

Working with sex workers: A guide for health professionals

Basis
sex work project

Basis
yorkshire





The red umbrella is a universal symbol for sex workers' rights

Basis Yorkshire Sex Work Project is a rights-based organisation providing safety, information, and support to sex working women in Leeds.

Basis Sex Work Project is part of Basis Yorkshire; who aim to end stigma, create safety and promote empowerment for women and young people.

Thank you to the funders for this project – Leeds Community Foundation and DCMS (Department for Digital, Culture, Media, and Sport).

This resource has been developed as part of a project focused on systems change in health, with the goal of improving access to and outcomes in health for women sex workers in Leeds. This resource is a strengths-based toolkit on best practice and opportunities for positive systems change, bringing together specialist knowledge and research, but most importantly centring the voices of sex workers.

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Why This Project?

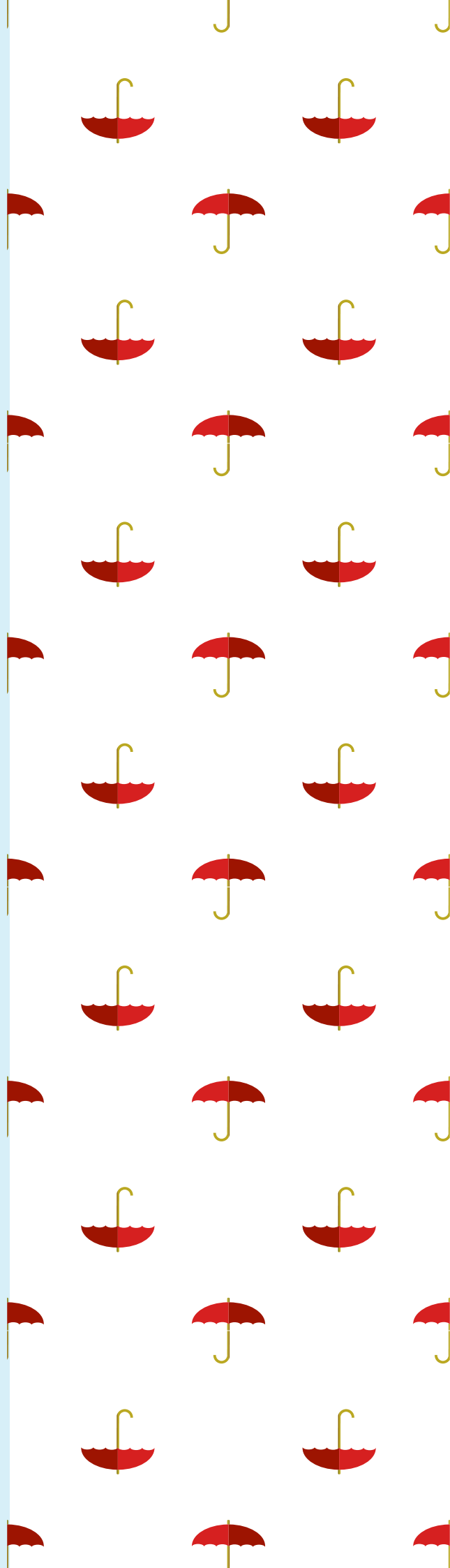
Leeds has a rich history of creative approaches to promote health equity, with a strong network of health and third sector bodies working together to address these at strategic, operational and practice-based levels.

Sex workers are one such group that experience stark inequalities in both access and outcomes in health and various initiatives have been undertaken over the past few years to address these at strategic, operational and practice-based levels.

Nonetheless, in order to effectively address health inequalities, further systems change will ensure that the root causes of these inequalities are also addressed, centring communities such as sex workers in the configuration of services from the start.

This will also make changes sustainable and effective for all sex workers. Moreover, using a 'health at the margins' approach, with the idea that when systems are built to work for the most marginalised, they will be broadly inclusive for all, thereby also supporting the inclusion of other marginalized communities.

This guide of recommendations and best practice has been developed to promote positive change in systems of relations to tackle the health inequalities faced by women sex workers.





Who Helped Put It Together?

First and foremost, the sex workers whose experiences and input are at the core of this project have been invaluable participants. A number of women* participated in focus sessions specifically for this project, who offered their insights into what they felt an effective health support system would look like for them based on a variety of health care experiences.

The project is also informed by women's experiences over the years that we have worked with them, which have pointed to a need for system change. The staff team at Basis have also had invaluable contributions of learnings from years of significant experience.

Basis is part of a Solidarity Network of Leeds-based organizations (Leeds GATE, LASSN, MESMAC, Basis) that work with particular groups often marginalized throughout society (Gypsy, Roma, and Traveller communities, refugees and asylum seekers, LGBTQIA+, sex workers), and this project builds on the systems change solidarity work the network has already undertaken.

The project would not have been possible without the strong partnership work with and input from the Communities of Interest action group, Forum Central and its essential work bringing together statutory health services with third sector organizations, Local Care Partnerships throughout the city, the AdvoNet group, Leeds Sexual Health, and a number of wonderful individuals from these organizations and more.

*Ten women with a diversity of experiences and identities took part in 35 in-depth health inclusion sessions, including 16 paid focus sessions with the Participation and Inclusion Worker.

Outcomes We Hope For

This guide is relevant to professionals working throughout the health sector. We hope that through its distribution, this can influence change on multiple levels of health systems, from micro-level procedures and transactions, to wider structures, to overarching frameworks and understandings. In particular, we hope that this can play a role in breaking down the stigma which is so detrimental to sex workers' ability to access sufficient health care.

We hope for this to be part of a wider shift throughout health services to more trauma-informed, gender-informed, inclusive and equitable practice which will benefit not only sex workers but a variety of marginalized communities.

Some recommendations may not be achievable overnight or within the scope of one practitioner or practice; they have still been included to offer a wider vision for improvement that could allow for system change in the medium to longer term.

Several practical barriers to access are also identified which could be eliminated as a simple yet positive outcome. Whether you are at strategic or operational level, we hope you will find this a useful guide to ensuring health care is inclusive and accessible to sex workers and effective in improving health outcomes for all.



