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### *Acknowledgements*

We are very grateful to all the member projects who submitted examples of their work and project evaluations. Wherever possible we have included summaries of effective practice examples.

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## UKNSWP submission to Home Office review of local effective practice: summary of main points

This submission is based on the expertise of UKNSWP member projects, some of which have more than 20 years' experience of providing support services to sex workers. It also draws on the research and evaluation literature relating to good practice in support service provision for sex workers and sexually exploited people.

The main areas of effective practice we have highlighted relate to:

- **Multi-agency partnership models to address issues relating to sex work, tailored towards local needs. Some basic principles for effective partnership working include:**
  - Mapping of sex work in the local area, needs assessment and identification of key issues and concerns;
  - Community engagement, which to be effective and representative should recognise sex workers as part of the community and include experiences and views of a diverse range of individuals involved in or affected by sex work and sexual exploitation;
  - If necessary, mediation between local residents and sex workers, through sex work projects or other organisations with relevant expertise which are able to take into account the views and needs of all parties;
  - Multi-agency forums which include relevant stakeholders, including specialist sex work and sexual exploitation support projects and representatives of sex worker organisations, in order to develop an integrated response to concerns. The inclusion of sex workers should be facilitated by offering appropriate support and safeguards;
  - Local partnerships and services should respect sex worker self-organisation, for example around labour rights, health and safety initiatives, peer support or advice.
  - Development of practitioner forums as part of wider multi-agency arrangements, involving specialist sex work projects and other health and social care practitioners;
  - Referral pathways can also be agreed collaboratively within a multi-agency partnership framework, enabling the creation of an integrated package of support. This will require a sensitively negotiated information-sharing agreement;
  - It is also important to have a written strategy for partnership work and local responses to sex work, based on robust evidence from research, meaningful local consultation and experience.

UK NSWP stress that whatever priorities are identified locally, multi-agency partnerships must accept their duty of care for all citizens and responsibility for public protection, including the public safety and protection of sex workers.

- **Support project and police/partnership liaison: the diverse experience of member projects and partner agencies has highlighted a number of effective practice principles:**
  - Close communication and liaison between police and projects;

- Police to respect and value the role and professionalism of sex work support projects; Police and projects to respect their different organisational roles and requirements;
- Police to include sex workers in public protection policing and to include crimes against sex workers and their safety in their priorities;
- Police to engage with local sex work support projects' incident reports schemes and work with local projects to establish appropriate mechanisms for Ugly Mugs intelligence to go into police intelligence systems;
- Negotiation of local information sharing agreements which respect mechanisms of service user consent and confidentiality practices of projects;
- Appointment of a strategic lead officer within the force to coordinate the varied links and initiatives and to deal with any blockages and complaints;
- Appointment of appropriately trained and experienced police sex work/prostitution liaison officers for consistency relating to operational issues and liaison with projects;
- Establishment of formal links and communication between sex work projects and specialist police units, such as neighbourhood teams, hate crime units and specialist rape and sexual assault units;
- Projects to act as an intermediary between police and service users to encourage formal reporting of crimes to the police;
- Police to work with local projects to carry out proactive actions and initiatives to communicate to sex workers that crimes committed against them will be taken seriously and to encourage reporting;
- Projects to be involved in training for police officers who are likely to come into contact with sex workers;
- Police and projects work together to agree local agreements are in place to ensure policing practices do not directly undermine public health and social care interventions;
- Police should work with support projects to establish mechanisms for voluntary and diversionary referral to support projects and to establish forums where police and projects can appropriately share concerns about the safety and welfare of sex workers;
- Police to consult with local sex work support projects prior to planning enforcement activities related to sex work and sexual exploitation.
- **Support and service provision: key effective practice principles include:**
  - Specialist and targeted provisions for sex workers and sexually exploited people;
  - Client-focused, person-centred approach which encourages regular user feedback and user involvement in planning and delivery of services. Projects should work with service users to identify their needs (for example, undertaking needs assessment) and build in peer initiatives;
  - A non-judgemental approach by staff in support projects and other agencies, which respects sex workers' choices;
  - Recognising and responding to diverse needs, e.g. of female, male and transgender sex workers, street-based or indoor-based workers, migrant or indigenous UK sex workers;

- Holistic provision: it is widely recognised that agencies and projects providing support to sex workers must work holistically to take into account the diversity of experience and health, social care and safety needs of sex workers.
- Adequate funding is essential to ensure effective local provision. Where funding is limited, it is important that national and local funding agencies are explicit about the resources available, so that realistic objectives and outcomes can be identified.
- **Key elements of service provision and delivery mechanisms include:**
  - Preventative work with children and young people;
  - Varied, integrated and accessible methods of delivery, which includes community-based outreach with sex workers (street-based and indoor workers, depending on the focus of the project), “netreach” to reach sex workers who make contact with clients via internet profiles, drop-in services, service user involvement and peer education;
  - Harm reduction, health, safety, social care and social inclusion, to meet the varied needs of service users. These may include sexual health promotion and services, mental health provision, facilitating access to general primary care and hospital services, accessible drug and alcohol information, advice and treatment where needed, housing support, advice and support relating to safety and access to support from criminal justice agencies, specialist independent sexual advisors (ISVAs), practical support, prison support, alternatives to enforcement and diversion and peer involvement and support for self-organisation of sex workers; and
  - Exit support for those who wish and are ready to move on. This should be part of a holistic service that takes into account the diverse needs and aspirations of sex workers. Effective practice research and guidance demonstrates that support to sex workers should not be conditional on exiting, as many will be excluded from such services.

Certain groups may require specific interventions in addition to the ones listed above: for example, migrant workers face particular barriers to accessing health and social care services, including language barriers, lack of knowledge of entitlements and social isolation. Male and transgender sex workers also have specific needs to be taken into account.

Finally, it is important that services to sex workers build in service and intervention evaluation, ideally undertaken by external research and evaluation professionals.

The detailed submission which follows contains many specific examples of effective practice drawn from our member projects, many of which are based on external research and evaluation. The UKNSWP has also provided good practice guidance on some of these issues and these can be accessed via the UKNSWP website ([www.uknswp.org](http://www.uknswp.org)).

## **1. INTRODUCTION: UK NETWORK OF SEX WORK PROJECTS**

The UK Network of Sex Work Projects is a voluntary sector umbrella organisation to which projects providing support services to sex workers can affiliate. UKNSWP is a charity which aims to facilitate networking and the sharing of good practice in the provision of support services for sex workers.

The aim of the UKNSWP is:

*“To promote the health, safety, civil and human rights of sex workers, including their rights to live free from violence, intimidation, coercion or exploitation, to engage in the work as safely as possible, and to receive high quality health and other services in conditions of trust and confidentiality, without discrimination on the grounds of gender, sexual orientation, disability, race, culture or religion”*

Our criteria for assessing policy and law relating to prostitution are that it should enhance the health, safety, civil and human rights of sex workers and enable the provision of accessible, quality and needs based support services.

UKNSWP has currently 61 member projects which offer frontline support services to, and have direct contact with, thousands of female and male sex workers throughout the UK. UKNSWP facilitates the sharing of good practice in the provision of support services for sex workers and promotes the health and safety of sex workers. Hence members are well placed to observe the impact of local and national policies on sex workers and on targeted services themselves. Most critically for this review our member projects are delivering services at a local level, in most cases in the context of multi-agency partnership strategies and frameworks.

There is vast experience of health and social care provision for sex workers amongst our members: some members have over 20 years’ experience of providing support services and have adapted and innovated to respond to changing client needs. UKNSWP member projects and the network itself have contributed to and informed good practice in holistic support and service provision through contributions to research, policy and practice forums. UKNSWP adopted a participatory approach, bringing together projects with significant expertise to produce good practice guidance in a number of areas to support existing and new project development. There are 5 sets of UKNSWP good practice guidance (development funded by the Big Lottery); these are on the following service provision topics:

- Outreach <http://uknswp.org/resources/GPG2.pdf>
- Ugly Mugs <http://uknswp.org/resources/GPG1.pdf>
- Working With Migrant Sex Workers <http://uknswp.org/resources/GPG3.pdf>
- Working With Male and Transgender Sex Workers <http://uknswp.org/resources/GPG4.pdf>
- Exiting <http://uknswp.org/resources/GPG5.pdf>

*All are accessible as a resource online at the web links indicated above and can be downloaded.*

Hence we hope that the views of experienced health and social care professionals working within our member projects will be given due consideration, as they are based on professional practice-based experience of working with people involved in prostitution in a range of sectors. UKNSWP also has a strong Associate Member affiliation which consists of many key UK academics with a solid background of empirical ethically-conducted research on prostitution and associated issues.

We asked member projects to provide UKNSWP with examples of current good practice in their projects and have drawn on these examples as well as previous good practice interventions in this submission. We have also drawn on the research and evaluation literature relating to good practice in support service provision for sex workers and sexually exploited people.

## **2. MULTI-AGENCY PARTNERSHIPS**

### ***2.1 Principles for partnership working***

Many UKNSWP member projects operate within multi agency partnerships and evidence shows this is crucial in order to provide an integrated and flexible service (Aris and Pitcher, 2004). Due to their vast experience in working with a range of sex workers, specialist sex work projects should be recognised as local experts in this field and should form a vital component of any partnership-based approach to provision, as research shows that many mainstream services, such as drug treatment services, are not geared towards the specific needs of sex workers and may thus fail to engage them (e.g. May *et al*, 2001; Sondhi *et al*, 2002). As we outline later in this document, sex workers have a range of needs and a specialist project dedicated to working with this group of services responds more effectively than mainstream services. Projects can also raise issues of gaps in support within multi agency partnerships. Multi agency partnerships should work towards ensuring access to holistic support. Where only certain aspects of support can be offered, rather than allowing service user needs to be addressed holistically, services should be transparent about what is not provided and be realistic about what can be achieved by individuals and projects in such a context.

It should be noted that there are area differences, and that service user needs and the appropriate partner agencies may vary according to the geographical location – for example, drug use is not a universal problem in street-based work, and thus guidelines on effective practice in project provision and partnership working need to be sensitive to context.

