach services in Southwark and Lambeth.

Objectives:

- Identify the scale of specific sexual and reproductive health issues in these groups including teenage pregnancy, STIs, HIV, contraception use, cervical screening uptake and gender-based violence.
- Identify the barriers faced by these groups when accessing mainstream sexual and reproductive health services (clinics, GPs, pharmacy and online).
- Identify any sexual and reproductive health services which are targeted to these groups in Southwark and Lambeth.
- Identify any case studies of successful sexual and reproductive health outreach services to these groups in other local authorities.
- Make recommendations to inform the commissioning of a sexual and reproductive health outreach service and where relevant other mainstream services, for these four vulnerable and marginalised groups.

CONTENTS

Introduction

Background / Methods

Sex workers

Asylum seekers

Latin American migrants

People with mild to moderate learning disabilities

Summary & Recommendations

Increasing access to sexual and reproductive health services for vulnerable groups is a key priority

INTRODUCTION

Sexual and reproductive health services are commissioned jointly across Lambeth, Southwark and Lewisham. Commissioners are exploring how to improve access to these services for vulnerable and marginalised groups who may find it difficult to access mainstream services.

- Southwark and Lambeth face some of the greatest sexual health challenges in England:
  - Lambeth and Southwark respectively have the second and third highest rates of new STI diagnoses in the country.[1]
  - Lambeth has the highest, and Southwark the second highest prevalence of HIV in the country.[1]
  - Lambeth and Southwark respectively have the third and fifth largest Lesbian, Gay and Bisexual (LGB+) identifying populations in the country (out of 317 local authorities). Both boroughs are also in the top 20 local authorities in the country for trans/non-binary identifying populations.[2,3]
  - Residents are comparatively young, with a median age at least five years younger than England.[4]
- The boroughs have a diverse population including a large Latin American population and seven asylum seeker IACs. Residents are more ethnically diverse than is seen across England, with high proportions of people who identify as Black, African and Caribbean.[5]
- There are several vulnerable and marginalised groups that would benefit from a sexual and reproductive health outreach service or routes to support them in accessing mainstream services.
- The commissioning team identified four groups (sex workers, asylum seekers living in IACs, Latin American migrants and people with mild to moderate learning disabilities) where they had limited information on the groups' sexual health needs.
- Outside this needs assessment other evidence will be drawn on to identify the sexual health needs of other groups to inform the commissioning of a potential outreach service.

References

1. Public Health Profiles, OHID Fingertips Tool. Data to 2022.
2. Sexual orientation, England and Wales: Census 2021. Office for National Statistics. 2022.
3. Gender identity, England and Wales: Census 2021. Office for National Statistics. 2022.
4. Population and household estimates, England and Wales: Census 2021. Office for National Statistics. 2022.
5. Ethnic group, England and Wales: Census 2021. Office for National Statistics. 2022.

A literature review was conducted and qualitative and quantitative data was collected

METHODS

A range of qualitative and quantitative data was collected as part of this needs assessment.

- Quantitative data:
  - Census data
  - Data from the Health Inclusion Team
  - Data from Aymara Social Enterprise
- Qualitative data:
  - 13 interviews with voluntary & community sector (VCS) groups and health professionals

A literature review was requested from the UK Health Security Agency (UKHSA) library service.

- Search question: *What examples are there of good practice for sexual health outreach services delivered to specific target populations (sex workers, asylum seekers, people with mild to moderate learning disabilities and Latin American migrants)?*

Interviewees

- Solace
- Womens Aid
- GSTT sexual health outreach nurse
- Southwark Council 25+ learning disability team
- GSTT Learning disability community team
- Bede House
- Health Inclusion Team Refugee and Asylum Seeker services
- Indoamerican Refugee and Migrant Organisation (IRMO)
- Latin American Women's Rights Service (LAWRS)
- Aymara
- Sexual Health Intervention and Prevention (SHIP) at Camberwell Sexual Health Centre
- GPs

Due to the short timeframe for this project in order to meet commissioning deadlines the views of residents/service users belonging to the four groups was not able to be collected.

Two services currently operate within mainstream sexual health clinics that target vulnerable groups

BACKGROUND: CURRENT MAINSTREAM SERVICES

Overview of Guys and St Thomas' NHS Foundation Trust (GSTT) sexual health outreach nurse

- A specialist sexual health nurse employed by the GSTT outreach team to support vulnerable people who experience difficulties attending mainstream sexual health services.
- Key population groups receiving the service include people with severe mental illnesses (SMIs), learning disabilities, those in insecure accommodation, sex workers and those experiencing substance misuse issues.
- Referrals are received from external organisations, including key workers or voluntary and community sector (VCS) groups; patients cannot self-refer.
- The nurse meets people 'where they are' (e.g. in their hostels) to deliver sexual health care, as well as accompanying patients to appointments in mainstream services.

Overview of Sexual Health Intervention and Prevention Team (SHIP)

- Specialist nurse led service within the Camberwell Sexual Health Centre.
- The service focuses on young people and vulnerable adults, for example, people with learning disabilities, sex workers, asylum seekers, or anyone else who struggles to access sexual health services and has more complex needs than the general population.
- They receive referrals internally and from external organisations (primary care, secondary care and VCS groups) who are aware of their service.

CONTENTS

Introduction

Background / Methods

Sex workers

Asylum seekers

Latin American migrants

People with mild to moderate learning disabilities

Summary & Recommendations

It is challenging to gather an accurate picture of the number of sex workers in Southwark and Lambeth

OVERVIEW OF SEX WORKERS

The term 'sex work' refers to a wide range of activities that pertain to sexual services provided in exchange for money, including (but not limited to) direct sexual contact.[1]

- It is difficult to ascertain the number of people engaged in sex work in Southwark and Lambeth.
  - This is partly due to the nature of sex work, which is often highly stigmatised and discourages disclosure on the part of sex workers.
  - Sex work also encompasses a very wide range of activities, meaning people may not identify as sex workers themselves, and thus not self-report as sex workers. However, they may be engaging in sex work or transactional sex in some way (for example, exchanging sexual services for accommodation or drugs).

- While the exchange of sexual services for money is not illegal in England, the Sexual Offences Act of 2003 criminalises a range of activities pertaining to sex work, including soliciting.[2] This further discourages sex workers from disclosing their work, making accurate data collection extremely challenging.

- It is estimated that around 72,800 sex workers are working in the UK, with around 32,000 working in London.[3]

References
1. A Review of the Literature on Sex Workers and Social Exclusion, UCL Insitute of Health Equity: London, 2014
2. Sexual Offences Act, 2003, c.42
3. House of Commons Home Affairs Committee Report: Prostitution, Home Affairs Committee: London, 2016

Sex workers have a high level of sexual health need alongside wider health challenges

SEX WORKERS: SEXUAL AND REPRODUCTIVE HEALTH ISSUES

While generalisations are difficult to make with such a wide-ranging group and without clear data, sex workers are at high risk of poor sexual and reproductive health outcomes.

