



Office for Health
Improvement
& Disparities



UK Health
Security
Agency

Webinar: Excluded even within inclusion health? The importance of exploring and addressing the health & wellbeing needs of people selling sex across Yorkshire and the Humber, 24th October 2024

Developing a public health approach to sex work across Yorkshire & Humber

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Background

- [Brief scoping](#) in 2022 across Y&H led by [OHID](#), in partnership with [UKHSA](#) and the [Association of Directors of Public Health](#) (ADPH)
- To better understand the health and wellbeing need of sex workers (indoor and on street) and partnerships in place to support them
- Recommendations made to inform approach to improve health outcomes and reduce inequalities experienced by people selling sex
- YH Sex Work Steering Group established to oversee recommendations



Office for Health
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In partnership with the UK Health Security Agency

A scoping to understand the
health and wellbeing needs
of sex workers in Yorkshire
and the Humber

November 2022



Recommendations included

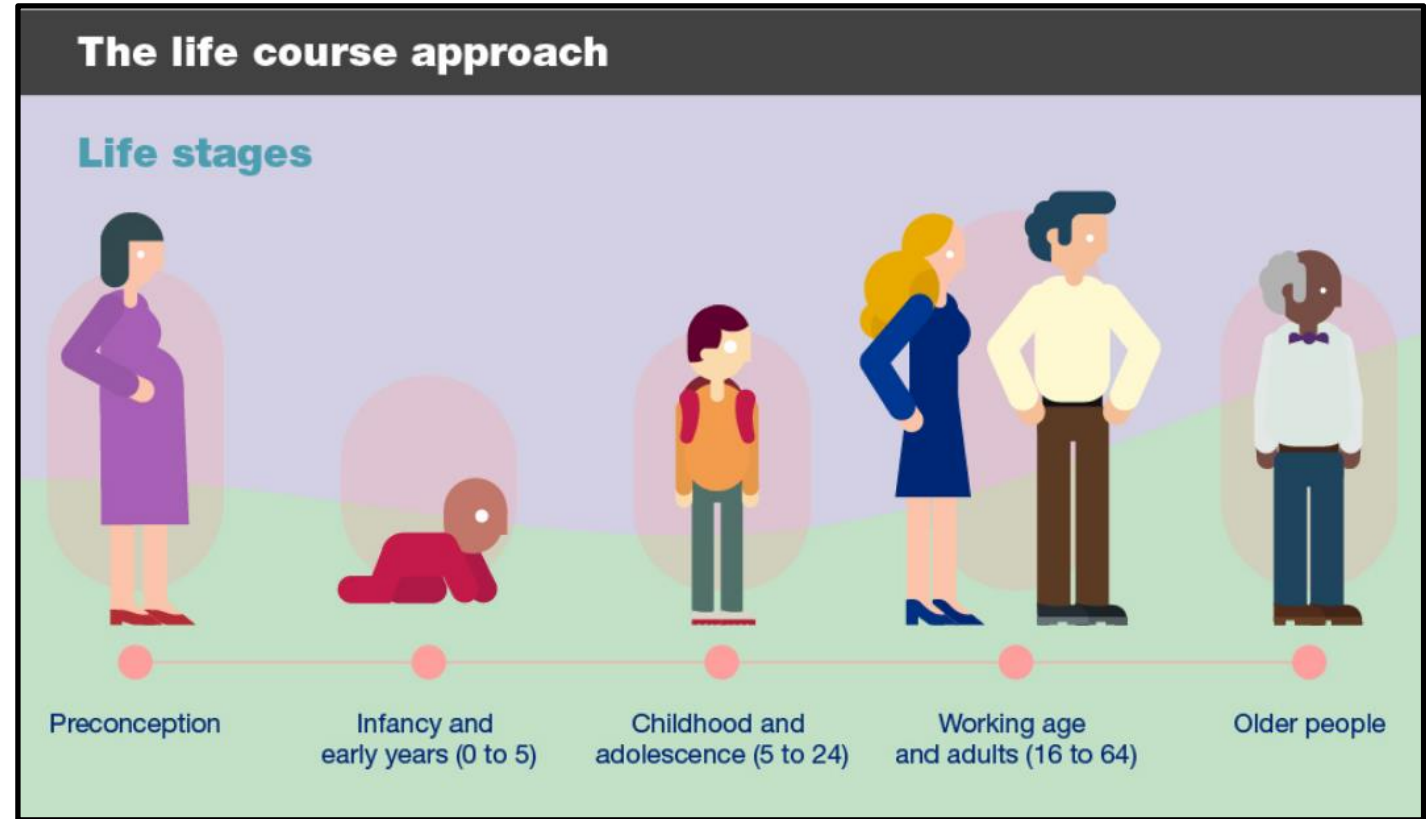
1. To develop a framework for a public health approach to sex work