About the Structure of This Guide

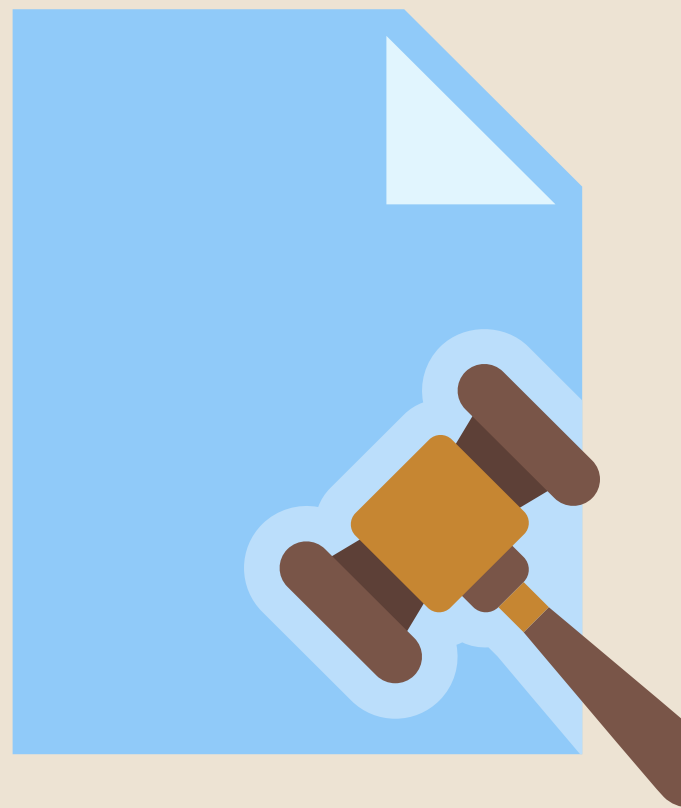
While acknowledging the existence of good practice and a willingness to change and address inequalities in the health care sector, too often this is not yet systemically or operationally embedded. This toolkit sets out recommendations for good practice based on consultations with practitioners and women sex workers.

The (changes, practices, opportunities for change, best practice,) discussed in this toolkit are structured by three 'levels' of change:

- Framework: these are the 'stories' we as a society construct; the narrative frameworks that shape our understanding of the world and in turn shape how relations unfold, systems are built, and interactions unfold; Paradigm change.
- Systemic: broad-based systemic change addressing root causes; larger systems of relations, policies, structures.
- Practical: specific, practical, change on the level of individual transactions/interactions/procedures.

Each section will address specific recommendations as expressed by the women and staff involved in the project.

The recommendations and principles in this guide are intended to help your service work more effectively with sex workers, but many of these are generally best practice strategies for working with individuals who experience structural marginalization and exclusion .

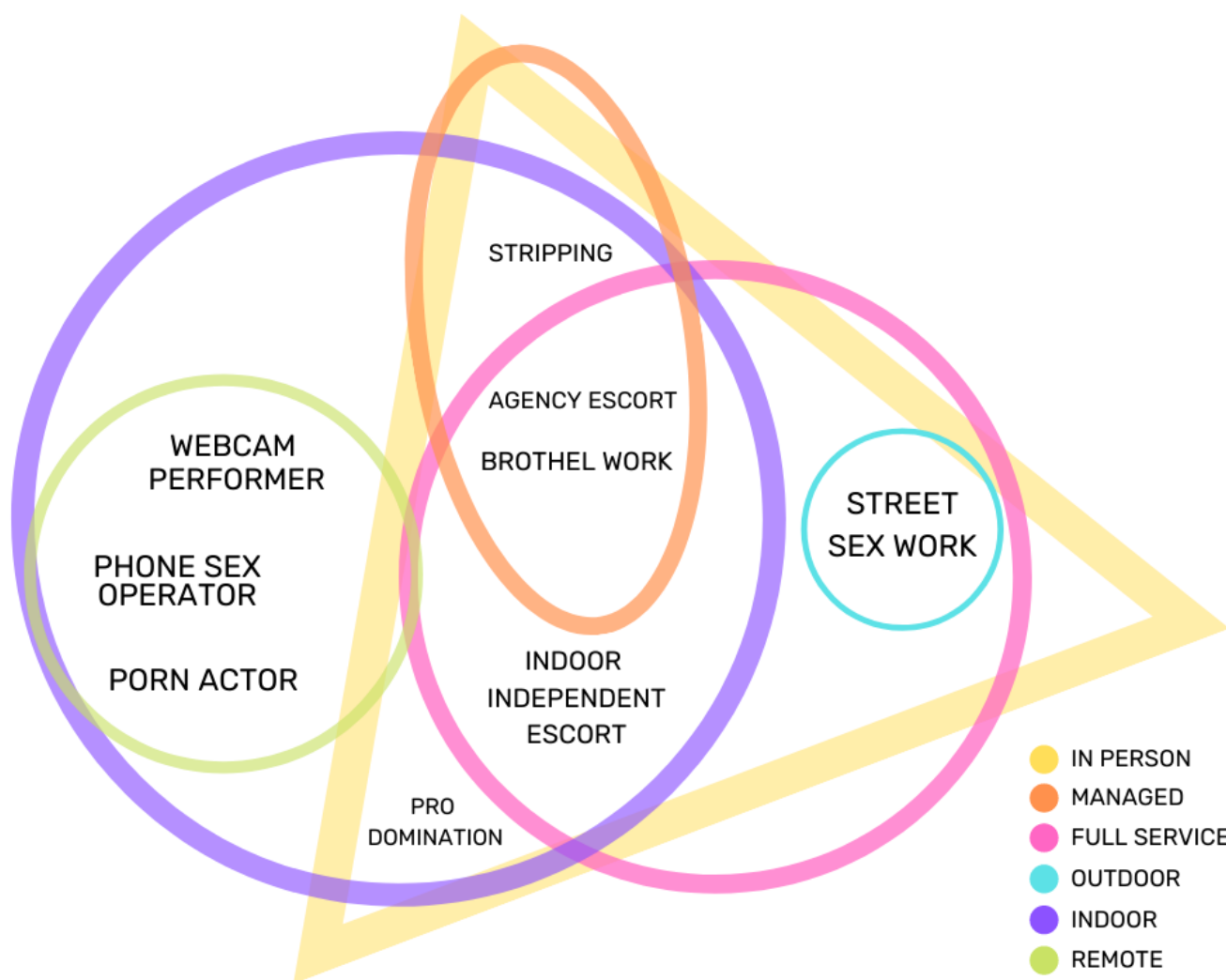


Background on Sex Work in Leeds

Before we start, we've included some quick basics on sex work. This is not intended to be comprehensive and in fact may not be overly clear, because it's impossible to generalize sex workers.

Sectors

The sex industry is highly varied; there is substantial overlap and blurred lines between the 'sectors' of the industry.



This diagram is an oversimplified representation just to show that there a lot of ways to think about various 'sectors' of sex work

Demographics

Sex workers themselves are diverse as workers in any other job. There is no archetypal sex worker, so there is no way of knowing if there are sex workers accessing your health service if you have not directly asked and/or been told.

