# **Barriers to HIV health inclusion for sex workers in London**

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# **Background**



 This peer-led research details the experience of sex workers (Swers) in London when accessing HIV support from sexual health services (SHS)

#### Aims:

- improve understandings of common barriers
- formulate recommendations for practitioners.

Research included in this presentation was developed through funding from UKHSA via a UCLH commission and does not necessarily reflect the views of UKHSA or UCLH.

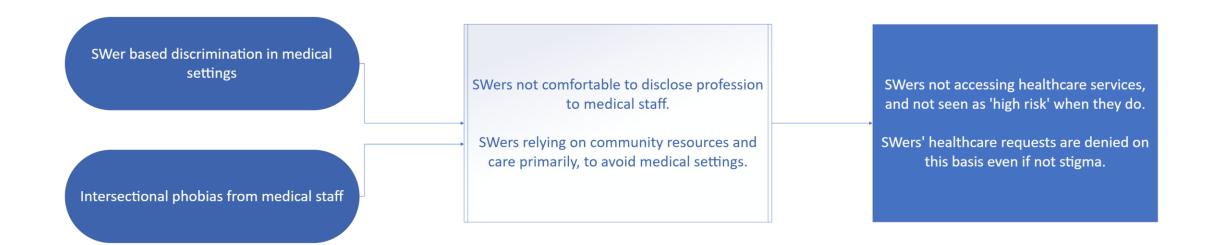


# Methodology

- Interviews with lived experience staff from within Spectra
- CPG design, delivery and write up coproduced with a team of researchers who had personal experience of in-person sex work.
- Two community participation groups (CPGs) with people who had experience of in-person sex work.
   21 participants were selected from 60 applications to provide a range of demographics, and types of sex work.
- Attendant counsellor and food/drink provided for in-person group, as well as a hang out space afterwards for those who wanted to spend time together.
- All researchers were paid, and all CPG participants were compensated £50 for their time.



## **Barriers 1**





#### **Barriers 2**

Lack of coproduction and community involvement in service or clinic design

SWers are still required to rely on personal networks rather than healthcare providers.



#### **Facilitators 1**

- Provision of sex worker only drop-ins, by virtue of entering the space an individual is eligible. Longer hours and later in the day.
- Online and in-person services, not directly in an individual's workplace. Keep a consistent schedule. Times, locations and updates on services are accurate online. Explicitly signpost sex worker friendly services, and privacy policies.
- Resource provision includes: self-testing kits, latex free condoms in multiple sizes, menstrual sponges (Beppy), extra resources shared for networks.



## **Facilitators 2**

- Specific advice and assistance given when requested no shock, judgement, lectures or gossip about service users.
- Engage with existing peer-led sex worker only spaces as expert consultants, leading staff members in strategic and delivery based roles should have lived experience and expertise.
- No forced conversations about exiting sex work.
- Staff should be informed and trained to signpost service users to services for housing, immigration, disability etc. when this is requested.



## Thank you

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