- Explore what the [wider determinants](#) mean for those involved in sex work.
- Identify protective and risk factors and take a [life course approach](#), addressing needs earlier on.

2. Data and intelligence: Explore available data sources to improve understanding, esp. indoors.

3. Subgroups: Further explore the needs of subgroups e.g. migrants and trans sex workers.

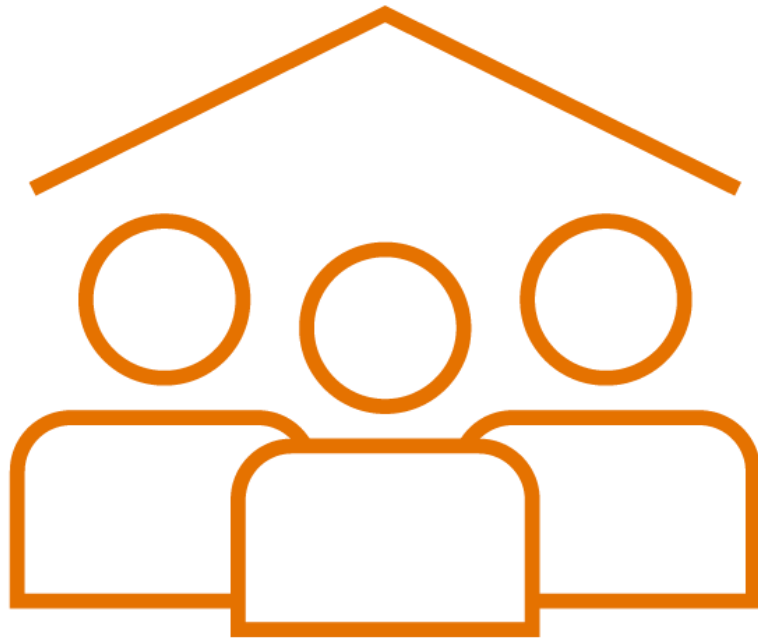
4. Strategies/levers: Identify opportunities to embed needs of sex workers into regional/place-based work.



5. Leadership: Establish multi-agency steering group to be formed to oversee recommendations.



Yorkshire & Humber Sex Work Steering Group



- Convened March 2023 to oversee recommendations
- Membership: OHID, UKHSA, NHSE, Sex work services and other VCSEs, lived experience leads, ICBs, LAs, CSP, VRU, police forces, academics
- Co-chaired by lived experience lead and OHID

A PUBLIC
HEALTH
APPROACH TO
SEX WORK
ACROSS
YORKSHIRE &
HUMBER



BACKGROUND



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THE ACTION
PLAN TOOL

[A public health approach to sex work across Yorkshire & Humber](#)