Criminalization

Buying and selling sex is legal in the UK. However, many related activities, such as multiple sex workers working from the same premise (classed as brothel-keeping regardless of management), soliciting in public places, kerb-crawling, and inciting or controlling prostitution for gain.^[1]

Leeds context

The Managed Approach is a city-wide, inter-agency approach to managing the sex industry and sex work. It involves support services, community safety, police, sex workers themselves, and other partners, and it represents a shift away from enforcement-led approaches to sex work in order to improve workers' safety.

Reasons for sex working

Most people engage in sex work to earn a living. (People do most jobs to earn a living!) Sex work is work, and all work exists on a spectrum: choice, circumstance, coercion. On one end, sex workers who choose to make a career in sex work out of many viable options. On the other end, people who are trafficked or forced to sell sex against their will. Most people fall somewhere in the middle: they sex work because it is the best out of limited options, or a means to an end. Regardless of the reason someone does sex work, they deserve rights, access to services, and to have all their basic needs met. It's also important to recognize that while sex work is work, sex work isn't necessarily 'just like' any other work -- the stigma associated with it creates particular risks and barriers, which the next section discusses briefly.

Intersecting risks and complexities

Sex workers often experience a disproportionate risk of violence (physical, sexual, structural) and other harm as a direct result of criminalization and stigma (see page 13). Sex workers may exist at the intersection of multiple forms of structural violence and marginalization, such as transmisogyny, racism, and poverty/austerity, all of which are intrinsically linked to social determinants of health.

^[1] See Sexual Offences Act 1956, Sexual Offences Act 2003, and Policing and Crime Act 2009

An abstract network diagram consisting of blue lines connecting red circular nodes. The nodes are arranged in a non-uniform pattern, with some having multiple connections and others being isolated. The lines are a muted blue, and the nodes are a reddish-brown color.

FRAMEWORKS

This section discusses the ‘frameworks’ we all use to understand the world, and their impact on every level of health provision, informing daily interactions as well as structures and institutions.

It provides recommendations for paradigm shifts, such as destigmatization and rights-based, person-centred values, that will lead to effective health provision for sex workers, and suggestions for implementing these values throughout health care.

Based on women’s input and experiences, these are the frameworks that we recommend are in place:

A health system based on values and principles to create an environment that facilitates improved health outcomes for sex workers including the following:

Harm reduction

Focus on minimizing harm for any circumstances/behaviours, without considering morality, whether the behaviour is 'right' or wrong'

Non-judgemental

Avoiding assumptions, assigning morality, and projecting personal opinions or preferences.

Compassionate

Treating every patient with compassion – regardless of their circumstances, behaviour, background, etc (e.g. regarding sex work and drug use)

“When I went to A&E...I feel like they treated me differently because I was a sex worker. [I was really] really scared... I think they should be more compassionate. They treated me like I'd just got off my head for the fun of it. Surely if you are caring, you don't judge why they got to where they are”



Person-centred

Focus on the person and their individual needs and assets, rather than focus on criteria and protocol

Asset-based

Approach to service provision with an emphasis on the strengths and assets of every person, rather than their deficits.

Rights-based

Approach to service provision built around the fundamental rights of every person, with fairness, equality, dignity, autonomy, and respect at the core.[2]

Ensuring that sex workers are afforded all the rights of every NHS patient.

- For example: In accordance with NHS patient rights to non-discrimination, any assessment and treatment offered should be made based on the needs the same as all other patients should receive including preventative care and treatment. ". [3]
- Sex workers are also afforded the NHS patient right to be at the centre of one's own care, to manage one's own health, and receive services aligning with one's own needs and preferences.

Trauma-informed

- Understanding that trauma is experienced differently and manifests differently in every person.
 - Trauma responses are often misinterpreted as 'problem behaviour' or fall under exclusion criteria. Trauma-informed means meeting needs and promoting emotional safety and stability, rather than focusing on the presenting behaviours
 - Avoiding retraumatization (e.g. by requiring the person to repeatedly re-tell their trauma)
 - Create an environment that is safe (psychologically, physically, socially, culturally), stable, and trusting.
 - Promoting empowerment, agency, and choice. Support the patient to make choices and exercise control over their own lives.
-

[2] Human Rights Act 1998

[3] NHS Patient rights charter

Framework for Actively Challenging Stigma:

First, understand how stigma impacts on sex workers' health:

- Stigma is a significant barrier for sex workers to accessing health care and positive health outcomes. Stigmatization permeates the understandings and worldviews that shape actions, relations, and systems. Actively challenging stigma within and around you and in your practice can have a substantial impact on making health care more equitable and inclusive to sex workers.
- "Criminalisation and stigma are associated with significant mental health problems; they make workers vulnerable to violence; they foster misinformation about the industry and workers' health needs; and they also make contact with health professionals difficult.' [4]


So, stigma, discrimination, and criminalization negatively impact on sex workers' health outcomes in two ways: they impact on the social determinants of health for sex workers, and they impact on the accessibility and quality of health care received by sex workers.



[4] Day, S. E. (2007). "British policy makes sex workers vulnerable." BMJ 334 no. 187 (2007).

Challenging Stigma in Practice

How you can challenge stigma and secure better healthcare for sex workers:



"An emphasis on confidentiality and building a trusting relationship."

Positive, rights-affirming patient interactions and building trusting relationships are prioritized as much as medical expertise.

When discussing something that's highly stigmatized, such as sex work, it's helpful to ask open-ended, un-assuming questions.

"not intrusive questions that aren't relevant to health care – but rather opening a conversation"

Every patient can access a trusting environment where they feel safe to talk about sex work without judgment, if they choose to. Service users recognize that it's important to feel comfortable disclosing sex work if they want to, because there are many associated health risks and needs. But a majority of the sex workers we spoke with don't disclose their work to health professionals, as a result of previous poor treatment and discrimination in various services.

It's also completely valid for a sex worker not to disclose their work to a health professional if they don't wish to; it might not be relevant to their health needs.

A harm reduction and risk minimization approach

Support women to take care of health needs, unconditionally. Health risks associated with sex work are largely a result of stigma, criminalization, and gender-based violence – they are not the woman's fault.

How?

One woman said she would like all health professionals to be “informed and breaking down stereotypes and stigma”, and have a good understanding of complex social issues that overlap/interact/intersect with sex work (e.g. trauma, migration, power, mental health, poverty and austerity, socioeconomic inequality...)