- Sex workers are at risk of multiple and interdependent sexual health challenges, including:[1]
  - Difficulty accessing mainstream sexual health and broader health services
  - High risk of experiencing sexual violence
  - High rates of HIV/AIDS and Sexually Transmitted Infections (STIs)
  - Low rates of cervical screening and higher risk of cervical cancer
  - Social exclusion, discrimination and marginalisation
  - Homelessness
  - Substance misuse
- Health professionals discussed the sexual violence and/or pressures experienced by sex workers that heightened their risk of poor health outcomes, including pressure from clients to engage in unprotected and otherwise unsafe sex.
- Much of the research focuses on street-based sex workers, who are engaged in direct sexual contact in exchange for money or goods and who obtain clients through public-facing work.[2] The health challenges faced by this group may not be representative of the challenges faced by sex workers engaged in other kinds of sex work.
- National research also focuses heavily on female sex workers and has not included data on gender identity (distinct from biological sex). While women do make up an estimated 88% of the sex working population,[3] it is important to acknowledge that findings from existing research may not reflect the sexual health challenges faced by other groups (such as transgender and male sex workers).

References

1. Potter, L.C. et al., 2022. Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers. BMC Health Services Research 22(1) 1-11.
2. Johnson, L. et al., 2023. Interventions to improve health and the determinants of health among sex workers in high-income countries.
3. Brooks-Gordon, B. et al., 2015. Calculating the Number of Sex Workers and Contribution to Non-Observed Economy in the UK for the ONS.

Sex workers are at risk of broader health challenges that act as barriers to accessing sexual health services

SEX WORKERS: BARRIERS TO MAINSTREAM SERVICES (1 of 2)

Interviews with service providers reported that sex workers are at risk of broader health challenges that make engagement with mainstream sexual health services more challenging.

- Stakeholder interviews highlighted that mainstream sexual health services are frequently delivered through walk-in appointments with lengthy waiting times, which can be particularly challenging.

- Providers noted that consultation times are relatively short and fixed in length. This can make it challenging for sex workers who have experienced trauma and have mental health challenges to disclose their experiences and advocate for the care they need.

- Sex workers are at risk of having experienced sexual violence and/or other forms of trauma. They may also be engaged with wider health support services, for example mental health or drug and alcohol support services.
  - Sex workers having to explain their experiences at every appointment with multiple providers can be re-traumatising and exhausting and can result in their disengagement with sexual health care.

- In general, a significant barrier to accessing mainstream services is prior negative experiences with healthcare services, either through direct stigmatisation or poor health outcomes due to difficulties accessing care causing delays in treatment.

Sex workers experience stigmatisation and shame which acts as barrier to accessing sexual health services

SEX WORKERS: BARRIERS TO MAINSTREAM SERVICES (2 of 2)

Stakeholder interviews identified stigmatisation from providers and communities, internalised shame, and lack of trusting relationships as barriers to sex workers accessing mainstream services.

- Stigmatisation and shame form one of the most significant barriers sex workers face to accessing mainstream sexual health services.
  - Sex workers may experience direct stigmatisation by clinicians and service providers who may shame them for being engaged in sex work, thus discouraging them from disclosing their needs and attending sexual health care in the future.
  - Shame and stigmatisation may also arise due to the nature of sexual health care delivery, whereby lengthy waiting times in receptions and the high visibility of walk-in clinics mean that service users feel that they will be 'found out' by other members of the local community as sex workers and subsequently shamed.

- Sex workers may also internalise this shame, and be reluctant to self-identify as a sex worker, despite engaging in paid or transactional sex and thus having a higher risk of poor sexual health outcomes.
  - For example, clinics run by mainstream providers advertised for sex workers may not reach the target groups, as they are reluctant to self-identify in this way.

- Providers discussed the importance of building up a rapport with sex workers to ensure service users are engaged in care, especially treatments which take several appointments over a lengthy period of time (for example, treating genital warts).
  - Mainstream sexual health services may struggle to build this rapport due to pressures on care providers (such as shorter appointment times and high staff turnover). Without these trusting relationships with providers, sex workers are less likely to attend care.

In Southwark and Lambeth, the primary sexual health service targeted towards sex workers is delivered by GSTT

SEX WORKERS: TARGETED SEXUAL HEALTH SERVICES

The GSTT sexual health outreach nurse offers specialist sexual health services available to sex workers.

- The outreach nurse offers sexual health care to people who struggle to access mainstream services due to a range of vulnerabilities.
  - This includes people engaged in sex work, as well as those experiencing homelessness, mental health challenges, and substance misuse.

- The outreach nurse takes referrals from various organisations, including social care key workers, mental health support, and other health services. Once a referral is made and the individual has consented to receiving support from the outreach service, a nurse will meet the patient 'where they are' (for example, the homeless hostel where the patient may be staying).

- The nurse is able to offer a broad range of sexual health services, including STI testing and treatment, contraception, and PrEP (Pre-Exposure Prophylaxis).

- Where needed, the outreach nurse will accompany a patient to further sexual health appointments if they are not able to deliver the care themselves, for example, cervical cytology, which is not currently delivered in sexual health settings.

Stakeholders indicated the importance of a trauma-informed, non-judgmental outreach service

SEX WORKERS: STAKEHOLDER VIEWS REGARDING OUTREACH

Stakeholders emphasised the importance of building trusting relationships, and including sex workers in the co-production of an outreach service.

- The stigmatisation and prior negative experiences of sex workers when accessing sexual health care mean that an outreach service should ensure trusting relationships between sex workers and care providers.
- Stakeholders emphasised the need for **non-judgmental services**.
  - Firstly, this is essential to overcome the barrier of shame and stigmatisation.
  - Secondly, non-judgmental services would encourage sex workers to disclose their needs more confidently, thus improving the clinical care that providers can deliver in response to this disclosure.
- Stakeholders also indicated the need for **trauma-informed care**, as engaging in sex work commonly intersects with additional challenges, such as homelessness, substance misuse, and experiences of sexual violence.
- A service should take a **holistic** view of patients' health needs for example having other professionals on hand or health advisors to signpost to other services and assist with GP registration if required.
- Stakeholders discussed the need for an outreach service that actively targets more than cisgender women; in particular, transgender people.
- **Flexibility** in terms of opening times, length of appointments, not introducing digital barriers and delivering care in non-traditional settings ('meeting patients where they are') were also emphasised.

In North London, CLASH and SHOC provide walk-in and outreach sexual health care to those engaged in sex work

SEX WORKERS: EXAMPLES OF GOOD PRACTICE

Central London Action on Sexual Health (CLASH) and Sexual Health on Call (SHOC) are sexual health clinics and outreach services run through Central and North West London NHS Trust.[1]

- The clinics are open three days a week in total and run out of the Mortimer Centre in Bloomsbury (CLASH), and the Archway Centre in North London (SHOC).
- Telephone interpretation is available at both sites, and Mandarin interpreters are present at CLASH every Friday.
- The clinics provide a full range of sexual health services, including STI testing and treatment, contraception and PrEP.
  - Additional services are also made available, including cervical screening (regardless of GP registration), pregnancy testing and abortion referrals, 1-to-1 support with a health promotion specialist, and Ugly Mugs or police reporting (for those who have been victims of violence).
- The additional services are particularly important, as they demonstrate a holistic understanding of sex workers' health needs. They also engage sex workers in sexual health care that may be challenging to access in mainstream services (for example, cervical screening ordinarily requires GP registration).
- Notably, the clinics explicitly commit to an approach that supports sex workers' rights to live and work safely, promoting privacy and autonomy. This indicates that non-judgmental care is a priority for CLASH and SHOC.