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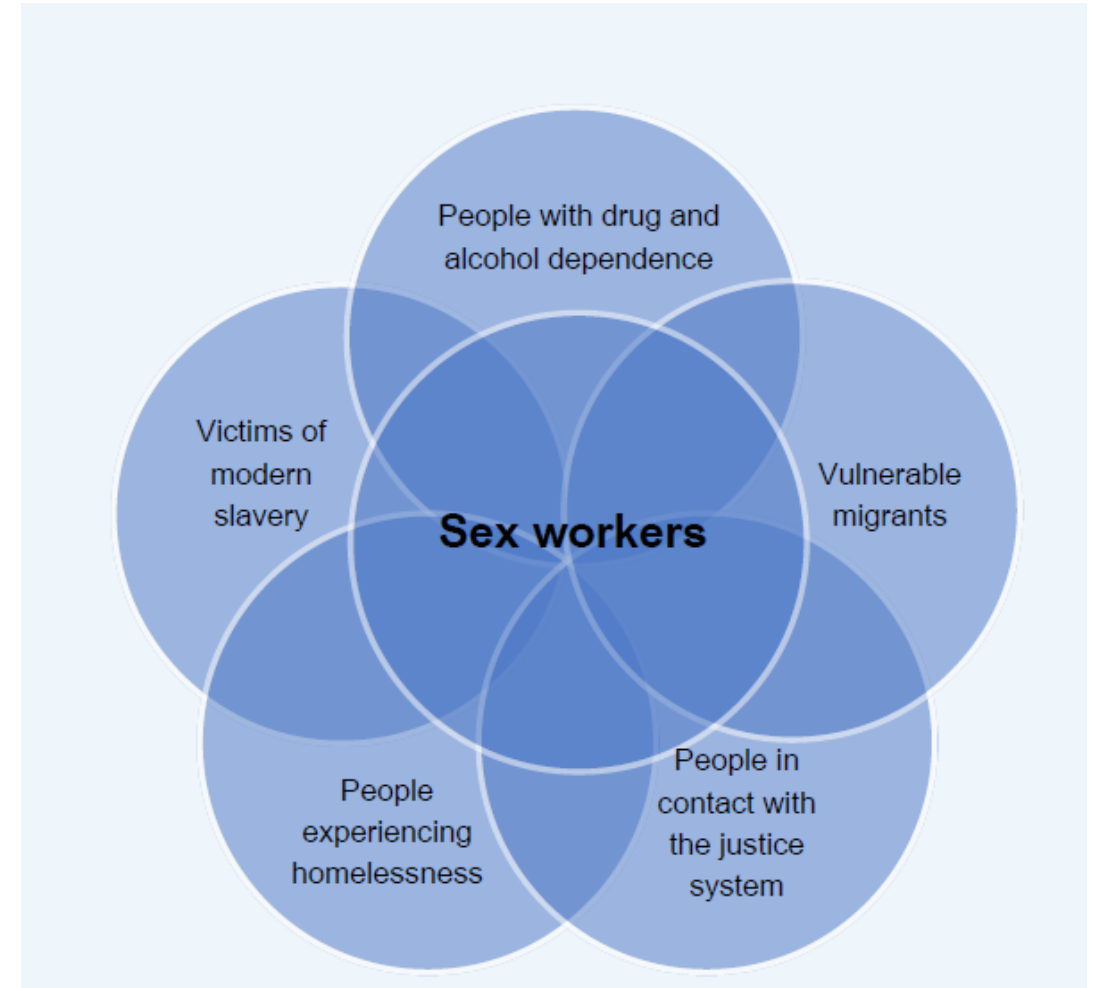
Why develop a public health approach to sex work?

Who is the approach aimed at?

What do we mean by sex work?

Autonomy

What the research tells us and impacts on health and wellbeing



A PUBLIC HEALTH APPROACH



A public health approach focusses on **prevention at a population level and proactive activity to address the causes of the causes, as opposed to solely reacting to it once it has occurred.** In the context of sex work, prevention is around the potential adverse consequences of sex work rather than prevention of sex work *per se*.

It is helpful because it:

- Shifts the focus upstream towards intervening early with at-risk groups and addresses the wider social determinants at a population level.
- Prevents an emerging issue from becoming a problem for example by identifying and supporting those who are at greatest risk.
- Allows a focus on the health and wellbeing of sex workers and reducing the impact of harms that have already occurred.

Common elements of a public health approach include:

- Using combined data and intelligence to understand the issue.
- Identifying risk and protective factors.
- Review and evaluation of interventions.
- A whole-system approach involving partnership working across sectors and within communities and individuals with lived experience.
- Sharing of best practice.

