REVIEW OF THE HEALTH & WELLBEING NEEDS OF VULNERABLE WOMEN IN LEEDS

Collaborative Needs Assessment - Bevan Leeds, Basis, Joanna Project, HHIT

Bevan Healthcare is a organisation that offers holistic health and wellbeing to marginalised groups, in particular the homeless or vulnerably housed and those seeking asylum. It has GP surgeries in Bradford and Leeds but offers outreach to various locations in Yorkshire. Bevan Leeds or York Street Health Practice (YSHP) is the Leeds service.

Basis Yorkshire is a third sector organisation which specialises is supporting women, including trans who sex work, both on street and indoor, women who have or are experiencing adult sexual exploitation as well as young people who are at risk of or are experiencing child sexual exploitation. We also provide training on these topics to professionals.

Joanna Project supports women involved in street sex work with all the exploitation and violence involved. We offer ongoing holistic support to the women accessing our service and are committed to journeying with them for as long as they need us. We work in partnership with other agencies to support with access to services that are otherwise hard to access for our women.

The Homeless and Health Inclusion team (HHIT) works in partnerships with homelessness services in Leeds, and in reaches to people who are in hospital identified as experiencing or at risk of homelessness to assess health needs, optimise the hospital admission, advocate for their needs and work with partners to facilitate a safe discharge. Patients are followed up in the community. The team also has an out of hospital care model where they can facilitate step up or step down care to commissioned beds or flats as a discharge to assess placement.

The team outreaches to Gypsy and Traveller communities in Leeds, including those in roadside encampments to assess health needs and ensure these communities receive an equitable health offer

These organisations work in conjunction to support vulnerable women and in particular sex workers. This review was undertaken predominantly using the medical records of YSHP patients to try identify as many women as possible and a meaningful study sample to compare different groups.

All women registered with YSHP (excluding those in asylum system), including temporary patients seen on outreach were identified The aim was identify common health needs, vulnerabilities and any social risk factors. A total of 244 women, with an average age of 38 years, of whom 110 (45%) are currently sex working were identified from the practice medical records. 56 of of women that sex work are on street sex workers. A direct comparison was made between different cohorts of female patients;

- any women (excluding those in the asylum system) registered with YSHP
- women that have never been involved in sex work
- current sex workers (SxW)
- women sex working and seen on Thursday afternoon outreach
- women known to on street sex workers (OSSW)
- women who have previously sex worked (Ex-SxW)

The presumption is the women OSSW and those that access outreach are leading the most complex lives and struggle to attend planned appointments at a GP surgery. Comparison of the data between OSSW and those seen on outreach showed little difference, so only the data for OSSW is included. Similar data was also collated for women that had died in the past 5 years, again to look for themes.

	All Women	Non SxW	Ex SxW	Current SxW	OSSW	Outreach	Deaths
Number women	244	99	27	54	56	59	26
Average age (years)	38	39	40	36	34	36	41
Number deaths (5 years)	26	6	5	4	6	0	n/a

Physical and Mental Health Needs

The health problems explored were chosen as they were common reasons for women consulting. The reports created rely on the health conditions being medically coded. It was also possible to search for medications used to treat the conditions, as an alternate method to identify people.

Chronic Obstructive Pulmonary Disease (COPD) is common because many women smoke. There is a nurse led service to diagnose and manage this condition. They are making significant progress in identifying and treating patients

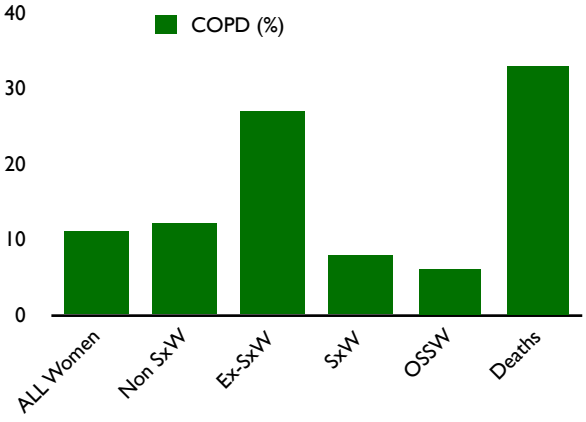
COPD prevalence in the UK is 1.5% (NHS Digital 2020). This is higher in the studied group, particularly in the women that died (33%). Beeston Primary Care Network (PCN) health data for 2020 found ~5% of their population have a diagnosis of COPD, this is highest in over 75y olds (16%).

In the age group that most closely corresponds to the women (36 - 55y) the PCN rate for COPD is 1%. The prevalence of COPD in Leeds, across all age groups is ~2%. Considering the average age for the women is 38y, the lowest prevalence amongst the groups was 5%.