Reference
1. Central and North West London Trust: CLASH and SHOC. 2023. https://www.sexualhealth.cnwl.nhs.uk/clash-and-shoc/

CONTENTS

Introduction

Background / Methods

Sex workers

Asylum seekers

Latin American migrants

People with mild to moderate learning disabilities

Summary & Recommendations

There has been a large increase in the number of asylum seekers in Southwark and Lambeth since 2019

OVERVIEW OF ASYLUM SEEKERS

An asylum seeker is a person who has left their country and is seeking protection under the 1951 Convention Relating to the Status of Refugees (fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion) and is waiting to receive a decision on their asylum claim.[1,2]

- There has been a large increase in the number of asylum seekers in Southwark and Lambeth:
  - In Southwark, 2,363 were receiving support under section 95, section 98 or section 4 in March 2023, compared to 447 two years prior in March 2021.[3]
  - In Lambeth the number receiving support under section 95, section 98 or section 4 increased from 68 in March 2021 to 661 in March 2023.

- Approximately half of asylum seekers are living in initial accommodation centres (IACs). These are full board hotels or hostels commissioned by the Home Office.
- The 5 IACs in Southwark hold a total of 982 residents (August 2023).
- Pre-COVID the length of stay in the IACs was approximately 4 weeks, as of September 2022, 18% of current residents in the five Southwark IACs had been there over a year, with an average (ongoing) stay of 22 weeks.[4]

References

1. UNHCR. What is the definition of a refugee? https://www.unhcr.org/uk/about-unhcr/who-we-are/1951-refugee-convention Accessed: 12 July 2023.
2. Amnesty International. Refugees, Asylum Seekers and Migrants, Definitions. https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/#definitions Accessed 12 July 2023
3. Asylum seekers in receipt of support by Local Authority. Home Office. Data to March 2023.
4. The health and wellbeing of asylum seekers and refugees in Southwark. Southwark's JSNA. Southwark Council: London. June 2023.

Asylum seekers have complex and specific sexual and reproductive health needs

ASYLUM SEEKERS: SEXUAL AND REPRODUCTIVE HEALTH ISSUES

In Sept 2022 there were a total of 162 women of childbearing age in the 5 Southwark IACs (16% of the total IAC population).[1]

Table 1 – Cases of sexual and reproductive health issues in asylum seekers living in seven Southwark and Lambeth IACs between January 2020 and June 2023. Data extracted from HIT records on residents who received an initial health assessment or presented with symptoms.

STI	Number of cases	Positivity rate
Chlamydia	9	0.8%
Gonorrhoea	<5	0.2%
HIV	10	0.9%

Contraception	Number of cases	Rate per 1,000
Emergency contraception	<5	3 per 1,000
LARC	14	16 per 1,000
Termination	7	8 per 1,000

HIT data also identified 38 cases of rape and sexual assault in children, women and men between January 2020 and June 2023. The rape or sexual assault occurred either prior to, or since arriving in the UK.

The data from HIT is not directly comparable to local data that is available for Lambeth and Southwark, therefore it is difficult to draw comparisons on the relative sexual health needs of this group.

- The use of LARC and emergency contraception seems low, however more work is needed to understand whether this may actually reflect low demand as opposed to low need, potentially due to low awareness or barriers to access of services.
- The proportion of terminations versus LARC seems high, implying that contraceptive use in this group is low.

References
1. The health and wellbeing of asylum seekers and refugees in Southwark. Southwark's JSNA. Southwark Council: London. June 2023.

Asylum seekers have complex and specific sexual and reproductive health needs

ASYLUM SEEKERS: SEXUAL AND REPRODUCTIVE HEALTH ISSUES

Asylum seekers have specific needs in terms of reproductive and sexual health and may not have had access to contraception or STI screening prior to their arrival in the UK.

- Research on infectious diseases identified from screening UK-bound refugees found there to be substantially higher rates of Hepatitis B, HIV and Syphilis compared to general population, with prevalence of Hepatitis B being higher than the WHO estimate for Hepatitis B in refugee populations.[1]
- This suggests notably high prevalence of sexually transmitted infections and diseases in asylum seekers, with many going undetected if they have not had access to screening on arrival.

Women seeking asylum are particularly vulnerable to forms of gender-based violence, including sexual violence.

- The Refugee Council conducted research with a number of organisations working with asylum seekers and refugees (ASR) and found there was a high prevalence of ASR who had been subject to gender-based violence in the UK.[2]
  - Over 40% of respondents said they had dealt with disclosures of sexual violence at least once a month, with some (10% of respondents) dealing with reports more than once a week.
  - Consequences of sexual and gender-based violence can include STIs, including HIV.
- Almost 14% of women of childbearing age resident in Southwark IACs come from countries where rates of Female Genital Mutilation (FGM) are above 70% and almost a quarter come from countries with rates above 10%.[3]

References
1. Infectious disease testing of UK-bound refugees: a population-based, cross-sectional study. A Crawshaw et al,. 2018.
2. Women seeking asylum: Safe from violence in the UK?. H Baillot and E Connelly. 2018.
3. The health and wellbeing of asylum seekers and refugees in Southwark. Southwark's JSNA. Southwark Council: London. June 2023.

There are cultural, language and other barriers to asylum seekers accessing mainstream services

ASYLUM SEEKERS: BARRIERS TO MAINSTREAM SERVICES

There are multiple barriers identified in stakeholder interviews that asylum seekers face when trying to access mainstream sexual and reproductive health services.

Cultural barriers:

- Some asylum seekers come from countries with low sexual and reproductive health literacy. Qualitative research with young asylum seekers aged 15-18 years reported varying levels of sex education in their home country.[1]
- There may be stigma associated with attending a sexual health clinic.
- Women may want to start contraception without informing their husbands who would not approve. In such cases they would not access a sexual health clinic for fear of being found out.

Language barriers:

- Difficulty accessing online booking services. A subset of asylum-seeking women are illiterate, therefore even translated resources are not accessible.
- Health professionals from HIT and SHIP report abortion services being especially difficult to access if the service user doesn't have a high level of English, requiring them to spend several hours with their clients to help them make the referral.

Distrust of health professionals:

- It is common for asylum seekers to be fearful that health professionals will share their information with the Home Office, which will affect their asylum claim.
- Not all health professionals are trained or have experience of migrant health issues.

Travel:

- Due to asylum seekers being unable to work and only receiving £9.58/per week while in full board accommodation[2], they may not be able to travel for medical appointments due to financial constraints.
- The nearest FGM clinic is now at University College Hospital (previously there was one at Guys and St Thomas' NHS Foundation Trust) which is less accessible from South London.