Key principles for effective local practice that emerge from our members' experience are:

- Mapping of sex work in the local area, needs assessment and identification of key issues and concerns. Mapping can only successfully be carried out when trust has been developed with local sex workers, who are often hesitant to be visible to the authorities due to fears of law enforcement and stigmatisation ;
- Community engagement: sex workers are part of the community and are made vulnerable when they are not recognised as such and regarded only as a problem. Community engagement should not be limited to more vocal residents' groups and individuals, but to be effective and balanced should include experiences and views of a diverse range of individuals involved in or affected by sex work and sexual exploitation. Involving sex workers in local governance can help to ensure consideration of their needs when addressing community conflicts and managing the street scene (Pitcher *et al*, 2006). Local partnerships and services should recognise the importance of sex worker self- organisation, be that around labour rights, health and safety initiatives, peer support or advice;
- Where there is tension between local residents and sex workers, projects and other agencies can play an effective mediation role (Hester and Westmarland, 2004; Pitcher *et al*, 2006);
- Multi agency forums to include relevant stakeholders: research has found that the most effective responses to community concerns in areas where street-based sex work takes place are developed with a range of partners, including sex worker support projects; and



where there are alternatives to enforcement against sex workers, such as voluntary court diversion schemes (Pitcher *et al*, 2006). Such responses also protect sex workers' safety ;

- Specialist sex work and sexual exploitation support project inclusion in partnership is key;
- Sex worker inclusion in multi-agency stakeholder structures with appropriate support and safeguards;
- It may be useful for specialist sex work projects and other health and social care practitioners who offer a network of support and services to sex workers to come together in practitioner forums as part of wider multi-agency arrangements. Without basing practice on needs assessment and evidence of effective service delivery, there is a danger of developing provision which is in the interests of an organisation rather than service users. Bringing practitioners together is one way of ensuring services are needs-led and coordinated, and that best use of local and national funding resources is made. Such forums can also be useful for sharing and encouraging best professional practice and standards. These forums should be linked to the wider strategic body;
- Referral pathways can be agreed collaboratively within a multi-agency partnership. This enables options for service users to be identified, lead agencies to be clarified and a more integrated package of support created (in some areas sub groups of strategic partnerships exist where appropriate agencies come together to share concerns about service users and put together more coordinated support);
- This will require a sensitively-negotiated information-sharing agreement which respects project boundaries of service user confidentiality;
- It is also important to have a written strategy for partnership work and local responses to sex work (based on needs assessment and consultation) with agreed terms of reference, aims and objectives, priorities and details regarding implementation, including which agencies and organisations will be involved in specific initiatives, resourcing and timelines and a strategy for sex worker involvement;
- Monitoring and evaluation of outputs, outcomes and impacts of interventions should consider issues of dispersal, displacement and changes to sex work markets (such as displacement of sex workers from one area to another, or sex workers trading sex for drugs in crack houses).

UK NSWP stress that whatever priorities are identified locally, it is important that multi-agency partnerships accept their duty of care for all citizens and their responsibility for public protection, including the public safety and protection of sex workers.

***Example of effective practice in multi-agency working:***

*Dorset Working Women's Project* in partnership with Dorset Police, Crime Reduction Initiative (CRI), Bournemouth Church and Houses (BCHA) meet on a monthly basis to discuss women who are street sex working and their families who are causing concern and in need of support. This may be because of the women's increased vulnerability, health implications (general health/mental health), very chaotic lifestyle and concerns raised about their safety whilst working, anti-social behaviour or under 18s selling sex. This group aims to provide support around issues such as substance misuse, sexual health, harm reduction, housing, legal advice, employment and training, offering a holistic approach, leading to a healthier lifestyle and developing routes out of prostitution. The partnership also shares information on offenders causing concern and aims to improve the safety and well-being of women working in the sex industry. Engagement and Support Orders are also discussed within the multi-agency team. DWWP has noticed a decline in street sex work in the Bournemouth area. This could be attributed to this multi-agency approach, as services are more accessible to women and service providers have a better understanding of the many complex issues women face when exiting sex work.

***Example of effective practice from a strategic partnership:***

The *Cardiff Sex Work Practitioners Forum* was formed at the beginning of 2009 as a part of the police *Operation Hazel*, recognizing the issues involved with sex work require a multi-agency management approach. This succeeded in bringing together a diverse range of professionals, which now include the police, health care, drug services, probation, housing services and a number of third sector organisations such as Terrence Higgins Trust, Safer Wales, Barnados, Salvation Army and In-Roads who come into contact with street sex workers as part of their daily responsibilities. The aim of the Forum is to develop a coordinated multi agency response to the needs of sex workers working on the streets of Cardiff. One of the first priorities of the Cardiff Sex Worker Forum was to ensure the work was aligned to the strategic goals of the relevant partnerships so that there were clear lines of accountability. Both the Cardiff Health Alliance and the Safer Capital partnerships agreed to sponsor this work and the Forum has been formally incorporated within decision-making structures. As a result, the Forum offers a mechanism and a structure to develop a first class service model for sex work for the City of Cardiff. Success factors include: the commitment of senior managers within the police and community safety team; the appointment of a focused, proactive Chair experienced in partnership working who brings neutrality and objectivity when facilitating the work of the Forum: this has allowed very contentious and sensitive issues to be discussed in a safe environment where everybody has been heard and had a voice; the experience of voluntary sector partners with a track record of working with sex workers; working closely with the local university, whose active involvement and expertise ensures the combining of practice with the evidence base: this is imperative in developing a sustainable model of practice. The local infrastructure of neighbourhood management has been a significant factor in supporting this work as it has allowed forum members to engage with local support and resources and has facilitated rapid response to developments.

**Examples of good practice: community engagement and mediation:**

In a research project for the Joseph Rowntree Foundation (Pitcher et al, 2006), researchers identified a number of benefits from mediation and project engagement with residents in a number of areas. These included: a greater understanding amongst residents and local agencies of street-based sex workers' needs and circumstances, a greater awareness amongst sex workers of residents' concerns, improved relationships between projects and residents, the resolution of specific issues of nuisance or complaint; and the establishing of mechanisms for constructive dialogue and partnership working. Residents also commented that the work of the projects in their areas had helped them to understand the problems faced by sex workers in their neighbourhood and that relations between sex workers and the residents had improved as a result of the projects' mediation work.

An evaluation of the *SWISH* project in Coventry (Aris and Pitcher, 2004) found that there was a 25% reduction in complaints about street sex working from local residents since the year prior to the start of the project. Residents and agency representatives interviewed attributed this to the liaison work undertaken by the project. As a result of the project's activities in the neighbourhood, residents felt that their concerns were taken seriously by project workers.

## **2.2 Support Project and Police Partnership/Liaison**

UKNSWP members work within a range of partnership contexts, with diverse partnership, communication and liaison arrangements between projects and local police forces. From these diverse experiences are drawn a number of effective practice principles and initiatives for partnership work with sex work and sexual exploitation projects and the police. These are summarised here:

- Close communication and liaison between police and projects;
- Police to respect and value the role and professionalism of sex work support projects;
- Police to include sex workers in public protection policing and to include crimes against sex workers and their safety in their priorities;
- Police to engage with local sex work support projects' incident reports schemes and work with local projects to establish appropriate mechanisms for Ugly Mugs intelligence to go into police intelligence systems;
- Police and projects to respect their different organisational roles and requirements;
- Negotiation of local information sharing agreements which respect mechanisms of service user consent and confidentiality practices of projects;
- Appointment of appropriately trained and experienced police sex work/prostitution liaison officers for consistency relating to operational issues and liaison with projects;
- Establishment of formal links and communication between sex work projects and:
  - Neighbourhood teams in areas policing sex work
  - Public protection Unit and specialist rape and sexual assault units

- Hate Crime Units
  - CID
  - Major Incident Teams
  - MARAC
  - Family Support Units and those dealing with sexual exploitation
  - Diversity Training Units
- Appointment of a strategic lead officer within the force to coordinate the varied links and initiatives and to deal with any blockages and complaints;
  - Projects to act as an intermediary between police and service users to encourage formal reporting of crimes to the police;
  - Police to work with local projects to carry out proactive actions and initiatives to communicate to sex workers that crimes committed against them will be taken seriously and to encourage reporting;
  - Projects to be involved in training for student officers, officers with involvement in policing sex work or involved in specialist policing units where an awareness of the needs of sex workers (male, female and transgender) and the services support projects can offer would be beneficial. Inclusion of sex work in diversity training and other appropriate training addressing groups in the community with particular policing needs. Police officers who come into contact with male sex workers, should receive diversity training on needs of male sex workers so appropriate intervention and work can be done with the men involved. Policing practice and policy should be gender nuanced and reflect the needs of men involved in sex work as well as those of women;
  - Police and projects work together to agree local agreements are in place to ensure policing practices do not directly undermine public health and social care interventions, e.g. agree that the cautioning of street sex workers for soliciting as they leave, or are in close vicinity to a project drop-in/mobile unit/outreach car does not occur;
  - Within a staged approach to enforcement, police to consult with local projects and explore potential for a mediation role;
  - Police should work with support projects to establish mechanisms for voluntary and diversionary referral to support projects and to establish forums where police and projects can appropriately share concerns about the safety and welfare of sex workers;
  - Police to consult with local sex work support projects prior to planning enforcement activities related to sex work and sexual exploitation. This should include consultation in relation to any activities relating to off street sex work. Police and projects can work together to create risk assessment criteria for example in relation to concerns about exploitation.

**Examples of effective practice in project and police partnership work:**

*Armistead Street outreach and support project (Liverpool)* and Merseyside Police have a close working relationship. The project and Neighbourhood Inspector in the area where street sex work is focused have regular meetings to discuss issues of sex worker safety, welfare and any wider community issues which can inform project mediation. The project has a named operational and strategic police liaison officer. A named force strategic lead liaises closely with the project and concerns re policing can be taken to this officer. *Armistead Street* via a specialist ISVA has weekly liaison and meetings with the Unity Team, specialist rape and sexual assault team and also has regular meetings with the Major Incident Team regarding unsolved sex worker murders. Merseyside police has appointed a single point of contact for Ugly Mugs report data and a named police analyst deals with this intelligence which informs the tasking of officers in relation to crimes reported and investigating perpetrators.

*ONE 25 Project Bristol and Bristol drugs Project* have a close working relationship with Avon and Somerset Force, they have regular meetings and liaison with the police prostitution liaison officer and Ugly Mugs report data is take by the police and formally linked to police systems. The projects also have close links with the specialist rape and sexual assault unit.

*SWISH, THT, Coventry*: have a close working relationship with West Midlands police in relation to violence against sex workers, complaints of nuisance and police activity relating to street and off-street prostitution. The police have consulted the project about a traffic light system to aid in the identification of risk in relation to off street premises which can be used to direct policing resources.