	All Women	Non SxW	Ex-SxW	SxW	OSSW	Deaths
COPD (%)	11	12	27	8	6	33

For the women that died it was one in three, with an average age of 41y.

In the UK it's thought that that up to 50% of people with COPD haven't been diagnosed, partly because of the investigations (spirometry) required need patients to attend at least two appointments, although this can be done in most GP surgeries.



The rates of diagnosed and coded COPD is highest amongst the ex sex workers and those that died. This may be because they are more stable and therefore able to attend appointments. It may be that they have high rates of smoking, smoking drugs also increases the risk of COPD.

Even non sex workers have higher than usual levels of COPD. Three-quarters smoke compared to 30% in the Beeston PCN or 23% of the population in a study of a Holbeck 'Middle Layer Superior Output Area' (MSOA) - a small geographical area, Crosby Street, Recreations & Bartons. The age standardised rate of COPD in this MSOA was 4.7%.

Closer analysis of the medical records could help understanding, however prospectively continuing to monitor the women may provide a more accurate evidence base. It's not possible to categorically link COPD diagnosis to increased risk of death from this data, but it does suggest a correlation.

Inhaler prescriptions were reviewed 40% of the women had been prescribed one in the past 5 years, this was the same for sex workers.

Mental Health

In all groups a higher a percentage of women have been prescribed antidepressants than have a coded diagnosis. On average 40% have a diagnosis (excluding the women that died) and 50% have had antidepressants prescribed in the past 5 years. The rate of a common MH disorder for Beeston PCN was 20%, which is the same as the MSOA. The UK rate of depression in 2022 was 16% (10% pre pandemic).

	All Women	Non SxW	Ex-SxW	SxW	OSSW	Deaths
Depression (%)	45	48	36	48	37	5
Antidepressants (%)	52	51	55	58	44	38
Psychosis (%)	18	13	9	14	31	19
Antipsychotics (%)	27	29	27	28	25	10

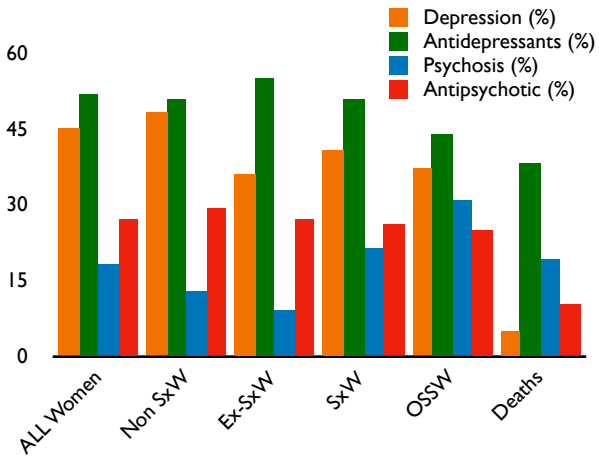
One in five women have had a diagnosis of psychosis recorded in their records and 25% have been prescribed an antipsychotic in the past 5 years. The rate of severe MH problem in the MSOA was similar 23%, although for the PCN, even in the age group most severely affected (56 - 75y) it's only 2%.

Regarding percentage of women prescribed antipsychotic compared to having a diagnosis, for OSSW and those that have died more have a diagnosis than have been prescribed medication. The opposite was found in all other groups. Psychosis is a term that encompasses several symptoms associated with a person's perception, thoughts, mood and behaviour (CKS 2021). These include;

- hallucinations - perceptions in the absence of stimulus, these can be visual, auditory, tactile, taste or smell
- delusions - fixed or falsely held beliefs

The psychosis the women predominantly experience is a fixation of insects, parasites or bugs being present in the body, often under the skin (delusional parasitosis), this seems to be linked to crack use.

The women street sex working are known to use the largest amounts of crack which may partly explain why they have the highest percentage with a diagnosis (30%). Despite this they have fewer prescribed antipsychotics, in comparison only 13% of non sex workers have a diagnosis but 30% of these women have had medication. With the women that work indoors in-between.



In general these medications are commenced by psychiatrists in addition patients needs an ECG and blood tests prior to commencing and then continued monitoring. For sex workers complying with these requirements is very difficult. The lifetime prevalence for psychosis & schizophrenia is 14.5 per 1000 people (NICE 2016).