References

1. Sinha, S., Uppal, S. & Pryce, A. 2008. 'I had to cry': exploring sexual health with young separated asylum seekers in East London. Diversity and Equality in Health and Care 5(2).
2. Asylum Support. What you'll get. Available from: https://www.gov.uk/asylum-support/what-youll-get. Accessed: 4 Aug 2023.

The HIT provide a targeted general health service to asylum seekers, however the sexual health offer is limited

ASYLUM SEEKERS: TARGETED SEXUAL HEALTH SERVICES

The Health Inclusion Team (HIT) provide a nurse led health service in the IACs.

- The service differs slightly between the one core IAC and the other 6 contingency IACs
  - The core IAC has dedicated GPs who see all the residents in the core IAC
  - The residents in the other 6 IACs are registered at their local mainstream GP practice, and there is one HIT GP who provides clinical support to the HIT nurses who run clinics in the IACs

- All the clients seen by HIT will have an initial health screen and this includes a Blood Borne Virus screen (HIV, Hepatitis B and C) and testing for Chlamydia and Gonorrhoea.
  - Any clients with positive results will be referred to their GP or a sexual health clinic for treatment. This is usually to the SHIP team in the Camberwell sexual health clinic.

- Some HIT nurses have some sexual and reproductive health training from previous posts which allows them to provide more than just the screening described above. This results in an inconsistent offer of sexual and reproductive health care for the clients.

- The length of stay in IACs increasing from 4 weeks to 6 -12 months or more, requires the HIT health offer to evolve and be a fuller primary care offer rather than a reactionary service.

- HIT recently received funding to train one of their nurses to carry out cervical smears.

An outreach service should include an education component and upskilling of health professionals

ASYLUM SEEKERS: STAKEHOLDER VIEWS REGARDING OUTREACH

Two key areas that the Health Inclusion Team feel would improve sexual and reproductive health outcomes in asylum seekers living in IACs are education for their clients and resources for staff training.

- Sexual and reproductive health education:
  - Re-introduce a previous initiative which provided in-reach sexual and reproductive health education and promotion of the C-Card scheme for young asylum seekers.
  - Culturally sensitive (potentially peer-to-peer) education for women and LGBTQ+ people on relationships in the context of their rights and UK law (the most common reason for safeguarding referrals is due to domestic violence).
  - Education around contraception for clients who may not have had access to this before arriving in the UK.

- Training for health professionals who work regularly with asylum seekers, so sexual and reproductive health services, especially LARC, can be delivered alongside a general health offer by clinicians who have expertise around the client group's needs and are already familiar to them. This will also help reduce the stigma associated with sexual health.

Research shows that refugees are interested in sexual and reproductive health education

ASYLUM SEEKERS: EXAMPLES OF GOOD PRACTICE

A scoping review of the barriers and facilitators for sexual and reproductive health of young people in refugee contexts identified a number of interventions aimed at young refugees.[1]

- Many of the interventions were delivered by peer educators. One intervention included the training of young men to identify, address and prevent gender-based violence and address gender norms.

A qualitative study which explored the preferences of refugee and migrant women's sexual and reproductive healthcare in Australia and Canada highlighted four main themes:[2]

- The women interviewed were interested to learn about sexual and reproductive health topics which may have been taboo in their home countries. They differed in their views on the best way to deliver this education. Some preferred group sessions to share experiences, some preferred a private conversation with a health professionals while others would like the information to be in written form, either leaflets or online.
- They identified the need for an environment of trust and comfort with longer appointment times and female clinicians contributing to this.
- Services which are embedded into existing services and community groups which the population accesses would increase trust and improve accessibility.
- Involvement of men in education around healthy relationships was essential to empower women and improve the accessibility of sexual and reproductive health services.

References

1. Tirado, V., Chu, J., Hanson, C., et al. 2020. Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review. PloS one 15(7) e0236316.
2. Hawkey, A. J., Ussher, J. M. & Perz, J. 2022. What do women want? Migrant and refugee women's preferences for the delivery of sexual and reproductive healthcare and information. Ethnicity & health 27(8) 1787-1805.

CONTENTS

Introduction

Background / Methods

Sex workers

Asylum seekers

Latin American migrants

People with mild to moderate learning disabilities

Summary & Recommendations

Southwark and Lambeth are home to a large number of Latin American migrants

OVERVIEW OF LATIN AMERICAN MIGRANTS

Southwark and Lambeth have some of the largest Hispanic or Latin American populations in the country.

- At the latest census, around 12,100 Lambeth residents and 11,600 Southwark residents identified with a Hispanic, Latin American or South American ethnic background. This is equivalent to around 4% of the population in each borough.[1]
- This compares to around 1% of the population of London, and less than 1% nationally identifying as Latin American.[1]
- Similarly, 13,800 Lambeth residents and 12,800 Southwark residents said they were born in a Central or South American country.[2]
- This suggests that most residents identifying with a Latin American ethnic background are migrants/not born in the UK.
- It is likely that Census 2021 numbers of local Latin American residents are an underestimate. Anecdotally a subset of local Latin American residents are known to live 'under the radar' and are unlikely to be documented in official records, and there are no official estimates of undocumented migrants in London.

References
1. Ethnic group, England and Wales: Census 2021. Office for National Statistics. 2022.
2. International migration, England and Wales: Census 2021. Office for National Statistics. 2022.

HIV prevalence in Latin Americans is higher than the national average with significant underdiagnosis in women

LATIN AMERICAN MIGRANTS: SEXUAL AND REPRODUCTIVE HEALTH ISSUES

There is limited national and local data available on the sexual health needs of Latin American migrants, in part due to ethnicity data not being collected for this group. From the national and local data that is collected, HIV has been highlighted as a significant issue.

- In 2019, Public Health England stated that gay and bisexual men, Black Africans and people born abroad are the three key population groups disproportionately at risk of HIV.[1]
- Most groups have experienced a decline in HIV diagnoses. Latin American gay and bisexual men have seen an increase in prevalence over recent years, and Latin Americans as a whole have not seen the same progress as other groups.
- Latin American is one of the ethnic groups which is currently not effectively captured by data collection by GPs and sexual health clinics. The HIV commission has called for improved data collection to enable reporting on all communities with over 500 cases in the last 5 years.[2]
- Data from the national HIV Self-Sampling service found that the proportion of high reactive tests was higher in users who identified as Latin American (0.8%) compared to the national average 0.3%.[3]
- A study comparing the prevalence of HIV in Latin American migrants in the UK with the prevalence in their country of origin, found that of the 2,471 Latin Americans diagnosed with HIV in the UK, 90% were men. They estimate 50% of women with HIV from Argentina, Venezuela and Chile have not yet been diagnosed.[4]

References

1. Public Health England, HIV in the United Kingdom: Towards Zero HIV transmissions by 2030. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965765/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf. Accessed: 19 July 2023.
2. HIV Commission. How England will end new cases of HIV. 2020. Available from: https://www.hivcommission.org.uk/wp-content/uploads/2020/12/HIV-Commission-Full-Report_online_final_pages.pdf. Accessed: 19 July 2023.
3. Public Health England. National HIV self-sampling service. November 2018 to October 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936131/national_HIV_self_sampling_service_november_2018_to_october_2019.pdf. Accessed: 19 July 2023.
4. Elkheir N. HIV in the Latin American migrant population in the United Kingdom. Where are the missing women? ECCMID, 2021.