Through effective, non-stigmatizing responses to disclosure of sex work

Appropriate response to patients who disclose that they do sex work – not shocked or judgmental. Ask relevant, appropriate questions focused on health and support needs and harm reduction

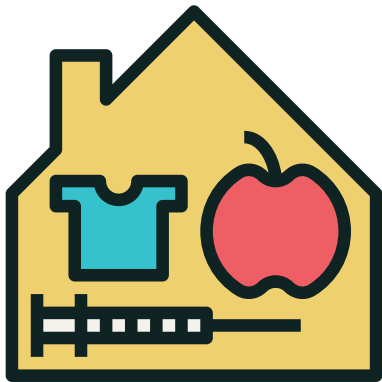
“Check in and see if they're okay where they are – check if they need help and support. Don't be shocked, don't make an issue [about it]...someone said I didn't look like a sex worker... [Sex work] isn't like any other job – acknowledge that”

“There's a stereotype that you do sex work if you don't value your health. That's not true. There's risk in everything, I protect myself the most I can.”

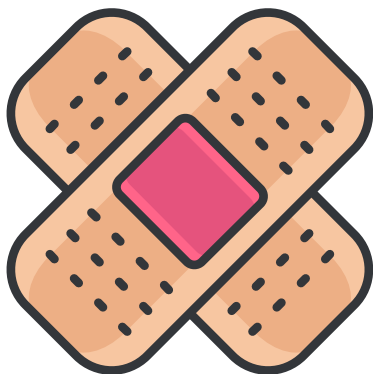
Where present, unconscious bias around race, nationality, and migration status of sex workers is actively challenged.

Challenging Stigma Towards Sex Workers with Addiction

Where present, unconscious bias and/or judgment against sex workers with addictions or who use drugs is actively challenged by:



Looking past drug use to see the whole person and the holistic underlying needs. Understanding that addiction is often part of a much bigger picture.



Drug use can be a coping response for trauma, mental health issues, and more. Rather than treating the 'symptom', the patient is provided with trauma-informed, mental health-aware support to address their fundamental needs



Health support is unconditional: provision of care and addressing ALL health needs regardless of whether or not the person uses drugs.

Understanding “Non-Engagement”

De-stigmatising sex work within healthcare involves persistence, never giving up on someone, and understanding “non-engagement” :

It may take someone a long time to engage with health services, particularly if they have been let down or treated poorly in the past. Keep trying, don't give up on people. Labelling someone 'unmotivated', 'fails to engage', or 'hard to reach' can be stigmatizing – it places the blame on them, instead of trying to find out what the reason may be for their not being able to engage.

Often people are the most 'difficult to engage' when they're most in need of support. But at the same time, avoid pressuring someone into a service they don't want or aren't ready for. Respect their choices and their right to engage or not to engage with any particular service.

Offer support at multiple opportunities.



Listen to 'Least heard voices' the Hardest

We recommend taking an approach focused on 'Health at the margins' and 'minority wisdom' including:

Integrated, inclusive commissioning, with 'least heard voices' and most marginalized communities centred and prioritized, from the start.[5]

When systems are built for those most often excluded from them, the systems tend to be equitable and inclusive to a much broader set of people.

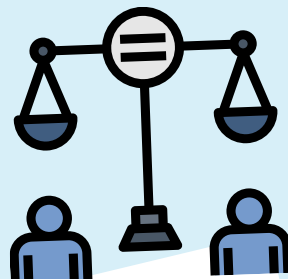
Implementing this framework throughout health practice, for example prioritizing sex working women's needs in health, will make services that are better not just for sex workers but for everyone.



A holistic approach to sex workers' health

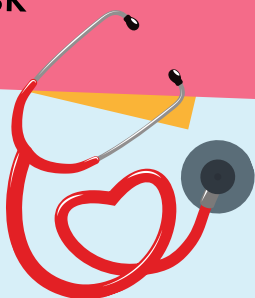


Sex workers are whole, complex people with holistic health needs -- like every person! Their health needs aren't limited to sexual and reproductive health or substance use.



Recognizing that not all health needs boil down to drug use or sex work. Focus on supporting holistic health needs with affirmative, health-creating behaviour – just as you would for a non sex worker experiencing the same health issues.

Sex workers' lives and care should be inherently valued; engagement should not be restricted to the perceived "public health risk"





SYSTEMIC CHANGE

This section discusses the recommendations for change in health care structures and wider systems of relations that shape health provision.

These are changes that cannot happen overnight, or by individual practitioners; they require structural changes to address root causes of health inequalities in access and outcomes for sex working women.

Based on women's input and experiences, we recommend the following:

Prioritization of improved integration of care across primary and secondary care, mental health and physical health

Mental health and physical health are closely linked, it's therefore important that this care is integrated and concurrent. Poor mental health can be a significant barrier in accessing physical health services, and vice versa.

Prioritize improvement/expansion of mental health services, including both crisis services and long-term mental wellbeing, and incorporating mental health support into primary care. This in turn would save resources on A&E and other primary care services, allowing health systems to work more effectively and smoothly together.

Build integrated health systems to reduce 'cliff edge' of care and facilitate transitions between primary and secondary health care.

"The attitude that 'physical health is the priority, mental health can wait' is infuriating."



Improved coordination and comprehensive care planning

- Providing an environment that facilitates the patient staying through the full course of treatment. By ensuring comprehensive supports are in place, premature discharge from hospital can be avoided. For example, in several instances sex workers have been discharged from hospital before medically advisable either via self-discharge or by being discharged for 'behavioural issues' (which were often not recognized as trauma responses). It's important to ensure all the patient's needs are being met while in hospital -- consider the effects of social isolation, retraumatisation, the impact of addiction and withdrawal, and careful consideration of pain management.
- Effective channels for coordination of care among the health and social care professionals supporting an individual including information sharing and engaging with third sector agencies.




'Using good communication between the health and care and other services supporting someone around their holistic health needs, so that people's needs don't slip through the cracks.'

Consistency is sought wherever possible in the professionals involved in an individual's care and treatment.

Frequent 'handovers' between professionals are limited, in order to provide continuity, stability, and consistency.

Referral processes are smooth and efficient, so that sex workers are able to access essential specialized services.

An illustration of two women standing and talking. The woman on the left has long blonde hair and is wearing a dark blue sleeveless top and a blue skirt. The woman on the right has dark hair and is wearing a light blue tank top and blue pants. They are both gesturing with their hands as if in conversation. Two large, light orange speech bubbles are positioned around them, containing text. The background is a solid light blue.