Drug & Alcohol Dependency

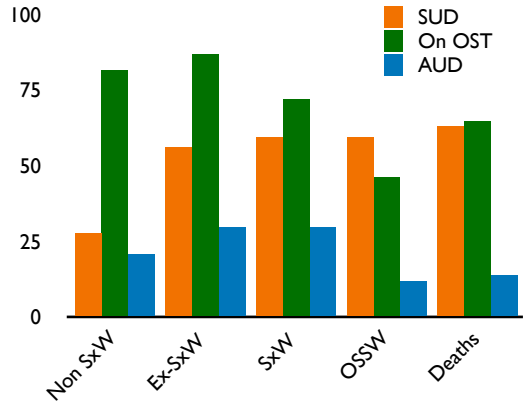
Substance Use Disorder (SUD) is highest amongst sex workers (60%), there is a significant difference in the proportions in treatment. SUD is specifically heroin and crack cocaine in this report. Some women use other or additional substances, such and benzodiazepines and pregabalin this is less common.

Opiate Substitution Therapy (OST), is methadone or buprenorphine, prescribed in specialist services for patients to take instead of heroin. It works on the same opioid receptors to prevent opiate withdrawal ('cold turkey' or 'rattling').

	All Women	Non SxW	Ex SxW	Current SxW	OSSW	Deaths
SUD (%)	50	28	56	60	60	63
On OST (%)	64	82	87	72	46	65
AUD (%)	23	21	30	30	12	14

The link between sex work and drug use is evident when compared to the women that don't sell sex, of whom only 30% use crack and heroin, they also have a higher percentage in treatment.

These figures are similar for women that have exited sex work. From this data we don't know if the sequence of events is important, ie. is it getting into treatment that enables women to exit, or do they need to exit to be able to reduce their drug use. In reality it's probably a combination of many variables. However the data suggests as external risks from sex work reduce women use less drugs and access support.



It is recognised that street sex workers often engage in high risk drug taking, both in amounts and methods of use. Many use several hundred pounds a day of crack and heroin, which is usually injected. They are then in a cycle of; work, score, use. When this is combined with homelessness, poor mental and physical health, trying to get to appointments for drug treatment isn't realistic or viable, hence the difference in those on OST. This is shown when comparing the numbers in treatment between OSSW and all other groups.

The proportion on OST when they died is comparative to the other groups. But they also had the highest number dependent on drugs.

Alcohol Use Disorder (AUD) or alcohol dependence is highest amongst sex workers and ex sex workers. Addictions are frequently 'swapped'. It suggests the underlying problems haven't been managed or treated and the person is continuing to use harmful 'coping' strategies.

Substance Use Disorder & Mental Health

The link between drugs and poor mental health is well established so this data was reviewed see if any patterns could be found. Again both coding and medication prescribing were used as search criteria.

Based on coding all groups have similar rates of depression, slightly higher in those that have recovered from SUD. However double the number using drugs have a diagnosis for psychosis, this is the same for opiate and non-opiate users. This doesn't inform if the psychosis started first and drugs were used to 'self-medicate' or the change in MH was due to drug use.

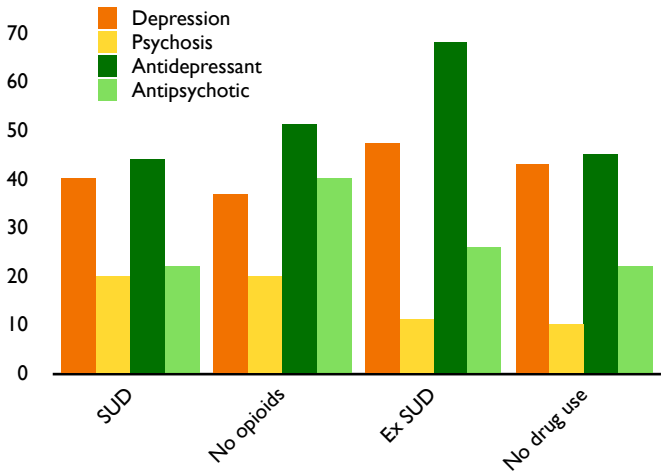
Only 45% women that have never used drugs have been prescribed. Potentially they are more stable and able to engage in assessment and ongoing consultations to remain on medication.

	From Coding		From Prescribing	
	Depression	Pyschosis	Antidepressant	Antipsychotic
SUD (%)	40	20	44	22
No opioids (%)	37	20	51	40
Ex SUD	47	11	68	26
No drug use	43	10	45	22

The women that have overcome their SUD are the most likely to have been prescribed antidepressants in the past 5 years, at nearly 70%. They are similar to the non drug users, they are able to engage in treatment, so potentially this does show the women with SUD do have higher rates of depression, but it's only when they are in recovery they can access treatment.