Local data confirms that HIV is a significant issue in Latin American migrants alongside gender-based violence

LATIN AMERICAN MIGRANTS: SEXUAL AND REPRODUCTIVE HEALTH ISSUES

A limited amount of local data was collected from a social enterprise and stakeholder interviews.

- A social enterprise, Aymara, carried out HIV point of care testing in the Latin American community in Lambeth and Southwark. Of 1,732 people tested, 24 were reactive*, giving a reactivity rate of 1.4%.[1]
  - The population tested were 62% male, 36% female and 2% trans or non-binary.
  - 53% identified as heterosexual/straight, 43% lesbian/gay, and 4% as bisexual.

**A person with a reactive result on a point of care test will need to be referred for further testing by a sexual health service before being confirmed as HIV positive.*

- A stakeholder interview identified the conditions that some Latin American women find themselves in while in the UK, for example insecure immigration status, made them more vulnerable to gender-based violence, particularly women who are in the country on visas sponsored by their perpetrators.

References
1. Aymara. Unpublished data. July 2023.

Language, cultural and lack of understanding of how the NHS works are barriers to accessing sexual health services

LATIN AMERICAN MIGRANTS: BARRIERS TO MAINSTREAM SERVICES

The barriers reported by stakeholders that Latin American migrants face are similar to those faced by asylum seekers as many do not speak English well or have an uncertain immigration status.

- Lack of understanding of how the NHS works, what services are available to them and what rights to health care they have, depending on their immigration status.
  - The healthcare systems across Latin American countries differ, therefore migrants have different expectations based on their past experiences.
  - Undocumented migrants will be charged for secondary care, such as terminations, which acts as a deterrent to seeking this care.
  - Latin Americans who previously resided in Spain go back to Spain or even Latin America to access health care due to the barriers in the UK.
- Cultural barriers
  - Sexual health is not openly spoken about in some Latin American cultures.
  - Some Latin American men will identify as heterosexual, and also have sex with men, therefore messaging aimed at gay, bisexual and other men who have sex with men (GBMSM) will not reach them.
- Language barriers
  - There is a lack of health information available in Spanish and Portuguese.
  - Stakeholders hear from service users that there is an inconsistent use of interpreters when accessing healthcare and that service users feel like they cannot advocate for themselves and ask all the questions they'd like to due to the language barrier.
- Distrust of health professionals
  - It is common for migrants to be fearful that health professionals will share their information with the Home Office, which will affect their immigration status.
- Latin American migrants experience difficulties attending appointments in normal clinic hours, due to work commitments.

Local VCS groups provide some sexual health outreach services, signposting to services and health education

LATIN AMERICAN MIGRANTS: TARGETED SEXUAL HEALTH SERVICES

Aymara is a social enterprise which aims to reduce inequalities in the Latin American community. Their sexual health offer is focused around HIV.

- They deliver workshops on HIV, pre-exposure prophylaxis (PrEP), reproductive health alongside other health topics such as nutrition and mental health with Spanish and Portuguese speaking health professionals.
- They visit community groups and centres (including IRMO) to carry out point of care testing for HIV and other STIs.
- They refer and accompany service users who have a reactive HIV test or would like to start PrEP to appropriate clinics.
- Once the service user has been started on HIV treatment or PrEP, they provide support and ensure compliance with treatment and follow-up appointments.

Two VCS organisations, IRMO and LAWRS, run general health projects assisting the Latin American population to register with GPs, making appointments, signposting to different health services and running health workshops.

LAWRS also provides advice and counselling for women and girls who have experienced violence.

Stakeholder interviews suggested larger sexual health charities try to target the Latin American community with limited success.

Outreach services run by peers that meets the population at convenient locations is more likely to be successful

LATIN AMERICAN MIGRANTS: STAKEHOLDER VIEWS ON OUTREACH

Stakeholders identified features of an outreach service which could effectively reach Latin American migrants and address their specific needs.

- Outreach services run by Latin Americans and those with lived experience to ensure a culturally sensitive service delivered in Spanish and Portuguese are more likely to be successful.
- Use of grassroots VCS organisations to provide a link between the community and health care services/professionals.
- Outreach to take place in locations where the community often spend time.
- Educational campaigns to raise awareness of sexual and reproductive health issues and where to access services.
- Support groups for subgroups such as women and LGBTQ+ to provide safe spaces to talk about sexual and reproductive health issues

They also identified ways of making GP and sexual health clinic services more accessible.

- Extended sexual health clinic opening hours.
- Ensure there are no barriers to GP registration, for example, requiring ID or proof of address. They work on the principle that GP registration opens the doors to all other health services.
- Flexibility in how and when appointments are made, for example, calling at 8am is not possible if someone is always working at that time or does not confidently speak English.

Healthcare workers in the SHIP team identified the quality of Language Line video interpreters as better than phone interpreters. The recent provision of Language Line iPads in the service has facilitated use of this provision.

Outreach in community settings successfully tested people for HIV who had not accessed services before

LATIN AMERICAN MIGRANTS: EXAMPLES OF GOOD PRACTICE

Outreach to settings easily accessible by the Latin American population, with staff that speak the same language, is effective in engaging people who have not previously accessed UK sexual health services before.

- The Naz Project London (NPL) delivered an outreach project to make HIV testing more accessible, acceptable and challenge homophobic stigma and discrimination.1
  - Over a 5-month period they tested 206 people in community settings across London, 71.3% of whom identified as Latin American.
  - Less than 5 tested positive.
  - 54.8% had never accessed UK sexual health services before.
  - Those who participated in the testing accessed NPL rather than other services for HIV testing due to the staff speaking their native language, no appointment required, the setting was accessible and other services were offered alongside the HIV testing (counselling, peer support and casework).

References
1. Sekhon, P., Corredor, C., Resinenete, J., et al. 2014. Outreach initiatives encourage HIV testing in hard-to-reach communities. *HIV Medicine* 15(SUPPL. 3) 106-107.

CONTENTS

Introduction

Background / Methods

Sex workers

Asylum seekers

Latin American migrants

People with learning disabilities

Summary & Recommendations

People with Learning Disabilities comprise a small but significant part of Southwark and Lambeth population

OVERVIEW OF PEOPLE WITH LEARNING DISABILITIES

For purposes of this needs assessment, we have used the Mencap definition[1] of a learning disability (LD). This definition does not include those who have autism (unless they also have a learning disability).

"A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people."