"This is the main issue you have with support agencies, you get to know someone, they know everything about you, and then they swap you for someone else and then you have to do it all again"

"Worst thing was that they were strangers, with no bond and connection – I need consistency with who I see. The passing on is hard... consistency is key [in what workers I see]"

‘The service is fitted to the person, rather than the person fitted to the service’

Criteria for accessing services can be (unintentionally) exclusionary thereby excluding those who may have greatest need for the service (i.e. substance use as an exclusion criterion for mental health support), or that punish trauma responses.

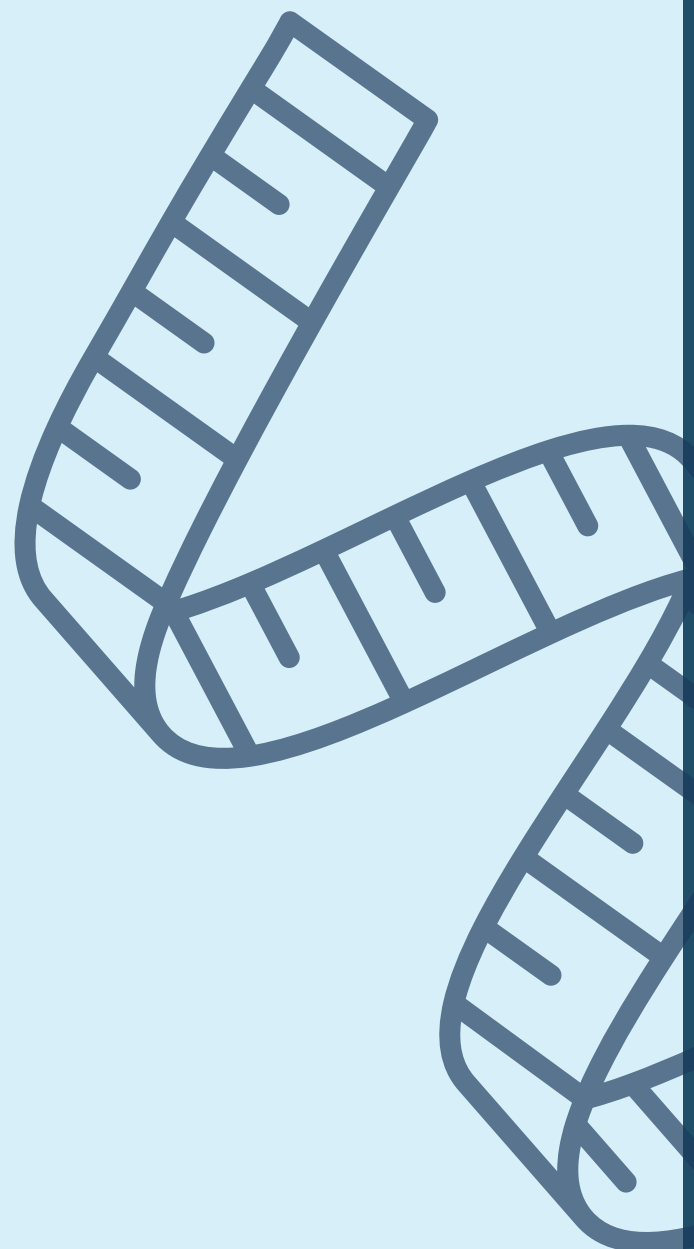
Health systems that facilitate people accessing services before the crisis point.

Previous stigmatization and traumatizing experiences with non-crisis health and other services have resulted in many women only seeking/accessing health care at the crisis point. Health inclusion initiatives to decrease health inequalities among socially excluded groups, including sex workers, can improve primary care access and save resources on emergency services.

Creative and expansive outreach

Service users and health professionals advocated increased outreach for health services including creative,

unconventional methods for engagement and working in partnership with 3rd sector specialist organisations, outside the medical environment in outreach-focused health care roles.





Alternative Access Routes to Health Care

Alternative methods (or 'bridges') are installed to facilitate sex workers' access to health services. [7]

While the ultimate goal is to build 'mainstream' health systems that work for everybody and free from barriers, these alternative/specialist routes can allow sex workers to overcome particular barriers to access in the short term. It's also important to recognize the community-led solutions such as mutual aid efforts.

The following points are a few key alternative routes that some sex workers we spoke to have used and recommended for accessing health care.

[7] For more, see Leeds GATE's "Roads, Bridges, and Tunnels" framework on various ways of accessing services. www.leedsgate.co.uk/roads-bridges-and-tunnel

Specialist Services

Women expressed overall positive views on specialist services. Many sex workers consider the role of specialist services invaluable and continue to access these after 'exiting' because the service may have a better understanding of their particular holistic needs. Notwithstanding the above, while specialist services have a very valuable role, it's also important to consider how the needs of a particular population may not getting met by 'general' health services and why, and how all health services can work better for particular communities like sex workers.

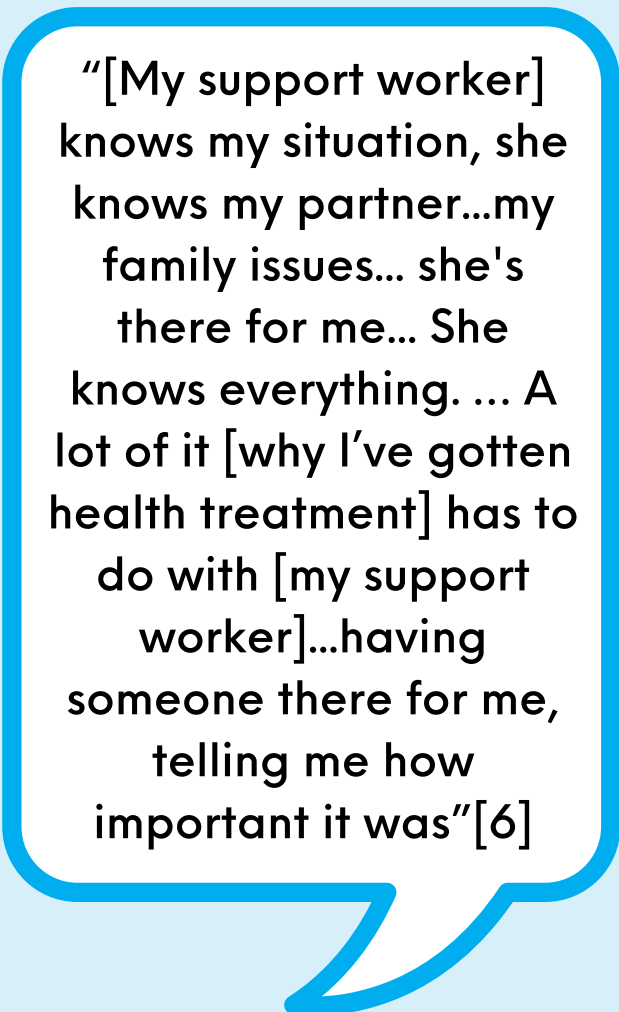
Key Worker

A trusted key worker can be a very important relationship. A key worker provides a combination of practical and emotional support for addressing health needs and a positive relationship can have a significant influence on positive health outcomes.