### **3. SUPPORT AND SERVICE PROVISION**

#### **3.1 Key effective practice principles**

**Specialist and targeted provisions for sex workers and sexually exploited people are needed:**

Workers in the sex industry may often not access health, drugs and social care services because of fear of discrimination if they reveal their sex work (Faugier and Cranfield, 1994; Hunter and May, 2004; Bright and Shannon, 2008). In many cases, this fear is justified, as sex workers have experienced judgemental attitudes from staff in many mainstream agencies (EUROPAP, 1998; Brighton Oasis Project, 2003; Campbell *et al*, 1995; Aris and Pitcher, 2004). As well as taking a holistic approach which recognises the diverse needs and circumstances of sex workers, specialist sex work projects can play an important role in raising awareness and training staff in mainstream agencies, to inform them of sex workers' service needs (UKNSWP, 2003; Galatowicz *et al*, 2005).

**Needs Assessment/Client focused/Person-centred Approach:** Projects should be person-centred and responsive to sex workers' needs, encouraging regular user feedback, to ensure their services reflect actual rather than assumed need. User involvement in planning and delivery of services is also an essential component of good project practice (O'Neill and Campbell, 2001). Projects should work with service users to assess and identify their needs and create personalised packages of support (Hester and Westmarland, 2004)

**Example of effective practice: needs assessment engaging sex workers and agency partners:**

SWISH in Coventry was one of 120 groups selected in 2004 to undertake community engagement research with disadvantaged groups, funded by the Department of Health through the University of Central Lancashire. The aims of the research were primarily to undertake a needs assessment amongst street-based and indoor sex workers in Coventry to provide mapping of drug use, specifically Class A poly drug use (crack cocaine and heroin) and alcohol. These had previously been identified as the main drugs used by the client group. A further consideration was the impact drug use has on accommodation for the client group, as many identify themselves as homeless. The project was also designed to provide information in order to develop SWISH and other services to address gaps in current provision. Three researchers were recruited from the SWISH volunteer base and service users were consulted about the design of a survey questionnaire that was administered to street-based and indoor sex workers. The study found a large difference between indoor and street-based workers, with the latter being more likely to use drugs and to have experienced homelessness and a range of other problems during their lives. The findings from the survey were used to inform future work of the project and service provision in other agencies, to ensure that services were more responsive to the diverse needs of sex workers. (see Galatowicz et al, 2005).

**A non-judgemental approach** by staff in support projects is vital to ensure engagement of sex workers (Brighton Oasis Project, 2003; Pitcher, 2006). This includes respecting choices, including the decisions of sex workers wishing to move on and those who wish to work safely within the sex industry.

**Effective practice examples: non-judgemental support:**

*Ashton, Leigh and Wigan PCT* off-street commercial sex workers project provides a non-judgemental and flexible service to off street sex workers in their home or at their place of work. Through the building of a good working relationship service users are able to approach the project officer for any related issues. One sex worker felt able to have a smear test after a 20 year gap between testing as a result of counselling. Service users are able to discuss a wide range of topics with the project officer, from exiting sex work to concerns regarding STIs.

An evaluation of *Brighton Oasis* project found in its interviews with service users that the project was seen to offer unbiased advice and help and 'non-patronising and good-humoured support'. Its non-judgemental advice was seen as an important aspect of the service.

*The SAFE Project, Birmingham* seeks to promote the health and well-being of women who have worked, are working, or are potentially involved in the commercial sex industry. It aims to reduce the harm associated with sex work and empower women to make positive choices. The project does not aim to control, reduce or promote commercial sex work, but to reflect the differing needs of individual service users, through offering a wide range of services and resources. The project offers time and space to listen, support and understand female sex workers and their lives.

**Recognising varied needs:** Projects may work with street sex workers, indoor workers, migrant or indigenous UK sex workers, female, male or transgender sex workers and needs may differ according to each group, as well as being specific to individuals (UKNSWP, 2004; Pitcher, 2010). Street sex workers in particular have profiles of socio economic disadvantage. They tend to be more marginalised from mainstream services, be vulnerable to violence and present complex needs, requiring a range of support e.g. crisis intervention, harm reduction advice re drug use, safety and practical help, mental, sexual and physical health care needs (often related to problematic drugs and

alcohol use) welfare and legal advice services on issues such as debt, rent arrears, benefits and housing advice and support and criminal justice issues (Campbell *et al*, 1995; Pitcher and Aris, 2003).

Projects working solely with indoor workers tend to emphasise **sexual health and legal advice**, for example, where indoor workers face prosecution, or advice on registering as self-employed to enable them to pay taxes. Although violence is seen to be an issue primarily for street-based workers, indoor workers are also vulnerable. Whilst services for indoor workers concerning safety and violence are less developed than for street workers, there has been some considerable work by projects on safety for off-street sex workers (Pitcher, 2010). Although indoor sex workers may not experience the same degree of social exclusion as street-based workers, few disclose their work to non-specialist services and may also hide their occupation from friends and family.

**Holistic provision:** It is widely recognised that agencies and projects providing support to sex workers must work holistically, to take into account the diversity of experience and health, social care and safety needs of sex workers (O'Neill, 1997; AHRTAG, 1997; Ward and Day, 1996; EUROPAP, 1998, Hester and Westmarland, 2004).

***Examples of effective practice in holistic and user-focused services:***

*Women's Work, Derby*, is a national award winning charity working holistically with vulnerable women to offer a confidential support, advice and counselling service. Women's Work delivers a range of projects aimed at vulnerable women and their families primarily affected by substance misuse issues, targeting primarily street sex workers, and supporting women in the criminal justice system in order to reduce re-offending. The Big Difference (street sex worker support) project provides respite, advice and support for women involved in substance misuse and street sex work, to improve their health and well-being and reduce the risks to themselves and the community. This project was established in 2003 and funded via The Big Lottery Fund. It delivers a street outreach service, drop-in service, one-to-one support sessions, workshops, prison support and counselling. It also facilitates the clinical session at the Bradshaw Clinic for female substance misusers engaged in street sex work. The Project works in partnership with a number of different organisations. It has built up an average of 52 outreach contacts per month and has already exceeded its lifetime target of referring 54 women into drug treatment. Between April 2008 and November 2009, 25 women exited street sex work. This includes women who have moved from street sex work to indoor sex work with regular clients. Life skills workshops, assistance with help with job applications and information and advice through outreach are helping women to lead more independent lives. An external evaluation (Duffin & Burrell, 2010), concluded that the project is innovative in its approach to service delivery, identifying and responding to needs. Key elements of good practice in its model of service delivery include outreach and drop-in, engaging vulnerable women into structured drug treatment, and working with women to provide a range of advocacy and support services which help them to move out of sex work or into indoor sex work, which is seen as a less dangerous option.

*POW, Nottingham*, is third sector project and charity which promotes health and dignity in prostitution through empowerment support and peer education. POW offers a diverse range of services in an informal, confidential and safe setting. POW's drop in centre is open 5 days a week with evening opening. The outreach services include street outreach, sauna and flat, specialist outreach for under 18s, home, hospital and prison visits, court appearances and rehab visits. POW's drop-in services include advice, information, support, respite, referral to other services, safer sex supplies, specialist sexual health clinic, in-house counselling benefits and welfare advice, Ugly Mugs scheme and safety advice, in-house drug treatment clinics, in-house drugs worker, needle exchange, acupuncture, clothes and pen pal services, a range of training courses, confidence building activities and exit support.

**Adequate funding:** One of the main barriers to expanding provision and continuity of delivery of support services has been the limited resources available to projects, particularly those in the voluntary sector (Campbell, 2004; Pitcher, 2010). Operating in a climate of short-term and often inadequate funding has been one of the key challenges identified by sex work projects. One of the crucial aspects of the Ipswich approach was the provision of funds to meet sex workers' immediate needs (Poland et al, 2008).

As this effective practice guidance is published at a time of cuts to public funding sources UKNSWP would urge the guidance to include:

- a) Encouragement of local partnerships to work together to ensure current funding is not eroded and to support local support services to identify new funding streams (based on agreed multi agency needs-based strategies and commissioning arrangements);
- b) Encouragement of local partnership areas to support local support projects to carry out social return on investment assessments for the range of services provided to make visible economic and social value and to inform local decision making about funding;
- c) To be as explicit as possible about funding that is, and will be invested, so that realistic objectives and outcomes can be identified.

## **3.2 Key elements of service provision and delivery mechanisms**

### **3.2.1 Preventative work with children and young people**

There is considerable expertise within UKNSWP member projects of preventative sexual exploitation work and support work with sexually exploited children and young people. Also the National Working Group for Sexually Exploited Children and Young People <http://www.nationalworkinggroup.org/> is an important source of expertise for practice in this area. Children and young person-friendly, specialist, targeted interventions informed by safeguarding practices are important in this area.

#### **Effective practice examples: services for children & young people:**

*Barnardos SECOS, Middlesbrough* offers a wide range of support for children at risk or sexually exploited. SECOS works to enable young people to exit and recover from exploitation through prostitution. The project works with young people 12 – 25 years in the Tees Valley through the provision of case work, education, prevention and assertive outreach sessions. One aspect is working with police in relation to children who are missing from home, as this was a main area identified in which if early intervention takes place and support offered this vulnerable group could be prevented from becoming involved in prostitution or being sexually exploited.

*New Futures, Leicestershire:* within a wider service that provides holistic support for female sex workers, New Futures also has a sexual exploitation service. The project offers one-to-one in-depth support to girls and boys involved or exploited through prostitution, working with under 18s in preventative solution-focused positive life-choices. In the absence of suitable specialist residential supported accommodation for sexually exploited young people New Futures establishes and manages a supported, therapeutic residential home for young women.



*GENESIS, Leeds: Young Persons Preventative and Support Work.* GENESIS delivers support to adult street and off street sex workers and has a specialist preventative project which offers support to sexually exploited children and young people. The project is staffed by two Young People's workers. It delivers one-to-one case work, offering specialist support and advocacy to young women aged 21 and under who are groomed and sexually exploited or at risk of becoming sexually exploited. This support can be intensive if required and the project works with the young person as long as they feel they need the support. Prevention work is conducted with young people to raise awareness of the grooming process, sexual exploitation and internet and mobile phone abuse. The awareness sessions look at specific risks to vulnerable groups and how certain behaviours can affect or abuse, and what safety measures and rights young people can use to protect themselves from these factors. Training is provided to practitioners regarding issues young people may face, the grooming process and ways to identify vulnerability and abuse. The project has been supported by Children in Need and local authority safeguarding and had a case load of 140 young people in 2010.