THE FRAMEWORK

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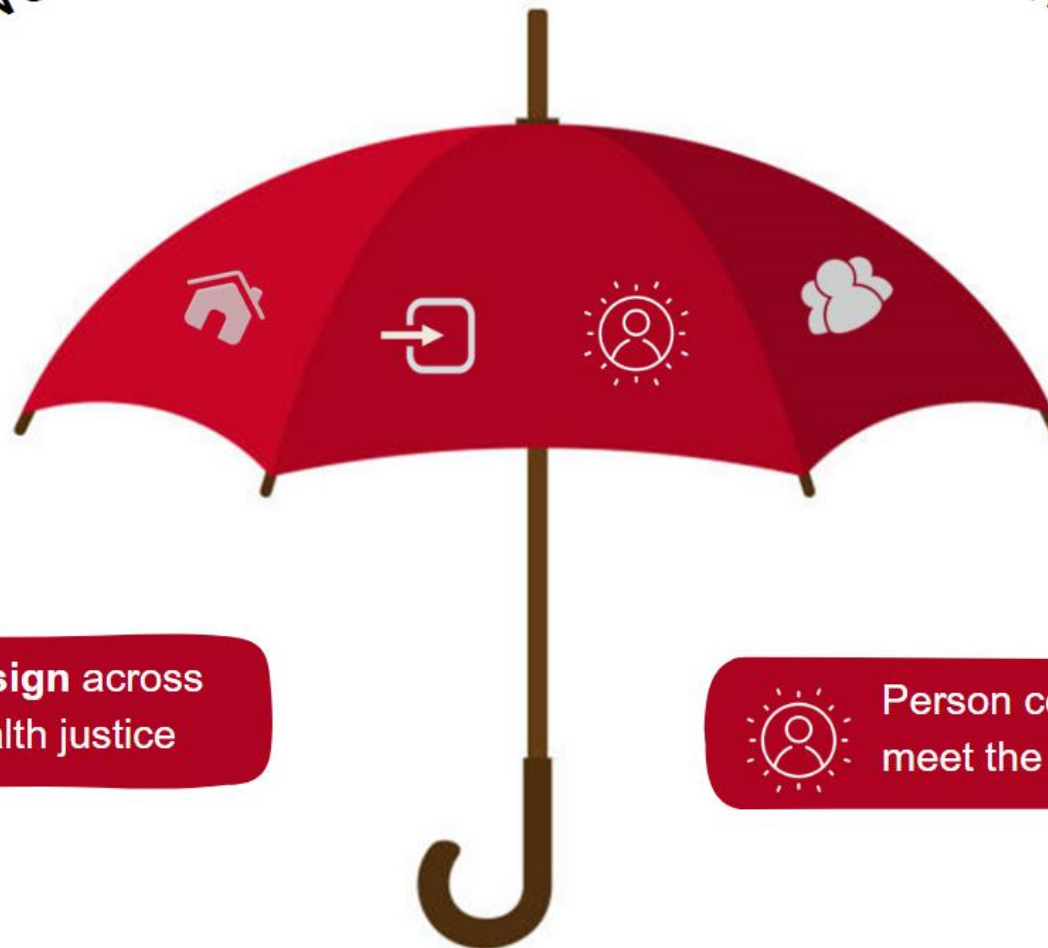
IMPROVING HEALTH EQUITY, OUTCOMES AND INCLUSION



Improving wider economic,
social and legal conditions



Working in partnership



Partnership service **design** across
systems to achieve health justice



Person centred service **delivery** that
meet the needs of sex workers

EMPOWERING SEX WORKERS AND REDUCING STIGMA



EMPOWERING SEX WORKERS AND REDUCING STIGMA

This would be achieved by:

- Increasing awareness and education amongst organisations responsible for commissioning, planning and delivering services. This would be done in partnership with those with lived experience for the NHS, local authorities, VCSEs, the police and partnerships such as community safety and integrated care systems.
- Reducing stigma and reframing the public's perceptions of sex workers through a co-ordinated communications approach.
- Advocacy for sex workers from all stakeholders.
- Using positive language and challenging discrimination.