Where simple signposting is not effective, a key worker can help the individual to navigate complex systems. However, sex workers deserve the same quality of care regardless of whether they have support workers and 'advocates' or not.

Attending appointments with a support worker is really helpful, it gives confidence, having an advocate present.

Staff and service users both discussed some 'bridges' they'd like to see built to enable sex workers accessing services. The following are a few ideas that they have visualized for what new systems could look like.



"[My support worker] knows my situation, she knows my partner...my family issues... she's there for me... She knows everything. ... A lot of it [why I've gotten health treatment] has to do with [my support worker]...having someone there for me, telling me how important it was"[6]

[6] See Basis Yorkshire Health Advocacy Project Evaluation <https://basisyorkshire.org.uk/wp-content/uploads/2019/06/FINAL-Evaluation-Basis-Health-Advocacy-2016-v1.0.pdf>

Red Umbrella Card

Leeds Sexual Health currently operates a 'red umbrella card' system, whereby sex workers are able to access fast-tracked/flexible and specialized sexual health services for their particular needs. This scheme has improved access to this service for sex workers facing multiple disadvantages [8], and a similar system could potentially be expanded to other health services (and to other communities of interest).

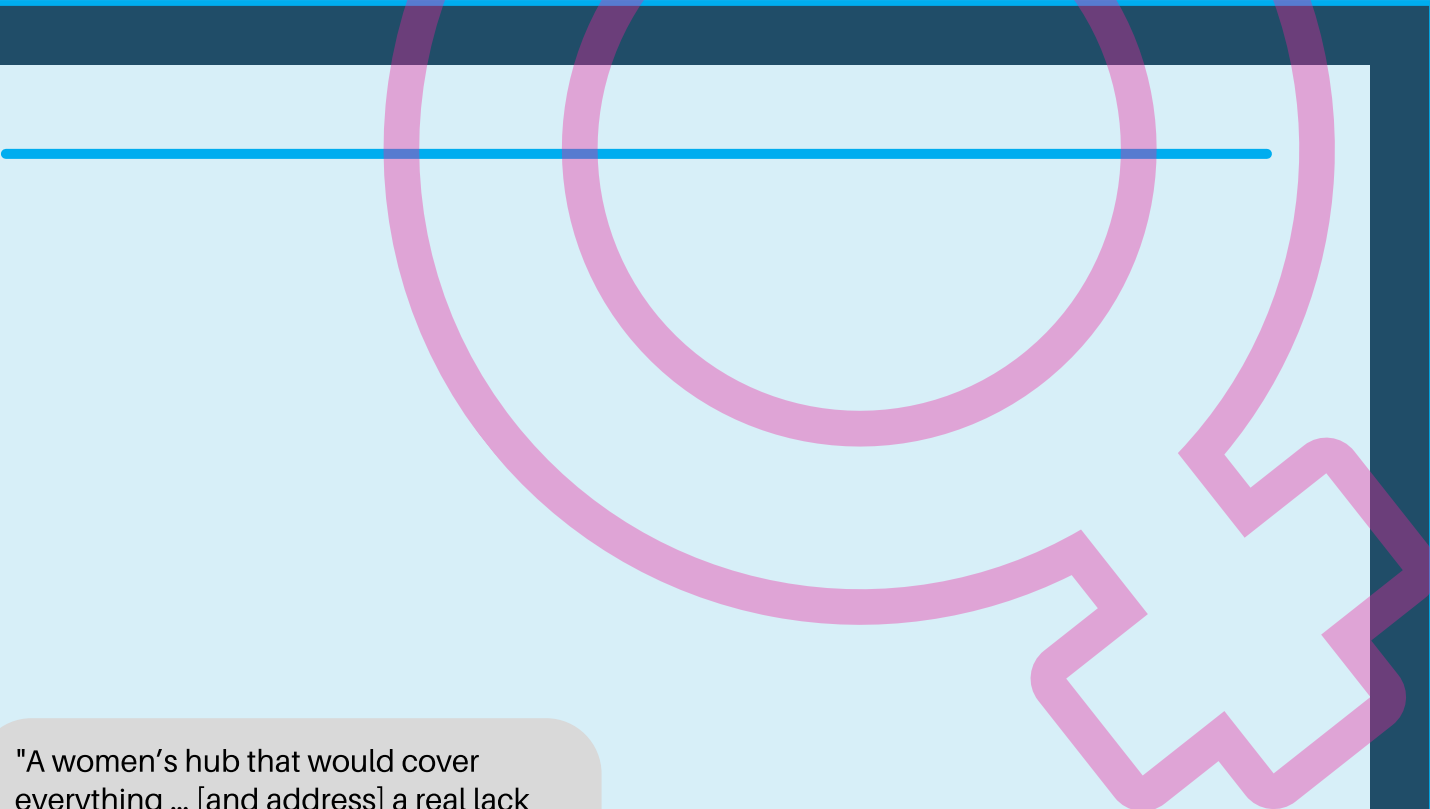
Several professionals raised the idea of implementing a sort of flagging system (eg. in a patient database) in settings such as A&E or a GP whereby individuals who require intensive support could have easier access routes and greater flexibility in the service.

This could be anything from decreased wait time, not penalizing missed appointments, easier booking, specialized service, support worker and more.

When designing such a system, it's important that this would be focused on removing barriers rather than further marginalizing/stigmatizing the person.