### **3.2.2 Varied, integrated and accessible methods of delivery**

It is important that while services take a holistic approach, they also offer a range of flexible and accessible approaches for delivering provision, including:

- Outreach<sup>1</sup>: taking support directly to service users. National good practice guidance stresses the importance of community-based outreach with sex workers (Hester and Westmarland, 2004, UKNSWP, 2006). Outreach should be an integral part of support service provision for street sex workers and specifically for drug services for sex workers (Hunter and May, 2004). Delivery of outreach will depend on the client group and sector of sex work. Outreach is often misrepresented as a limited method of delivery but much can be achieved with assertive outreach and it has some critical functions, including:
  - Making contact with and engaging sex workers
  - Bridge to other services: promoting and encouraging access to wider support services
  - The delivery of vital harm reduction interventions
  - Crisis intervention work
  - Opportunity for referral
  - A mechanism for mapping the local sex industry.

Effective practice requires projects to review their outreach strategies to ensure they are using methods which do reach the groups they are targeting. For some years projects targeting male sex workers off street have used "netreach" to reach those who make contact with clients via internet profiles and hence are not visible in a street, bar or establishment setting. Increasingly female sex work support projects working with off street sex workers are adapting "netreach" approaches (see UKNSWP good practice guidance Working With Sex Workers: Outreach for further guidance about dynamic outreach <http://www.uknswp.org/resources/GPG2.pdf> ).

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• <sup>1</sup> For guidance about Outreach see UKNSWP Good Practice Guidance on Outreach <http://uknswp.org/resources/GPG2.pdf>

- **Drop-in services and other community based** safe space provisions (e.g. sexual health clinics, drugs treatment services, housing surgeries) offering a range of direct interventions and a gate way to other support. Having a safe and supportive space to visit regularly is also important to many sex workers (Sanders, 2004).
- **One-to-one support** (Hester and Westmarland, 2004): to ensure the more personalised, focused and in-depth support required by some service users.
- **Service user involvement and peer education:** In most effective practice guidance for sex work, health and social care support provision, service user involvement and peer education are identified as a best practice approach (ARHTAG 1997, EUROPAP 1998, 2003, 2009, Pitcher 2006, WHO 2004, UKNSWP 2008, UN, 2009 TAMPEP, 2009c).

Services should therefore be as accessible and flexible as possible: an ‘open door’ approach has been identified as essential in providing the kind of flexible services required (Pearce *et al*, 2002). This may include outreach in a range of settings, drop-ins, one-to-one case work, multi-agency case management, service user involvement & peer education initiatives.

The majority of UKNSWP members who deliver support to street sex workers have a street outreach element and outreach will be referred to in different parts of this submission.

**Examples of Effective Practice: Street Outreach:**

*Armistead Outreach and Support Project, Liverpool* delivers four sessions of street outreach per week, delivered around the clock, mostly at peak times for client contacts. A range of support and harm reduction interventions are delivered via the outreach service including distribution of safer sex supplies, mobile late night needle exchange, provisions of information and advice, referral to a wide range of in house services (e.g. one to one support, Independent Sexual Violence Advisor, Routes Out project) and referral to partner support services (e.g. GUM clinic, maternity services & drug treatment); and crisis intervention (e.g. taking service users to accident and emergency who have acute health problems, accessing service users to crisis mental health teams, liaising with hostel providers and accompanying service users who are rough sleeping to hostel accommodation). Partner agencies accompany outreach so their staff become known to service users, who then feel more comfortable accessing other health and social care services.

*One 25 Bristol and New Futures, Leicester* offer examples of projects who deliver street outreach using a mobile outreach van, with a number of sessions during the week. Service users can engage with support staff and access information, advice and referral, a number of partner agencies accompany outreach and offer information and support services and make appointments and referrals. New Futures also provides an outreach service to off street flats and massage parlours.

*Working Men’s Project (WMP), London:* WMP deliver “netreach” to reach male sex workers using the internet, providing information and advice about issues including sexual health and other advice services. The largest group of male sex workers are those who work as escorts via internet profiles. Increasingly female sex work support projects are developing netreach approaches in recognition of the large sector of female escorts advertising via internet profiles.

The majority of UKNSWP member projects working with off-street sex workers deliver regular outreach to make contact with, deliver interventions and promote wider services to off-street sex workers.

**Example of effective practice: outreach in indoor locations:**

*Blackpool's sex work outreach and support service* - SWOSS has been established in Blackpool since 2005 in response to a predominantly parlour and home-working based sex working scene. SWOSS sits within Drugline's sexual health service provision, SHIVER, and is part of a range of diverse sexual health projects established and managed by Drugline, which also include LGBT Community Working, Public Sex Environments Project Outreach Support, Sexual Health Training, S&M LGBT Venue Outreach and ISVA. SWOSS is both an in-reach and outreach service utilising a sessional worker to work with adult sex workers in Blackpool including those home based, escorts, massage parlour based, and to those utilising public sex environments. Sex workers include male, female and transgender people, transvestites and those from the BME communities. As most sex work activity is hidden in accommodation it requires an assertive outreach technique, along with advocacy and support offered to individuals to access sexual health clinics, and other holistic support including multi-agency case working.

**Example of effective practice: Drop-in and satellite outreach:**

*Dorset Working Women's Project, Bournemouth* with the support of Crime Reduction Initiative (CRI) provides a drop-in for women, who have worked or are still working in the sex industry. The drop-in is held every Tuesday afternoon from 2.30pm until 4.30pm. It is a satellite outreach operation based in premises housing the main drug/alcohol referral team for Bournemouth. The drop-in provides condoms, lubricants, information on sexual health, food, hot drinks, clothes and toiletries. Alternative therapies are offered and materials are provided for creative work. The drop-in now has a regular hairdresser who provides a service every six weeks. The drop-in is informal and friendly, with a group including women in recovery, on methadone and women who are using drugs and alcohol and sometimes leading very chaotic lifestyles. It is a very supportive group with open discussions on a variety of topics. Women can also access treatment, report Ugly Mugs, make follow up appointments for health checks, and arrange one-to-one support. As a result of women being able to access the drop-in, they have been able to be assessed by the BAT/DIP team that day and referred into treatment. The number of women that have attended from April 2009 to March 2010 is 42 (with the number of contacts over the period being 226). Once women take the first step through the door they feel safe, supported and tend to keep returning. Women can take part in art and craft workshops, nail and make up workshops and fun activities such as Bingo. A programme of educational workshops has now been introduced. These include subjects such as, sexually transmitted infections (STIs), cervical cancer, contraception, breast awareness and certificates of attendance are issued to the women. This enables women to start a portfolio and builds on their self-esteem and confidence. This could increase the prospect of long term change preparing them for other options that may be available to them in the future such as employment or training.

**Dedicated Drop-in Centre:** *MASH, Manchester* is a support service for female street and off street sex workers in Manchester. It delivers range of services via outreach, community based drop-in provisions and one-to-one support. Sex workers can access a drop-in which is open four days a week, offering advice and information, arts based activities and workshops, education and training sessions and activities, confidence building sessions, café facilities, alternative therapies and drop-in counselling services. MASH also offers a programme of social and leisure activities e.g. theatre trips and days out. These drop-in provisions are targeted at street sex workers. A sex worker only sexual health clinic is offered one daytime and one evening session per week, offering full STI screening, smear testing, pregnancy testing, Hepatitis vaccination and condom distribution. Sessions are taken up by off street and street sex workers.

### 3.2.3 Harm reduction, health, safety, social care and social inclusion

It is vital that support services meet the basic practical health, safety and social care needs of sex workers. Often meeting such practical needs is a vital part of building trust and relationships and will lead to service users being able to identify other or future needs and aspirations. These services are also vital as interventions for the stepping stones to social inclusion and ensuring that sex workers' rights to health, social care and public protection are met. When working with individuals who may experience a range of problems, projects and supporting agencies need to be realistic in their expectations and not anticipate dramatic changes within a short time. Thus it is important that projects provide harm reduction materials and advice among other services, for example in relation to safer sex or drug and alcohol use (Hunter and May, 2004).

**Sexual Health:** Sexual health promotion and services continue to be critical, because of two key issues: a range of factors inhibiting sex workers' access to mainstream sexual health services, such as fear of discrimination by health professionals and lack of knowledge about free and confidential services (particularly affecting migrant sex workers); and ongoing pressures on some sex workers to maximize earnings (such as problematic drug use, pressure from coercers and the need to pay off debts or fines) that may lead to practising unsafe sex in response to offers of higher rates (UKNSWP, 2004; Jeal and Salisbury, 2004). Targeted clinical sexual health services and other services delivered in appropriate and sensitive ways to meet varied needs of sex workers can enable them to access a full range of sexual health information screening, advice and treatment (Ward and Day, 1997; Bradford, 2002; UKNSWP, 2004).

There is considerable evidence-based research literature on good practice for delivering sexual health and HIV prevention for sex workers (UNAIDS, 2009, TAMPEP, 2009c, WHO, 2004, EUROPAP, 1998 & 2002). Sexual health provisions that have been identified as effective good practice include:

- Distribution of safer sex supplies
- Community based integrated sexual health clinic with STI screening treatment and contraceptive services
- Accessible mainstream GUM and family planning/contraceptive services, often in partnership with sex work support projects
- Community based screening in outreach and drop-in settings as a gateway to accessing mainstream clinical services
- Rapid HIV tests
- Easily accessible Hepatitis B vaccination program; some projects offer such screening in an outreach setting and Hepatitis support groups/clinics
- Access to vaccination program for HPV
- Provision of free pregnancy testing
- Provision of or rapid access to free emergency contraception
- Provision of or rapid access to PEP
- Fast track arrangements for termination of pregnancy services
- Ante-natal care particularly for sex workers with problematic drug and/or alcohol use; fast track arrangements, specialist midwives liaises with projects, e.g. on outreach/drop-in
- Up to date and relevant sexual health information, training and promotional campaigns/resources, including participatory approaches
- Assertive sexual health promotion on outreach and in other settings

- Support for victims of rape and sexual assault, including supported pathways to appropriate sexual health care, support through the criminal justice system and counselling/emotional support
- Interventions to address violence and promote safety
- Cascade training to prison staff to raise awareness about sex workers and their service needs including sexual health
- Awareness raising re sex work and sex workers' service need for health care professionals and reception staff; training and awareness raising for medical staff around sensitivity towards examinations and info gathering

For a detailed overview of sexual health issues for sex workers and good practice interventions see: UKNSWP (2009) *Sex Workers & Sexual Health: projects responding to needs, a briefing for Dept of Health, Sexual health Team* <http://www.uknswp.org/resources/Deptofhealth.pdf>.