- The Institute of Public Care estimates there are 5,732 people aged 18-64 years with a learning disability in Southwark.[2]
- 2023 service data demonstrates that substantially fewer individuals are known to services:
  - In August 2023, Southwark Council LD team was aware of 720 people in Southwark who meet the generally accepted criteria for global LD and are eligible for services under the Care Act 2014.
    - 150 18-25 years olds
    - 620 over 25 year olds.
  - The relatively low numbers known to services may reflect a large number of individuals with a mild LD and lower level needs.[2] Stakeholders highlighted that specific eligibility criteria is required to be identified by, and access council services. Some individuals with a LD are not diagnosed, and not all individuals with a diagnosed LD have their LD registered in primary care databases.
- A 2018 JSNA investigating the health needs of those with learning disabilities identified that the prevalence of LDs varies substantially by age and location in the borough.[3] Prevalence is higher in Peckham and Nunhead wards, and higher in younger populations.[3]
- The JSNA also highlighted unacceptable level of health inequalities for those with learning disabilities, with poorer life chances, access to services and health outcomes.[3]

References
1. What is a learning disability? Mencap. https://www.mencap.org.uk/learning-disability-explained/what-learning-disability . Accessed: August 2023
2. Projecting Adult Needs and Service Information. https://www.pansi.org.uk/.
3. Learning Disabilities in Southwark. Southwark Council: London, 2018.

People with LD who are sexually active are more likely to have had unsafe sex than their peers

PEOPLE WITH LEARNING DISABILITIES: SEXUAL AND REPRODUCTIVE HEALTH ISSUES (1 of 2)

The Office for Health Improvement and Disparities' (OHID) Learning disability profile found there is limited information on the prevalence of sexual health issues in this group.[1]

- Among women with learning disabilities who use contraception, usage of long-acting contraception is high.[1]
- Rates of cervical screening are low amongst people with learning disabilities compared to the general population.[1]

The nationally representative longitudinal Next Steps study carried out a secondary analysis of 527 participants with mild/moderate intellectual disabilities to investigate their sexual activity and sexual health.[2]

- Overall participants with intellectual disabilities were less likely to have had sex by the age of 19/20 years. If they were sexually active, they were more likely to have had unsafe sex more than 50% of the time and girls were more likely to have been pregnant and were more likely to be mothers at age 19/20 years.
- There was no difference in reporting of ever having had an STI between participants with intellectual disabilities and the other participants.
- The authors suggest that young people with intellectual disabilities in mainstream schools are not responding to sex education in the same way as their peers. This could be due to the lack of social networks, and opportunity to consolidate knowledge by talking to friends. In addition, there is a reluctance from families to discuss sex and contraception with young people.

A systematic review of qualitative studies exploring the sexual health concerns of women with LD, identified women with LD being more vulnerable to sexual exploitation and abuse, unwanted pregnancies and STIs than their peers.[3]

References.

1. OHID. Learning disability profiles. Health inequalities: Sexual Health. https://fingertips.phe.org.uk/profile/learning-disabilities.
2. Baines, S., Emerson, E., Robertson, J. *et al.* Sexual activity and sexual health among young adults with and without mild/moderate intellectual disability. *BMC Public Health* **18**, 667 (2018).
3. Matin et al. 2021. Sexual health concerns in women with intellectual disabilities: a systematic review in qualitative studies. *BMC public health*. 21 (2). https://doi.org/10.1186/s12889-021-12027-6

Experiences of sexual abuse and coercive control are common for those with learning disabilities

PEOPLE WITH LEARNING DISABILITIES: SEXUAL AND REPRODUCTIVE HEALTH ISSUES (2 of 2)

There is no local data on the sexual and reproductive health needs of people with learning disabilities. Stakeholder interviews revealed a number of specific sexual and reproductive health issues that they encounter in their work with people with LD.

Stakeholders report the following:

- Loneliness and limited skills and opportunities to build romantic and sexual relationships. Relationships are often built via internet with associated risks.
- Poor understanding of aspects of sex and relationships amongst those with LD, and variability in capacity to consent to sex.
- Those with LD sometimes exhibit inappropriate sexual behaviour. This is often due to lack of understanding and challenge determining capacity of others to consent.
- Experiences of sexual abuse, domestic violence and coercive control are common in those with LD.
- Frequent use of emergency and long-acting reversible contraception in a reactive manner.
- Abortions and STIs are relatively rare but are observed. Those with LD tend to experience challenges following guidance to reduce onward transmission.
- Engagement in sex work is moderately common.
- Phobia and distrust in health services (often associated with being physically restrained in past and other negative interactions with health services)

There are limited targeted sexual health services for those with learning disabilities

PEOPLE WITH LEARNING DISABILITIES: TARGETED SEXUAL HEALTH SERVICES

Stakeholders highlighted a lack of targeted sexual health services but identified some support from the following organisations:

- GSTT Community Learning Disability Team meet a variety of health and wellbeing needs of adults with LD in a person-centred way across Lambeth, and Southwark. Sexual health services include:
  - Sexual health promotion (e.g in Bede House).
  - Accept referrals to conduct straightforward assessments of an individual's capacity to consent to sexual relationships.
  - Provide training for other professionals and services on best practice for working with people with LD.

Sexual health referrals tend to be deprioritised by the GSTT Community Learning Disability team due to limitations around staffing capacity and abundance of other urgent physical health referrals.

- The GSTT sexual health outreach nurse offers sexual health support to those with LD.
- LD colleges deliver sexual health education, although the education is thought to be of variable appropriateness and quality by the stakeholders interviewed.
- Specialist Residential Care providers and some VCS organisations such as Bede House provide signposting, and support with booking, preparing for and attending appointments
- There is ongoing work led by a clinical psychologist from the Mental Health in Learning Disabilities team at the Maudsley Hospital to develop a joined up multi-disciplinary pathway and working group to conduct complex assessments around capacity to engage in sexual relationships, and identify the factors contributing to inappropriate sexual behaviour.

People with LD struggle to navigate services and suffer from the presumption that they are not sexually active

PEOPLE WITH LEARNING DISABILITIES: BARRIERS TO MAINSTREAM SERVICES

Stakeholders who were interviewed identified general barriers that people with LD face when accessing any health service and others which are specific to sexual health services.

- Comprehension, verbal communication and literacy challenges experienced by those with LD means booking appointments can be challenging. People with LD may also have difficulties understanding the information provided during appointments and the next steps required.
- Memory difficulties makes remembering to attend appointments difficult. There are also challenges around waiting for an appointment, particularly in clinical environments.
- There is an element of phobia and distrust of health professionals. People with LD may fear or have difficulty tolerating intimate examinations.
- Many individuals with LD are not registered as having a LD with their GP. This is sometimes because the individual does not realise they have a LD or remain undiagnosed.
- Many individuals with mild LD have limited or no formal support. For these individuals access to sexual health is dependent on the suggestion of family, primary care or community groups.
- Sexual Health records are not routinely shared with primary care, so primary care tend not to have access to sexual health records for someone with LD, and therefore cannot offer additional support.
- There are often inaccurate assumptions amongst parents and carers that individuals with LD are not interested in sex and are not sexually active. This means individuals with LD may not receive encouragement to access sexual health services or support with this area of their life.