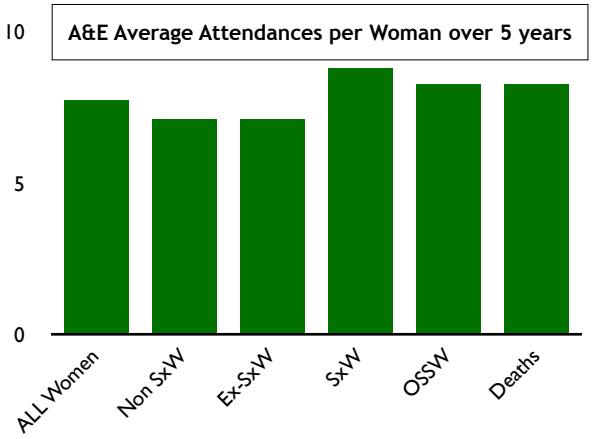
The lower rates of prescribing antidepressants for those using drugs could be based on the premise that medication is less effective whilst people are either misusing drugs or alcohol. This is a controversial area. Some clinicians don't prescribe in these scenarios. Others have a different perspective and feel because the MH difficulties may of proceeded the drug use and trying to treat this is necessary, if the patient is going to be able to stop 'self-medicating'.

With antipsychotic prescribing it's the women using drugs other than opioids that have nearly double the rate of prescribing than other groups. As previously discussed this group are probably using crack but without heroin. Crack produces an intense 'high' and it's thought for some a particular type of psychosis. Many people using crack use heroin to help with the come down or crash that occurs once the effects wear off. Heroin is very effective for this, it's also recognised as an effective antipsychotic. So possibly if women are only using crack they may be experiencing a more intense or persistent psychosis and hence the higher rates of prescribing. This is supposition, closer scrutiny of the group, when and why they were prescribed may provide alternate explanations.



A&E Attendance

Average A&E attendances per women over a 5 year period was calculated



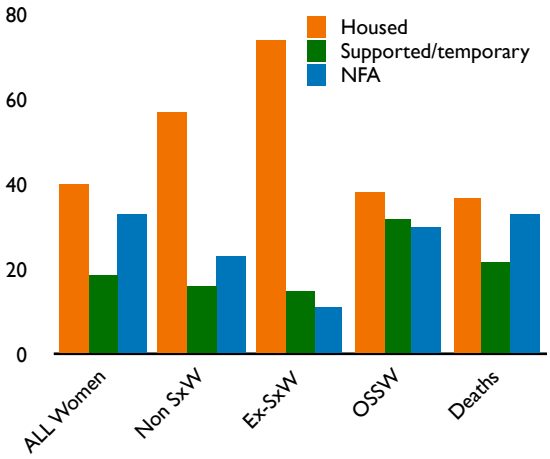
If A&E use can be considered an indicator for health need the groups most in need are sex workers and those that have died. This is only a vey basic measure, why they are using A&E and outcome of the attendance hasn't been established but could be valuable in understanding need better.

Housing

Ex-sex workers are the the most likely to be housed, whether becoming accommodated is why women exit or exiting makes housing viable hasn't been evaluated. However housing and being in drug treatment potentially correlate with exiting. A similar pattern is seen with housing as was with SUD. Observationally supporting women in to safe secure good quality housing enable them to start making different choices. If they have a refuge they start to have some stability, they can use less substances and therefore don't need to sex work as much. If they don't have to work they don't need as many drugs to make it tolerable and the cycle can be interrupted. This reflection is shared by partner agencies.

The highest percentage homeless are those seen on outreach, which demonstrates the service is seeing the most appropriate women.

	All Women	Non SxW	Ex SxW	Current SxW	OSSW	Deaths
Housed (%)	40	57	74	38	31	37
Supported/temporary (%)	19	16	15	32	10	22
NFA (%)	33	23	11	30	57	33



Current sex workers have the highest percentage in supported accommodation, which is positive. It could potentially be worthwhile prospectively observing the women to look at longer term outcomes, specifically if they are then able to secure more permanent housing and exit sex work.

This review hasn't looked more closely at which specific supported or temporary accommodation women are in, as the numbers are relatively small.

22% of the women that died were in supported accommodation. Further analysis of the group will be provided later in this report.

Recurring Themes, Concerns and Social Needs

The amount of information available from medical records varies enormously. When it is uncertain the women have not been included in outcome figures.

Multi-Agency Risk Assessment Conference (MARAC) is a multi agency meetings consisting of various specialist teams (police, housing, social services, children's services, substance misuse services and others). They discuss any cases of domestic abuse referred. If they meet the criteria of high risk the victim is placed under MARAC and a plan made to safeguard them.

MARAC is well coded in medical records 50% of sex workers and 40% of all these women have met the criteria on at least one occasion in the past 5 years. This is probably an underestimate as many incidents aren't reported. Whilst it's recognised one in four women will experience DA in their lifetime, for these women violence and abuse is almost a constant. Often replicating relationships that began in childhood.