**Examples of Effective Practice: Sexual Health:**

*SAFE Outreach Service, Birmingham:* on street and off street outreach service promotes sexual health, provides information and advice on safer sex practices, supplies condoms and lubricants, and provides on-site non-invasive testing for Chlamydia, Gonorrhoea, HIV and Syphilis. SAFE run a weekly community based sexual health clinic for female commercial sex workers only, staffed by Project Workers and a specialist Sexual Health Doctor and Reproductive and Sexual Health Staff Nurse from the GU Clinic. Many service users are not registered with a GP or accessing other health services. The clinic provides full STI testing and treatment, hepatitis B vaccinations, pregnancy tests, contraception and advice, termination of pregnancy referral, drop in, support to register and access GP services, access to language line for service users whose first language is not English.

*SHOC Haringey and Enfield:* runs a sexual health clinic for sex workers twice a week, offering sexual health screening and treatment, family planning, HIV and hepatitis testing and vaccination, pregnancy testing and termination referral. This is open to female street and off street sex workers. On-street and off-street outreach and drop-in staff deliver safer sex supplies, sexual health information/advice and refer to sexual health services.

**Examples of Effective Practice: Sexual Health:**

*Praed Street Project, London:* An NHS specialised sexual health and support service for female and transsexual sex workers and those involved in the adult film industry which has been established for over 25 years. They offer a holistic model combining outreach, drop in and clinical services to work in an integrated way with clients. The majority of clients are contacted via outreach within two local London boroughs and peer networking. Clinical testing is delivered on outreach as well as safer sex supplies and advice, and there is a daily sexual health clinic based within a GUM service specifically for sex workers, staffed by a small dedicated clinical team. There is a drop-in three times a week where project workers offer advice and support on general issues. For the last ten years the majority of their client group have been migrant women working off-street, although they do maintain a number of street working women, some of whom have drug use issues. The project aims to offer an approachable and appropriate sexual health service tailor-made to the needs of sex workers to reduce their overall risk. It offers support with general issues in an environment where women feel safe and respected and their diversity of experience is acknowledged. The project also offers full time sexual health clinic including sexual health screening; family planning service; screening for Tuberculosis, drop-in sessions via open access delivered in an informal setting where sessions are a combination of client led, themed and one to one counselling. The outreach service has adapted over the years to reflect the central London industry, currently mainly to indoor sex workers. Outcomes include positive sexual health; reduction in sexually transmitted infections; reductions in unwanted pregnancies; crisis support; opportunity to develop prevention strategies including reducing exploitation and violence; reduction of isolation and consequent vulnerability; a safe environment for women to be treated in a holistic and respectful environment. It is a fully attended service with increasing attendances every year. Praed Street reports a high level of patient satisfaction in surveys.

*Working Men's Project (WMP), London:* is the fellow clinic of Praed Street, supporting male sex workers and run by a separate specialist team.

**Primary Care: Physical & Mental Health and Well Being:** Project practice experience and research highlights the need for access to primary health care services; these needs are particularly acute for street sex worker due to the health problems linked to drug dependency (e.g. chest infections and TB for crack users, deep vein thrombosis and abscesses for injecting drugs users) and also marginalisation from mainstream health services (Jeal & Salisbury, 2007). Support projects provide a range of support relating to health, including community based health clinics, in-house community-based health provision, such as primary health care clinics, nursing and other health and social care professionals, employed within or seconded to specialist services who can provide practical health advice, care and referral to other specialist health services. Partnership arrangements with health agencies and fast track arrangements can provide access to a wide range of health care ( e.g. dentistry, supporting service users to register with a GP.

**Mental Health:** It is estimated that 1 in 4 people in the UK (ONS, 2007) experience mental health problems, hence as part of the wider community a section of sex workers will have mental health needs. Support services can play an important role as advocates to ensure access to appropriate mental health services for those men, women and transgender people who require support. In addition for some sex workers, particularly street sex workers, issues such as sexual violence, self-medication (including via street drugs), stigma and social exclusion can impact on mental and emotional health. Support services offer a range of provisions, such as non-judgemental crisis counselling delivered on a drop-in basis, longer term structured counselling and therapy,

complementary therapies, arts based therapies and activities, access to specialist counselling for victims of abuse and rape; and care pathways established with the local statutory mental health crisis team to ensure an efficient response to mental health issues.

**General primary care and hospital services:** Sex workers with problematic class A drug use are much more likely than non-drug users to have a range of health issues (e.g. abscesses, deep vein thrombosis, respiratory infections) and not be accessing mainstream primary health services (Jeal and Salisbury, 2008). As was outlined earlier, sex workers may also encounter judgemental attitudes from some staff in mainstream services. Sex worker support projects have an important role to play as advocates for service users to address discrimination and stigma within mainstream health services. Many projects educate mainstream services via training, setting up fast tracks and developing partnership provisions. Some sex work support projects offer in house primary care services or targeted provisions in partnership with health providers.

***Example of Effective Practice: A holistic approach to addressing health needs:***

*Armistead Street Night Time Health Clinic* offers a night time primary care clinic in partnership with a General Practice located in an area where street sex working takes place. Service users can see a GP for general health needs, have assessment for drug treatment, mental health and access sexual health services. Staff will also act as advocates for service users to access primary care and hospital services. They will refer and accompany services users if required. Armistead have worked closely with Accident & Emergency (A&E) managers and staff at the Royal Liverpool Hospital to address barriers to access to A&E. This has involved A&E staff accompanying outreach, a range of training delivered to A&E doctors, nurses and reception personnel by Armistead staff, raising awareness about the support needs of sex workers.

**Drug and Alcohol information, advice and treatment:** With the high levels of class A drug dependency amongst UK street sex working populations, accessible comprehensive drugs services are critical. These services are essential to reduce harms associated with problematic drug use, improve well-being and enable stabilisation so that service users can explore options and address other issues. Drug-using sex workers also need rapid access to low threshold community-based drug treatment to address their immediate needs. Our experience and research evidence show that mainstream services may be inaccessible because of opening hours, waiting lists and inflexible requirements for attendance that can be unrealistic for many street-based sex workers, due to lifestyles which may be disorganized (Becker and Duffy, 2002; Hester and Westmarland, 2004). Appropriate support should to be available when needed, otherwise sex workers may disappear from services. Hence specialist support projects, particularly those working with street sex workers deliver a wide range of needs based drugs services, including: needle exchange, harm reduction information and advice, community based low threshold, in house prescribing and drug treatment, fast tracks to drug and alcohol treatment services and/or pathways to detoxification and rehab, and assessment options in drop-in or outreach settings, stimulant interventions, complementary therapies, counselling, relapse prevention, access to leisure activities, training and education customised for people in drug treatment or in recovery.

**Examples of Effective Practice: Drug Treatment:**

*SAFE Outreach Service and Methadone Clinic, Birmingham:* offer a wide range of targeted drugs services for sex workers. The outreach team offer harm reduction advice, assessments for prescribing including attending custody blocks at police stations, liaison and advice for medical professionals concerning prescribing issues and substance misuse, assessing, testing and recommending dosage of Methadone in City Hospital, training for midwives and nurses on issues of substance misuse, referral into other Drug/Alcohol Treatment Providers or SAFE Methadone Service, accompaniment of clients into services and support them throughout their treatment, work with sex workers who have dropped out of other health services to support them back into treatment. SAFE Methadone Clinic is a best practice specialist low threshold drug treatment service for sex workers, providing on site consumption of methadone. Service users are seen by a nurse and drug worker everyday and a GP twice per week, offered drug counselling, drug testing, basic health checks, referrals and 'hand holds' to the appropriate medical service if necessary; specialist staff provide a range of sexual health services, HIV, hepatitis B and C, accelerated hepatitis B vaccinations, free condoms, personal care and hygiene, auricular acupuncture, mental health and housing support, on-site crèche and a through and aftercare support service. The service also offers support to primary crack users via group interventions and one-to-one support.

*Open Doors, London:* offers a range of drugs services targeted at female street sex workers including harm reduction information, supplies and advice & fast track into drug prescribing and primary care. In addition to their services for female sex workers they offer specialist support from a drugs worker to the male partners of street based sex workers. This is delivered in recognition that for some women involved in street sex work their drug use and sex working is shaped by their partners' problematic drug use. This is delivered in partnership with the local DAT.

UK research and project practice shows that whilst there are some cases of problematic drug use amongst off street sex work populations this is much less of an issue and hence less of a service need. That said projects need to ensure they have workers with appropriate skills to support those with drug and alcohol problems and/or have in place appropriate partnership arrangements for joint work and referral.

**Housing Support:** There are high levels of homelessness, hostel residency and vulnerable housing amongst street sex workers in the UK. Access to suitable accommodation is a crucial need for many street-based sex workers and lack of housing, particularly on leaving prison, can force women back onto the streets and into the same situation they were in before arrest (Thukral and Ditmore, 2003; Harding and Hamilton, 2008). Provision of long-term accommodation, accompanied by intensive support to help sex workers address their drug use and other problems is vital to overcome the cycle of re-offending. Some projects work with housing providers to provide accommodation for sex workers, linked in with support (Shelter, 2004). Housing issues are on less acute amongst off street sex workers but are present for some men and women working in these sectors and some projects offer housing advice and support for off-street sex workers.

Domestic abuse affects all sections of the community and hence there is a need for emergency refuge accommodation and other longer term accommodation for sex workers in all sectors with abusive partners. These needs can be further complicated for those sex workers with problematic drug use as there are fewer accommodation services for victims of domestic abuse with problem drug and alcohol issues.



### **Examples of Effective Practice: Housing**

*SWISH THT, London* have worked with *Jigsaw Housing project* (who house young LGBT people with varying degrees of need) to establish a mutual referral pathway to help young LGBT homeless sex workers into housing and to access services. They are embarking on joint work to provide quarterly professional meetings and training for housing projects to develop a supportive professional peer network to identify opportunities for housing more appropriately and swiftly.