Outreach for those with LD should be trauma-informed with robust safeguarding and include education and training

PEOPLE WITH LEARNING DISABILITIES: STAKEHOLDER VIEWS ON AN OUTREACH SERVICE

In any service for people with LD, trauma-informed care and robust safeguarding is essential. Provision to support those who have experienced sexual abuse and for those who are at risk of perpetrating sexual abuse should be available.

- Ensure that any service is known about and accessible to those with LD, especially those with LD living independently in the community, as they have the least support and are most likely to be sexually active. GP registers could be used to identify these people.

- Sexual and relationship education for people with LD:
  - This can be part of a social event in the community, a drop-in service where people can have a conversation with a healthcare professional or as part of the annual health check with GPs. Though the annual health check that people with LD are invited to by GPs has a few questions focused on sexual health, there is scope for expanding this and using it as an opportunity for education and signposting.
  - Education can include topics such as how to build relationships and set boundaries, consent, motives of others, risks of sexual assault, LGBTQ+ and ability to take care of children.

- Training for health professionals and GPs who will see people with LD, including how to talk about sexual health with this population, using accessible language, the use of written information detailing advice and next steps and best practice on involving parents and carers.

- Sexual health training for professionals and services who work with those with LD and their families and carers. This was previously delivered by the Family Planning Associated Academic Unit, however does not exist anymore.

Evidence from across the UK highlights effective approaches to improving health of those with LD

PEOPLE WITH LEARNING DISABILITIES: EXAMPLES OF GOOD PRACTICE (1 of 2)

Suffolk County Council: co-produced easy-read booklets, workshops and videos for those with LD[1]

- A Suffolk County Council review of sexual and reproductive health identified that women with LD were poorly served by services. The review highlighted a lack of awareness around menstruation and menopause among people with LD, and limited education on sex and reproductive health, due to an assumption by professionals and carers that individuals are not sexually active.
- The review recommended an education and awareness programme to address this. These recommendations are in progress:
  - In 2021, work began with a local specialist LD organisation to develop series of sexual health easy-read booklets for those with LD.
  - In April 2022, the same specialist LD organisation were commissioned to run a series of educational workshops, which will then be turned into videos to improve knowledge and experience of women from this community. A network of self-advocates with experience of LDs will help run the programme, and local services will support by providing their sexual health expertise. The workshops and videos will cover the following: Healthy relationships, Sexual health, Periods, Menopause, Hormones, Cervical screening and Breast and Bowel screenings.

Oxleas NHS Trust educational sessions for those with LD on sex and relationships in informal environments.

- The manager of a LD day centre in Southwark highlighted the success of a project led by Oxleas NHS Foundation Trust. This involved outreach education on sex and relationships in a fun, informal and social environment. This was hosted in local community venues such as pubs.

Reference

1. Suffolk: Supporting women with learning disabilities with sexual and reproductive health. *Local Government Association.* https://www.local.gov.uk/case-studies/suffolk-supporting-women-learning-disabilities-sexual-and-reproductive-health-0. Accessed on: 08 August 2023

Evidence from across the UK highlights effective approaches to improving health of those with LD

PEOPLE WITH LEARNING DISABILITIES: EXAMPLES OF GOOD PRACTICE (2 of 2)

Southern Health NHS Foundation Trust: Assertive Outreach Model for improving health outcomes for those with LD and mental health needs.[1]

- A community service in Buckinghamshire conducted an assertive outreach team (AOT) approach to improve health of adults with LD and mental health needs.
- An evaluation demonstrated the approach was effective in reducing hospital admissions and achieving good outcomes for people with LD who have mental health needs and who find engagement with services challenging.
- AOT model of intervention involves meaningful engagement, assertive follow-up, and delivery of appropriate support in the service user's home and/or community.

A 2020 UK systematic review mapped the evidence on access to primary and community healthcare services for adults with intellectual disabilities and identified influencing factors for gaining access and service models to improve access.[2] These principles could help inform future sexual health outreach services for those with LD.

- Influencing factors for health of those with LD include staff knowledge and skills, relationship with staff, joint working with other services, service delivery model. service uptake, appointment making, carer/support role, time, accessible information and communication.
- Important factors for adults with intellectual disabilities accessing health service included consistency of care/support, staff training, staff communication skills, staff time to communicate and provision of accessible information, joint working between different services and accurate record-keeping.
- Health checks were found to help identify health needs and improve the care of long-term conditions.

References

1. Douglass et al. 2013. Establsihing and evaluating an assertive outreach team. *Learning Disability Practice*, 16(9). https://doi.org/10.7748/ldp2013.11.16.9.30.e1482
2. Cantrell et al. 2020. Access to primary and community health-care services for people 16 years and over with intellectual disabilities: a mapping and targeted systematic review. *Health Services and Delivery Research*. 8 (5). https://doi.org/10.3310/hsdr08050

CONTENTS

Introduction

Background / Methods

Sex workers

Asylum seekers

Latin American migrants

People with learning disabilities

Summary & Recommendations

Access to sexual health services by vulnerable groups can be improved by addressing internal and external barriers

SUMMARY OF KEY THEMES

- There is a lack of local quantitative data on the sexual and reproductive health needs for most of the groups addressed in this needs assessment.
- Evidence indicates all groups included in this needs assessment have increased sexual health needs due to their vulnerabilities, especially related to gender-based violence.
- Stigma, distrust, low sexual health literacy, lack of flexibility of services, and digital and communication difficulties, including language barriers, act as barriers to accessing sexual and reproductive health services.
- Delivering services in familiar settings with peer advocates and community groups to bridge the gap between service users and health professionals will help overcome issues of stigma and distrust.
- Tailored education programmes specific to the needs of each group could improve sexual health literacy.
- Training of professionals in how to have conversations about sexual health and how to carry out risk assessments and STI screens will help identify service users with sexual and reproductive health needs sooner.
- Pathways for vulnerable service users in sexual health clinics will reduce external barriers to access.

Delivering outreach in familiar settings with community groups will address stigma and distrust

RECOMMENDATIONS FOR OUTREACH SERVICES (1 of 2)

Group	Issues	Recommendation
All	1. All the groups are at increased risk of gender-based violence. In addition, asylum seekers and sex workers find it traumatising to repeat their stories several times to multiple professionals.	1a. Health professionals should be trained in trauma-informed care and comprehensive safeguarding processes should be in place. Organisations that specialise in gender-based violence can help develop training in this area. 1b. Upskilling health professionals who most often work with vulnerable groups, for example the Health Inclusion Team, in sexual health will avoid the need for vulnerable groups to repeat their story several times.
Asylum seekers Latin American migrants Sex workers	2. There is a high incidence of HIV in some groups compared with the general population.	2a. Increase point of care testing for HIV in the community targeting populations who are at high risk and least likely to engage in mainstream services. Ensure that there are pathways in place to refer positive tests to services and follow-up to support with treatment compliance. 2b. Encourage GPs to routinely test everyone who is having blood tests, for HIV, as is done in A&E and some GP practices.
All	3. Some groups will fear being stigmatised if they access a sexual health clinic. Sex workers, fear being stigmatised if they disclose that they are sex workers.	3a. Delivering sexual health services alongside other health services, for example in GP services, in familiar settings could help reduce the stigma associated with sexual health. 3b. Use peer advocates, and community groups to deliver outreach services.
All	4. There is distrust of healthcare professionals and services and in migrant groups there is a lack of understanding of how the NHS works.	4a. Deliver outreach in familiar settings and use peer advocates and community groups to bridge the gap between the population and health professionals. 4b. Consider a make every contact count approach within the outreach service by assisting with GP registrations and signposting to other health and wellbeing services. 4c. Improve promotion of sexual health services emphasising that GP registration is not required to access sexual health clinics.

