

Accessing sexual health services for young people in Sheffield's supported living hostels:

A roundtable discussion Tuesday 31st October 2023

Why did we organise a sexual health event?

[Sheffield Foyer](#) are a supported living hostel for young homeless people in Sheffield. They support up to 60 residents at one time, providing a place to live and helping them to access the services they need in health, education, employment and more.

In summer 2022, Sheffield Foyer ran a SpeakUp project funded by Healthwatch Sheffield, aiming to understand more about their residents' knowledge of sexual health topics, and their experiences of accessing sexual health services, including contraception, STI screening, and information and advice.

In June 2023 their findings were shared through a project report, which you can read here: <https://www.healthwatchsheffield.co.uk/report/2023-06-08/speakup-sheffield-foyer> The report also makes several recommendations to the people who design, pay for, and deliver sexual health services in Sheffield.

To understand more about how services in Sheffield can support people's sexual health, we organised a round table event in October 2023, to bring people's perspectives together and identify some practical actions and improvements. The contract for sexual health services is currently being reviewed (as it will have been in place for 5 years by summer 2024), so this is a good opportunity to incorporate the experiences and needs of some of Sheffield's more vulnerable young people. The sexual health outreach plan is also under review as part of this.

In the room were staff members from Sheffield Foyer and Cherrytree (another young people's homeless hostel), Healthwatch Sheffield, Primary Care Sheffield, Sexual Health Sheffield (a service delivered by Sheffield Teaching Hospitals), Public Health at Sheffield City Council, and a specialist nurse who works with young people across Sheffield's hostels.

What did we talk about?

Most of the session focussed on open discussion – talking about what's changed since the report, what work is already happening, what the key issues are when accessing sexual healthcare or addressing gaps in sexual health knowledge, and identifying opportunities for improvement. We have captured some of the key discussion points below:

Practical issues with booking appointments:

- Communication – difficulties contacting the single point of access (SPA) are an issue both for individuals, and for staff supporting them. There are often long waits to get through on the phone, and no formal alternative route for

staff who are referring residents. Hostel staff shared that it's important for these appointments to be made in a timely manner, as conversations can be happening in a time of crisis for the young people.

- Although there is clinic provision closer to the Foyer than the Hallamshire (at White House Surgery) booking still has to go through the SPA – it's not clear to people at this point that they won't have to go to the Hallamshire, so many don't follow up to make an appointment. Information about hub provisions is not well known generally – alternatives to the Hallamshire clinic need to be more visible to people.
- Drop-in options are limited – there is a drop-in youth clinic (18 years and under) at the Hallamshire Hospital and a drop-in STI screening service at the Moor Market. However there is no drop-in at the other clinics (including White House which is closest to Foyer) so booking is essential. There was a question about whether there might be other ways to help improve access within the current contract – eg by offering block bookings or drop-ins at the White House Clinic - but it was felt that this wouldn't be possible due to the risk of wasted staff time if people didn't attend.

Barriers to attending appointments:

- White House Surgery (the closest clinic to Sheffield Foyer offering sexual health screening) is more than a mile away from Foyer meaning either a significant walk, or the expense of a bus ride.
- Travel was re-iterated as a huge barrier – particularly the cost. Young people in the accommodation are less likely to have a bus pass than previously due to changes in the way these are offered.
- Lack of certainty about what to expect when attending a clinic was another barrier – there was a reminder that on a Friday afternoon when clinic was closed, people could go for a tour of the Hallamshire clinic to familiarise themselves with the environment.

Additional challenges facing hostel residents and staff:

- Since the work was done for the Foyer SpeakUp report, there has been a change in the demographics of the residents at Foyer; there are now increased numbers of refugees and asylum seekers. For this group there are additional barriers to getting the right sexual health care including language barriers, different cultural or religious perspectives on sexual health, and lack of familiarity with UK healthcare systems. For some, there are additional complex factors around trauma.
- There was discussion around the best point in time to routinely introduce a question / check for sexual health after someone moves in. When someone moves in, they are doing so because they have come from what is probably a difficult situation. The process of form filling / settling in may feel intrusive and it might not be possible or appropriate to ask questions about sexual health at this point. Gaining trust and finding the right time might take a number of weeks.
- There was discussion about information sharing between Foyer/other hostels and statutory services – staff felt they used to have more information about STI

rates, current concerns etc as well as any changing service offer, but this information is no longer provided to them regularly.