*SWAN Partnership Northampton*: have within the staff team a part time Housing and Tenancy support worker from CAN, a voluntary sector specialist housing service, who offers specialist housing advice and support to service users.

*St Mungos and Commonwealth Housing London*: offer a number of housing initiatives specifically for women. The Chrysalis project is provided in partnership with Commonwealth Housing & London Borough of Lambeth. This is for over 18s currently involved in street based sex work and using drugs, who are homeless. It provides 33 bed-spaces across four sites, offering a range of housing and support services. It is designed to assist in building self-esteem and enabling progress toward exiting sex working and substance dependency. Referrals are taken from sex work outreach and support services. Commonwealth Housing provides self-contained flats enabling transitional move-on and progression for women within the project.

*Alabare, The Well, Bristol*: is a 5-bed home for female sex workers who want to leave prostitution. The majority of residents who come to the Well have been homeless, been involved in street sex work, some have detoxed from drugs and others are on stable reducing methadone scripts. It aims to provide a stable, safe, valuing environment which enables them to focus upon recovery. It offers a high degree of support staffed 24-hours a day, 7 days a week and each resident has an individually tailored programme with a key worker, which includes relapse avoidance and psychosexual counselling but can include a wide range of support such as supporting women re access and contact with children, providing access to education and training.

**Safety, violence and access to support from criminal justice agencies:** Sex worker support projects provide a range of advice and support relating to violence, other crimes committed against sex workers and safety. These include provision of safety information, safety training for sex workers, provision of personal safety alarms, group and peer safety initiatives, joint initiatives with sexual assault referral centres (SARCS) and specialist rape and sexual assault police teams to promote SARCS and encourage preservation of evidence, visual evidence schemes, Ugly Mugs/incident report schemes and formal reporting mechanisms with the police, support to report crimes, identity parade & court support, specialist Independent Sexual Violence Advisor (ISVA) services or access to generic ISVAs. Project and agency support, counselling and encouragement for witnesses is also essential in increasing the number of successful prosecutions of violent offenders: many projects provide or advocate for this support.

Specialist services to sex workers are invaluable when linking with police, for example, in supplying information on men exploiting young people and helping to secure convictions against coercive and violent controllers of prostitution; and through 'Ugly Mugs' systems (May *et al*, 2000; Streetreach, 2003, Stoops, 2010). Many projects liaise with police and have partnerships with police sex work liaison officers who will encourage reporting of crime and support sex workers. There is

considerable expertise amongst UKNSWP projects in relation to safety, encouraging reporting and investigation of crimes against sex workers and providing support to sex workers who are victimised. UKNSWP has guidance on Ugly Mugs schemes and associated support work:

<http://uknswp.org/resources/GPG1.pdf>

Many projects also offer access to specialist support for victims of domestic abuse or sexual abuse either via referral (with close links with local domestic violence services, refuges and specialist sexual violence support services) or in house advocacy. In the case of missing service users many support projects are proactive in locating the client or action a 'Safe and Well' check or submit a Missing Persons Report to the police. Some have formal arrangements with the police re missing sex workers.

Having a dedicated member within a sex work or sexual exploitation project dedicated to supporting victims of crime including victims of rape and sexual assault, coordinating "Ugly Mugs", working closely in partnership with the police, creating liaison and referral pathways with the police and a wide range of health and other agencies, updating and delivering safety initiatives has been demonstrated to be effective practice in terms of quality support, outcomes and convictions of offenders in the criminal justice system. Following the specialist sex work ISVA model in Merseyside a number of other projects have established a specialist ISVA service within their project. These include for example; *SWISH Coventry*, *Open Doors London*, *GENESIS Leeds* and *SWOSS Blackpool*. *SAFE & Sound* sexual exploitation project in Derby supports children and young people whose abusers are taken to court. These projects have found increased reporting, support for victims and, in some cases, convictions as a result of their work.

**Examples of Effective practice: Safety, Violence and Crimes against Sex Workers:**

*Armistead Project and Merseyside Police Partnership:* Armistead Project is an outreach and support project for women involved in street sex work. As part of wider health and social care outreach services it provides specialist initiatives to promote sex worker safety, address violence against them, encourage reporting and crime and support sex workers who are victims of crime. Amongst these are Ugly Mugs scheme to alert sex workers (this information also goes to police intelligence systems and informs investigations), safety information, advice and training, personal safety alarms, a visual evidence scheme, access to a range of experienced officers who can advise sex workers, close links with The SAFE Centre (SARC), support and advocacy for victims of domestic violence, joint training with Merseyside Police and an Independent Sexual Violence Advisor (ISVA) specifically for sex workers. This was the first such role nationally. The ISVA co-ordinates these provisions and is specially trained to offer support to victims whether they go through the criminal justice system or not. The ISVA can provide support to sex workers of any gender and will work with victims of trafficking if identified. This work has been supported by close partners Merseyside Police. Merseyside Police Force are the first force in the UK to formally treat crimes against sex workers as hate crime, indicating their prioritisation of the public protection and safety of sex workers in their approach. This partnership approach has seen a 400% increase amongst sex workers reporting Ugly Mugs willing to share their personal details with the police, an unprecedented number of cases of crimes against sex workers coming to court and of successful prosecutions. The conviction rate for crimes against sex workers reported to police in Merseyside making it to court as of January 2011 was 80% and the conviction rate for rapes of sex workers 2007-end Dec 2010 was 64%.

*GAP, Newcastle:* GAP work with socially excluded women involved in sex work; they established a "Worksafe" incident report scheme and offer safety information and advice and liaise with the police. GAP carried out a peer involvement project on safety and produced a short blue tooth film clip with key safety tips that can easily be shared amongst sex workers.

*SWISH, THT London:* offers specialist support to male and transgender sex workers regarding violence and safety. This includes supporting service users to reporting violence and criminal acts committed against them. The project liaises with police, advocates during crime reporting, provides supporting letters, lobbies the police on behalf of clients regarding investigative procedures. SWISH provide advice on LGBT police liaison contacts, referral to self-defence classes, provides safety alarms and provides warnings on particular known crime investigations in areas.

**Practical support:** service users, particularly street-based sex workers (with high rates of drug dependency, homelessness or vulnerably housed status), may need immediate practical help such as food, clothing, access to showers, personal hygiene and laundry facilities. This form of support is provided by many sex work projects and is vital in building service user dignity, self-esteem and catering for immediate and essential needs.

**Prison support:** The Sex Workers in Prison Project found considerable need for training amongst prison staff of the needs of sex workers and projects available for them and also that there was a need for more integrated approach to support and equality of access to aftercare (Clark, 2006). A number of projects are involved in training initiatives with prison staff and some deliver outreach support within prisons.

***Examples of effective practice: working with sex workers in prisons:***

*Women's Work (Derbyshire)* outreach prison support service has been running for eighteen months. It delivers an outreach support service at HMP Foston in order to reduce the incidence of re-offending, ensure continuation of support, retention in drug treatment services and to reduce the likelihood of re-engagement in street sex work. Prison support is designed to reduce the harm to individuals and communities associated with substance misuse, to reduce the likelihood of re-offending and engagement in sex work. Women are initially seen on a weekly basis, to identify support needs and address any urgent issues. Upon release women are then supported in the community via the Big Difference Project in order to continue support and reduce the likelihood of re-engagement in street sex work.

*Sex Workers in Prison (SWIP):* This initiative led by the Griffin Society carried out research on the support needs of sex workers in prison. SWIP produced guidance for sex work projects and prisons about the service needs for sex workers in prison and developed a training package for delivery in prisons. SWIP then worked with a range of sex work projects to set up partnerships with prisons to deliver this training and in some cases support interventions in prisons were also established. A number of these partnerships are still in place.

*New Horizons, London:* works with sex workers with problem drug use issues, male sex workers between the ages of 16-21, sexually exploited children and young people 16-21 and women involved in street based sex work and in prison who are over 21 years of age. They run a resettlement day at HMP Holloway targeting women involved in sex work/prostitution in London. They offer a "pick up at the gate" resettlement package to ensure women' access to housing, drug intervention, and courses and training to enable sex workers to move on if they wish. They deliver training for prison staff to recognise and work with women involved in prostitution in HMP Holloway. New Horizons link service users into their wider provisions e.g. drop-in and long term support for the women to exit sex work.

**Alternatives to enforcement and diversion:** Evidence shows that a climate of enforcement which criminalises sex workers does little to reduce sex work and has adverse consequences for public health, health promotion, harm minimisation and safety of sex workers (Harcourt *et al*, 2005; Elder, 2008). For example, the use of Anti-Social Behaviour Orders against sex workers can directly disrupt service provision, particularly for street sex workers, as they may be more difficult to contact and reluctant to engage with services (UKNSWP, 2004; Galatowicz *et al*, 2005; Pitcher *et al*, 2006; Sagar, 2007; Scoular *et al*, 2009). Alternatives to enforcement, such as voluntary court diversion schemes, are more effective in engaging sex workers and helping to address safety and health concerns (Aris and Pitcher, 2004; Pitcher *et al*, 2006). Since the 2010 Policing and Crime Act a number of projects working with street sex workers have become providers of the support attached to Engagement and Support Orders. Although such interventions form part of support and exit work, UKNSWP projects stress voluntary engagement in services as a best practice principle and local areas should ensure this is the primary means of engagement.

***Example of effective practice: voluntary diversion to services:***

In 2002 the *SWISH Court Diversion Scheme* was set up and managed by the Terrence Higgins Trust in conjunction with West Midlands Police and Coventry Magistrates Court to break the crime/arrest cycle for women arrested for loitering. In 2008/2009 it became apparent that the existing scheme no longer met the criteria for the courts and a revised scheme was drafted along with a Policing Prostitution Strategy for Coventry. This scheme was piloted with Coventry Police, who give a conditional caution to women who loiter and who have had 2 previous street cautions to attend a meeting with SWISH. The scheme has been an excellent way of voluntarily engaging women/men who street sex work into services in a non-punitive manner. With the introduction of Section 17 of the Policing and Crime Act 2009, a Court Support Worker was recruited and appointed to SWISH to manage clients on this scheme. The purpose is very similar to SWISH's previous Court Diversion Schemes. The Engagement and Support Worker role is very closely linked to the SWISH ISVA role, as it has been found that upon assessment in court, clients may disclose experience of sexual violence. Both members of staff regularly attend outreach to forge relationships with sex workers, which has proved an extremely effective way of engaging them in services and increasing reporting of violence.