IMPROVING HEALTH EQUITY, OUTCOMES AND INCLUSION

This would be achieved by:

- Advocating for [health in all policies](#) to improve health and health equity.
- Considering intersectionality throughout by recognising how multiple forms of inequality can affect people (as shown in Figure 2).
- Making use of available tools such as the [Health Equity Assessment Tool](#) (HEAT)

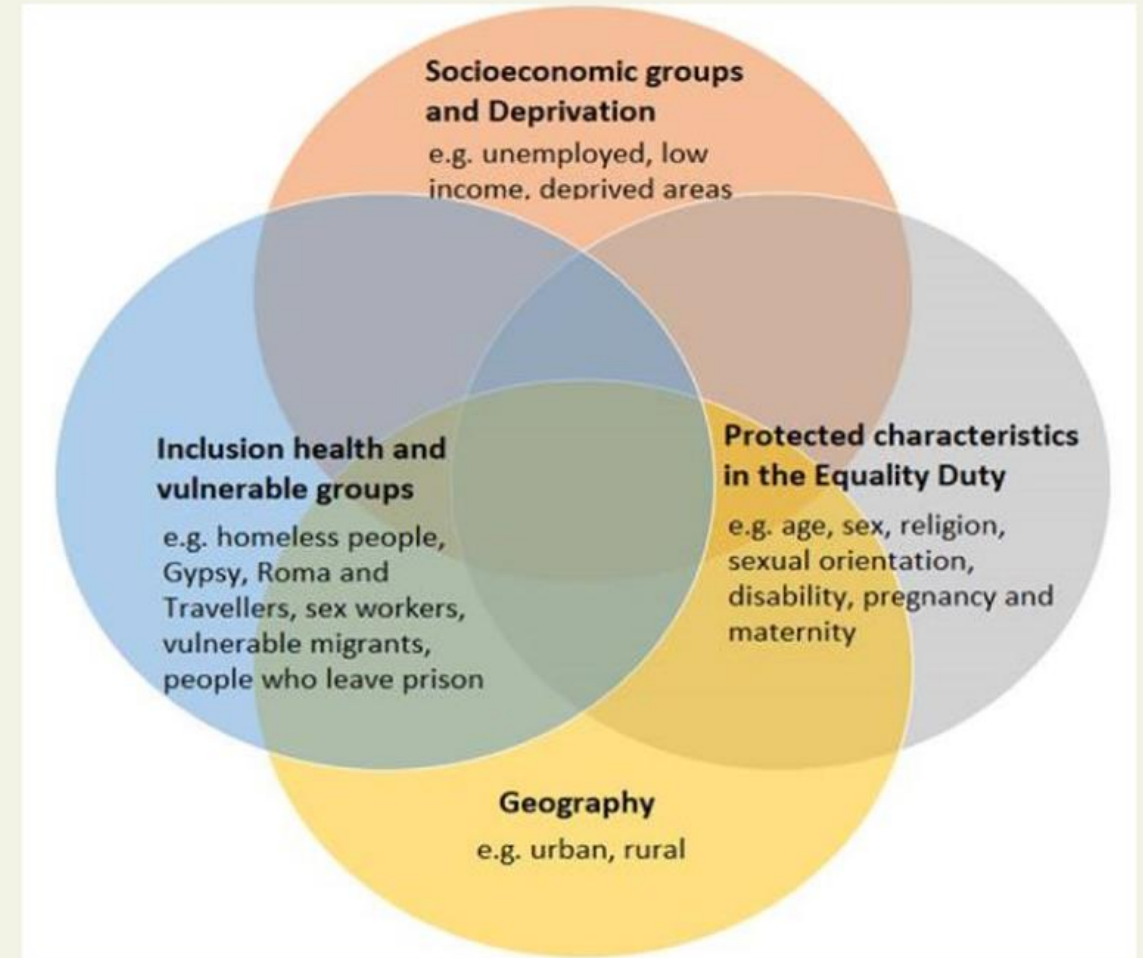


Figure 2: Overlapping dimensions of health inequalities ([GOV.UK, 2021](#))

THE FRAMEWORK



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WORKING IN PARTNERSHIP

Tackling the harms associated with sex work cannot be achieved by one organisation. It requires a partnership approach which is wider than just health and includes individuals and groups with lived experience of sex work, local authorities (across all departments), NHS commissioners and providers, VCSEs, DWP, residents, local businesses and the police.