These reasons for these abusive relationships are incredibly complex, regardless the outcome for the women is increased risk, poor wellbeing and probable social isolation.

Being remanded or released from prison is relatively easily identified from medical records. In general sentences are short and due to acquisitive crime - usually closely related to drug use.

It is an indicator of how complicated the lives the women lead are. Prison is rarely beneficial, and in general Criminal Justice Services recognise this, avoiding remand until they have exhausted all other avenues.

Nearly 80% of ex sex workers have spent time in prison, again whether time in prison is linked to them exiting can't be known from this data.

	All Women	Non SxW	Ex SxW	Current SxW	OSSW	Deaths
'Looked After Child' (%)	30	25	30	33	30	23
Childhood trauma (%)	87	84	90	91	91	83
Childhood sexual abuse (%)	35	34	25	51	33	20
Abusive relationships as adult (%)	95	87	100	100	100	100
MARAC past 5 year (%)	40	31	48	52	47	33
Prison (%)	58	42	77	70	67	70

Childhood history is difficult to gather reliably from medical records so accuracy is limited.

Childhood trauma or Adverse Childhood Experiences (ACEs) have been evidenced to worsen health outcomes in adulthood. Nearly half of UK adults have experienced one ACE and 9% experienced four or more. Six ACEs can reduce life expectancy by 20 years.

ACEs are 'highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of the young person's safety, security, trust or bodily integrity.' (Young Minds, 2018).

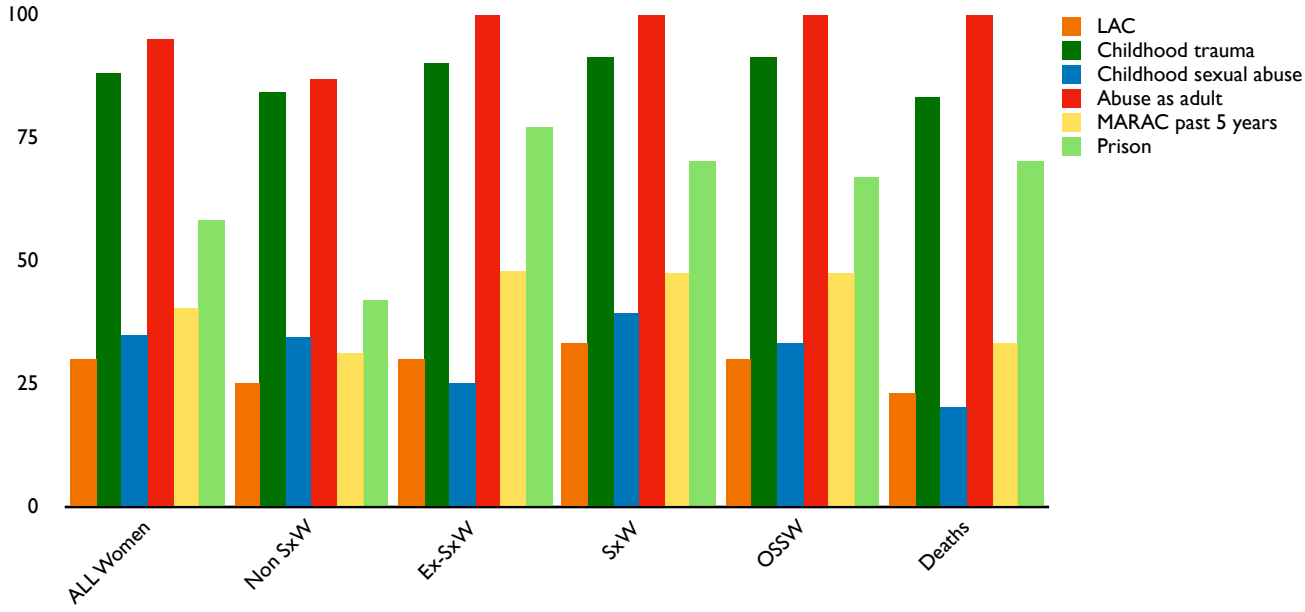
It's not possible to identify specific ACEs, but in the records where childhood details are documented, up to 9 in 10 women they experienced at least one event that caused psychological distress. Neglect was particularly common, along with parental separation. Traumatic events continue to occur as adults, many experience unexpected bereavements as friends and partners die young.

Removal of children is common, there are 61 women that sex work that have definitely had children. 100% of these women have had their children removed from their care. Even amongst the non sex working women the rate is 82%.

Of the current sex workers it was possible to ascertain a history of childhood sexual abuse in 30% of the women and 33% of those seen on outreach. This seems stark given many have few medical records from childhood.