Targeted education and training for health professionals should be key parts of an outreach service

RECOMMENDATIONS FOR OUTREACH SERVICES (2 of 2)

Group	Issues	Recommendation
All	5. Low sexual and reproductive health literacy is reported by stakeholders working with these groups	5a. Deliver sexual and reproductive health education sessions in the community preferably by peers and community groups in collaboration with health professionals. The education could be delivered in a variety of formats; social events for people with LD, workshops, 1:1 conversations and written information. The content could be tailored to the needs of that group, for example, education around risk reduction (PrEP/PEP/Hep B vaccine) for sex workers, and target the whole community, for instance the parents and carers of people with LD.
All	6. Not all health professionals who work closely with vulnerable groups feel confident talking about sexual health. Those working in sexual health or GPs have variable knowledge on the health needs of vulnerable groups.	6a. Training of professionals who work with vulnerable groups to have conversations around sexual health as has been done in Portsmouth.[1] 6b. Training of health professionals who work with vulnerable groups to be able to carry out a risk assessment and basic STI screen. 6c. Training of sexual health professionals and GPs on the specific needs of certain vulnerable groups with the awareness that people may have multiple vulnerabilities. Have easy access to specialists in these area to consult with. For example, specialists in learning disabilities or migrant health.

Reference
1. Portsmouth – Creating a network of contraceptive champions. 17 March 2023. Available from: https://www.local.gov.uk/case-studies/portsmouth-creating-network-contraception-champions

Flexibility in how appointments are made, opening hours and longer appointment times will improve accessibility

RECOMMENDATIONS TO IMPROVE ACCESSIBILITY (1 of 3)

Group	Issues	Recommendation
Asylum seekers Latin American Migrants People with LD	7. Language is a significant barrier for those who do not speak English well.	7a. Expand the use of Language Line iPads. Encourage clinical staff to use video interpreters where appropriate. 7.b Investigate alternative translation provision for languages not available on language line, for example, Krio, and services which allow selection of female or male interpreters. 7c. Ensure translation is available throughout the care pathway, for example making appointments and receiving test results.
Latin American Migrants Sex workers	8. Difficulty accessing clinics due to opening times being limited to normal working hours.	8a. Expand clinic opening times to evenings and possibly weekends. 8b. Explore having some specialist clinics with extended opening hours, for example, for sex workers. (There is already a clinic for young people in Lambeth) 8c. Ensure that ethos of the clinic is clear that anyone is welcome at any time, not just to the specialist clinic.
All	9. Difficulty in making appointments online, long waiting times for walk-in clinics and short appointment slots make attending sexual health clinics a challenge for some groups	9a. Introduce flexibility in how appointments are made, reducing digital and language barriers wherever possible. 9b. For walk-in clinics identify vulnerable patients at the reception and develop a pathway to shorten their waiting time or follow-up if they leave before being seen by a clinician. 9c. Increase the capacity of clinics which offer longer appointment times for complex patients, those with learning disabilities and those requiring language line.

Encourage the use of key workers and peer advocates to support vulnerable people to access services

RECOMMENDATIONS TO IMPROVE ACCESSIBILITY (2 of 3)

Group	Issues	Recommendation
All	10. Sexual health services report that engagement of vulnerable groups is facilitated by key workers or peer advocates who attend appointments with them.	10a. Develop a "directory" of VCS organisations who can support service users to access sexual health services and follow-up to ensure compliance with treatment and follow-up appointments. Share the directory with relevant stakeholders and ensure VCS organisations whose services are used are adequately resourced. 10b. Introduce mechanisms whereby sexual health clinics and VCS organisations are aware of each others services and referral pathways, especially for specialist services, for example, assisting sex workers access wider support. 10c. Link in with Learning Disability Nurses in secondary care to support people with LD attending appointments. 10d. Welcome community support workers to attend appointments and advocate for their clients (with clients consent).
All	11. Sexual health clinic staff are limited by current commissioning arrangements and are unable to provide certain services to patients they have built a good relationship with.	11a. Explore possibility for expanding the offer in sexual health clinics for vulnerable groups through co-commissioning arrangements. For example, to provide hormonal IUS' for women over the age of 55 years (for menopause management) and cervical smears.

Review abortion referral system and the need for a specialist FGM clinic

RECOMMENDATIONS TO IMPROVE ACCESSIBILITY (3 of 3)

Group	Issues	Recommendation
Asylum seekers Latin American migrants	12. Accessing abortion clinics is difficult for someone who does not speak English well. Resulting in health professionals spending hours with patients assisting them, or women presenting for their abortion later due to difficulties accessing the service.	12a. Re-evaluate current self-referral system for abortion clinics allowing clinical staff to refer directly.
Asylum Seekers	13. FGM services are more difficult to access since the local service at GSTT ended.	13a. Review the need for a specialist FGM clinic in the area, as suggested in a recent JSNA on Female Genital Mutilation (FGM) in Southwark.[1]

Reference

1. Female Genital Mutilation (FGM) in Southwark. Health Needs Assessment. Southwark Council. London. 2023. Available from: https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/wider-determinants-of-health?chapter=2

Targeted education and training for health professionals should be key parts of an outreach service

RECOMMENDATIONS FOR IMPROVING DATA ACROSS THE SYSTEM

Group	Issues	Recommendation
All	14. There is a lack of data on the sexual health needs of many vulnerable groups.	14a. Increase the use of the "sex worker" code in sexual health clinics. 14b. Ensure sexual health clinics include ethnicity data in all patient notes (and ensure that Latin American is an option), except in instances where patients express that they do not wish to declare their ethnicity. 14c. Ensure Trusts understand the importance of collecting ethnicity data and are well-equipped to communicate this to patients. 14d. Add a code across all health data for people with learning disabilities and asylum seeker to be able to collect data on these groups and inform service provision. 14e. Provide templates and guidelines for data collection to VCS groups to standardise data collection on sexual and reproductive health indicators. This will allow data from multiple sources (NHS, Council and VCS) to be collated to demonstrate the needs of different populations. 14f. Explore possibilities to strengthen data sharing across organisations to improve understanding of important sexual and reproductive health indicators. 14g. Deepen engagement with target groups to better understand their needs.

Find out more at
southwark.gov.uk/JSNA

Southwark Public Health Division