Good partnership arrangements would mean that there is:

- Collaboration regarding sex work at a strategic and operational level.
- Good understanding of stakeholders who play a role in preventing and reducing the potential harms caused by sex work.
- Good engagement and collaboration at a service, place and regional level.
- Clear leadership and governance structures at place level and wider.
- A commitment to protect the rights of sex workers.
- Intelligence gathering, both qualitatively and quantitatively, and systems in place to ensure regular collection of non-identifiable data to inform priorities.
- Joint working with related sectors and partnerships (e.g. CSE/ASE, modern slavery, violence reduction).



PARTNERSHIP SERVICE DESIGN ACROSS SYSTEMS TO ACHIEVE EQUITY

Partnership design would mean:

- Recognition there are no 'hard to reach' groups, only 'hard to reach' services.
- Information/support is provided in accessible formats which don't stigmatise.
- Partnership led service design which includes those with lived experience.
- Pooling of resources across sectors.
- Flexibility to access support across the whole system.
- Appropriate locations for services and co-location of multiple services.
- Regular review and evaluation of system working which uses both qualitative and quantitative data.
- Mainstream services are aware of and trained regarding the needs of those experiencing overlapping risk factors for poor health.
- A diverse workforce of service delivery practitioners which includes those with lived experience.

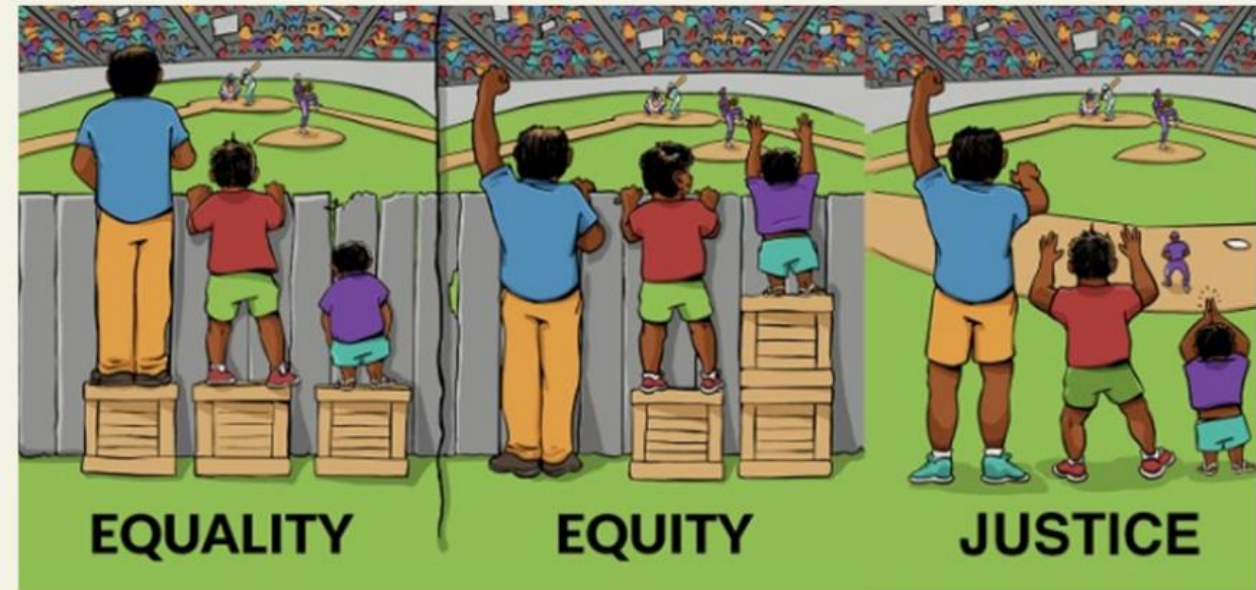


Figure 3: Adaptation of work by [Interaction Institute for Social Change](#) | Artist: Angus Maguire



HOW WE CAN WORK UNDER EACH PRIORITY

- The action plan tool below is to support partners to recognise current examples of good practice and identify any gaps.
- The information gathered can be used for internal reflection to inform priorities.
- It is recommended that all organisations/services within a defined area share details to ensure a co-ordinated approach. It could be used to create an action plan for any local multiagency partnerships.