*SWAN Partnership, Northampton:* as part of a wider service provides ESO support in Northamptonshire drawing on their specialist support experience. The project has supported a small number of service users on these orders and have found that ongoing follow up after the order appointments is important in creating effective change.

*SECOS, Middlesbrough:* As part of wider support provisions which women access on a voluntary basis SECOS provide Engagement and Support Orders issued through court as an alternative to custody and fines, and service users are now engaging in relevant services. The project hopes there will be further engagement with the hardest to reach group after the 3 appointments.

### 3.2.4 Social inclusion, peer involvement and sex worker self-organising

Most effective practice guidance for sex work health and social care support provision identifies service user involvement and peer education as a best practice approach (ARHTAG 1997, EUROPAP 1998, 2003, 2009, Pitcher 2006, WHO 2004, UKNSWP 2008, UN, 2009 TAMPEP, 2009c). This is based on a recognition that those who are, or have been, involved in sex work bring valuable knowledge about sex work, the issues faced and the needs of sex workers. Sex workers' perspectives and inputs into the design and delivery of health and social care provisions are important and if included are a way of ensuring needs-based approaches rather than those imposed without an understanding of needs. A peer involvement or education model draws on the knowledge and skills of sex workers to make contact with, promote and deliver services to sex workers building on peer networks. This can be an important way for sex work projects to promote and support the social inclusion/participation in civil society and rights of sex workers. It can also provide a way of enabling sex workers to develop or build on a range of skills. A number of projects involve current and former sex workers as volunteers and some have people with experience of the sex industry amongst staff teams. Local partnership areas should consider how they can promote service user involvement, with commissioners and service providers looking for opportunities to build in sex worker involvement.

#### ***Examples of effective practice: Peer Involvement:***

*POW Nottingham* was launched in 1990 when local women from the sex work community trained to be peer researchers to assess the health and interventions needs of sex workers in Nottingham. This action research identified gaps and an outreach and support service was designed on the basis of the research. Peer researchers remained involved in the establishment and delivery of the service. POW continues to have a commitment to sex worker involvement and describes itself as a model peer led project with staff and volunteers coming directly from the community served. Specialists who are not from the sex work community are used in administrative, financial, counselling and other roles where very specific technical skills are required. POW provides peer mentors and support.

*GAP, Tyneside Cyrenians, Newcastle* offers support to socially excluded female sex workers in Newcastle, particularly women with drug and alcohol problems. GAP was set up as part of a piece of action research which used a peer research approach. The Voices Heard Group were peer led researchers who had exited problematic drug use or sex work. They carried out peer research looking at the needs of those involved hidden sex markets in Tyneside. This informed the model for the GAP project (Voices Heard Group, 2007). Since GAP was established it has continued to adopt a peer involvement model which informs new initiatives and activities. Peer volunteers have been involved in a number of initiatives such as the "Worksafe" (incident report scheme). GAP service users and volunteers worked with a film maker to produce a short Bluetooth safety tips film.

*Bradford Working Women's Project*, which works with female street and off street sex workers, has a service user led group, with members from street and off street sectors, which provides feedback on its services.

### ***Sex worker self-organisation***

UKNSWP, and many of its member projects support and recognise the importance of sex worker self-organisation, be that around labour rights, health and safety initiatives, peer support or advice. There are currently in the UK a number of organisations and initiatives that are sex worker-led that projects can refer service users to in response to certain needs. Here we give examples of sex worker self-organising in the UK.

*The International Union of Sex Workers:* Founded in 1999 by a migrant sex worker with a background in labour organising, the IUSW campaigns for the human, civil and labour rights of people in the sex industry and adult entertainment, for inclusion of people in the sex industry and adult entertainment in the process of making decisions which will affect them, and for policy based on robust evidence that prioritises human rights and safety.

*GMB London Entertainment & IUSW Branch:* As a result of the formation of the IUSW, in 2002 the GMB trade union established a branch for people in the sex industry. Recognition of the right of sex workers to self-organise and join a trade union was an important development for sex workers' human rights in the UK. People in the sex industry and adult entertainment can join this branch and, like members of all trade unions, receive a number of benefits such as advice about employment and working conditions and legal advice.

*x:talk:* This is a London based sex worker-led workers cooperative which sees language teaching as a means of sharing knowledge and sees "the ability to communicate as a fundamental tool for sex workers to work in safer conditions, to organize and to socialize with each other" ([http://www.xtalkproject.net/?page\\_id=2](http://www.xtalkproject.net/?page_id=2)). It provides free English language classes for migrant sex workers in a safe space where sex work can be talked about openly and stigma and isolation can be challenged. Some London and South East based support projects have been able to promote these classes to services users and in some cases have worked with x:talk to provide English language classes to migrant sex workers. x:talk are also involved in sex worker rights activism in London, the UK and globally.

*SAAFE.info:* This is an online support and advice resource for sex workers of all genders and working in all sections of the industry. It was set up by a group of independent female sex workers in 2003 as a way to provide and receive mutual support and offers a variety of advice, knowledge and experiences, with the intention of helping those new to sex work to work responsibly and above all, safely. The site has run a discussion forum since 2007, giving individuals opportunity to ask specific questions of experienced workers, offer and gain support and make friends, as well as post sanitised warnings and alerts on a dedicated "Warnings Board" in order to report incidents and inform and alert other workers to potentially dangerous people who target vulnerable workers. The forum has 1800 members.

### **3.2.5 Exit support**

Many projects provide a holistic service which includes support for exiting for those who wish and are ready to do so. Experience shows that support that takes into account diverse needs and aspirations of sex workers is more effective than one focused solely on exiting, as a single focus may serve to deter some sex workers from approaching services (Pitcher, 2006). If projects limit their services only to those who wish to leave the sex industry, the social and health needs of those who do not want to move on are neglected (Sloan and Wahab, 2000). A 'singular' model of exiting has

been criticised for failing to recognise the complexity of the industry, diversity of sex workers' lived experiences and their social exclusion; it can also drive some sex workers away from services (Scoular and O'Neill, 2007; Harding and Hamilton, 2008). A gradual planned exit for street-based sex workers is often facilitated through an integrated approach by specialist agencies, taking into account health needs, skills training, voluntary work and specific needs (Sanders, 2007). Suitable housing and accommodation is central to building a new life.

Practice and research show a range of exit support needs. These vary depending on the individual and a customised approach is important. Key elements of exiting support are also addressed in general harm reduction, health safety and social care work. , Stabilization through access to health care, housing support, drug treatment and other support enables many to further engage with projects, to reduce involvement in sex work and for some to exit. UKNSWP's good practice guidance for exiting-focused practice working with street sex workers, and research by O'Neill and Campbell (2011) reflecting on exiting for street and off street sex workers, identified the following key needs to enable exit:

- Rapid and easy access to drug treatment;
- Access to accommodation;
- Supported housing for women who have had drug problems;
- Ensuring staff are trained in constructive disclosure of criminal records of sex workers;
- Self-esteem and confidence-building;
- Addressing general health, dental and welfare needs;
- Addressing mental health needs;
- Emotional support and counselling;
- Support to access new social networks;
- Community based outreach and drop-in;
- Education, training and help with accessing employment;
- Alternative employment options
- Access to benefits and financial advice;
- Family support to rebuild relationships;
- Advice and support for domestic abuse and sexual assault;
- Peer support from people who have exited;
- Partnership working with key agencies is the basis of good practice in routes out.

O'Neill and Campbell (2011) found that exiting was not a straightforward process and involves a matrix of factors which vary according to individual circumstances, choices, positioning, relational and structural factors, also shifting across time and space/place. There is no single formula of support interventions to enable exiting and thus services need to be responsive to individual needs and aspirations.

**Examples of Effective Practice: Exit Support:**

*GENESIS, Leeds:* a support project for female street and off street adult sex workers and sexually exploited children and young people. As part of its provision it offers a New Futures project, staffed by a full time Support and Options Worker, which offers intensive one-to-one support for women (over 18) wishing to make positive changes in their lives in order to move away from sex work. Using a structured support plan, the worker assists women to identify their support needs and goals they wish to achieve. The worker gives practical and emotional support in regular one-to-one sessions at a place of the woman's choosing. There is an emphasis on accessing training and education, in order that a women may find alternative employment if they so wish. During the first year (2009-10), the project had 26 referrals. In its first year New Futures Project supported 65% of service users to access and engage in volunteering schemes, 65% of service users to access education, 80% of service users to access advice and support with housing issues, 60% of service users support with addiction issues, including referrals and support to access specialist services, 90% of service users support with mental health issues including referrals and support to access counselling and specialist mental health services; 70% of service users supported are no longer working in sex industry.

*SECOS Middlesborough:* combines protection and support of vulnerable children with general and exit-focused support for adult women involved in prostitution. SECOS takes a holistic approach; Examples of support provided include weekly structured day care/drop-in services (which provide showers, hygiene, emergency clothing, laundry, healthy eating and peer support, in-house drugs clinic, holistic health and sexual health advice and services, access to emergency/short/long term accommodation, individual case work involving assessment, relapse prevention, through care work and after care support service (for those who have exited from prostitution), a parenting programme for parents who substance misuse, support for women who have children/unborn children/adoption concerns through referrals, assessment and attendance at child protection meetings, including support through pregnancy and beyond.

*One 25, Bristol:* A service for women in street based sex work, who were involved or who are at risk of involvement. It enables this marginalised group to access appropriate services and to find out more about alternative possibilities. It takes a person-centred approach to exiting and offers one-to-one case work and a range of provisions to help support women to exit. Examples of these include an accessible drop in focused on training (e.g. computer day courses) and therapeutic activities, specialist drug service input with fast track assessments, a weekly homeless service and access to a range of accommodation options.

### **3.2.6 Migrant Sex Worker Support Needs**

Specific barriers to health and social care services for migrant sex workers include:

- Language barriers
- Lack of knowledge of health and social care services & entitlements
- Legal status and lack of protection from the law. Mai (2009) concluded that amongst migrants in the UK sex industry immigration status was “by far the single most important factor restricting” migrants’ ability to exercise their rights in their professional and private lives. Those with illegal or irregular immigration status may fear deportation if they have contact with any “authorities”. Others may fear jeopardising citizenship applications/asylum process should their sex working be identified. TAMPEP (2009a) reported that the lack of legal status for undocumented migrants in the UK involved in the sex industry creates



opportunities for them to be exploited and abused, prevents them approaching services and also the police to report abuse.

