

Shelley Pawson
Service Manager- The Bridge Project
Email shelley.pawson@thebridgeproject.org.uk

Zac Dolan
Advanced Nurse Practitioner- Locala Sexual
Health Services
Email zac.dolan@locala.org.uk

The Lotus Project

The Lotus Project, a Specialist Service for individuals with multiple needs who are sex working or at risk of sex working. The service is commissioned by the City of Bradford Metropolitan District Council and is delivered to individuals aged 18+ regardless of gender identity or sexual orientation.

The team consists of 9 staff;

5 full time liaison case workers

1 part time liaison case worker

1 full time IDVA

1 full time IDVA/ISVA

1 full time Bridge recovery Housing Officer who is attached to the Lotus Project.

We also have 2 volunteers

Locala Sexual Health Outreach

Sexual health outreach began in Bradford in 2021 to meet the needs of children and adults with multiple and complex needs to access sexual health services. This is an extension to the integrated sexual and reproductive health clinic within Howard House in Bradford City Centre.

The outreach team consists of:

- A full-time advanced clinical practitioner
- Two engagement worker (one full-time and one part-time)
- A part-time prevention worker
- A rotation of nurses from the integrated sexual health clinic

Why was the partnership set up?

Aims and Objectives

The partnership between Lotus and Locala was set up to address the sexual health needs of sex workers who are typically hard-to-reach and known to often lead a chaotic lifestyle. They do not attend scheduled booked appointments so service flexibility is key to addressing this. The Street Outreach bus from Bevan Healthcare is utilised every 2 weeks on a Friday 2pm-4pm, clients are booked on to this by their case worker and a member of the Lotus Team will facilitate the bus on the day and contacts the clients as they are the ones with the relationship with the client and can encourage/motivate the client to access the bus

The bus will meet the client at any agreed location so for example if a client is homeless, sleeping in a tent or sofa surfing the bus may meet the client on a named street, carpark, other service providers base, a hostel or emergency accommodation provider if the client has been granted duty and placed in emergency accommodation.

Data and Stats

April 2023- March 2024

Number of client bookings

April	12
May	18
June	14
July	15
August	13
September	11
October	10
November	15
December	9
January	11
February	16
March	12

Number of clients seen on the bus

7
9
8
6
5
4
3
6
4
5
7
6

Data and stats continued

Interventions delivered

Sexual health screenings 53

Pregnancy tests 6

Referral for termination of pregnancy 1

Bloods Taken 14

Vaccinations 22

Mental Health Referral 12

**The following slides include three case studies.
These case studies have been anonymised and personal information
Has been removed however to ensure the nature of the case study is
preserved I would request that confidentiality is maintained
If any case is recognisable.**

Case Study 1 – “Stacey and Laura” (pseudonyms)

- Stacey was a hard-to-reach lady required treatment for a sexual infection from a prior appointment. Multiple attempts were made to contact her. Stacey was met in the known district where street sex workers operate and treated for the infection on the outreach bus. Stacey asked if we could help her friend, Laura.
- Stacey walked to an abandoned car where there was movement and a young lady crawled out of the car. It was evident that this lady was heavily pregnant, she appeared unkempt and it was noted that she had an out-of-area accent. There were difficulties accessing medical records due to Laura not wanting to provide correct personal information – which after a long discussion we managed to access. Laura confirmed she had concealed the pregnancy.
- We treated her symptoms, tested her for a range of sexual infections and I contacted the specialist midwife in Bradford who came within a short time and carried out her interventions i.e. doppler.
- Laura tested positive for multiple sexual infections on swabs taken from her pharynx, vulvovaginal and rectum.
- Laura continued to be difficult to engage as she did not have a mobile and was sharing Stacey’s mobile.
- It was noted on medical records that Laura was an inpatient at a local hospital. I liaised with the clinical team there to treat Laura for the infections.
- Laura was supported by social care and the midwifery team to support her getting back to her hometown.

Interventions

- Tested and treated multiple infections
- Blood tests
- Treated bacterial vaginosis
- Referred to children social care
- Referred to midwifery and managed to engage Laura long enough for a midwife to see her on the day
- Contact traced partners
- Discussed referral into the care of the substance misuse service
- Attempted multiple times to engage Laura
- Signposted
- Liaised with the hospital clinicians to treat Laura.

Case Study 2 – “Tanya” (pseudonyms)

- Tanya was a sex worker who had recently given birth and referred to our service for contraception as she was continuing to sex work to fund a drug habit (crack cocaine and heroin). Tanya was living in temporary accommodation. Tanya’s child was removed from her care.
- Tanya was met and we had a consultation in her bedsit. A male was present at the time. Tanya reported feeling safe with the male and the majority of the consultation was in isolation.
- Tanya agreed to have a contraceptive subdermal implant (SDI) fitted and to be screened for sexual infections. Due to unprotected sex within 3 weeks of the implant being fitted and not meeting the criteria of the lactational amenorrhoea method for contraception a follow up pregnancy test was agreed to.
- As the SDI was being fitted, it was evident that Tanya had breached her tenancy and the security team for the housing company used this time to change the locks of the door.
- Tanya subsequently tested positive for syphilis and was treated. The pregnancy test was negative.
- Contact tracing was undertaken with Tanya.

Interventions

- Tested for STIs
- Treated syphilis
- Blood tests
- Liaised with GP re. positive syphilis result
- Contact traced partners
- Discussed referral into the care of the substance misuse service
- Attempted multiple times to engage Tanya
- Signposted
- Pregnancy test
- Offered hepatitis B vaccines

Case Study 3 – “Paula” (pseudonyms)

- Paula was a vulnerable lady who was referred to me originally by another service and was known to me historically as somebody who had experienced adverse childhood experiences and was exploited criminally and sexually.
- Paula who disclosed sex working and was smoking crack cocaine and heroin. Paula agreed to a referral into the Lotus Project.
- Paula was tested and treated for multiple STIs in the time that we had a professional relationship. Paula had a subdermal implant fitted at a third sector organisation.
- Paula was referred and supported Paula to access a local GP.
- Paula had a domestically violent partner when we first met however due to a change in circumstances Paula met another partner. Paula’s substance misuse changed during this time however Paula disclosed that this partner had her implant removed from her arm by this partner.
- Paula had her implant refitted.

Interventions

- Tested for STIs and multiple treatments
- Blood tests
- Liaised with GP to support registration
- Contact traced partners
- Discussed referral into the care of the substance misuse service
- Referred into Lotus Project
- Multiple failed attempts to engage
- Multiple methods of contraception
- Implant fitted, then refitted following alleged assault
- Signposted
- Pregnancy testing (multiple times)
- Offered hepatitis B vaccines
- Safeguarding referral