In total 59 women experienced childhood sexual abuse,. Several were also exploited in their early teens.

Childhood history is most likely found in a comprehensive psychiatric evaluation, which for many they have difficulty in accessing mental health services (other than crisis interventions).



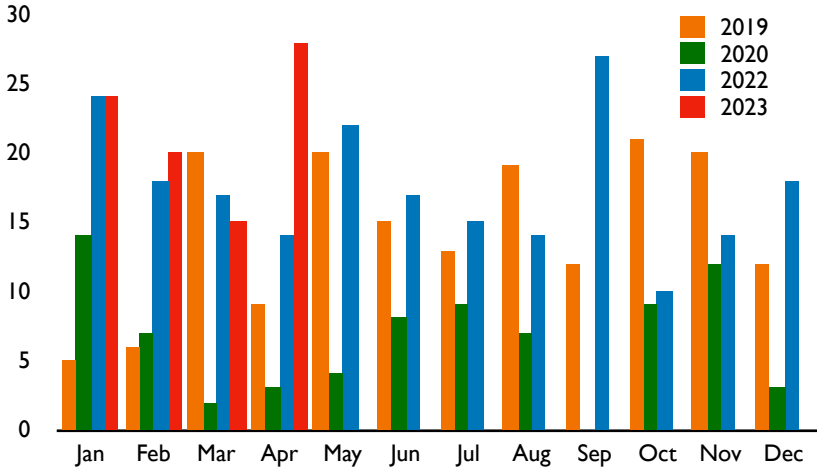
Abusive relationships as an adult were almost universal. Many have had, or are in controlling relationships, as well as physical, emotional and financial abuse.

For any of these groups at least 25% were in the care system, compare this to the 0.7% of children that were 'Looked After', in Leeds in 2020. Although social care has changed over time, the difference is considerable.

Review of the Outreach Service for Sex Workers

For approximately 5 years a dedicated outreach service, on Thursday afternoons has been provided for women only. The service is run from a specially adapted bus that operates as a safe clinical space. It is able to provide a similar level of care as that in a standard GP surgery clinical room

This review looks at data from January 2022 to the end of April 2023. Over that time period saw 59 different women, in a total of 288 consultations (~24 per month). Their average age was 36 years.



The service runs alongside a drop-in service run by a non-statutory organisation - The Joanna Project, based in Holbeck Leeds. They support women that sex work or are at risk of sex work. The clinic is designed to try meet the needs of a highly vulnerable, marginalised group. YSHP also works closely with Basis, this service also supports women in or at risk of sex work.

Reason for Consultation

The most common physical health complaints were; infections (skin and chest), injuries from accidents/violence, skin problems and sexual health concerns. Often physical health needs were a consequence of drug use, with abscesses, DVTs (blood clots) and cellulitis (skin infection) frequently seen.
With mental health symptoms depression and anxiety were the most prevalent (depression 43% consultations). This was followed by psychosis which was discussed in 15% consultations.

Social concerns and difficulties were often discussed. In particular housing and financial problems, and abuse within intimate relationships.
Over 50% of consultations included discussion of drug and alcohol use. 55% were to start or continue OST medication (83 of all consultations).

Drug & Alcohol Dependency

Of the 59 women 35 are dependent on heroin (60%). Estimated incidence heroin users in UK is <0.5% of the population. 46% are in treatment and on opiate substitution therapy (OST) - methadone or buprenorphine.
81% of those in treatment have housing.
85% NOT on OST are homeless ('no fixed abode'), mostly staying in crack dens or trap houses.
2% were alcohol dependent, further 19% were regularly using drugs, predominantly crack cocaine.
Only 8% were not using any substances.

Housing

27 women (46%) were homeless - 'no fixed abode' (NFA), usually sofa surfing between friends or staying in trap/crack houses .This exposes them to further exploitation, violence and risk, which will negatively effect their mental health. As mental health deteriorates, without the ability to access positive support, drug use will escalate to try 'self-manage', leading to a perpetuating cycle.

As a positive 14% (8 women) did go from NFA into accommodation. All have maintained their tenancies, to varying degrees of success, they have all experienced a period of stability.