- Fear of the police and other authorities
- Distrust of services due to the lack of confidentiality in their home countries, where information may have been routinely shared with state agencies, such as police or immigration service, despite the service being portrayed as confidential.
- Financial pressure to work rather than attend clinics,
- Social isolation (Greenfell et al, 2010)
- Violence and control for those who are victims of trafficking.

Ayres (2005) stressed the need for services to be made accessible and for services to understand cultural, social and economic issues for migrants. In 2009 Campbell, based on consultation with support projects, found that projects in the UK were continuing to identify various challenges in the provision of services for migrants, including ensuring access to services for migrants and meeting additional/specific needs, the presentation of challenging health matters (particularly for non EU citizens and undocumented migrants), dealing with gaps in support pathways for women identified as victims of trafficking, complexities and challenges of working with migrants subject to a range of conditions and aspirations (varying experiences of agency and exploitation) and the issue of migrant and undocumented people who are victims of rape and sexual assault but are reluctant to report to police as fearful of reaction, arrest, criminalization and deportation. Member projects in some areas reported that key problems for reaching migrants have been introduction of government legislation and local police disruption (often linked to anti trafficking investigations/raids) which have compromised longstanding trust and established relationships with between healthcare providers and this client group. The consequence of this is the effect on services' ability to provide congruent and efficient healthcare. Projects report that as well as providing support on needs that UK based sex workers have there can be other issues e.g. legal information and advice regarding immigration status, emotional support regarding separation from children in home countries, health matters such as self-medication and in some cases referral and support regarding trafficking (Ayres, 2005).

UKNSWP good practice guidance on working with migrant sex workers (2008) identifies overarching principles for work with migrant sex workers, creating a person-centred approach. The guidance identifies a range of issues support services must consider when working with migrants, some of which are also important when working with indigenous sex workers but with additional or particular considerations for migrants.

A number of UK projects have adopted practice and developed targeted interventions for migrant sex workers. As migrant sex workers in the UK are on the whole concentrated in the off-street sectors (Mai, 2009, TAMPEP 2009a, Jackson et al, 2010), to date it has tended to be projects working with indoor sex workers who have developed targeted initiatives for migrants. Initiatives have included service and information leaflets in key languages, other communications tools, bilingual workers, cultural mediators, training and peer initiatives. Many projects have in place referral pathways in case of identification of victims of trafficking, have trained staff and have developed local partnership arrangements to respond to needs of trafficking victims.

**Examples of effective practice: working with migrant sex workers:**

*Open Doors, London:* offers support to street and off street sex workers in three London boroughs. A majority of their off street service users are migrants. They have developed a multi-lingual “Palm Pilot” tool which facilitates communication between staff and migrant sex workers. Staff have this on their phones and can play information about the service and also health and other matters in the languages identified as most frequent among Open Doors’ service users. Responding to concerns that migrant sex workers were not coming forward to report crimes committed against them and that migrants may not be aware of support services for victims of rape and sexual assault Open Doors worked with the police and HAVENS to produce a DVD and podcast available in a range of languages with information about a range of issues and services that can be accessed.

*SHOC, London Haringey and Enfield:* an outreach and support service for street and off-street sex workers. During 2009-2010 75% of off-street service users were migrants. To improve accessibility, SHOC has employed bilingual workers who are part of the outreach team and attend SHOC’s sexual health clinic. The staff act as cultural mediators and increase engagement with migrants. The service brought in a sex worker-lead agency with experience of delivering English language classes for migrant sex workers in London, to provide language lessons on a weekly basis at the drop-in centre. Independent evaluation (SHOC, 2011 forthcoming) of the provisions for migrants found there was a marked increase in migrants accessing sexual health clinics and the bilingual workers have engaged and built improved relationships and trust with service users.

*Præd Street Project, London:* a specialised sexual health and support service for female and transgender sex workers. For the last decade the majority of its clients have been migrant sex workers and a significant number of this client group speak little or no English, particularly when they are new arrivals and potentially at their most vulnerable. The service has developed considerable expertise working with migrants: it has delivered a number of specialist interventions and developed appropriate ways of working, including access to interpreters, translating information and advice resources, employment of bilingual staff, involvement of cultural mediators, peer-education initiatives and delivery of training to mainstream health, social care professionals regarding migrant sex workers.

*SAFE Outreach Service, Birmingham:* delivers outreach and support to female sex workers. It works with a large number of migrants off street and has had some contact with migrants on street. It has access to language line and has written information and advice material in a number of languages. It has worked with a number of victims of trafficking and has developed pathways for such service users. It works closely with UK Borders Agency and UKHTC when under 18s and adult victims of trafficking are identified.

*Migrant Helpline:* provides support and advice to migrants in distress. Their Migrant Advice Service provides advice and support for EU citizens on employment, health, housing, benefits, rights and responsibilities and education services. Their one stop shop provides support and advice to asylum seekers and refugees in Kent, Sussex and parts of London by drop-in, advice clinics and outreach. As part of their wider services they provide quality support and advice to victims of human trafficking, including those in prostitution, in England, Wales, Scotland and Northern Ireland. Accommodation and customised support packages form part of their provision. They work closely with and will advise sex work support projects which may have contact with migrants who may require a range of advice and which may have contact with victims of trafficking.

### **3.2.7 Male sex workers and transgender sex worker support needs**

It is important that partnership areas consider and assess the support service needs of adult male sex workers and sexually exploited boys and young men. The needs of male sex workers often remain marginal or absent in local area partnership strategies and hence their support service needs can be neglected.

Pitcher (2010) in a survey of UKNSWP member projects found that 47% of member projects worked with male sex workers and just over a third with transgender workers. Whilst in most cases this work was part of an integrated service offering support to other groups, particularly female sex workers, a small number of projects worked solely with male sex workers.

Many of the good practice principles and provisions in this document apply to work with male sex workers. As with female sex workers, support needs vary dependent on personal circumstances and methods of working, so a person centred approach is again important. Many of the areas of support identified for female sex workers are also areas of support for male and transgender sex workers e.g. sexual health, primary health care, housing information and advice, legal information, safety information/advice and housing information and advice tailored to the needs of the person (for example men selling or exchanging sex to meet very basic needs need access to emergency accommodation which offers the opportunity to move onto something more long term. Accommodation should be combined with support tailored to the needs of men engaging in street sex work).

There are also specific needs and issues to be considered in service commissioning and delivery to ensure appropriate services. Men who sell sex experience double stigma of selling sex, and, for those who are gay or bisexual, of homophobia, or, for those who identify as heterosexual, of selling sex to men. Transgender sex workers also face social stigma as a result of both sex work and gender variance. Thus it is crucial that services work within a non-judgemental framework and stereotypes surrounding male sex work are challenged.

Policy and service provision should thus be gender nuanced, reflecting the diverse lived experiences and service needs of male and transgender as well as female sex workers.

For further discussion of the particular needs of male and transgender sex workers see UKNSWP (2008) [Working with Male and Transgender Sex Workers Good Practice Guidance](http://www.uknswp.org/resources/GPG4.pdf), available <http://www.uknswp.org/resources/GPG4.pdf>

**Example of Effective Practice: Working with Male Sex Workers:**

*SWISH project, Terrence Higgins Trust, London (Westminster and Kensington & Chelsea):* is one of few projects to support male and transgender sex workers as its primary target group. The project employs a worker who supports young women in sex work, but most clients are male or transgender. It employs a non-judgemental and harm minimisation approach and works primarily to improve access to health and sexual health care for chaotic and marginalised clients. It creates many alliances and joint working practices to support clients. Services are offered via drop-in, one-to-one, clinic, outreach and phone. It offers advice, support and referral on a range of matters, including sexual health, relationship advice, domestic abuse, disclosure of sex work to partners, reporting violence and criminal acts against sex workers, safety advice, training and education and signing clients up to courses (including migrants with language difficulties), employment advice and help in preparing, creating CVs, access to GP services, counselling and other sexual health services including PEP, advice on 'escort agency' working and consumer rights, help and advice with welfare benefits and tax credits, help with immigration issues and referral to specialist services, drugs advice and drug services. The project delivers training to other agencies on male and transgender sex work and support needs.

#### **4. SERVICE & INTERVENTION EVALUATION**

A cornerstone of good practice for sex work and sexual exploitation support service delivery is ongoing monitoring and evaluation to assess effectiveness. Many projects have developed bespoke data bases to record contact with service users, interventions provided, outputs and outcomes. Some projects work within wider intervention and outcome systems linked to the requirements of partnerships as well as individual funders. A key component of evaluation is assessment of project processes, as well as outcomes (Patton, 1997; Hunter and May, 2004).

Consultation with service users should also be an integral part of any measurement of practice. The Department of Health research governance framework for health and social care is very pertinent for projects working with people involved in prostitution, particularly in relation to ethical practice but also service user involvement in research/evaluation. The guidance states 'Relevant service users and carers or their representative groups should be involved wherever possible in the design, conduct, analysis and reporting of research' (section 2.2.6, p8). It is important also to gather the perspectives of external agencies working with the project, such as criminal justice agencies, health services and local authority departments, as well as the views of project staff, to ensure that barriers to effective provision/achieving outcomes are noted.

With many service users it is important to consider 'distance travelled' (sometimes called 'soft' outcomes), as individual change and achievement of ultimate project aims may take considerable time to achieve, particularly with client groups such as street sex workers, who may have multi-layered and complex service needs (DWP, Pitcher, 2006).

Project evaluations should relate to the full range of project aims, which may include harm reduction, improving health, decreasing drug use, improvement in financial circumstances, access to stable accommodation and other issues. An effective evaluation should also consider unintended outcomes, which may relate to issues such as improvements in mental and physical health, if these are not explicitly stated in project aims. Pawson and Tilley (1997) make the point that it is important not just to assess whether a programme works, but to explore what it is about the programme that makes it work. A programme might have some successful outputs/outcomes, but they may be due to external factors and unrelated to the practice of the project. For example, someone may leave sex

work for personal reasons such as starting a new relationship, having a child, or other factors that are completely independent of their involvement with a project.

Ideally, as well as having have internal monitoring and data on outputs/outcomes, projects should be externally evaluated (by experienced and qualified researchers/evaluators) against clear process and outcome criteria.

Many of our member projects have been externally evaluated and have developed their practice in response. We can provide copies of the main findings from these evaluations if this would be helpful.

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