

Health access for vulnerable homeless women in Lambeth

PILOT PROJECT REPORT

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Wider picture



Postcode lottery

Some areas have funding to work on creative ways to make health care accessible, others don't. Some places have services like Pause, others don't



Cuts to sexual health services

Nationally.
Locally, a Wandsworth Sexual Health service would go to Spire regularly but no longer since cuts



GP access

Many homeless women are not registered with a GP have difficulty in registering with a GP



Trends

Women who are homeless more likely:

- MH diagnosis
- Child in care
- DV/abuse history



Hidden homelessness

- Unwanted sexual relationship for accommodation
- Violence + abuse
- Services set up for men so women avoid

Lambeth



Inner London city borough with significant difference in life expectancy between most deprived and least deprived areas



One of the 20% most deprived district authorities in England



Rates of STIs worse than average



Spires Street Link Team estimate 200-250 street-based sex workers in Brixton Hill in last year

Purpose of pilot study

Already running weekly nurse clinic at Spires Day Centre but poorly attended by female service users

So...

- Scope what services are already in place for street-based sex-working women
- Trial different outreach approaches to a nurse working with this client group to increase access and engagement with health services
- Formalise partnership working with relevant agencies to provide low-threshold access to healthcare for this client group in Lambeth

Current services

Open Doors (East London)

- Street outreach at night offering hot drinks, snacks, clean needles, condoms etc. Give personal safety advice to clients. Give advice on how to register with GP.
- Offer to take them to Sexual Health clinic or satellite clinic at local drug & alcohol service to see designated nurse.
- Support clients to report incidents of abuse to Ugly Mugs campaign.
- ISVA to support clients through court cases of sexual violence.
- Support with social issues including applying for benefits.

Spires (South London)

- Street outreach (morning and night) – Welfare check, drinks, snacks, sanitary products, condoms etc.
- Tuesday evening drop-in service
- Friday morning drop-in service
- Allocated case worker
- Support with social issues including housing, benefits etc.

SASH

Tri-boroughs West London

Work with commercial sex workers

Outreach methods



01 Early morning street outreach

02 Late night street outreach

03 Evening drop-in service at Spires

04 Ad-hoc support to case workers

Findings

- Crude figures of no. of interactions during outreach shifts and no. of total women worked with
- Street outreach work valuable for building familiarity and rapport but low engagement during these hours
- Does not reflect other work involved
- Does not reflect cascade of actions/behaviours/outcomes that come from single interaction

Morning street outreach (over 5 months)	Night street outreach	Evening drop-in service	Ad-hoc support to You First + via LPG	Ad-hoc signposting to nurse from Spires Street Link Team
2.5 Average number on single shift	2 Average number on single shift	1	4	2

Findings

- Initial aim was to focus on street-based sex workers
- However, women facing multiple exclusion challenges not always/only sex work
- Health needs:
 - Uncontrolled chronic conditions (asthma, hypertension)
 - Injuries from physical assaults
 - Contraception
 - STI screening + treatment
 - Referrals to secondary care (breast Ca)
 - Linking in with specialist teams to improve engagement (HIV)
 - Mental health – grief, bereavement, DV, addiction, unhealthy coping strategies

None of these women
attended day centres

Even those in hostels
were not attending
the hostel clinic at the
time

None attended LHH at
the time

Lessons

- Being visible matters
- Specialist vs Generalist clinician
- Patient-centred care – meeting them where they are at / respecting choice. On their terms.
- Logistics/practicalities/risk management of outreach at these hours
- Numbers seen vs meaningful outcomes
- Partnership working
- Service specialism + fragmentation



Support network



Team Work



Recommendations

Literature recommends:

- Service designed by service users
- Women-only spaces
- Trauma-informed
- Multiple services at one site/one shop

But this would be setting up a whole new service

This pilot project recommends:

- Working flexibly with already established services
- Attending LPG and MARAC meetings in Lambeth to gather information from agencies working with this client group
- Gather service-user feedback to continually inform service design

Co-production