Comparison Between Outreach 2022-23 & pre Covid (2019-20)

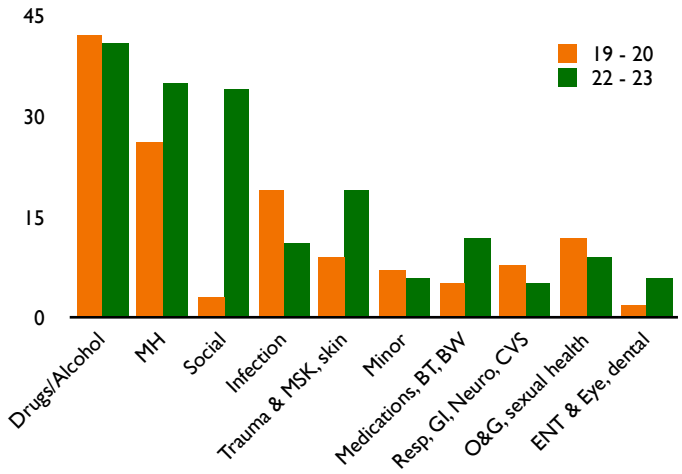
During Covid the outreach sessions ceased for a period of time, based on government guidelines.

The Managed Approach established by Leeds City Council in 2014 also ceased. Different GPs ran the service before and after Covid so for all these reasons a comparison based on some basic data was completed.

(https://democracy.leeds.gov.uk/documents/s208220/Managed Approach Independent Review Report Appendix 080720.pdf)

Average consultations per month in 2020 14.3. This, not surprisingly reduced by over 50% in 2020 to 6.5 due to Covid. Positively attendance increased in 2022 to an average of 17.5 and to end of April 2023 this continues to climb to 22.6 consultations per month.

Subjectively there seems to be more 'new women' often brought by a friend, already known to outreach. Regularly attending a weekly multidisciplinary meeting, that discusses all the women has probably aided increased attendance, as we're able to offer immediate advice and agree plans with colleagues.



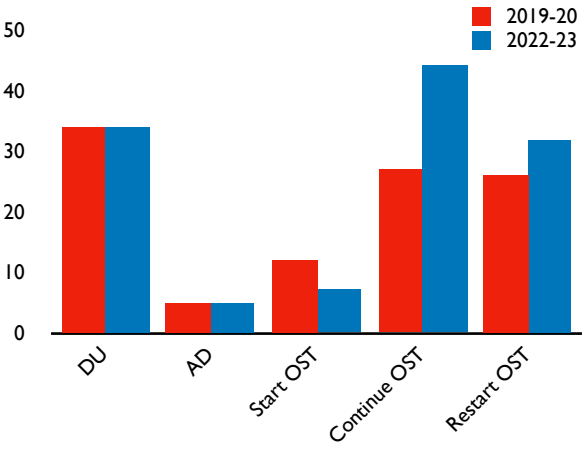
Reason for consultation was compared. The chart shows how frequently conditions were enquired about (as a percentage of all consultations in each time period).

Social problems have become far more prevalent as a reason for seeing outreach. There are many variables, some internal (which staff run the clinics) and others are external (Covid, cost of living). Regardless of the cause, there is clearly a need, so future service development Needs to try meet this need.

Women asking for mental health support has increased by 10%. This hopefully reflects that the women are more likely to come because they know a specialist MH nurse is available. But it could reflect increasing prevalence of MH difficulties.

The number of women presenting with physical trauma or musculoskeletal problems has doubled, there's no clear cause. Although there is concern the women are experiencing increased violence and therefore presenting with injuries. With the loss of the Managed Area there is potentially increased risk. The geographical locations women work from has expanded. The number with infections presenting has halved, again why is unclear.

The number requesting referral to a dentists increased short-term due to advertising on the bus for a specialist service available to YSHP patients, unfortunately this is no longer available.



Relating to drug and alcohol use, there's been a reduction in the number starting OST, but more seem to be continuing on treatment which is positive. Interestingly the number of consultations for drug and alcohol use is unchanged and remains a third of part of all consultations.

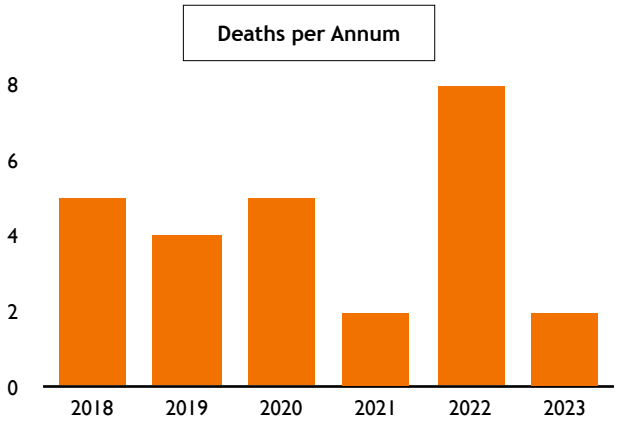
Deaths

It was possible to review the medical records of 26 women that died in the past 5 years.
The women were identified through a search of YSHP medical records database and by Basis. Basis were able to identify women that had previously been registered with YSHP.