[8] See, for example, Yorkshire and the Humber Sector-led improvement conference brochure <https://www.yhphnetwork.co.uk/media/1599/yorkshire-and-humber-sli-conference-brochure-2018.pdf>



"A women's hub that would cover everything ... [and address] a real lack of community support ... everything in the same place"

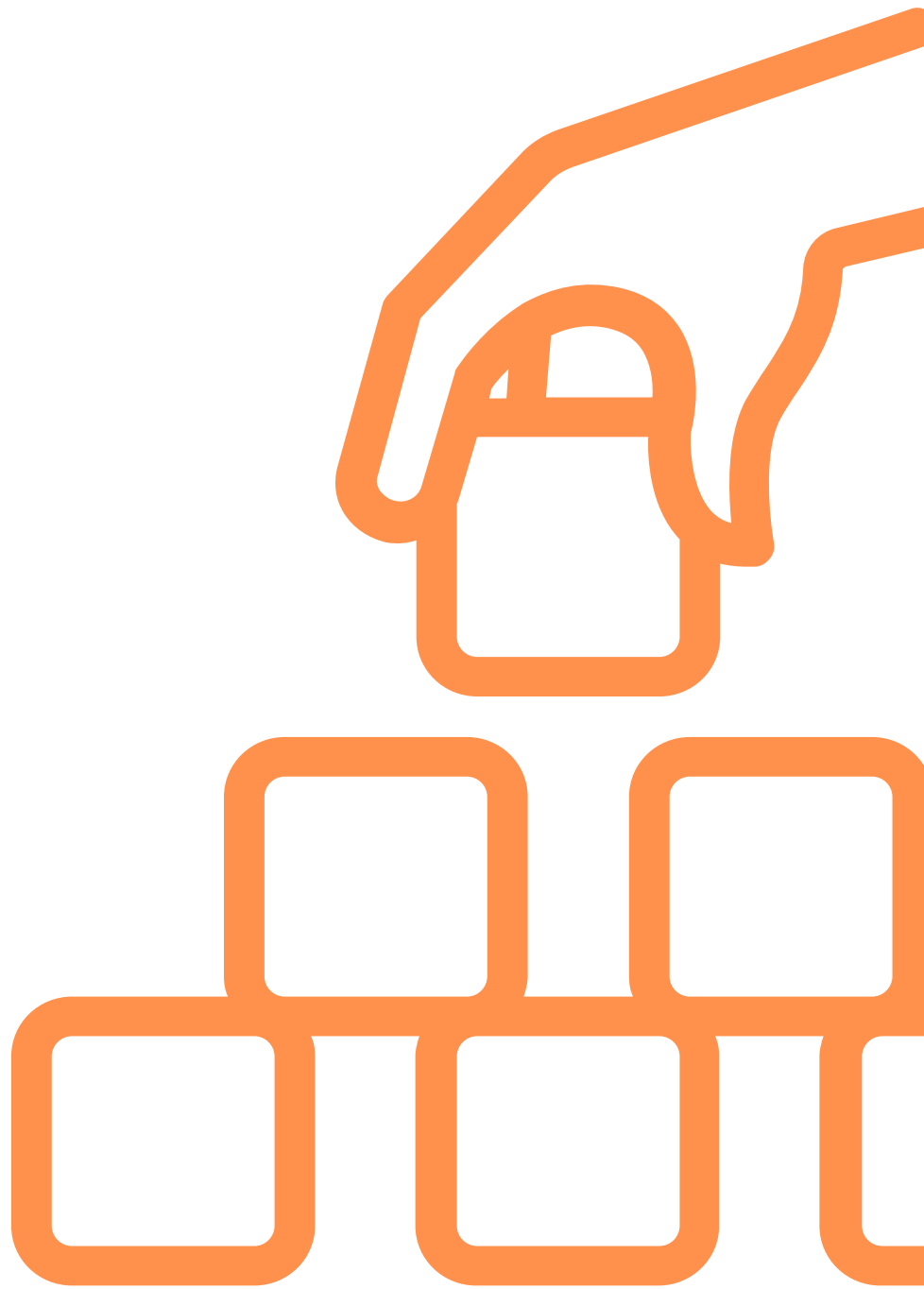
At the hub "you could get: advice, support, access to whole range of agencies and services, holistic approach to my health and wellbeing needs, energy advice, money advice, housing advice, emergency food supplies, contraception... Know that you can get referred and do application forms in one place... [Each service] would have its own allocated areas"

"With an independent advisory board made up of service users and outside volunteers, all representative"

Idea: Womens' Hub



All of the women we spoke to remarked on the benefit of having a 'hub' where they could access a wide range of support services in the same place. It would be a welcoming, safe, non-judgemental, trauma-informed and accessible environment, incorporating everything from sex worker support service, sexual health, GP, DV services, mental health, drug service, and workshops/support groups/etc, all in a one stop shop.



PRACTICAL

This section discusses the practical, 'transactional' or individual interaction-level recommendations for health professionals on working with women sex workers.

These are changes that can be implemented by every healthcare staff member immediately, working within the existing systems to improve access and outcomes. The following is therefore recommended:

ALL HEALTH PROFESSIONALS ARE TRAINED IN:



Trauma-informed, gender-informed, strength-based approaches



Recognising internalized bias including racism



Understand how to offer trans-inclusive health care



Working with sex working patients



An offer of choice, wherever possible, in health professionals.

Many women expressed the desire to have greater choice in their health professionals, including the ability to keep the same practitioner or change if desired, and the ability to request a provider of their same gender or race. Patients have a right to request a woman practitioner, and if this isn't possible, to get a woman chaperone in the appointment – honour this right.

"I want to see a very diverse workplace – where anyone from receptionists to doctors, assistants, directors, board of directors, would be diverse, of all races and genders, representative of the local area"

"I would prefer to be able to see the same doctor/nurse/professional every time, who knows my background and has a relationship with me"

"Change can be scary"



It can be difficult for individuals with multiple support needs to navigate and adhere to rigid procedures in booking and attending appointments. Penalizing someone for lateness or absence – which is often a result of mental health issues – further excludes them from health systems and in turn worsens health outcomes.

Barriers such as 'three strikes' policies, which often exclude those most in need of support, are relaxed.

All staff, particularly 'front of house' staff in the GP, should be trained on patient rights in registering with a practice (ensuring no patients are refused based on lack of proof of identity, address, immigration status, or NHS number) and recognise this as an issue of concern and potential need of greater support as well as acknowledging this as a significant barrier to accessing care. [10]

[10] There is no regulatory requirement that the patient needs these to register, and there is no contractual requirement for GPs to request this. Unless the commissioner has allowed the practice to close to all new patients, or if the patient lives outside the practice area, the patient must be registered on application. Even if the patient has no proof of address, is homeless, has no fixed abode, if they say they live in the catchment area, they can register. (per Patient Registration Standard Operating Procedures for Primary Medical Care, November 2015).

[11] Groundswell produced these 'My right to healthcare' cards to improve access to GPs. See <https://groundswell.org.uk/what-we-do/resources/healthcare-cards/>



LANGUAGE

Inclusive and accessible language

Use of non-judgemental/assumptive language and questions; using open-ended questions, focusing on health and harm risks and needs
Remove language barriers: interpreters are available free of charge

Trans inclusive procedures and language

Trans sex workers are among the most marginalized among the sex worker community; they risk being excluded from health services based on professionals' lack of understanding of their rights to register using their chosen name and access services.