Action plan tool

A5 Things to consider include:

A G H I J

1 IMPROVING WIDER ECONOMIC, SOCIAL AND LEGAL

2 Date Completed:

3 There should be a focus upstream towards intervening early with at-risk groups and addressing the wider social determinants at a population level. The Government, public services,

4

Things to consider include:

1. How do you make use of the opportunities in your role to contribute to a co-ordinated effort across a range of public policy areas at national, regional, sub regional and local level which address economic and social inequalities? Do you work across systems, sectors and geographies to do this?
2. Do you have a current stakeholder map that looks at who is in your system? What does the system feel like? Who you want to influence? What are the relationships? Who isn't included? Who shares your values? Which stakeholder you want to influence/reach out to?
3. Is there a specific focus on disadvantaged groups and the application of proportionate universalism which recognises the need for a greater focus on those facing the greatest need and worst health outcomes? How do you ensure there is?
4. For services that support sex workers:
Do you have a holistic approach to considering and individual needs (e.g. housing, education, employment, drug and alcohol use, mental wellbeing)? Is this re-assessed at every appointment?
Can all staff members confidently signpost individuals to relevant local services that can support them with their non-clinical health needs (e.g. support with housing or benefits)?
Does your service advocate for improving wider economic and social conditions for sex workers? How do you do this?
Is there a clear referral pathway between clinical services and wider support services?

5

6

7 CURRENT ASSESSMENT

What is going well?

8

What are the areas for improvement?

9

10 ACTION PLAN

11 Action	Person(s) responsible	Progress so far	Review date
12			

12

PRACTICE EXAMPLES



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REFERENCES



Hester, M., Mulvill, L., Matolski, A., Lanau-Sanchez, A. and Walker, S.J. (2019) The nature and prevalence of prostitution and sex work in England and Wales today, Centre for Gender and Violence Research, University of Bristol.
Pitcher J. (2015) Sex work and modes of self-employment in the informal economy: diverse business practices and constraints to effective working. Soc Policy and Society;14(1):113-123. doi: 10.1017/S1474746414000426. PMID: 25506264; PMCID: PMC4261233.

TOOLS, RESOURCES AND FURTHER INFORMATION



- [Absence of Evidence](#) is a collaborative project between artists Henry/Bragg and An Untold Story - Voices, a group of former street sex workers in Hull, honouring 14 of their fellow workers who have died. More information about [An Untold Story - Voices](#)
- [Working with sex workers: A guide for health professionals \(2021\). Basis:](#) Guidance for professionals to improve access services and outcomes for sex workers in Leeds.
- [Learning from the sex worker liaison role in West Yorkshire Police. University of York \(2019\).](#) A paper for the Policing Research Partnership outlining the benefits of the sex worker liaison role in Leeds.
- [Making Every Contact Count \(MECC\) – sex workers](#) – to support front line officers with access to the public health information.
- [Inclusion health self-assessment tool for PCNs](#) to help to assess PCN's engagement with inclusion health groups.

ACKNOWLEDGEMENTS



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Thanks to all these organisation and others that have been involved in the development of this resource.



Thanks to the authors of [A Public Health Approach to Modern Slavery](#) which was used to inform our approach.

To think about how.....

others can be encouraged to advocate for addressing the health & wellbeing needs of people selling sex – within your own organisation and beyond

this can be utilised to provide a framework to encourage action - you might only want to focus on certain sections or adapt it for other inclusion health populations

to identify people in your system who are well placed to raise awareness and encourage a joined-up approach

helpful the approach is – any lessons/feedback

Please share the link [A public health approach to sex work across Yorkshire & Humber](#)

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