Average Deaths per Annum

Why there were more deaths in 2022 isn't clear. No deaths were directly due to Covid. However the indirect effects of reduced contact with services may of contributed.

Most noticeable was the average age of death 41 years. Average life expectancy for women in the UK is 82.9 years (ONS 2020). Even in the most deprived areas of the UK life expectancy in 76 years. One-third of these inequalities are due to higher mortality rates from heart and respiratory disease and lung cancer.



It has been possible to obtain cause of death for 17 women, in eight cases drug intoxication or overdose was the direct cause of death. It was a secondary cause for 2 women.
Further 8 deaths drug use was probably an indirect cause from infection in 7 cases. One death was due to from pulmonary embolism (blood clot) due to injecting.
Two were due to alcohol related liver disease and two were due to suicide. Only one death was expected.
In 14 of the 17 deaths (82%) a substance misuse disorder was either a primary or secondary cause of deaths.

	Primary Cause	Secondary Cause
Drug intoxication or overdose	8	2
Infection/sepsis	1	4
Suicide	2	
Organ failure	2	
Pulmonary embolism	1	
Alcohol related liver disease	2	
COPD		1
Cancer (myeloma)		1
Trauma (pedestrian hit by car)	1	

42% of the women died at home, a further 7 (27%) women died in a public place. Sometimes because they were homeless, other times they were found some time after they'd died.
Only 20% died in hospital, perhaps this demonstrates they didn't seek medical help, even if they were feeling unwell. This was the case for four women that services were trying to persuade into hospital due to concerns. But the women refused due to previous experiences in hospital, that they found difficult for a myriad of reasons.

63% were dependent on drugs with 65% of these in treatment. Similar to the women currently sex working, but a higher percentage were in treatment.
Housing outcomes were similar again to the women sex working, all suggesting they were living more chaotic lives without their basic needs being met.
35% were actively sex working up to when they died, it's not possible to comment definitively on the other women.

They had a lower number under MARAC there's no obvious reason for this, unless they were less likely to be in an intimate relationship.
However they had one of the higher proportion that had been to prison, there's n nothing to suggest this linked to an increased risk of dying. The number is similar to sex workers so potentially it relates to having similar lifestyles.

It was noticeable that several had a single of double leg amputation. Seven women were in wheelchairs, all the amputations were secondary to complications of drug use and usually groin injecting.
A further nine women had a history of DVT. In all, 65% of the women had some complication from groin injecting.
Overall 55 (23%) women had a code that indicated a significant vascular complication from groin injecting. In those that died this was nearly doubled at 42%. Due to the quality of data, it isn't possible to argue an association or causal link. But it could suggest these types of health problems may indicate these patients need increased support and monitoring.

The other prominent difference for this group was the number dependent on drugs and alcohol. Over a quarter of the women that died were dependent on both, ex sex worker had the second highest number using both at 11%. For the other groups it was under 10%.

CONCLUSIONS

The 244 women in this audit account for a relatively small proportion of YSHP patients (4% of all patients currently registered) but they have many unmet needs.
There are recurrent themes, particularly drug dependency, homelessness and repeated trauma as children and adults.
Much of the physical health need is related to drug use.
Much of the mental health need is a consequence of trauma.
When the women are homeless it is very difficult to keep them OST, which could improve their health and reduce risk.
These unmet needs correspond to other marginalised populations.

The recent scoping report to identify the health needs of sex workers in Yorkshire and the Humber recommended exploring what the wider determinants of health mean to these women. These can seem difficult to measure or quantify, in the US screening tools have been designed to screen for social determinants of health in populations with complex needs.
Health Leads Social Screening Toolkit allows Users to design their own questionnaire, from a bank of validated questions. (www.healthleadsusa.org).
The Frailty Score is also being used more widely through the NHS (https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2022/02/rockwood-frailty-scale_.pdf). Using scoring systems such as these gives a overall numerical value that can enable comparison between groups, but also monitor an individuals circumstances over time.

The report also highlights that almost all the care the women receive is tertiary, managing health need rather than prevention. This is an area YSHP and Outreach are trying to address, in particular asthma/COPD management, smear tests and contraception. In addition over 40's health checks are available, though only 27 women who sex work would be eligible. However trying to offer an annual health screen could be trialled. This may also allow services to identify women with some of the risks factors that potentially could increase the risk of dying; vascular consequences of drug use, combined drug and alcohol dependence and potentially increase use of healthcare.

Often locating the women is a barrier and for them despite best intentions afternoons are often not ideal given their night based working. Ideally we would like to offer more time but are currently limited by funding. We are about to start evening outreach with Basis, this should complement what is already offered.