**Sexual Health Outreach Service Who We Support**

**We only accept referrals when the referrer has obtained verbal consent from the individual being referred.**

Our outreach team is dedicated to supporting people who may find it difficult to access traditional sexual health clinics. We offer flexible, community-based care—bringing services directly to you, whether that’s in your home or another safe and convenient location—so you can receive the support you need in a way that works for you.

**Who can use the service?**

You can use our outreach service if you are:

* Under 25 and need extra support sexual health
* An adult who has had children removed or is at risk of this happening.
* Using drugs or alcohol and need sexual health support.
* Homeless or sleeping rough.
* A young person working with social care or early help teams.
* Living in a secure setting
* An asylum seeker or refugee.
* Someone with a disability or mobility problem that makes it hard to get to a clinic.
* Confidential testing and support for the LGBTQ+ community
* **Focused outreach and engagement with individuals working in the sex industry and adult entertainment sector**

**What we offer**

Our team can provide:

* STI testing and treatment.
* Contraception advice and prescriptions.
* Support from specialist nurses.
* Home visits if you can’t get to a clinic.
* Information and referrals to other services (for example, mental health, drug and alcohol services, or safeguarding).

**What we don’t provide**

Some services are not part of outreach. We cannot provide:

* Counselling or relationship therapy.
* Support after sexual assault (this is provided by Sexual Assault Referral Centres – we can refer you if needed).
* Ongoing case management (your main care team will keep this role).

**Confidentiality and information sharing**

* Your sexual health information is kept private and confidential.
* We will not share your information with anyone (including your GP, social services, or family) without your permission.
* The only exceptions are:
	+ If we are worried about your safety or the safety of others (safeguarding).
	+ If there is a serious public health risk.
	+ If we are required to do so by law.
* If we do need to share information, we will explain what, why, and with whom, whenever possible.

**How to access the service**

* You may be referred by a professional already working with you (e.g. social worker, hostel staff, drug and alcohol worker).
* If you already know us through another service, you may be able to self-refer.
* We will always check that outreach is the best and safest way to support you.

**Our approach**

We aim to:

* Make sexual health care easier to reach for everyone.
* Work closely with other services that support you.

Provide care in a safe, private, and respectful way.

**Sexual Health Outreach Referral Form**

|  |  |
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| **Has Verbal consent been given for this referral.** ***We will not accept the referral without this***  |  |
| **Reason for referral**  |  |
| **Patient Name** |  |
| **DOB:**  |  |
| **Full address including Postcode**  |  |
| **Contact Number for client:** |  |
| **How is it best to make contact for first appointment? Tick all that apply:** | Whatapp SMS Phone Call Email  |
| **Gender**  |  |
|  |  |
| **DOB of any children and or EDD if applicable:** |   |
| **GP details:** |  |
| **Other agencies involved, including midwife if appropriate:** |  |
| **School /college if attending:** |  |
| **IS THERE ANY KNOWN RISK IF WE ARE VISITING THE HOME?**i.e. Poor access, poor signal, anyone unsafe to visit |  |
| **Any pets in the property?**If yes, please advise client they must be secured in a separate room, if unable to do this then a clinic appointment will be offered |  |
| **Referrer’s Name and date:** |  |
| **Job Title:****Agency**  |  |
|  |
|  |
| **Contact numbers:** |  |
| **Email address:** |  |