Reflecting on previous or alternative models of provision:

- Examples of previous successful models of provision were shared. This included regular visits from staff who were able to do testing on site at the Foyer, and were accessible to provide information and support to residents. Staff also felt well supported by this model, and had the resources (condoms, pregnancy tests, screening kits, and information) to give out. A dedicated room in a nearby clinic was also described as previously helpful, with a service provided by a nurse that staff were able to contact directly for advice. People also spoke about a 'gold card' that gave people priority for accessing services if hostel staff identified a serious concern.
- There is a current regular visit from a nurse whose support is highly valued, but their capacity is very limited compared to previous models.
- There was a recognition that different models had required more resource, and in current financial restraints, it wasn't possible to re-create them in the same way.
- Recognising the wider constraints, staff at Foyer and Cherry Tree were very willing to do more in terms of providing support to residents. To do this, they felt they needed training which went beyond what they had already received.
- The role of GPs were discussed – it was acknowledged that some surgeries were better placed to offer sexual health services than others, and the surgeries local to the Foyer were not ones which are known to be able to provide a robust sexual health offer.
- Overall, there was agreement that more clarity on what GPs could offer would be helpful (although not easy to provide as this may change according to staffing and different pressures).
- Self-test kits were discussed as a valued tool which could potentially remove a lot of access barriers – there are significant logistical barriers to widening this scheme out, but people were pleased to hear that it is being worked on and the aim is to be able to establish a broader self-test offer at some point in 2024. Currently the specialist nurse is the only person able to go through self-testing kits with residents, so the timing often does not work out for people to be able to do one on-site.
- Foyer shared their ideal outcome – they would like to be able to offer, at minimum, pregnancy tests, trustworthy/accurate advice, condoms, and screening on-site by themselves. However they would prefer to have statutory services involved in the delivery of these.

Accessing information and advice about sexual health

- More outreach resources are currently being developed, including a site that will be able to provide information in different languages. This was welcomed as a useful tool for people to use.

- Residents at the Foyer and other hostels enjoy having external visitors to provide information – such as health and wellbeing. It would be good for them – as well as for hostel staff – for professionals working in sexual health to take part in more regular outreach at the sites.

What actions did we identify to improve access to sexual health services?

As part of the discussions, we identified a range of practical actions that could support people's access to sexual health screenings, contraception and other services. Some of these are specific and actionable items that can be carried out in the short- to medium-term, while others are ideas for Sheffield City Council's Public Health team to consider during the next commissioning process.

Immediate actions	Who
Foyer staff to provide PCS with a list of the hostels in Sheffield, to help PCS staff pinpoint relevant GPs and pharmacies	Foyer staff
Provide list of GPs who can offer long term contraception	Primary Care Sheffield (PCS)
Provide list of pharmacies that can offer emergency contraception. (See list on Sexual Health Sheffield website here: https://www.sexualhealthsheffield.nhs.uk/services/emergency-contraception/)	Already on Sexual Health Sheffield website – Foyer staff to include in their info leaflet
Improve access for Health Inclusion Nurse by providing more direct mobile numbers (as opposed to her having to go through SPA)	Sheffield Teaching Hospitals (STH)
Short- to medium-term actions within the current contract	Who
Work with GP surgeries local to the hostels in the city, to establish whether sexual health can be included in the new patient screening appointment	PCS
Training for Foyer and Cherry Tree staff – <ul style="list-style-type: none"> More training will be offered by Outreach worker once new resources are available Staff to work on a list of areas that they feel they need more training on to help inform / focus future training sessions Explore the possibility of Train the Trainer sessions so that there are sexual health 'champions' within hostels, who are able to train and support other staff 	STH Foyer staff / Cherry Tree Staff STH / hostel staff
Information about what to expect from services and at clinic <ul style="list-style-type: none"> STH to update the sexual health information that gets included in new resident packs – and to make it more eye catching Foyer / Cherry Tree staff to keep in mind offer of a tour on Friday afternoon. They may be able to organise a trip occasionally. Look at producing a short film / video tour of the clinic Provide sample testing kits to help hostel staff with conversations about 'what to expect' at clinic 	STH Foyer / Cherry Tree staff STH STH

<ul style="list-style-type: none"> • Re-write the existing information leaflet to make it more visual and accessible (currently it's very wordy / text heavy) • Staff to visit Foyer and other venues to be part of Health and Wellbeing events from time to time – providing information about sexual health, and about services offered 	<p>STH</p> <p>STH / PCS / Hostel staff</p>
<p>Broader points to be considered for future commissioning arrangements</p>	
<p>More drop-in clinics (as opposed to pre-booking) would improve access</p>	
<p>Contact through a Single Point of Access is a barrier- there is the actual barrier of getting through on the phone, plus a perceived barrier because people assume that they will be offered a central service when in fact they may be offered something more local.</p>	
<p>Roaming provision would help improve access</p>	
<p>Although the presence of hub facilities is helpful, there are too few around the city. Unless something is easy walking distance then there is still a barrier in terms of transport and cost.</p>	
<p>Making it fun! Young people respond well to outreach which focusses on positive aspects of sex, not just contraception / STIs etc. They also respond well to freebies (eg sperm key rings, Greggs vouchers)</p>	