Use their correct name, gender marker, title, and pronouns – even if they do not have an updated birth certificate or Gender Recognition Certificate to reflect that.

Physical environment that facilitates inclusive health

A discrete reception environment that allows patients to feel safe discussing their health needs

- Every sex worker we talked to in focus groups said they wanted more discrete reception areas, such as private booths, in order to more comfortably/safely communicate sensitive health issues and personal information with a bit of privacy.

Opportunities for health care provision in non clinical environments

- Clients appreciated opportunities to receive medical care in a non clinical environment, such as the Bevan health bus and the Basis office.

Informing patients of policies, procedures, and rights

1. Patient rights including feedback and complaints procedure are clear and practicable

Facilitate feedback processes and encourage patients to give feedback. For example, one woman suggested providing a suggestion box which could allow for an easy way to give anonymous feedback for anyone who might not be comfortable doing so face-to-face.

In focus sessions, women emphasized the desire to be more informed about healthcare rights and processes – this can be a source of empowerment and taking control of one's own care and treatment.

"Friendly, diverse receptionists... more discreet, like a private booth, where you can talk about things you feel embarrassed about"

"A lot of people get put off going to the GP because it feels too clinical...it's unwelcoming"

"Patient rights should be accessible and clear – you should get a briefing on what you should be able to expect in terms of treatment, a 'know your rights' kind of thing... In healthcare, you feel powerless because they [health care staff] hold all the knowledge and you don't know much... So you feel like you can't complain"

Transparency and clarity about confidentiality and information sharing rights and policies (including explanation of implied consent embedded in NHS policies)

A key barrier in health services that sex workers expressed was concerns around confidentiality and information-sharing among various services. (particular worries around being turned in to the police, and/or losing parental rights)

In focus groups, several women discussed their fear of accessing any statutory services connected to government, and in particular disclosing anything that could be used against them

Provide transparency for the patient around what information will be shared, with whom, and why; what will be recorded in notes; and what the right to confidentiality means in practice. Provide clarity around the procedure required for a patient to object to information sharing between care providers. Be clear about safeguarding procedures and when confidentiality may be broken.

Several sex workers expressed that it would be helpful at the beginning of an appointment for their health care provider to let them know what the provider knows about them; this would facilitate an appointment, allowing them to know how much they need to explain or where to start.

Facilitate accessible ways for a patient to access their own medical records.

"It feels like a trap... going to come back to bite you...don't like saying things to doctors...too much surveillance"

"Until recently that I didn't want to tell my doctor anything cos you don't want to get in trouble...I thought [doctors] would out you"

"Sometimes I walk into a room into a room and I don't know where to start...it would be so helpful for health professional to let me know how much they know"

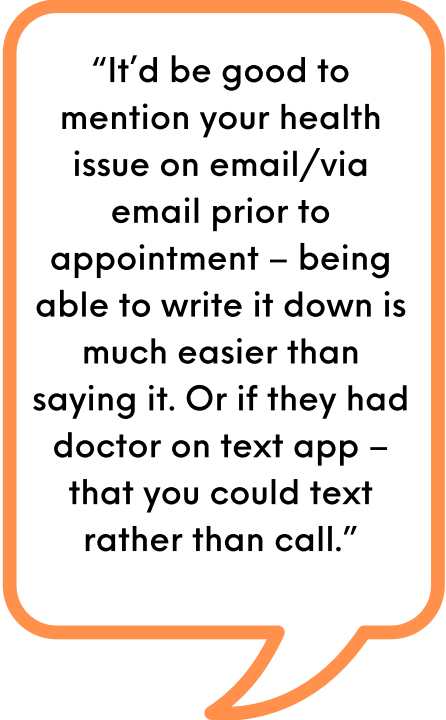
Offering a variety of contact options where possible and clearly communicating these:

Many of our clients mentioned text-based booking and appointments, to write out their concerns beforehand or consult with the doctor via texting service. This can be beneficial if someone is in a situation where they can't speak freely over the phone; or for anyone who is more comfortable writing things down rather than speaking about it.

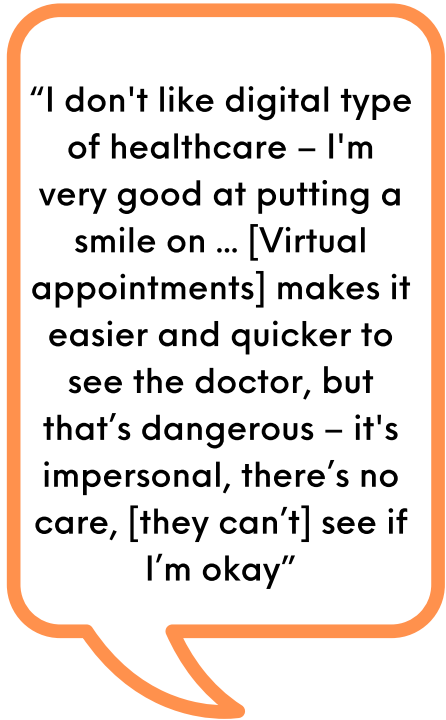
In person appointments also available where possible. Digital/remote appointments aren't ideal for everyone, in-person allows for a more genuine interaction.

Digital exclusion issues are acknowledged and addressed. Although services are increasingly relying on remote provision, not everyone can access services digitally, and marginalized communities in particular face disproportionate digital exclusion. Digital services may also unintentionally exclude support services attending with the patient.

The patient is presented with options and asked what contact options are available and accessible to them.



"It'd be good to mention your health issue on email/via email prior to appointment – being able to write it down is much easier than saying it. Or if they had doctor on text app – that you could text rather than call."



"I don't like digital type of healthcare – I'm very good at putting a smile on ... [Virtual appointments] makes it easier and quicker to see the doctor, but that's dangerous – it's impersonal, there's no care, [they can't] see if I'm okay"

Parting Words

We have recommended all of these guidelines to be in place in order for health systems to be equitable, accessible, and inclusive for sex working women. This is not exhaustive, nor will every point be relevant to all professionals and parts of the health system.

Health inclusion is a core value throughout the NHS and third sector, and we hope that this document will provide useful guidance in tackling health inequalities for this population.

Finally, we'd like to thank again the amazing women who've shared their ideas and experiences as sex workers accessing the health system. We hope we've done justice to their ideas here.

Thank you as well to all of the professionals throughout the health and third sector who have contributed their invaluable input.



with thanks to

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